Intermountain Health | St. James Hospital

2026 Community Health Needs Assessment Executive Summary

Intermountain Health

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Executive Summary

The Power of We

Dear neighbors,

For more than a year, our Intermountain Health Community Health team worked to understand the unmet health needs of the service area through our Community Health Needs Assessment (CHNA). This report shares those findings. The CHNAs are the backbone of our mission of helping people live the healthiest lives possible, and our Catholic mission to reveal and foster God's healing love by improving the health of the people and communities we serve, especially those who are poor and vulnerable.

A wealth of quantitative and qualitative health data informed this assessment, including public health indicators, stakeholder and resident surveys, public meeting discussions, and interviews with subject matter experts. To the individuals and organizations who worked with us to understand the community's significant health needs: thank you. We are grateful for your collaboration.

This report outlines our process and the key lessons we have learned. It also serves to highlight our community's significant health needs, which will be prioritized for investment over the next three years. Specifically, we aim to improve behavioral health, invest in social drivers of health, increase access to care, and promote childhood wellness and injury prevention.

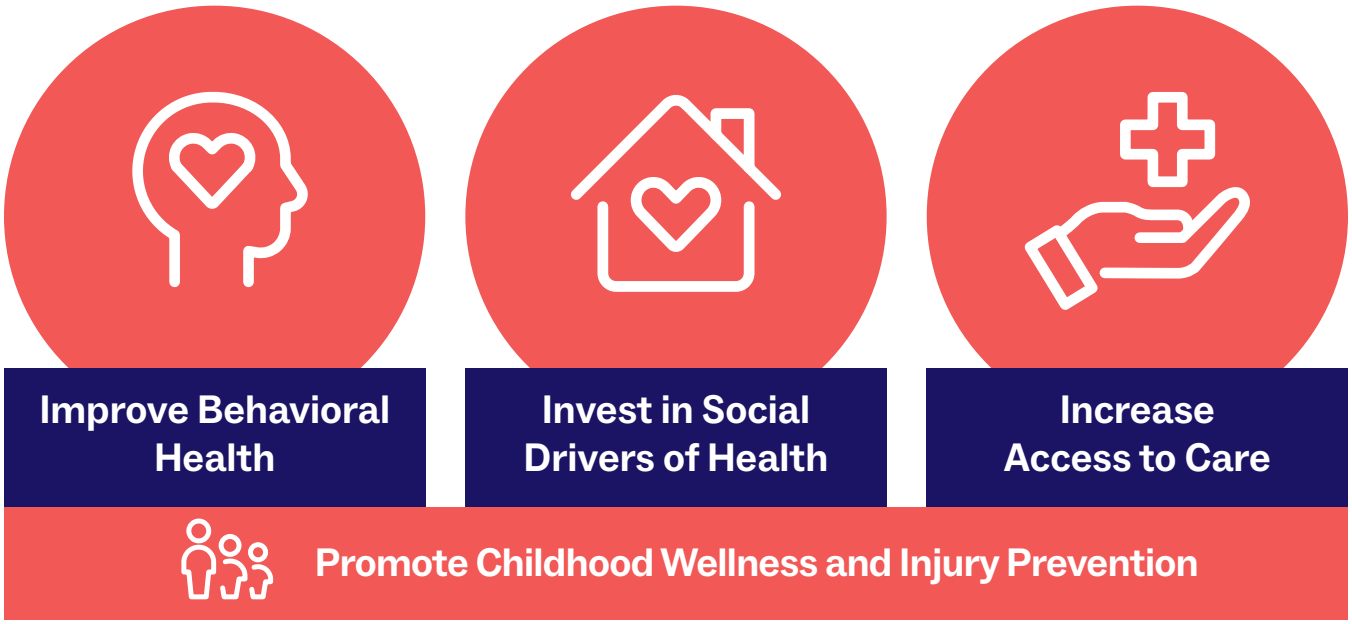
Our efforts now shift from assessing needs to developing an Implementation Strategy to meet those needs. We know that having an impact means working together – the Power of We. As we consider how Intermountain's resources can be allocated in the service area, we want to collaborate with community-based organizations, local government agencies, and area leaders to improve community health.

Sincerely,

Karen Costello,
St. James Hospital President

Lisa Nichols,
Vice President of Community Health

2026 CHNA Significant Health Needs



Intermountain Health

Headquartered in Utah with locations in six primary states and additional operations across the western U.S., Intermountain Health is a nonprofit system of 34 hospitals, 400 clinics, a medical group of over 5,100 employed physicians and advanced care providers, a health plan division called Select Health with more than one million members, and other health services.

With more than 69,000 caregivers on a mission to help people live the healthiest lives possible, Intermountain is committed to improving community health and is widely recognized as a leader in transforming healthcare. We strive to be the model health system by taking full clinical and financial accountability for the health of more people, partnering to proactively keep people well, and coordinating and providing the best possible care.

Our Mission

Helping People Live the Healthiest Lives Possible®

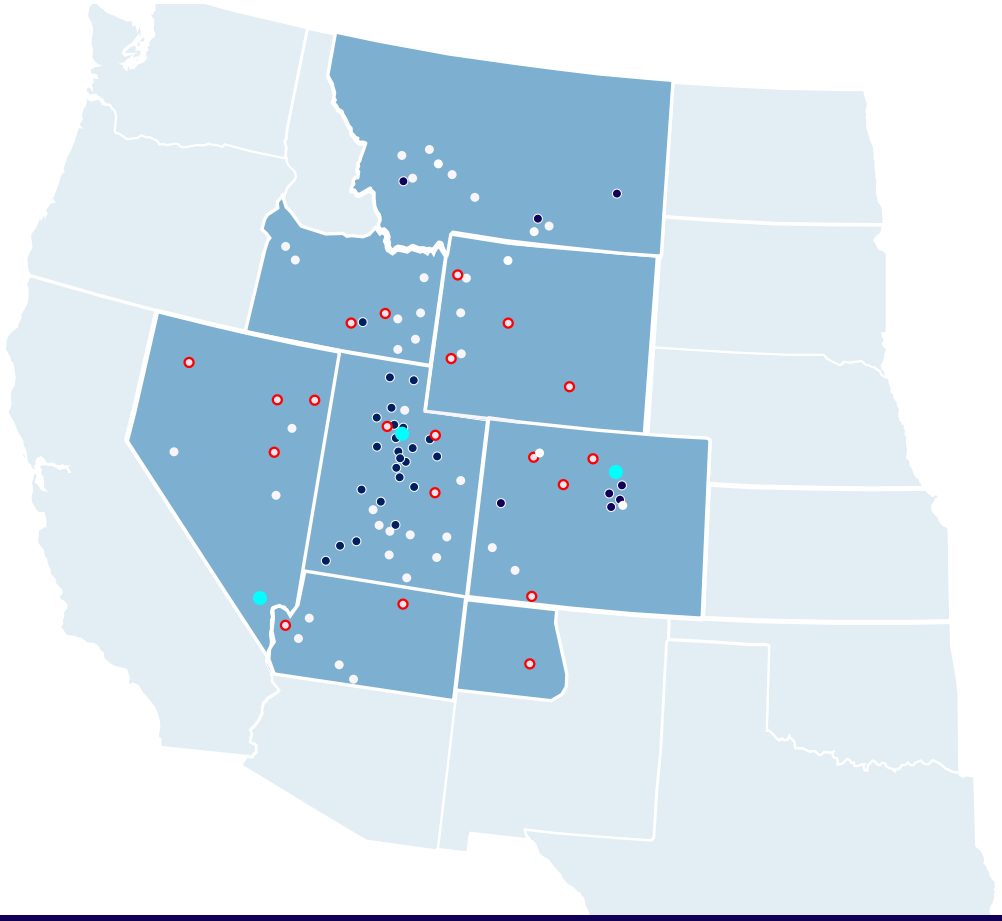
Our Catholic Mission

We reveal and foster God's healing love by improving the health of the people and communities we serve, especially those who are poor and vulnerable.

Our Values

Our Catholic health Ministry and Mission is entrusted to us to honor the sacred dignity of human life and the inherent worth of every person and are aligned with our common values.





Intermountain is headquartered in Salt Lake City, Utah, with regional offices in Broomfield, Colorado, and Las Vegas, Nevada.

- Hospitals
- Region Headquarter
- Affiliate/Outreach Partnerships
- Classic Air Medical Bases

Intermountain Health's 400+ clinics are not highlighted on the map

Intermountain Health by the Numbers

6 Primary States
(CO, ID, MT, NV, UT, WY)

34 Hospitals
Including One Virtual Hospital

4,700+
Licensed Beds

1.1 Million
Select Health Members

400
Clinics

69,000+
Caregivers

$18.51 Billion[1]
Total Revenue

5,100+
Employed Physicians & APPs

[1] Revenue for the year ended December 31, 2025

St. James Hospital

Founded by the Sisters of Charity of Leavenworth in 1881, St. James Hospital is located in Butte, Montana. St. James is a Level III Trauma Center and the only acute care hospital in the seven-county region of southwest Montana. It offers a comprehensive range of over 30 services, including a cancer center with radiation and medical oncology, orthopedics, women's services, heart services, and general surgery with robotics.

To submit comments on the 2026 CHNA Report or to request a paper copy, please email IH_CommunityHealth@imail.org.



Acknowledgments

The Patient Protection and Affordable Care Act (ACA) requires each nonprofit hospital to conduct a Community Health Needs Assessment (CHNA) every three years to identify significant health needs and develop an Implementation Strategy in response. Intermountain Health adheres to all applicable laws and continuously reviews regulatory requirements to ensure compliance. Accordingly, we may adjust our CHNA processes and Implementation Strategy as regulations change.

The Intermountain Health CHNA process examines unmet health needs and health disparities in geographical areas by analyzing primary and secondary data. Intermountain determines significant health needs through an objective, evidence-based prioritization process with final approval by Regional Boards.

The identified needs guide efforts to align strategies and leverage resources with other public health and community organizations. By regularly assessing and prioritizing community health needs, the hospital can work collaboratively to improve overall health.

Both the CHNA and Implementation Strategy, which is developed and adopted to address health needs, are publicly available on Intermountain's website.

The Value of the Collaborative

Intermountain Health joined Butte-Silver Bow Health Department and Blacktail Health for our 2026 Butte-Silver Bow County Community Health Needs Assessment. Conducting the assessment together resulted in shared opportunities to improve the quality of health data, reduce duplication, and align health needs.

The assessment adopted an evidence-based process that streamlined data collection and prioritization. It also improved the mechanisms for gathering community input by collectively designing surveys, presenting at the input meeting, and engaging public and local stakeholders through distinctive community connections. Both the quantitative and qualitative data were made available to participating organizations for use in their own needs assessments.

What Is Health Equity at Intermountain Health?

Intermountain Health's mission – helping people live the healthiest lives possible – includes everyone and requires valuing, understanding, and including the backgrounds and experiences of people in the communities we serve. Health equity is the principle of pursuing the highest possible standard of health with a focus on improving the well-being of our most vulnerable communities.

Our Community Health Needs Assessment process is driven by data. We look carefully at public health data to understand the prevalence of health issues in our communities and where those issues create the greatest disparities or differences in healthy outcomes.

We talk with residents, community-based organizations, and local leaders to understand how health disparities connect and how they affect individuals and families across the lifespan. With an understanding of the needs our communities face, we develop a Community Health Implementation Strategy that directs our resources to remove barriers and invest resources where they will have the greatest impact. Using data and community input to identify the greatest needs and targeting our approach to meeting those needs is health equity in action.

As a healthcare system, employer, and community leader, Intermountain is committed to improving health equity in the communities we serve.

APPENDIX: INTERMOUNTAIN HEALTH CHNA GLOSSARY

Community Profile

Service Area

The primary service area is determined geographically by the ZIP codes where most patient admissions originate. It is also defined by the populations served at the hospital including underrepresented, underserved, and low-income community members.

County	Zip Code
Silver Bow	59701
	59702
	59703
	59727
	59743
	59748
	59750



Community Demographics

Demographic Factors	Hospital Service Area	Montana	United States
Population	35,785	1,116,875	334,992,449
Persons Under 18 Years	20.2%	21.0%	22.0%
Persons 65 Years and Over	19.5%	20.1%	17.2%
Female Persons	48.4%	49.3%	50.5%
High School Graduate or Higher (age 25 years+)	94.0%	94.6%	89.6%
Persons in Poverty (150% Federal Poverty Level)	21.9%	20.9%	20.1%
Median Household Income (2024 dollars)	$61,754	$72,509	$80,734
Persons without Health Insurance (under age 65)	6.0%	8.6%	8.4%
White, not Hispanic or Latino	89.1%	83.6%	57.4%
Hispanic or Latino	4.6%	4.6%	19.3%
Black or African American	0.1%	0.4%	11.9%
Asian	0.4%	0.8%	5.9%
American Indian and Alaska Native	1.4%	5.3%	0.5%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%	0.2%
Two or More Races	4.2%	4.7%	4.3%
Limited English Proficiency	0.6%	0.9%	8.6%

A demographic snapshot of the service area compared to Montana and the United States (Source: U.S. Census Bureau: American Community Survey, 2020-2024)

CHNA Data Methodology and Prioritization

Collaborative Process

St. James participated in a 2026 Community Health Needs Assessment with Blacktail Health and Butte-Silver Bow Health Department, and with research consultation from PRC. Unless otherwise indicated, this Executive Summary cites data from that collaborative CHNA. The data methodology was informed by three key components:

Collaborative Preliminary Health Needs	
Access to healthcare services	Heart disease and stroke
Mental health	Nutrition, physical activity, and weight
Social drivers of health	Substance use

- **Secondary Data**: vital statistics and other health-related data that allowed for trending and comparison of benchmark data at state and national levels.
- **Community Health Survey**: a randomized community health survey that provided input on health needs.
- **Key Informant Survey**: a survey of representatives and leaders with expertise and experience on community health needs.

This process identified health needs that were presented in a community forum for residents and key sector representatives. Participants ranked the health needs based on scope, severity, and the ability to impact. The community prioritized six preliminary health needs.

Intermountain Health Prioritization Process

St. James used the collaborative CHNA's preliminary health needs for prioritization using the Hanlon Method for Prioritizing Problems, a nationally recognized technique used in public health needs assessments and recommended by the National Association of County and City Health Officials. Its scoring process reliably develops objective, data-driven priorities.

Intermountain Health's system and hospital leaders, internal subject matter experts, and Community Health team members scored the preliminary health needs ranked by the communities served by Intermountain's three Montana hospitals. The final Hanlon Method score was calculated using a formula that weighted community prioritization and gave consideration to the size, seriousness, and feasibility of preliminary health needs statewide.

Following the scoring process, the PEARL test was applied to screen out health needs based on feasibility to impact using these criteria:

- **P** **Propriety:** Is an Intermountain-led or -supported activity for the health need suitable?
- **E** **Economics:** Does it make economic sense to address the need? Are there economic consequences if a need is not addressed?
- **A** **Acceptability:** Will the community accept Intermountain's intervention? Is the intervention wanted?
- **R** **Resources:** Is funding available or potentially available for the intervention?
- **L** **Legality:** Do current laws allow the intervention to be implemented?

This process determined St. James' significant health needs. Through this process, there were instances where additional health needs were identified, unified under one heading, or prioritized.

Intermountain Health Board Approval

The Intermountain Health Regional Board approved the CHNA process, significant health needs, and report as presented on November 12, 2026. It was published on the Intermountain website before December 31, 2026.

CHNA Significant Health Needs

ST. JAMES HOSPITAL PRELIMINARY HEALTH NEEDS

Access to healthcare services

The uninsured rate in Silver Bow County is increasing and is about 13% lower than the national rate.

Childhood injury

Unintentional injury is the leading cause of death for children (ages 0 to 18 years) in Montana.

Heart disease and stroke

Silver Bow County has 352 heart disease-related deaths per 100,000 people, compared to 227 in Montana and 210 in the U.S.

Nutrition, physical activity, and weight

Low-income residents in Silver Bow County report higher rates of unhealthy weight, lack of physical activity, and difficulty buying fresh produce than the general population.

Mental health
Substance use and addiction

Depression rates are increasing and are highest among women and low-income residents.

Alcohol-induced deaths per capita are 80% higher in Silver Bow County than in the U.S.

Social drivers of health

The median household income for Silver Bow County is $61,754, which is 17% lower than Montana and 31% lower than the U.S.

SIGNIFICANT HEALTH NEEDS



IMPLEMENTATION STRATEGY



Identify hospital and community resources to address significant health needs



Develop strategies to address significant health needs with an emphasis on health equity and anticipated impact

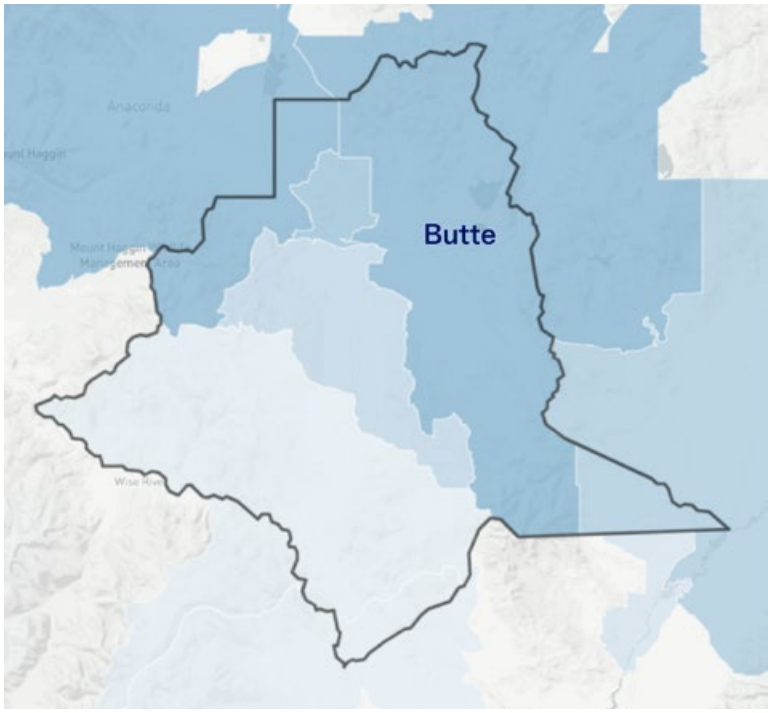


Collaborate with other community organizations to have the greatest possible impact on data-identified needs

Improve Behavioral Health

The 2026 CHNA prioritizes improving behavioral health as a significant health need through addressing mental health, suicide, and substance use and addiction. This unifies the preliminary health needs identified during data collection and prioritization under Behavioral Health.

"The 'Butte Tough' mentality and stigma associated with mental health struggles prevents some people from seeking services."
— Community Stakeholder



Metopio | Tiles © Mapbox, Data source: Centers for Disease Control and Prevention (CDC) PLACES

Mental Health

Self-Reported Poor Mental Health | 2023
Silver Bow County: **19.6%**
± 2.2% of adults

About 20% of residents in Silver Bow County reported poor mental health in 2023, a 37% increase since 2020. The key informant survey also ranked mental health as the highest community concern.

Low **High**

HEALTH DISPARITIES, HEALTH EQUITY & BEHAVIORAL HEALTH

Mental Health

Nearly 30% of parents sought mental health services for their children (ages 5 to 17 years) in 2026, a rate that nearly doubled since 2020.

Suicide

The suicide rate in Silver Bow County is 43 deaths per 100,000 people, which is 42% higher than the Montana rate and 190% higher than the U.S. rate.

Substance Use

Drug related deaths in the service area increased over 25% in the last decade. The rate is 45 deaths per 100,000 people compared to 16 in Montana and 30 in the U.S.

COMMUNITY STRENGTHS

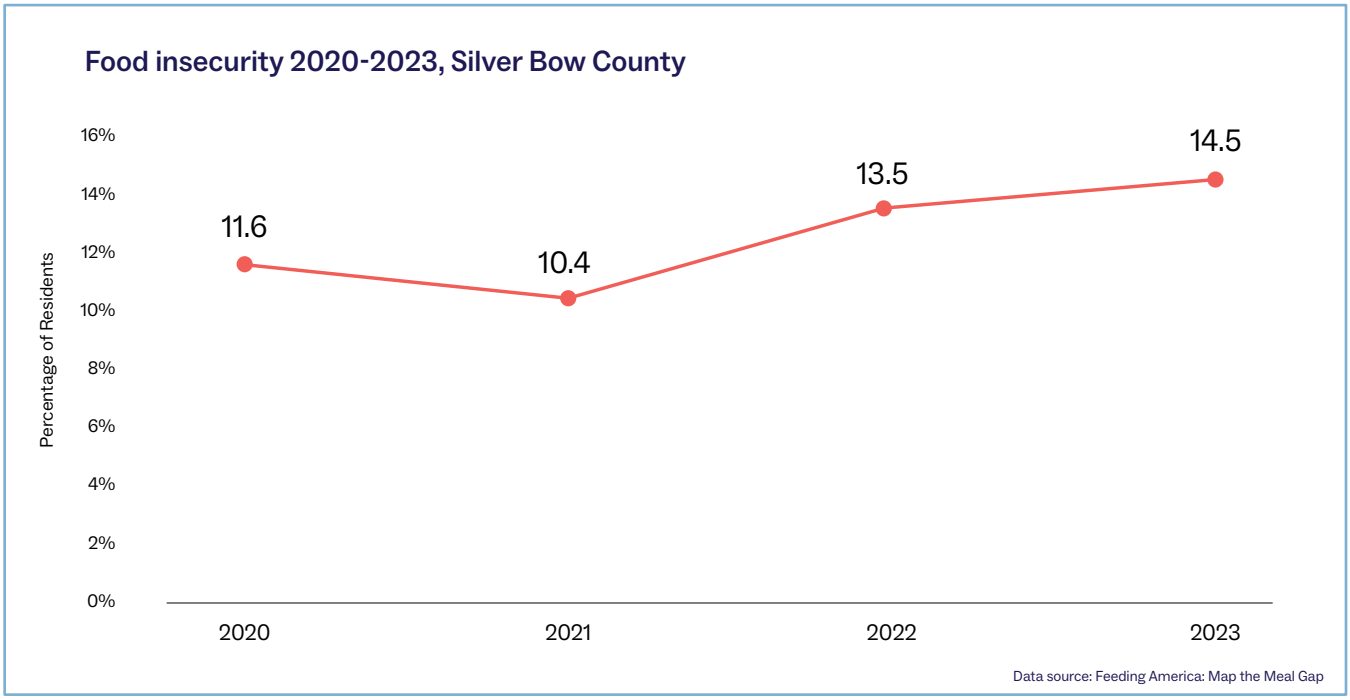
- Strong community connections and supportive networks provide protective factors.
- Consensus among public health agencies and other community stakeholders on behavioral health as a significant health need.
- Sustaining and expanding current community collaborations and programming from previous Implementation Strategy to address behavioral health.

APPENDIX: RESOURCES TO ADDRESS SIGNIFICANT HEALTH NEEDS

Invest in Social Drivers of Health

The 2026 CHNA prioritizes investing in social drivers of health as a significant health need through addressing nutrition and food security and housing instability and affordability. This unifies the preliminary health needs identified during data collection and prioritization under Social Drivers of Health.

"Housing costs have increased in our community making it difficult for those in lower income brackets to find healthy, safe neighborhoods." *— Community Stakeholder*



The rate of food insecurity is increasing, and it is significantly higher among children (ages 0 to 17 years) than the general population.

HEALTH DISPARITIES, HEALTH EQUITY & SOCIAL DRIVERS OF HEALTH

Housing insecurity or difficulty paying housing costs is highest among women and low-income residents and is twice as high among renters as it is among homeowners.

Over 95% of key informants surveyed ranked social drivers of health as a "major" or "moderate" problem in the community.

16% of all residents and 18% of children in the service area are living below the federal poverty level, higher than the state and national rates.

COMMUNITY STRENGTHS

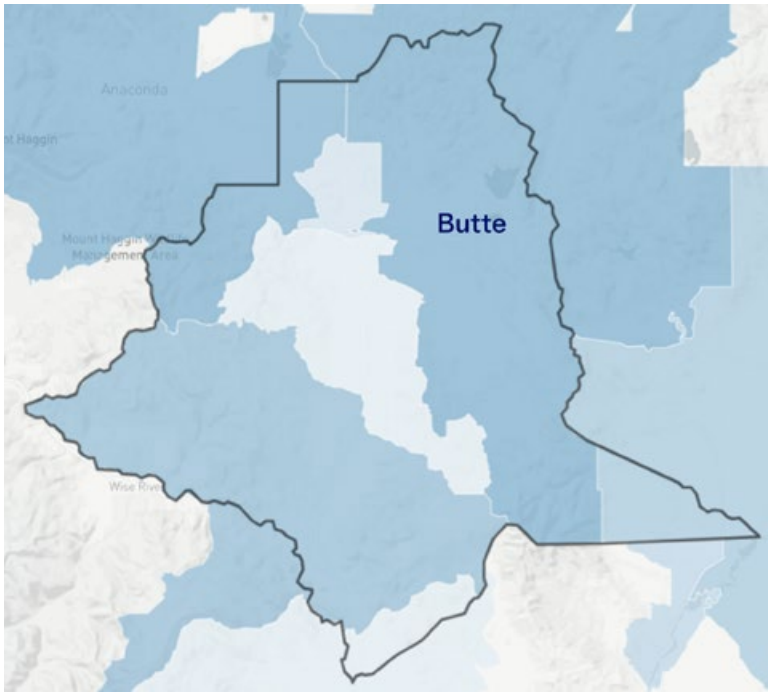
- Family-oriented and a strong community identity that promotes sharing of resources and self-sufficiency.
- Low rates of unemployment and high rates of high school graduation.
- Sense of safety and access to public lands that provide quality of life.

APPENDIX: RESOURCES TO ADDRESS SIGNIFICANT HEALTH NEEDS

Increase Access to Care

The 2026 CHNA prioritizes addressing access to care as a significant health need based on data-driven needs specific to the service area.

"It's often hard for people to reach out for help because they don't know where to go or who to ask. People often can't afford to pay for mental health services." *— Community Leader*



No Health Insurance | 2023
Silver Bow County: **10.4%**
±2.2% of adults

In Silver Bow County, 10% of residents have no health insurance and rates are higher among men compared to women.

Low **High**

Metopio | Tiles © Mapbox, Data source: Centers for Disease Control and Prevention (CDC): PLACES, Behavioral Risk Factor Surveillance System (BRFSS)

HEALTH DISPARITIES, HEALTH EQUITY & ACCESS TO CARE

Silver Bow County has 111 primary care providers per capita, a lower rate than Montana at 120 and the U.S. at 119 providers per capita.

Nearly half of community survey respondents experienced difficulties receiving needed healthcare in the past year, and rates were highest among women and low-income residents.

About 13% of adults in the service area report using the emergency room for some type of routine care in the past year; rates go up to 25% among low-income residents.

COMMUNITY STRENGTHS

- Existing community-based primary care and specialized services.
- Training programs to prepare students for healthcare careers.
- Neighborly service and quality care from healthcare providers.

APPENDIX: RESOURCES TO ADDRESS SIGNIFICANT HEALTH NEEDS

Promote Childhood Wellness and Injury Prevention

Proactively addressing children's health can have an upstream and life-long impact. St. James prioritized promoting childhood wellness and injury prevention as a significant health need. Using child-specific morbidity and mortality data and community input, the 2026 CHNA identified and prioritized health needs that differ from the adult population.

> ***"Low-income neighborhoods, intergenerational poverty, and academic or professional attainment hamstring our youth's potential. It is nearly impossible to have a healthy, positive life when you do not have a solid foundation."*** *— Community Leader*

TOP CAUSES OF INJURY-RELATED DEATH IN CHILDREN (2020-2024)

Injuries are the leading cause of mortality and disability among children (ages 0 to 18 years). Injuries are classified by their intent: unintentional, suicide, and homicide/assault

Ages 0 to 1 year	Ages 1 to 4 years	Ages 5 to 9 years	Ages 10 to 14 years	Ages 15 to 19 years
Unintentional • Suffocation (sleep related)	**Unintentional** • Motor vehicle incidents	**Unintentional** • Motor vehicle incidents	**Unintentional** • Motor vehicle incidents **Suicide** • Firearm	**Unintentional** • Motor vehicle incidents **Suicide** • Firearm • Asphyxia **Unintentional** • Drug overdose **Homicide** • Firearm

Data Source: CDC, National Center for Injury Prevention and Control, WISQARS online database, 2020-2024.

HEALTH DISPARITIES, HEALTH EQUITY & CHILDHOOD WELLNESS & INJURY

The infant mortality rate is 10.1 deaths per 1,000 live births in Silver Bow County, compared to 7.6 in Montana and 8.4 in the U.S. from 2017 to 2023.

Suicide is a leading cause of death for adolescents and young adults in Montana; most deaths involved a firearm.

23% of Montana children (ages 0 to 17 years) experienced two or more adverse childhood experiences (ACEs), which is the second highest rate in the nation.

COMMUNITY STRENGTHS

- Family-focused communities and a readiness to collaborate on issues relating to children's health.
- Strong community engagement from community organizations and services.
- Cross-sector collaboration to support childhood wellness.

APPENDIX: RESOURCES TO ADDRESS SIGNIFICANT HEALTH NEEDS

Evaluation of Prior CHNA

The previous CHNA was conducted in 2023, and the significant health needs were identified as access to healthcare services, behavioral health, heart disease and stroke, and social drivers of health. A companion Implementation Strategy was also developed to address these health needs identified among the medically underserved, underrepresented, and low-income residents in the CHNA data. Notable outcomes from those activities are below.

2024 - 2026 Implementation Strategies and Outcomes

Significant Health Need	Strategies	Outcomes 2024-2025
 **Access to Healthcare Services**	• Increase opportunities for access to healthcare services, both in person and virtually • Increase workforce capacity to provide access to healthcare services	• Provided 513 mobile mammograms for community members at 22 sites. • Offered outreach care for 13 specialty services in 5 communities. • Recruited 87 providers to increase access to healthcare services in a provider shortage area. • Conducted 4,125 virtual health visits, to eliminate barriers for rural community members. • Provided clinical rotations for 354 students in nursing, pharmacy, radiology, physical therapy, respiratory therapy, clinical pastoral education, and laboratory.
 **Behavioral Health**	• Improve access to mental health services and resources • Improve supports for substance use treatment and prevention	• Offered integrated behavioral health in two primary care clinics to improve access to mental health access. • Distributed 800 gunlocks for suicide prevention with resource brochures. Promoted 988 crisis line and MT 211 at 18 events.. • Offered 4 QPR trainings for 80 people and trained a QPR instructor. • Provided in-kind financial support to 5 coalitions addressing behavioral health.
 **Heart Disease and Stroke**	• Increase access to interventions for prevention • Increase disease management	• Offered Hands Only CPR to 1,490 community members at 19 local events. • Provided a community-based diabetes and heart disease prevention program, resulting in 78% of participants achieving a 5% weight loss. • Delivered cardiac rehabilitation services to 291 individuals. • Offered 255 blood pressure and cardiovascular risk assessments for community members.
 **Social Drivers of Health**	• Support housing collaboration and development • Support community economic development	• Participated in community collaboration that housed five medically and socially vulnerable residents. • Participated in the local Continuum of Care Coalition. • Provided in-kind and financial support to 2 organizations addressing economic development.

Conclusion

Intermountain is grateful for the support of community members and organizations for their valuable participation in the CHNA process. Their community voices offered a deeper understanding of unique local needs and health disparities identified through the CHNA data. Intermountain leverages this valuable input to develop an Implementation Strategy in collaboration and alignment with the community to create equitable opportunities for health.

Intermountain caregivers from Community Health and Consumer Experience worked with Butte-Silver Bow Health Department and Blacktail Health on the 2026 CHNA process. We recognize the value of working collaboratively, which resulted in a more comprehensive, inclusive, and impactful CHNA.

Intermountain will conduct the next CHNA in 2029 and looks forward to continuing collaborations to improve the health of our communities.

For additional information about the CHNA, contact:

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To submit written comments on this CHNA or request a paper copy, please email IH_CommunityHealth@imail.org



Appendices

Intermountain Health

CHNA Glossary

Term	Definition
Activity or Program	Evidence-based actions to address each significant health need.
Community Health Needs Assessment (CHNA)	Tri-annual review and analysis of unmet or significant health needs in the communities served by Intermountain Health; it informs the development of the Implementation Strategy and all of Intermountain Health's Community Health work.
Evaluation	Assessment of results from actions taken to address significant health needs.
External Stakeholder	Organizations, government agencies, individuals, and other entities outside Intermountain Health that will be influential in the success of or impacted by the CHNA and Implementation Strategy.
Health Disparity	Data-identified and preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health experienced by communities.
Health Equity	Foundational and embedded across Intermountain Health's approach to health improvement is the principle of pursuing the highest possible standard of health by focusing on improving the well-being of our most vulnerable communities.
Health Needs	Unmet community health needs identified during the CHNA.
Health Indicators	Specific health discrepancies identified by data within the health needs (i.e., frequent mental distress as an indicator within behavioral health).
Health Outcome	Anticipated impact of strategies on significant health needs.
Implementation Strategies (IS)	A written plan to address health needs prioritized in the CHNA; it includes activities, collaborations, resources, funding, and the anticipated impact on data-driven needs.
Internal Stakeholder	Departments, teams, and other functions of Intermountain Health that will be influential in the success of or impacted by CHNA and Implementation Strategy.
Primary Data	Information gathered directly from sources including stakeholder and resident surveys, interviews, and community and stakeholder meetings.
Secondary Data	Information gathered by third parties, typically public health agencies, government agencies, or large studies.
Significant Health Needs	Community health needs prioritized during the CHNA that are addressed in the Implementation Strategy.

Community Resources

Resources to Address Significant Health Needs

Significant Health Need	Organization	Summary of Resources
Improve Behavioral Health	Local Mental Health Organizations and Providers	Mental health therapy, case management, group therapy, and trainings. Individual and group services on a sliding fee scale that support access for low-income individuals.
	Substance Use Disorder Treatment Centers	Organizations that provide treatment programs for individuals with substance use disorder.
	County Public Health Departments	Provide prevention programming and harm reduction.
	Peer-Support Substance Use Organizations	Peer recovery coaching, family support services, and social supports.
Invest in Social Drivers of Health	Nonprofit Housing Organizations	Housing and utility assistance, emergency and respite shelter, case management, and workforce development.
	Housing Authorities	Affordable housing and support, case management, and transition services.
	County and State Government Agencies	Local workforce centers, government programs like Women, Infants and Children (WIC), and collaboration on economic stability strategies.
	Nonprofit Food Organizations	Community-based organizations that provide food assistance programs, local food banks, and pantries.
	Nonprofit Employment and Economic Stability Organizations	Community-based organizations that provide training programs leading to employment pathways, financial literacy education, and wrap-around support for people experiencing poverty.
Increase Access to Care	Federally Qualified Health Centers	Community-based organizations that provide comprehensive primary medical, dental, and behavioral healthcare regardless of ability to pay and insurance status.
	Safety Net Clinics	Community and school based primary care services including medical, behavioral health, and dental for low-income and uninsured residents.
	Nonprofit Community Organization	Navigation and application assistance for public programs, including government and other health insurance.
	Government Agencies	Enrollment assistance for numerous types of public benefits related to access, income, and insurance coverage.
	Law Enforcement and Corrections	Connection to medical, behavioral health, and social support services.
Promote Childhood Wellness and Injury Prevention	Early Childhood Government Agencies	In-home services, health and wellness support, and child protection.
	Nonprofit Community-Based Organizations	Assistance in connecting children and families experiencing poverty, abuse, neglect, or crisis to social services and other community resources. Supervision and programs for children focused on safety, health, learning, and development.
	Child Behavioral Health Organizations	Specialized pediatric behavioral health providers who serve children and youth.
	Education Organizations and Schools	Youth mental health resources, promotion of injury prevention and mental well-being, and career pathways leading to economic stability.



Intermountain
Health



2026 COMMUNITY HEALTH NEEDS ASSESSMENT

Silver Bow County, Montana

Sponsored by

Intermountain Health St. James Hospital
The City-County of Butte Silver Bow Health Department

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INTRODUCTION

PROJECT OVERVIEW

Project Goals

This Community Health Needs Assessment — a follow-up to similar studies conducted in 2014, 2017, 2020, and 2023 — is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Silver Bow County, Montana (Butte-Silver Bow), the service area of Intermountain Health St. James Hospital and the City-County of 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 Intermountain Health St. James Hospital and the City-County of Butte Silver Bow Health Department by Professional Research Consultants, Inc. (PRC), a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

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

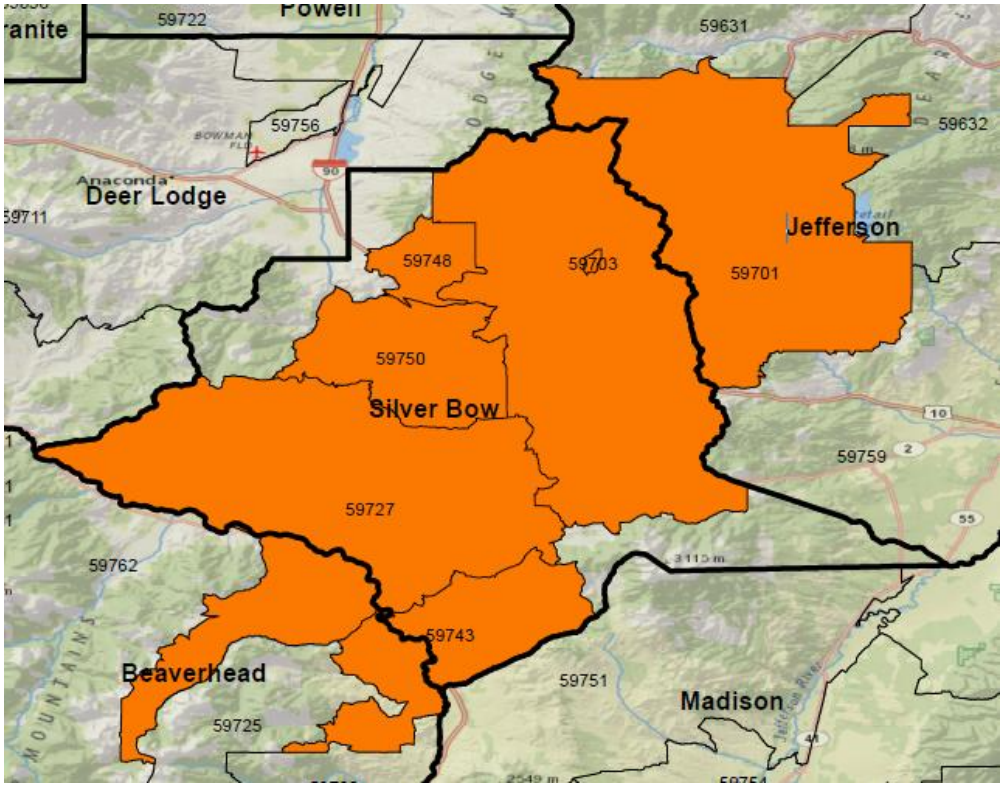
PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Intermountain Health St. James Hospital, the City-County of 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, 59743, 59748, and 59750. This community definition, determined based on the ZIP Codes of residence of recent patients of Intermountain Health St. James Hospital and the jurisdiction of the City-County of Butte Silver Bow Health Department, is illustrated in the following map.

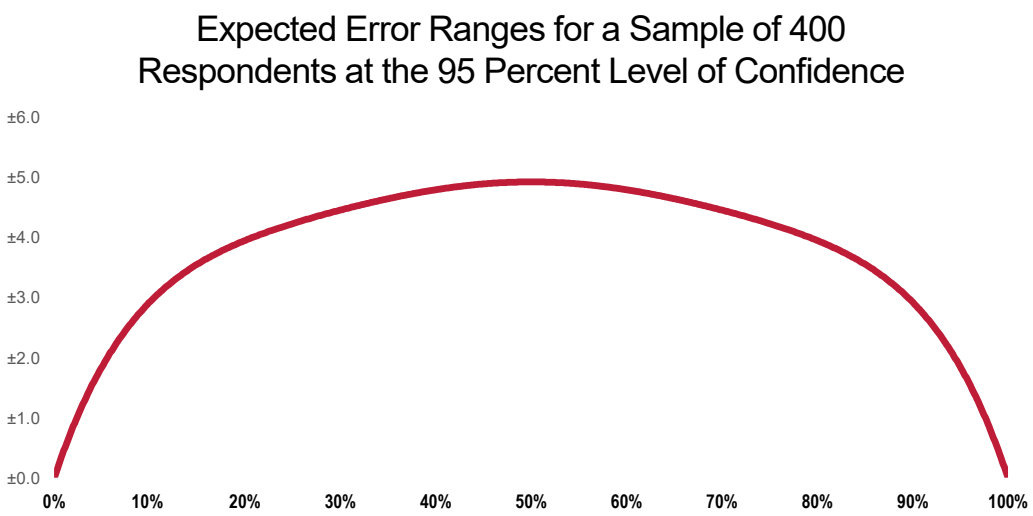


Sample Approach & Design

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 landline and cell phone 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 the Butte-Silver Bow area. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Butte-Silver Bow area 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 ±4.9% at the 95 percent confidence level.



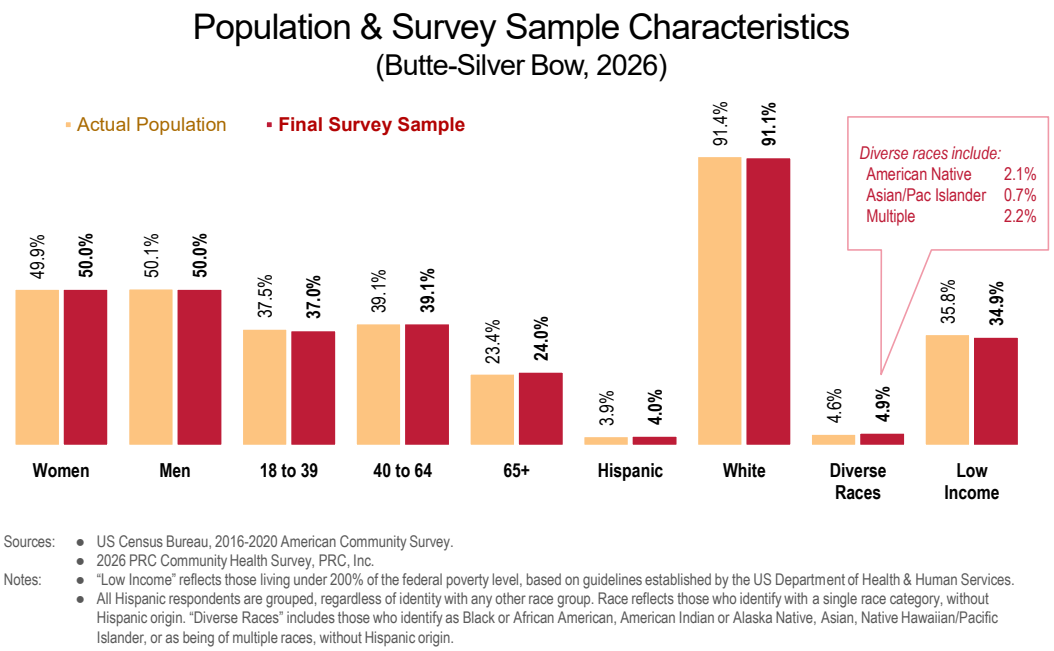
Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

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 might contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics might have been slightly oversampled, might contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the 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.]



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

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

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

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by Intermountain Health St. James Hospital and the City-County of 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, 194 community representatives took part in the Online Key Informant Survey, as outlined in the table that follows:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	8
Public Health Representatives	28
Other Health Providers	27
Social Services Providers	13
Other Community Leaders	118

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

- 911
- Ability Montana
- Action Inc.
- Aware Inc.
- Big Brothers Big Sisters Butte
- Big Sky Waterford Senior Living
- Butte 4-Cs
- Butte Cares
- Butte Catholic Community North
- Butte Central Schools
- Butte District Court
- Butte Emergency Food Bank
- Butte Justice Court
- Butte Local Development Corp.
- Butte Ministerial Association
- Butte Native Wellness Center
- Butte Public Library
- Butte Rescue Mission
- Butte School District #1
- Butte Silver Bow Community Development
- Butte Silver Bow Fire Department
- Butte Silver Bow Health Department
- Butte Spirit House
- Butte YMCA
- Butte-Silver Bow
- Butte-Silver Bow Archives
- Butte-Silver Bow Board of Health
- Butte-Silver Bow Commissioner
- Butte-Silver Bow Community Development
- Butte-Silver Bow Council of Commissioners
- Butte-Silver Bow County Attorney's Office
- Butte-Silver Bow Health Department
- Butte-Silver Bow Public Health
- Butte-Silver Bow Public Library
- Butte-Silver Bow Superfund Office
- City-County of Butte Silver Bow
- Clark Chateau
- Community Counseling
- Convention Visitor Bureau
- Correctional Services
- Crest Nursing Home
- Deep Roots Counselling
- Glacier Bank
- Highlands College
- Intermountain Health
- KECI/NBC Affiliate
- L'Asist Behavioral Heath
- Mercury Street Medical
- Montana Primary Care Association
- Montana Resources
- Montana State University
- Montana State University Extension Office
- Montana Tech
- New Hope Clinic
- New Hope Pregnancy Support Center
- Northwestern Energy
- Ramsey School District
- Restaurant/Business Owner
- Southwest Montana Community Health Center
- Tim Dick Law
- Town Pump
- United Way
- Venture West Realty
- Veterans Affairs
- Volunteers of America Northern Rockies
- Water & Environmental Technologies (WET)

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 Silver Bow County were obtained from the following sources (specific citations are included with the graphs throughout this report):

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

Benchmark Comparisons

Trending

Similar surveys were administered in Butte-Silver Bow in 2014, 2017, 2020, and 2023 by PRC on behalf of the hospital and 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 Data

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

National Data

National survey data, which are also provided in comparison charts, are taken from the *2023 PRC National Health Survey*; these data may be generalized to the US population with a high degree of confidence. National-level findings (from various existing resources) are also provided for comparison of secondary data indicators.

Healthy People 2030 Objectives

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

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

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, LGBTQ+ residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — while included in the overall findings, might not be individually identifiable or might not comprise a large-enough sample for independent analyses.

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

Public Comment

Intermountain Health St. James Hospital 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, the hospital 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. The hospital will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.

IRS FORM 990, SCHEDULE H COMPLIANCE

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

IRS FORM 990, SCHEDULE H	See Report Page
Part V Section B Line 3a A definition of the community served by the hospital facility	7
Part V Section B Line 3b Demographics of the community	32
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	196
Part V Section B Line 3d How data was obtained	6
Part V Section B Line 3e The significant health needs of the community	14
Part V Section B Line 3f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
Part V Section B Line 3g The process for identifying and prioritizing community health needs and services to meet the community health needs	15
Part V Section B Line 3h The process for consulting with persons representing the community's interests	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)	206

SUMMARY OF FINDINGS

Significant Health Needs of the Community

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

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

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	▪ Barriers to Access ○ Inconvenient Office Hours ○ Appointment Availability ○ Difficulty Finding a Physician ▪ Ratings of Local Health Care
CANCER	▪ Cancer Deaths (Leading Cause of Death) ○ Including Lung Cancer, Female Breast Cancer, Colorectal Cancer Deaths ▪ Cancer Prevalence
DISABLING CONDITIONS	▪ Caregiving
ENVIRONMENTAL HEALTH	▪ Days Exceeding Ambient PM2.5 Standards ▪ Perceptions of Air Quality ▪ Perceived Access to Clean Drinking Water
HEART DISEASE & STROKE	▪ Heart Disease Deaths (Leading Cause of Death) ▪ Stroke Deaths
INFANT HEALTH & FAMILY PLANNING	▪ Low-Weight Births
INJURY & VIOLENCE	▪ Unintentional Injury Deaths ▪ Intimate Partner Violence
MENTAL HEALTH	▪ Diagnosed Depression ▪ Symptoms of Chronic Depression ▪ Suicide Deaths ▪ Social/Emotional Support ▪ Receiving Treatment for Mental Health ▪ Seeking Care for Child's Mental Health ▪ Key Informants: *Mental Health* ranked as a top concern.

— continued on the following page —

AREAS OF OPPORTUNITY (continued)	
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	▪ Overweight & Obesity [Adults]
RESPIRATORY DISEASE	▪ Lung Disease Deaths
SUBSTANCE USE	▪ Alcohol-Induced Deaths ▪ Unintentional Drug-Induced Deaths ▪ Key Informants: *Substance Use* ranked as a top concern.
TOBACCO USE	▪ Use of Vaping Products ▪ Key Informants: *Tobacco Use* ranked as a top concern.

Community Feedback on Prioritization of Health Needs

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

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

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

Further, the **social determinants of health** are an important lens through which to understand and address all of these issues.

Hospital Implementation Strategy

Intermountain Health St. James Hospital 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.

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). Local secondary data reflect county-level data.

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

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

SOCIAL DETERMINANTS	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
Linguistically Isolated Population (Percent)	0.5	0.3	3.9		
Population in Poverty (Percent)	16.2	12.1	12.4	8.0	
Children in Poverty (Percent)	18.4	13.8	16.3	8.0	
No High School Diploma (Age 25+, Percent)	6.0	5.4	10.6		
Unemployment Rate (Age 16+, Percent)	3.1	3.0	3.9		5.4
% Unable to Pay Cash for a $400 Emergency Expense	19.5		34.0		24.2
% Worry/Stress Over Rent/Mortgage in Past Year	21.8		45.8		24.7
% Unhealthy/Unsafe Housing Conditions	7.2		16.4		8.1
% Unhoused at Some Point in the Past 2 Years	4.5				
% Food Insecure	22.4		43.3		23.0

SOCIAL DETERMINANTS (continued)	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
% [Parents] Availability of Affordable Childcare Services is "Fair/Poor"	34.0				26.0
% Volunteered to Charitable Organizations in the Past Year	50.2				39.7
% “No Impact” in Improving the Community	13.7				11.8
% Disagree That the Community is Welcoming to All People	9.6				8.9
		better	similar	worse	

OVERALL HEALTH	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
% "Fair/Poor" Overall Health	20.6	18.1	15.7		22.3
		better	similar	worse	

ACCESS TO HEALTH CARE	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
% [Age 18-64] Lack Health Insurance	**9.0**	10.7	8.1	7.6	15.6
% Difficulty Accessing Health Care in Past Year (Composite)	**47.5**		52.5		39.2
% Cost Prevented Physician Visit in Past Year	**12.0**	9.7	21.6		18.8
% Cost Prevented Getting Prescription in Past Year	**13.0**		20.2		13.3
% Difficulty Getting Appointment in Past Year	**25.8**		33.4		11.3
% Inconvenient Hrs Prevented Dr Visit in Past Year	**17.4**		22.9		9.1
% Difficulty Finding Physician in Past Year	**25.5**		22.0		10.2
% Transportation Hindered Dr Visit in Past Year	**5.2**		18.3		7.8
% Language/Culture Prevented Care in Past Year	**0.6**		5.0		
% Stretched Prescription to Save Cost in Past Year	**10.7**		19.4		11.6
% Difficulty Getting Child's Health Care in Past Year	**3.8**		11.1		3.5

ACCESS TO HEALTH CARE (continued)	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
Primary Care Doctors per 100,000	111.0	120.3	119.0		
% Have a Specific Source of Ongoing Care	73.4		69.9	84.0	78.0
% Routine Checkup in Past Year	73.0	73.4	65.3		64.2
% [Child 0-17] Routine Checkup in Past Year	97.1		77.5		94.1
% Used an ER for Routine Care in the Past Year	12.9				
% Rate Local Health Care "Fair/Poor"	32.0		11.5		25.4
		better	similar	worse	

CANCER	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
Cancer Deaths per 100,000	233.0	196.9	182.5	122.7	253.2
Lung Cancer Deaths per 100,000	47.3	38.7	39.8	25.1	
Female Breast Cancer Deaths per 100,000	30.3	25.0	25.1	15.3	

CANCER (continued)	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
Prostate Cancer Deaths per 100,000	**20.0**	26.4	20.1	16.9	
Colorectal Cancer Deaths per 100,000	**26.0**	17.6	16.3	8.9	
Cancer Incidence per 100,000	**479.9**	456.2	444.4		
Lung Cancer Incidence per 100,000	**49.5**	46.2	53.1		
Female Breast Cancer Incidence per 100,000	**140.2**	136.3	129.8		
Prostate Cancer Incidence per 100,000	**127.6**	131.4	113.2		
Colorectal Cancer Incidence per 100,000	**41.5**	36.7	36.4		
% Cancer	**12.5**	15.1	7.4		8.1
% [Women 40-74] Breast Cancer Screening	**79.6**		64.0	80.5	63.7
% [Women 21-65] Cervical Cancer Screening	**80.6**		75.4	84.3	75.8
% [Age 45-75] Colorectal Cancer Screening	**73.2**		71.5	74.4	55.0
		better	similar	worse	

DIABETES	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
Diabetes Deaths per 100,000	26.0	29.0	30.5		29.6
% Diabetes/High Blood Sugar	9.3	9.5	12.8		11.2
% Borderline/Pre-Diabetes	10.5		15.0		10.7
Kidney Disease Deaths per 100,000	12.1	15.0	16.9		15.4
		better	similar	worse	

DISABLING CONDITIONS	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
% 3+ Chronic Conditions	25.6		38.0		39.3
% Activity Limitations	31.7		27.5		31.5
% High-Impact Chronic Pain	23.1		19.6	6.4	21.4
Alzheimer's Disease Deaths per 100,000	35.2	30.4	35.8		46.3

DISABLING CONDITIONS (continued)	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
% Caregiver to a Friend/Family Member	28.9		22.8		20.3

better similar worse

ENVIRONMENTAL HEALTH	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
% Environmental Concerns Are a "Major" Problem	20.7				22.5
% Community's Air Quality is "Fair/Poor"	24.3				15.6
Days Exceeding Ambient PM 2.5 Standards (Percent)	2.2	1.4	0.6		
% Access to Clean Drinking Water is "Fair/Poor"	16.8				7.1
% Local Soil Quality is "Fair/Poor"	49.8				48.3

better similar worse

HEART DISEASE & STROKE	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
Heart Disease Deaths per 100,000	351.7	227.0	209.5	127.4	287.9
% Heart Disease	8.3	6.1	10.3		7.8
Stroke Deaths per 100,000	43.6	37.5	49.3	33.4	36.6
% Stroke	5.2	3.4	5.4		4.4
% High Blood Pressure	36.3	32.2	40.4	42.6	44.7
		better	similar	worse	

INFANT HEALTH & FAMILY PLANNING	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
Teen Births per 1,000 Females 15-19	14.5	15.0	15.5		
Low Birthweight (Percent of Births)	10.1	7.6	8.4		
Infant Deaths per 1,000 Births	5.1	5.4	5.8	5.0	
		better	similar	worse	

INJURY & VIOLENCE	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
Unintentional Injury Deaths per 100,000	93.8	74.4	67.8	43.2	62.6
Motor Vehicle Crash Deaths per 100,000	13.0	19.7	13.3	10.1	
% Unlocked Firearm in the Home	22.9				28.3
% [Child Age 5-17] "Always" Wears a Bicycle Helmet	43.7				
% Victim of Intimate Partner Violence	18.3		20.3		12.4
		better	similar	worse	

MENTAL HEALTH	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
% "Fair/Poor" Mental Health	17.9		24.4		14.9
% Diagnosed Depression	33.9	24.4	30.8		23.3
% Symptoms of Chronic Depression	41.9		46.7		34.1

MENTAL HEALTH (continued)	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
% Typical Day Is "Extremely/Very" Stressful	12.0		21.1		11.9
Suicide Deaths per 100,000	42.7	30.1	14.7	12.8	33.7
% “Always/Usually” Receive Social/Emotional Support	70.8				77.7
% Feel Isolated From Others	11.1		16.7		12.1
% Have Considered Suicide	17.3				17.6
% Aware of Montana 988 Crisis Lifeline	64.0				
Mental Health Providers per 100,000	529.4	402.8	332.2		
% Receiving Mental Health Treatment	26.2		21.9		20.3
% Unable to Get Mental Health Services in Past Year	5.2		13.2		2.8
% [Parents] Unable to Get Mental Health Services for Child	3.1				
% [Age 5-17] Sought Professional Help for Child’s Mental Health	29.3				14.8
		better	similar	worse	

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
% "Very/Somewhat" Difficult to Buy Fresh Produce	**20.9**		30.0		31.8
% 5+ Servings of Fruits/Vegetables per Day	**31.8**		29.1		34.6
% No Leisure-Time Physical Activity	**18.9**	19.6	30.2	21.8	21.6
% Meet Physical Activity Guidelines	**37.5**	32.2	30.3	29.7	27.5
% Attempt to Increase Physical Activity/Everyday Behaviors	**66.7**				64.9
% Neighborhood Walkability Is “Fair/Poor”	**36.5**				33.7
% [Child 2-17] Physically Active 1+ Hours per Day	**51.0**		27.4		46.3
% [Child Age 5-17] 3+ Hours of Daily Screentime	**38.1**				
% Overweight (BMI 25+)	**66.2**	65.7	63.3		67.1
% Obese (BMI 30+)	**29.9**	30.5	33.9	36.0	31.6
% [Child 5-17] Overweight (85th Percentile)	**41.3**		31.8		25.6

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
% [Child 5-17] Obese (95th Percentile)	26.6		19.5	15.5	15.7
		better	similar	worse	

ORAL HEALTH	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
% Dental Visit in Past Year	65.9	64.1	56.5	45.0	
		better	similar	worse	

RESPIRATORY DISEASE	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
Lung Disease Deaths per 100,000	87.1	54.3	43.5		104.9
Pneumonia/Influenza Deaths per 100,000	13.9	9.9	13.4		19.3
% Asthma	13.7	11.7	17.9		10.9
% COPD (Lung Disease)	11.9	7.3	11.0		12.6
		better	similar	worse	

SEXUAL HEALTH	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
HIV Prevalence per 100,000	77.4	75.3	386.6		
% [Age 18-44] Ever Tested for HIV	53.6				34.3
Chlamydia Incidence per 100,000	319.0	322.7	492.2		
Gonorrhea Incidence per 100,000	52.3	67.7	179.0		
		better	similar	worse	

SUBSTANCE USE	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
Alcohol-Induced Deaths per 100,000	28.7	31.5	15.7		23.1
% Excessive Drinking	17.4	21.0	34.3		26.1
Unintentional Drug-Induced Deaths per 100,000	45.4	16.3	29.7		20.2
% Used an Illicit Drug in Past Month	2.2		8.4		

SUBSTANCE USE (continued)	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
% Used Marijuana/THC in the Past 30 Days	12.6				11.3
% Ever Sought Help for Alcohol or Drug Problem	5.6		6.8		3.4
% Personally Impacted by Substance Use	46.2		45.4		47.3
		better	similar	worse	

TOBACCO USE	Butte-Silver Bow	BUTTE-SILVER BOW vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
% Smoke Cigarettes	12.1	12.4	23.9	6.1	20.9
% Someone Smokes at Home	5.2		17.7		16.0
% Use Vaping Products	10.8	7.8	18.5		1.4
% Currently Use Smokeless Tobacco	11.7				7.9
		better	similar	worse	



COMMUNITY DESCRIPTION

POPULATION CHARACTERISTICS

Total Population

Butte-Silver Bow (Silver Bow County), the focus of this Community Health Needs Assessment, encompasses about 718 square miles and houses a total population of 35,589 residents, according to latest census estimates.

Total Population
(Estimated Population, 2019-2023)

	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
Butte-Silver Bow (Silver Bow County)	35,589	717.99	50
Montana	1,105,072	145,550.17	8
United States	332,387,540	3,533,298.58	94

Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2025 via SparkMap (sparkmap.org).

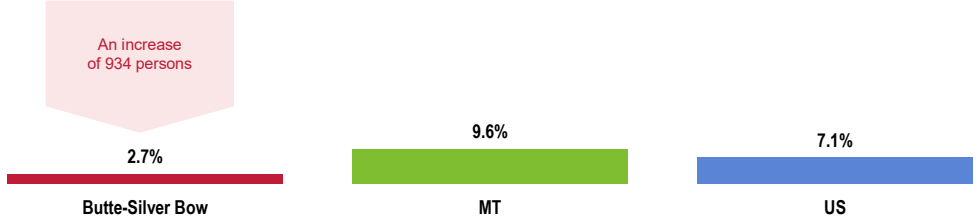
Population Change 2010-2020

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%.

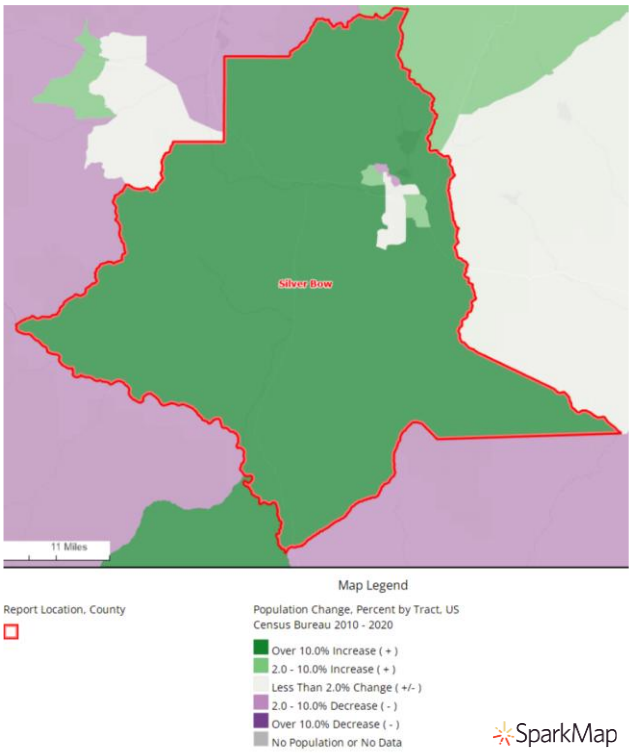
BENCHMARK ► A smaller proportional increase compared with state and national numbers.

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 2025 via SparkMap (sparkmap.org).

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

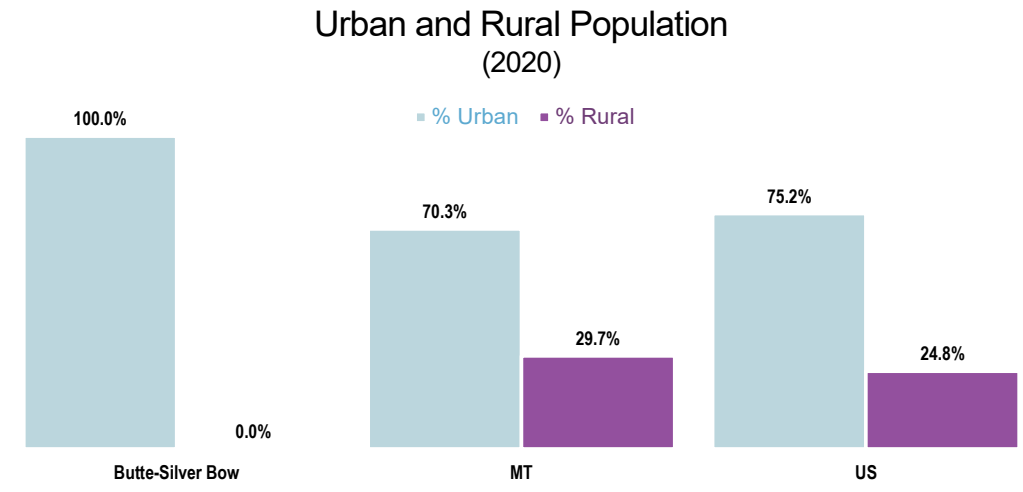


Urban/Rural Population

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.

The entirety (100%) of the Butte-Silver Bow population lives in areas designated as urban.

BENCHMARK ► A much larger proportion of urban residents than reported statewide and nationally.



Sources:
- US Census Bureau Decennial Census.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2025 via SparkMap (sparkmap.org).

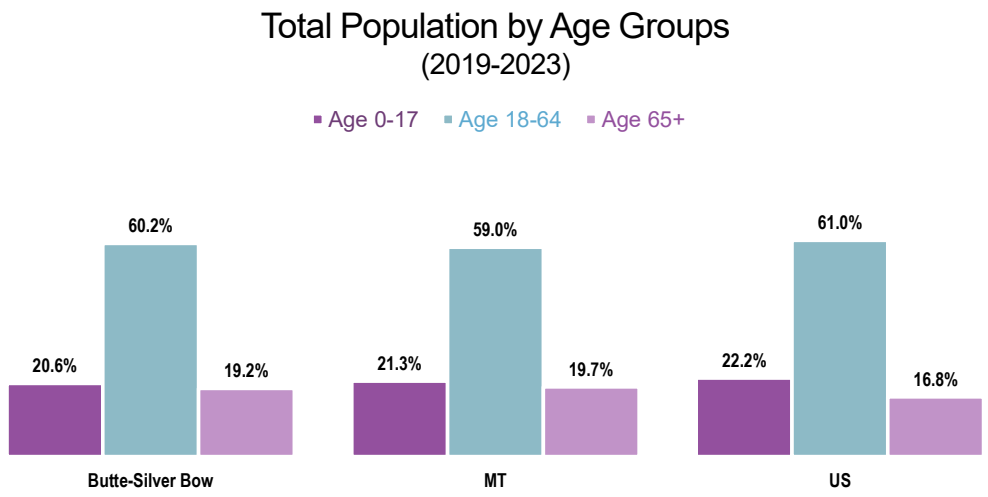
Notes:
- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are 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, 20.6% of the population are children age 0-17; another 60.2% are age 18 to 64, while 19.2% are age 65 and older.

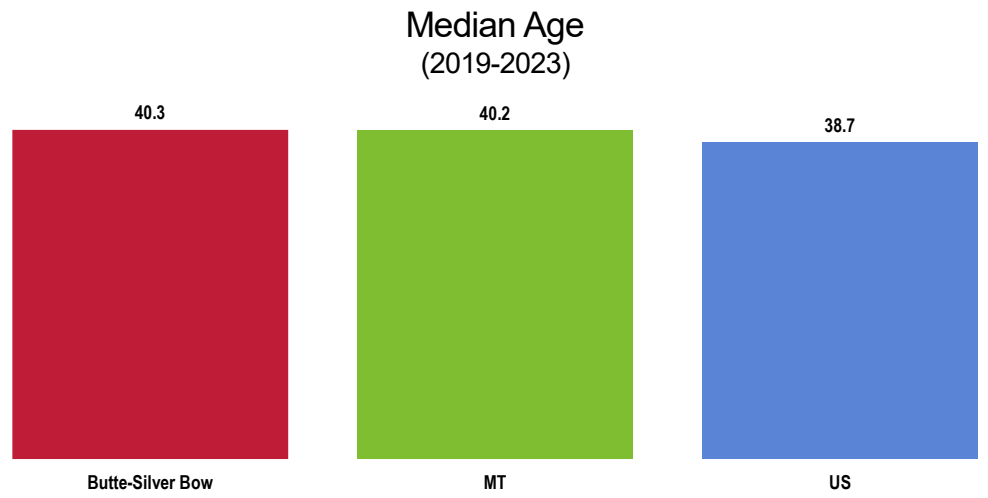
BENCHMARK ▶ The proportion of older adults is higher than the US proportion.



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2025 via SparkMap (sparkmap.org).

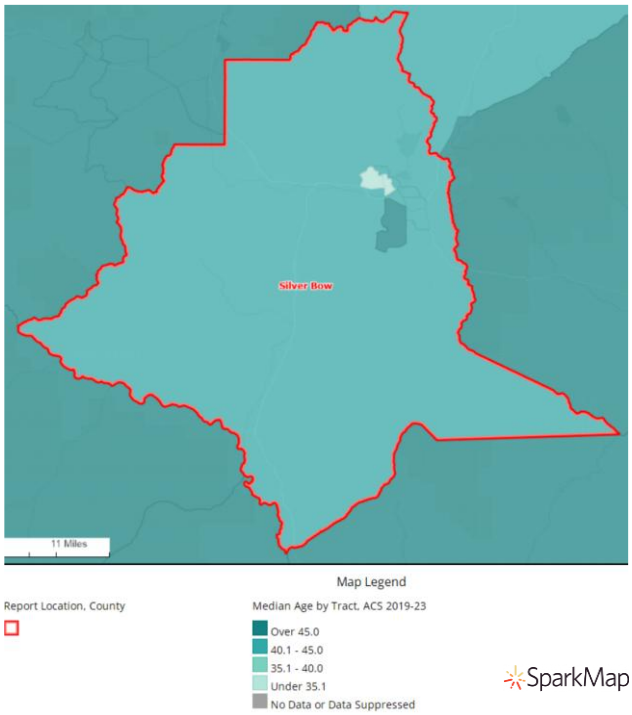
Median Age

Butte-Silver Bow (along with the state of Montana) is "older" than the nation in that the median age is higher.



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2025 via SparkMap (sparkmap.org).

The following map provides an illustration of the median age by census tract throughout Butte-Silver Bow.



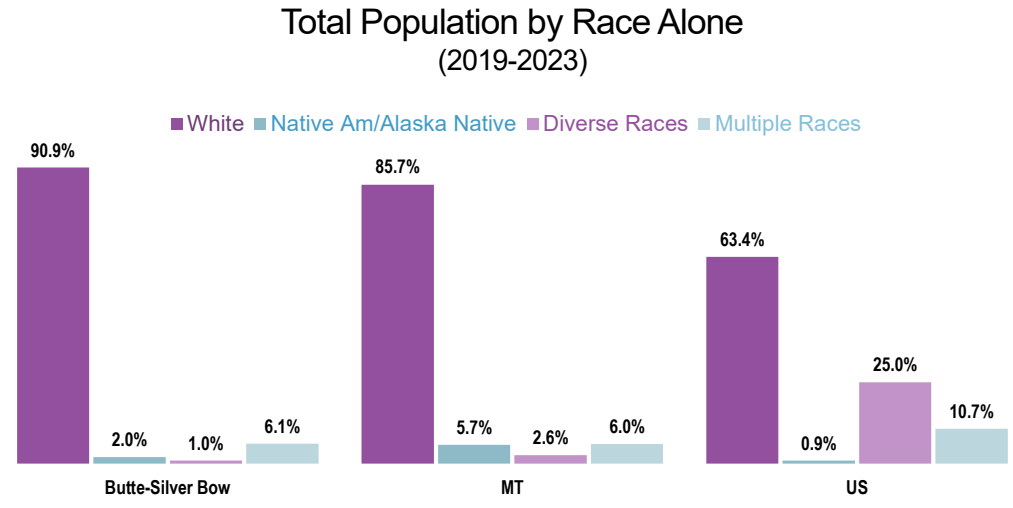
Race & Ethnicity

Race

Race reflects those who identify with a single race category, regardless of Hispanic origin. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

In looking at race independent of ethnicity (Hispanic or Latino origin), 90.9% of residents of Butte-Silver Bow are White and 2.0% are Native American or Alaska Native.

BENCHMARK ► A much less diverse population than reported nationally.



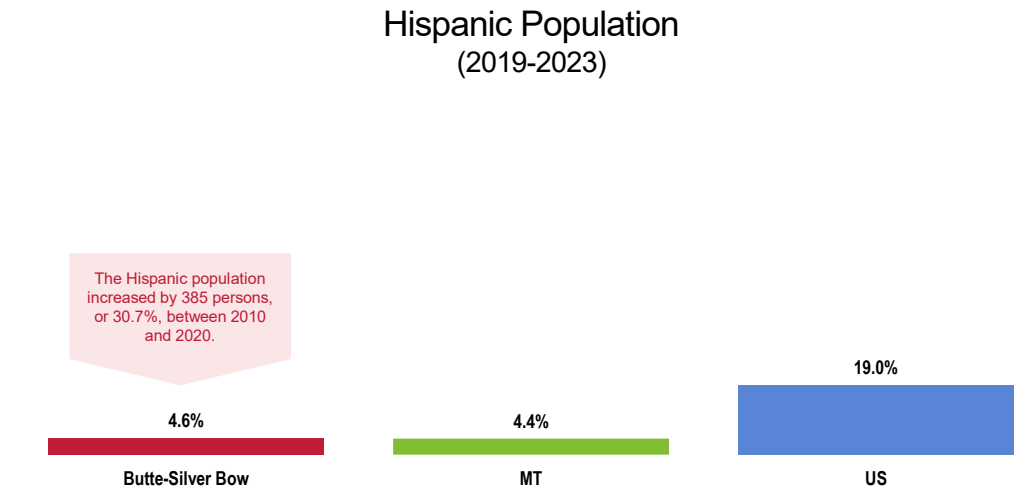
Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2025 via SparkMap (sparkmap.org).

Notes:
- "Diverse Races" includes those who identify as American Indian or Alaska Native, Asian, or Native Hawaiian/Pacific Islander, without Hispanic origin.

Ethnicity

A total of 4.6% of Butte-Silver Bow residents are Hispanic or Latino.

BENCHMARK ► Considerably lower than the US prevalence.



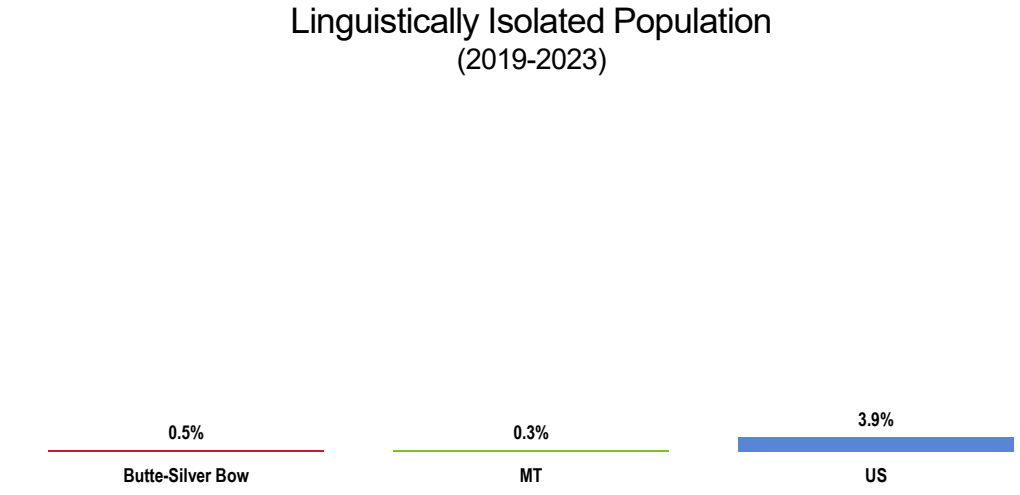
Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2025 via SparkMap (sparkmap.org).

Notes:
- People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Linguistic Isolation

Less than one percent (0.5%) of the Butte-Silver Bow population age 5 and older lives in a home in which no person age 14 or older is proficient in English (speaking only English or speaking English "very well").

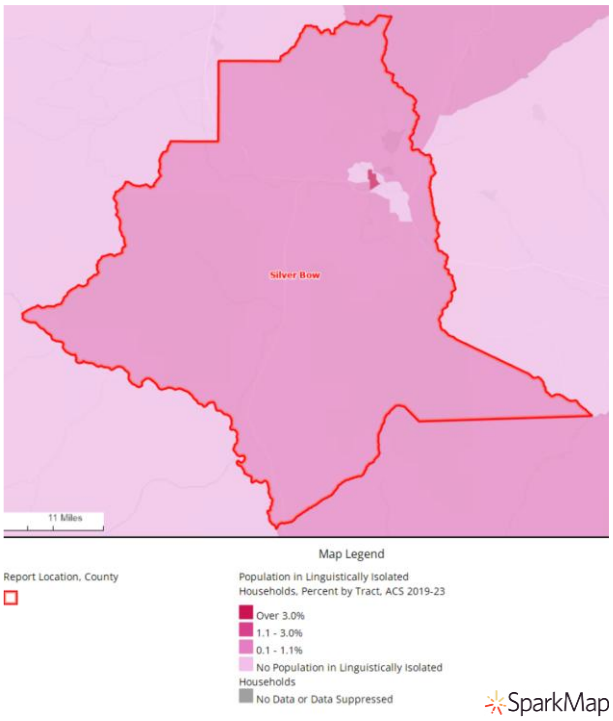
BENCHMARK ► Above the Montana percentage but well below the US figure.



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2025 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+ speaks a non-English language and speak English "very well."

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



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

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

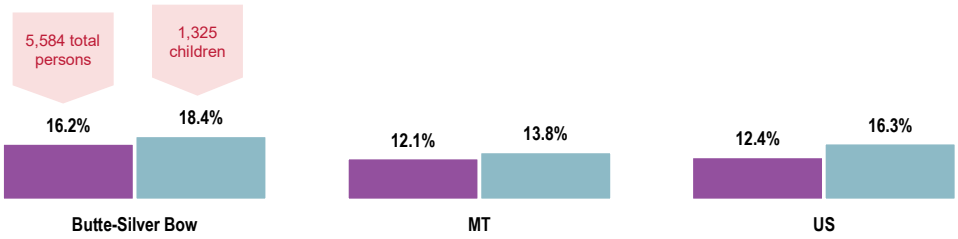
The latest census estimate shows 16.2% of the Butte-Silver Bow total population living below the federal poverty level.

BENCHMARK ► Higher than the state and national percentages and 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 1,325 children).

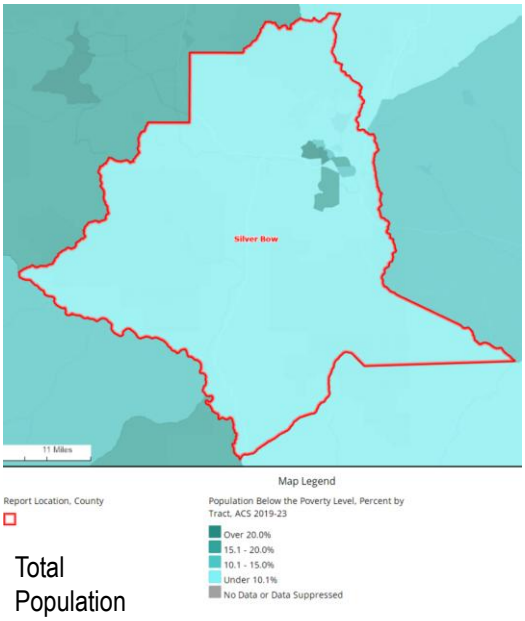
BENCHMARK ► Higher than the Montana prevalence and twice the Healthy People 2030 objective.

Percent of Population in Poverty
(2019-2023)
Healthy People 2030 = 8.0% or Lower

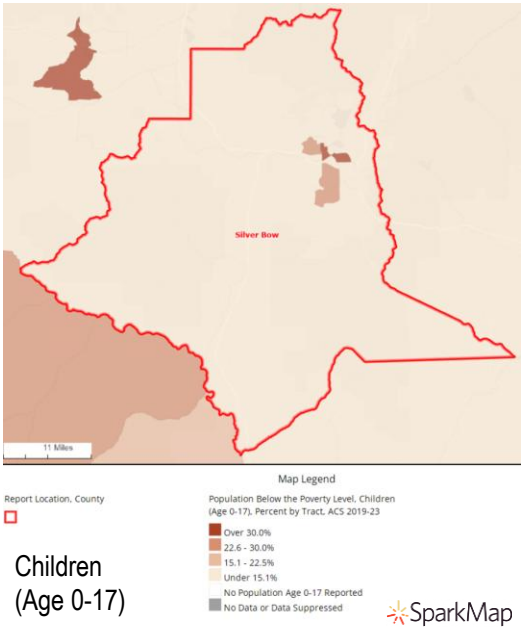


Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2025 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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



Total Population



Children (Age 0-17)

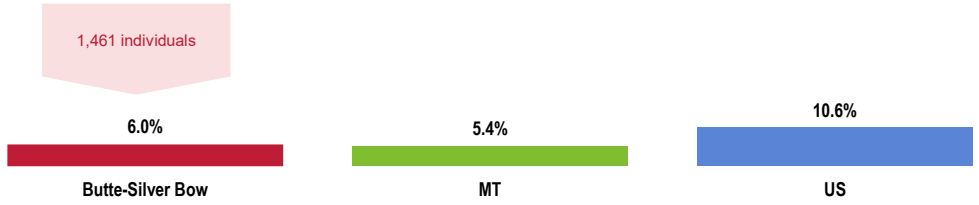
SparkMap

Education

Among the Butte-Silver Bow population age 25 and older, an estimated 6.0% (1,461 people) do not have a high school education.

BENCHMARK ► Lower than the US prevalence.

Population With No High School Diploma
(Adults Age 25 and Older; 2019-2023)



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2025 via SparkMap (sparkmap.org).

Financial Resilience

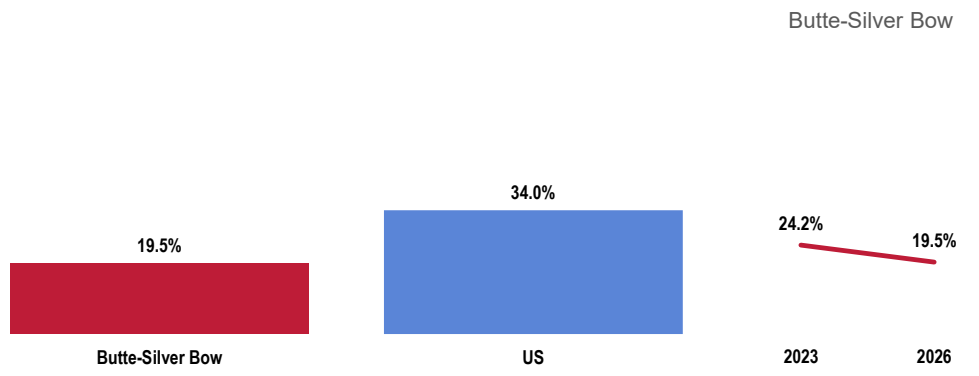
Respondents were asked: "Suppose that you have an emergency expense that costs $400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card that you could pay in full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

A total of 19.5% of Butte-Silver Bow residents would <u>not</u> be able to afford an unexpected $400 expense without going into debt.

BENCHMARK ► Well below the national prevalence.

DISPARITY ► Reported more often among women and residents in low-income households.

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

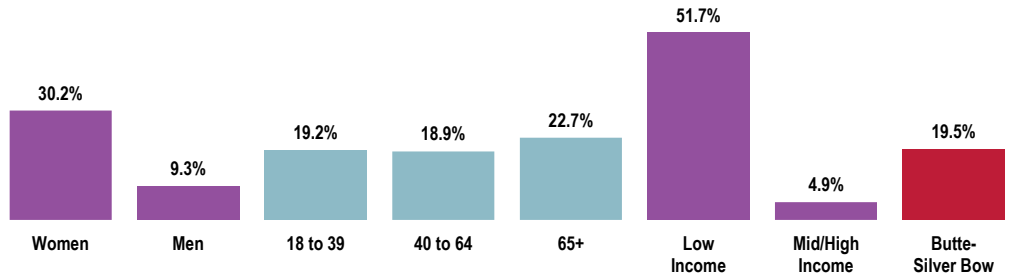


Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 53]
- 2023 PRC National Health Survey, PRC, Inc.

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

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

Do Not Have Cash on Hand to Cover a $400 Emergency Expense
(Butte-Silver Bow, 2026)



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 53]
Notes: ● Asked of all respondents.
● Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

INCOME & RACE/ETHNICITY

INCOME ► Income categories used to segment survey data in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2024 guidelines place the poverty threshold for a family of four at $30,700 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.

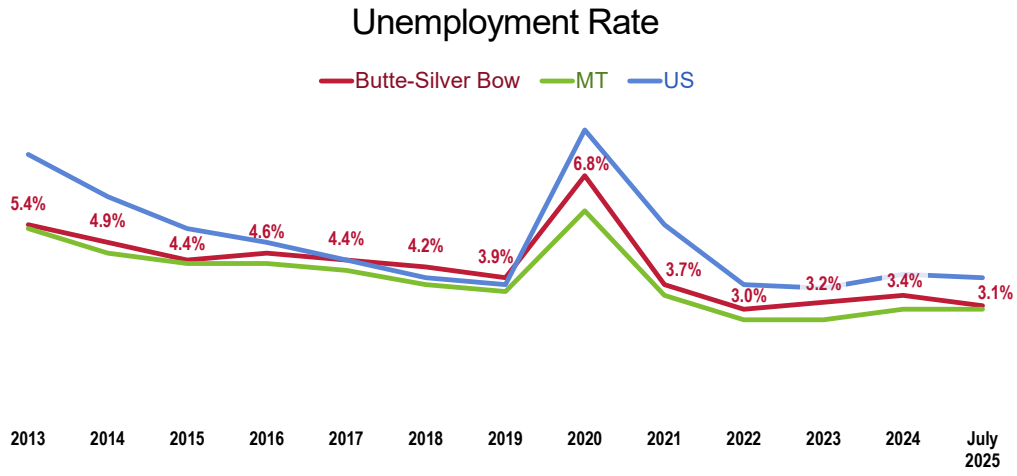
RACE & ETHNICITY ► While the survey data are representative of the full racial and ethnic makeup of the population, samples were not of sufficient size for independent analysis by race and/or ethnicity.

Employment

According to data derived from the US Department of Labor, the unemployment rate in Butte-Silver Bow as of July 2025 was 3.1%.

BENCHMARK ▶ Lower than the national unemployment rate.

TREND ▶ Following significant increases in 2020 (attributed to the COVID-19 pandemic), unemployment has dropped below pre-pandemic levels and is much lower than found a decade ago.

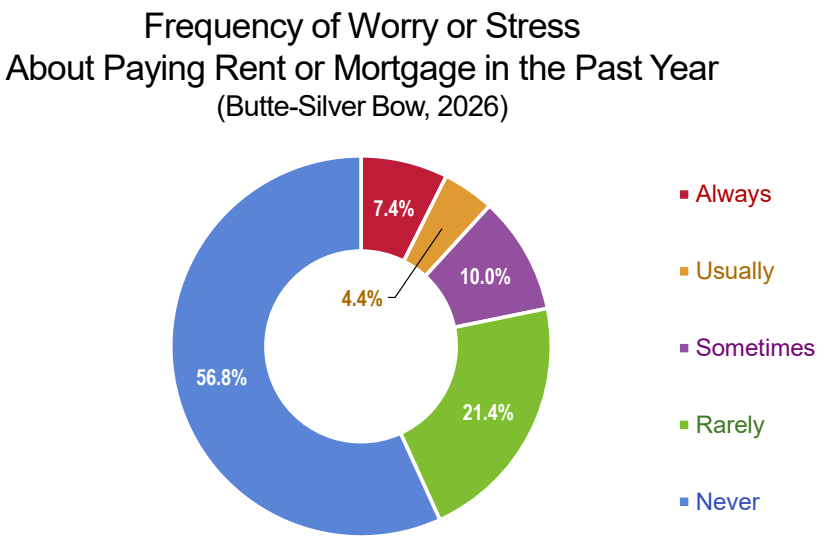


Sources: ● US Department of Labor, Bureau of Labor Statistics.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2025 via SparkMap (sparkmap.org).
Notes: ● Percent of non-institutionalized population age 16+ who are unemployed (not seasonally adjusted).

Housing

Housing Insecurity

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



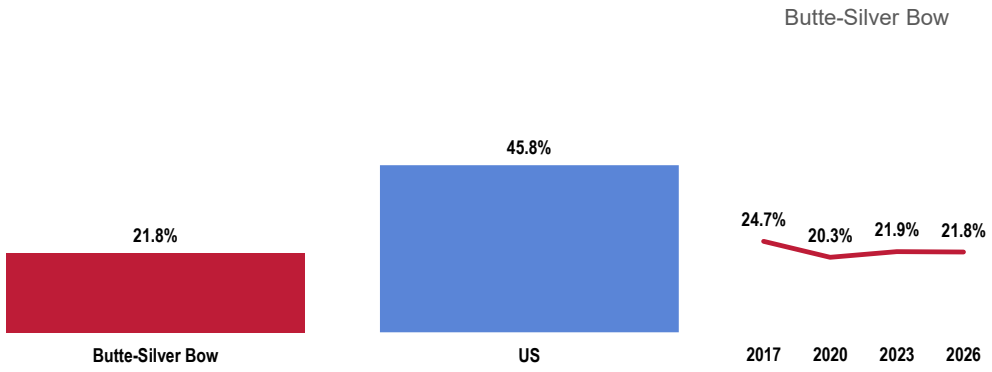
Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 56]
Notes: ● Asked of all respondents.

However, a considerable share (21.8%) report that they were "sometimes," "usually," or "always" worried or stressed about having enough money to pay their rent or mortgage in the past year.

BENCHMARK ▶ Less than half the US percentage.

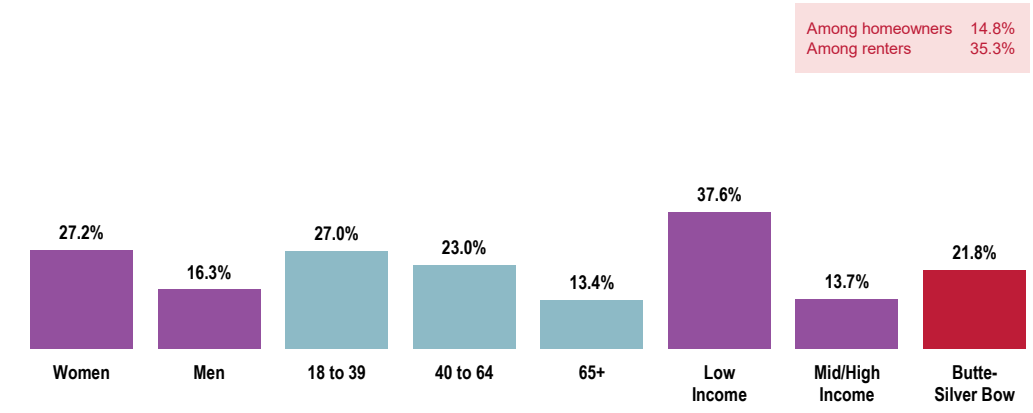
DISPARITY ▶ Reported more often among women and adults under 65, and especially among those in low-income households or who rent their homes.

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



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 56]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

"Always/Usually/Sometimes" Worried About Paying Rent/Mortgage in the Past Year
(Butte-Silver Bow, 2026)



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 56]
Notes: ● Asked of all respondents.

Unhealthy or Unsafe Housing

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?"

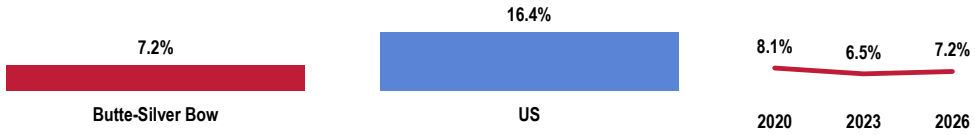
A total of 7.2% of Butte-Silver Bow residents report living in unhealthy or unsafe housing conditions during the past year.

BENCHMARK ▶ Well below the US figure.

DISPARITY ▶ Reported more often among male respondents.

Unhealthy or Unsafe Housing Conditions in the Past Year

Butte-Silver Bow

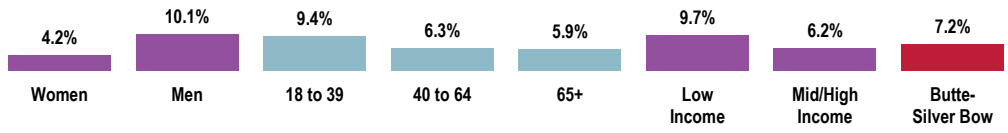


Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 55]
- 2023 PRC National Health Survey, PRC, Inc.

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.

Unhealthy or Unsafe Housing Conditions in the Past Year
(Butte-Silver Bow, 2026)

Among homeowners	7.0%
Among renters	8.1%



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 55]

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.

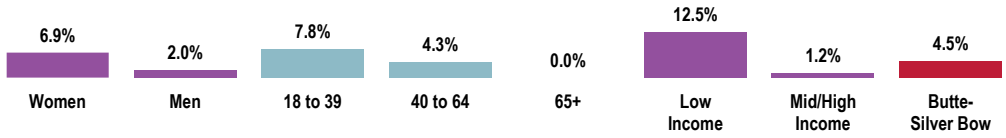
Experience of Homelessness

A total of 4.5% of Butte-Silver Bow residents report living on the street, in a temporary shelter, or with a family member or friend in the past two years because of a housing emergency.

DISPARITY ► Higher among women, those in low-income households, and respondents who rent their homes.

Unhoused at Some Point in the Past Two Years
(Butte-Silver Bow, 2026)

Among homeowners	0.5%
Among renters	8.3%



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 306]

Notes:
- Asked of all respondents.
- Includes respondents who say they lived on the street, in a car, in a temporary shelter, or with a family member or friend because of an emergency in the past two years (even if temporarily).

Food Insecurity

Overall, 22.4% of community residents are determined to be "food insecure," having run out of food in the past year and/or been worried about running out of food.

BENCHMARK ► Much lower than the national percentage.

DISPARITY ► Especially high among women and those in low-income households.

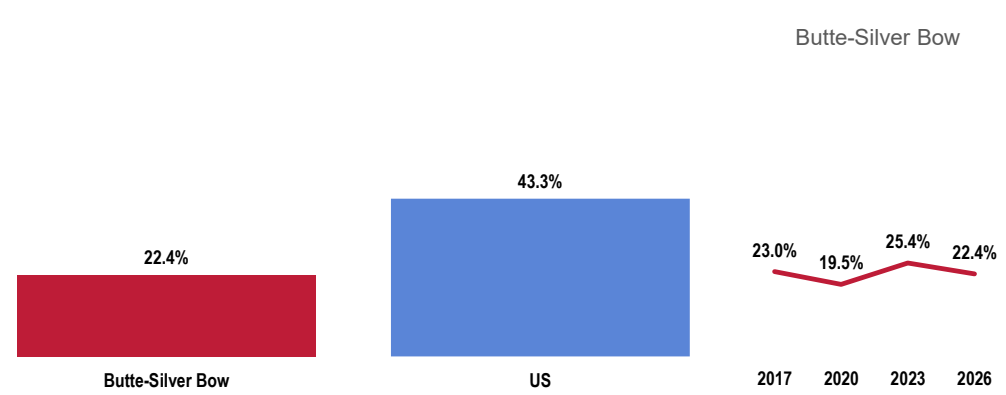
Surveyed adults were asked: "Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was "often true," "sometimes true," or "never true" for you in the past 12 months:

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.

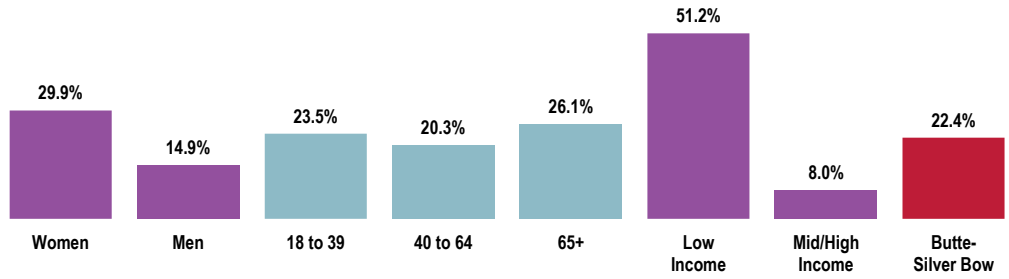
Food Insecurity



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 98]
- 2023 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, 2026)



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 98]
Notes: ● Asked of all respondents.
● Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Community Engagement

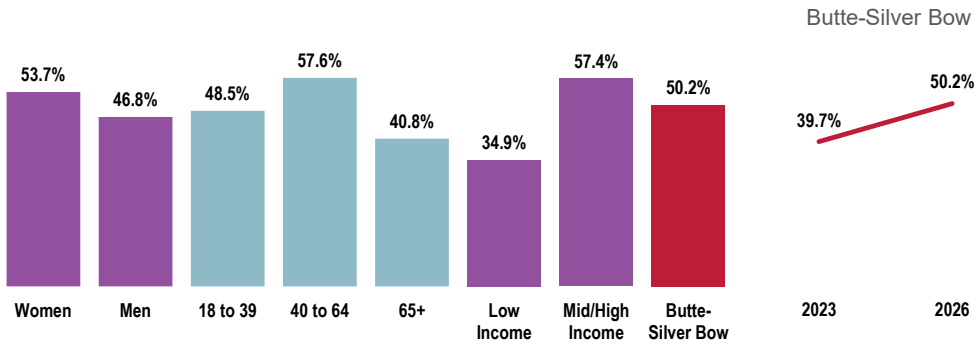
Volunteerism

Half (50.2%) of survey respondents have volunteered time to a charitable cause, organization, and/or event in the past year.

TREND ► Marking a statistically significant increase since 2023.

DISPARITY ► Reported less often among adults age 65+ and those in low-income households.

Have Volunteered Time to Charitable Causes, Organizations, or Events in the Past Year
(Butte-Silver Bow, 2026)

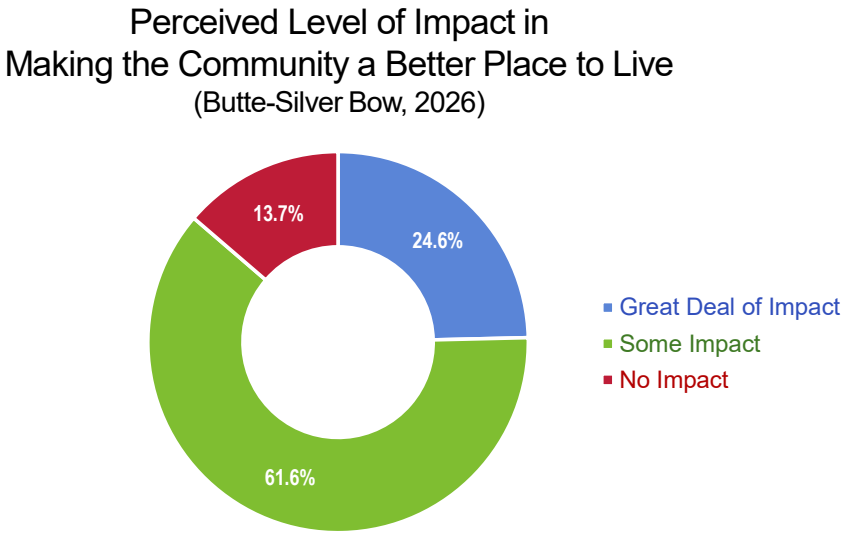


Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 318]
Notes: ● Asked of all respondents.

Empowerment

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

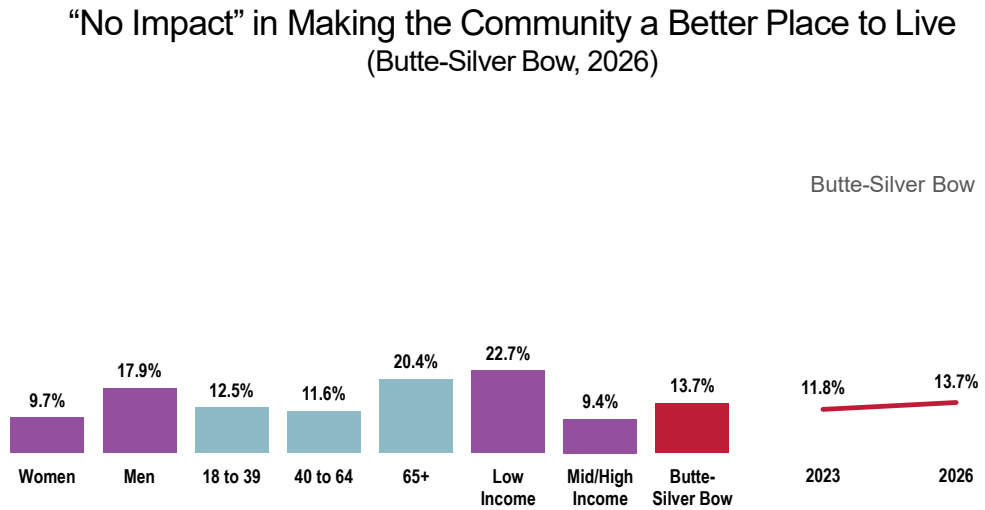
Most survey respondents feel they are able to have at least some impact on making their community a better place to live.



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 316]
Notes: • Asked of all respondents.

However, 13.7% of Butte-Silver Bow residents do not consider people like themselves to have an impact on community life.

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

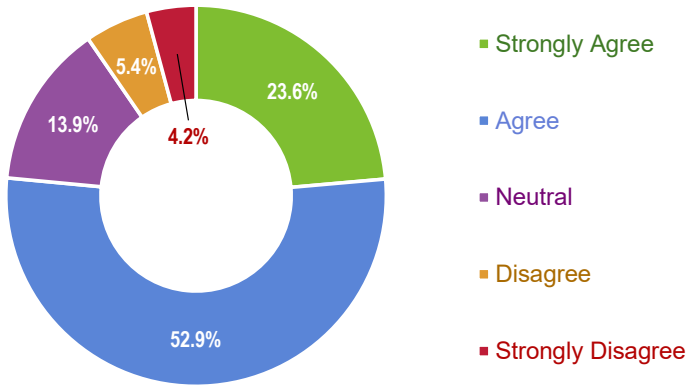


Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 316]
Notes: • Asked of all respondents.

Inclusivity

While most respondents agree that the community is a welcoming place for people of all races and ethnicities, a total of 9.6% do not agree.

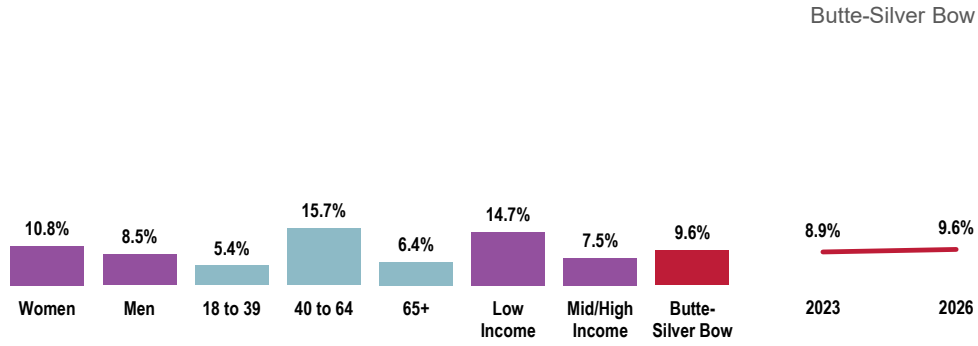
Agreement With the Statement: "*I feel that my community is a welcoming place for people of all races and ethnicities*"
(Butte-Silver Bow, 2026)



Sources: 2026 PRC Community Health Survey, PRC, Inc. [Item 317]
Notes: Asked of all respondents.

DISPARITY ► Disagreement is higher among respondents age 40 to 64.

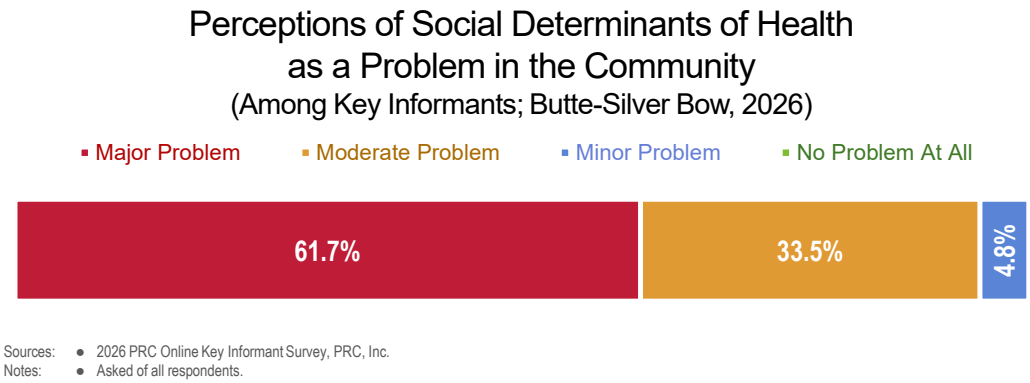
Disagree That the Community Is Welcoming for People of all Races and Ethnicities
(Butte-Silver Bow, 2026)



Sources: 2026 PRC Community Health Survey, PRC, Inc. [Item 317]
Notes: Asked of all respondents.
Includes combined "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.



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

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

Housing

I believe social determinants of health are a serious problem in our community because so many of the challenges people face are rooted in circumstances outside of individual choice. Housing instability, low wages, and limited employment opportunities, create stress that makes it harder for families to prioritize health. Access to education and reliable transportation impacts whether people can obtain healthy food, quality medical care, or steady jobs. Discrimination, stigma, and generational trauma also influence how people are treated when they do seek help. These factors combine to create real barriers to good nutrition, physical activity, and overall well-being. — Community Leader

Lack of affordable housing and resources to help those experiencing homelessness. Low wages for our cost of living. Food insecurities. — Health Care Provider

Housing is aging and needs to be repaired or upgraded. Often there are dangerous staircases in the home and at the entries. The income for this area is too low and has not kept pace with the cost of living. The elementary, middle, and high schools in this area do not have a high rating and do not prepare our children for future employment and higher education. The university does not seem to have a deep connection to the community. The environment still consists of many structures that are underutilized and some that are dangerous that are a blight on the community. The demographics for the area are mostly white so the community has little practice with acceptance of diversity including of people not born and raised in Butte. — Community Leader

Extreme housing costs for both rentals and housing costs. Our own community has been priced out of housing. Many people are working 2 or 3 jobs just trying to survive and raise families. I think that our education resources are good, we have great schools and an incredible higher education facility. — Community Leader

Housing is expensive and hard to find. We have a lot of drug use, alcohol use and tobacco use. We do not have specialists to address many illnesses including addiction. — Health Care Provider

Housing costs have increased in our community making it difficult for those in lower income brackets to find healthy, safe neighborhoods. The agenda in the schools has not promoted health, only creating division and confusion for our children. Butte has been held captive by 'good old boys' in our government shutting out new enterprise and ideas. — Community Leader

There is currently a housing issue with income levels and cost of housing. There are a lack of grocery stores close to housing. A low level of education is also evident. — Community Leader

Affordable housing is a problem as rent or cost of homes is disproportionate to income. Income is correlated to education in some manner whether it is higher education or some type of trade. Some type of education is important. Cheaper housing or higher income is needed. — Community Leader

The cost of living in Montana is simply not livable. People cannot afford basic expenses, and people are not compensated sufficiently to match cost of living increases. With federal changes to student loan and higher education financing, education is becoming more inaccessible. Public schools don't have the funding they need to provide all the programs and services we expect them to provide. We live in mine waste. How can anyone make it here? — Health Care Provider

Housing stability effects the mental, physical and general wellbeing of a person - history shows us that stable safe housing can guide a person to good health — Social Services Provider

Housing and low-income individuals being priced out of the rental or home ownership market.
— Community Leader

Currently housing in Butte is very expensive compared to the wages people are making. Rentals and short-term rentals have made it difficult for people to get into housing. — Health Care Provider

Housing, income and education are linked, clearly, if you're missing one, it's nearly impossible to get the others. — Community Leader

Price of housing is too expensive, people don't send their kids to school and allow them to drop out, a lot of stigma with under privileged population. — Public Health Representative

I just had a sponsee sign a lease to a studio apartment for $700 a month, and there is no way it is up to code... yet he feels like he needs to take it, because he needs to get out of the prerelease. No places will rent to him because he is a felon... But how are people supposed to gain self-worth and be a productive part of the community if they don't feel like they are equal to other people. Long story short, the standards of living should not be lowered for anyone, the housing is setting people up to fail. — Public Health Representative

Housing. — Health Care Provider

We do not have access to affordable housing. — Public Health Representative

No one can afford a home unless they are wealthy! Rent prices are through the roof! Rental assistance only helps those who sit below or at poverty level. The middle class has no financial help. It's also very difficult to get a home loan with interest rates below 6%! No one can afford the housing market here unless they move from a larger city or more wealthy state. It is a huge problem! — Public Health Representative

Economic Stability within the community, people not being able to find affordable housing. The high drug and alcohol rate also causes extreme problems within the family system and at times access to education. — Community Leader

People move to Butte because we have low cost or no cost housing. I have heard of people getting jobs only to quit them as soon as they are accepted to low-income housing, knowing that they cannot get removed from that house. — Community Leader

Housing is outrageous in Butte right now, which is going to cause more homelessness. You literally cannot rent a house for under $1000 a month. How does someone making minimum wage, or really, anyone making less than $20 an hour, make it on the price or rent or mortgages in the Butte area right now? So, if you choose to rent/own a home, can you afford anything else - going to a doctor/dentist, getting a major surgery, etc. — Social Services Provider

The poor condition or unavailability to clean, healthy housing is a challenge to many of our low-income residents. — Community Leader

Lack of affordable housing, generational poverty - low-income population. - — Community Leader

Lack of affordable housing, poverty rate. — Public Health Representative

Housing availability is a complete disaster even for folks with decent incomes. The cost of living in this community has far surpassed the income levels, creating a larger and larger, poorer population. Homeless population has increased 10-fold. This is a very sad state of affairs. The discrimination of those suffering with mental health and addictions is strong and the attitude of, "Not in my back yard" has lessened the resources that attempt to help with the problem. — Community Leader

Many people lack adequate housing, transportation, education, and/or food. — Physician

Butte has a high cost of living compared to the average income of the residents, unaffordable housing options are causing the rate of homelessness to rise very quickly, and the access to healthcare for people using drugs or experiencing homelessness is extremely limited due to stigmatization and lack of resources. — Public Health Representative

Our community is lacking affordable housing, low-income housing, and the ones we do have waiting lists up to 4 years long. This does nothing to protect our families and children from homelessness. The programs that helped fund housing have lost their funding, leaving our community with no way to help. I struggle with housing, and I work full time, as well as my husband and we have 2 children. We can't afford $2500+ a month in rent. This leaves families like mine with no way to own our homes, we will struggle for the rest of our lives, and no one is coming to save us. This leads to mental health decline, an increase in substance use because families feel hopeless. We feel hopeless. — Social Services Provider

Lack of safe affordable housing and living wages for the majority of the population. Environmental toxic cleanup site. Clean water. — Community Leader

Affordable housing. Low paying jobs — Community Leader

Lack of affordable housing and livable wages. — Community Leader

Affordable housing is becoming scarce, particularly as the average wage in Butte does not correlate with rising housing costs. Options of places to live for people with low income are scarce. Because housing is so expensive other needs such as food and healthcare are not adequately met. Currently the Butte School District is facing difficulty enforcing regular attendance at school. Education is not being prioritized by families, which is understandable if other, more basic needs are not adequately met. — Community Leader

Housing is completely out of reach for most people in Butte, and people are regularly priced out of the places they live already. Food is expensive. It's hard to use our transit system. Medicaid travel is reimbursement only. The Food Bank has specific rules that make it difficult to access. There aren't many childcare options. Health Insurance is getting more and more expensive. — Health Care Provider

Housing is healthcare! There is a lack of affordable housing and an unhoused population hovering between 120 and 148 for the past year. Safe housing is also lacking. The old, deteriorated housing stock is where the most vulnerable citizens tend to live, some without running water and unsafe heat sources. There is also significant food insecurity in the Butte Community. Over 1,000 kids per day participated in the free summer meal program for children in 2025. The cost of housing and food has increased dramatically over the last 5 years. Without safe housing and adequate nutrition, children cannot learn and without a solid educational foundation, they cannot grow into productive citizens. — Social Services Provider

Housing insecurity became very real these last few years due to increased costs. — Physician

Housing and food insecurities impact all aspects of health. — Physician

Affordable housing is very difficult to find. Many places are outpriced for a large population of people. Silver Bow county's poverty rate stands at 16.17%. Income levels are relatively low when compared to the cost of living which includes housing, groceries, utilities, etc. — Social Services Provider

Not enough housing, too expensive, overabundance of homeless population, being denied the homeless shelter due to mental health issues. — Community Leader

People are losing the ability to afford basic needs. We see families that can't afford school shoes or coats because housing costs are too high but can't apply for welfare because they make too much at their jobs. — Community Leader

Lack of affordable housing, lack of cultural diversity. — Community Leader

Increased housing costs with decreased services to families poses a great problem to our community. — Health Care Provider

Cost of housing is higher than what most people can afford so lack of affordable housing. Increase costs of basic needs to include groceries. — Community Leader

The cost of housing is an issue, and only going to get worse, given rental prices skyrocketing. We also have a low Median Household Income, and a lot of residents who are unable to work due to different factors (mental health and physical limitations being two of those). — Community Leader

Housing affordability is out of control, especially with people who are renting. Rent prices are triple what they were 10 years ago. Short term rentals have taken housing off of the market. Superfund in our community also contributes to a feeling of solastalgia - hopelessness about one's environment. Income opportunities are also tough - wages are not keeping up with cost of living. — Community Leader

Lack of housing resources. — Health Care Provider

Many patients with instable housing. — Health Care Provider

Rent cost is often unaffordable leading to homelessness frequently including young children. Loss of residence often causes loss of employment, leading to a cycle of decline. — Community Leader

Silver-Bow is very bad for affordable housing, and high housing prices. Food prices are rising, especially with limited groceries sources. — Community Leader

As the cost of living rises, many families are struggling to keep up with growing housing expenses and mounting debt. These financial pressures make it increasingly difficult to maintain stability and provide a meaningful life for their children. For many, simply meeting basic needs is becoming a daily challenge. — Community Leader

I pay almost 3k for a rental that has mold. The cost of living in Butte is unacceptable. Housing here, is embarrassing. All other issues follow. — Community Leader

People cannot find affordable rentals if they are living on a limited income and section 8 housing usually has a significant wait list. — Community Leader

I know these are a major problem. Families are constantly looking for affordable, available housing. Families are struggling to afford their livelihoods, including utilities/groceries/transportation. Geography limits a lot of access due to needing to go to another area (Missoula, Bozeman, Helena, etc.) for some needs but needing a working car, gas money, possibly time off work, and possibly childcare in order to make it to those areas. I think there's a large population with low education levels, and many people who are low-to-no income. — Health Care Provider

There is such limited housing available, and the prices are still very high. As far as income, many may say they are hiring, but the availability of jobs appears limited too. The hours for many businesses have changed and shifts are not available, or the pay isn't enough to make it, so people won't work. This has affected childcare with more families working from home or trying to make it on one income. Silver Bow County needs clean up and safer environments. I have not seen discrimination personally. — Community Leader

We have a lack of housing in Butte, and what is available is not affordable or doesn't work with section 8 or other vouchers. Butte is a low-income population; jobs pay lower here than elsewhere. I think there is discrimination against mental illness/homeless population from a portion of the community. — Health Care Provider

Income/Poverty

There are a lot of low-income families in the community. Sometimes it seems that education is not as important because of the lack of education that some people might have. — Community Leader

We have a high rate of people who are on a SSA benefit, lack of housing folks can afford, difficult time finding employment that will accommodate disability, community is not ADA accessible. — Community Leader

Poverty, limited education, and how to access healthcare are a cycle of disadvantage. Access to affordable healthcare, safe housing, and healthy nutrition all contribute to keeping families stuck in disadvantaged cycles. If large portions of the community face poor overall health, it increases pressure on the healthcare systems, schools, and social services. — Community Leader

Sadly, we have a large population of low/no income people in our community that can't afford health care. There is also a large population that don't have the knowledge/resources to make good health choices. Due to time constraints and financial resources too many individuals are simply prescribed a pill to treat symptoms instead of treating underlying causes: mental health, nutrition, living conditions, etc. — Community Leader

Social determinants of health are a major concern in Butte-Silver Bow County because many challenges stem from low socioeconomic status and the struggle to meet basic household needs. In 2023, about 16.2% of residents—roughly 5,580 people—lived below the poverty line, compared to Montana's statewide rate of 12%. Limited value placed on education, coupled with income instability, creates cycles that affect both opportunity and wellness. The community also lacks consistent, healthy activities for youth and families, and there is often a more reactive rather than proactive approach to addressing problems. These factors combine to widen health disparities and highlight the need for greater investment in prevention, education, and family supports. — Community Leader

Butte-Silver Bow has a wide variety of demographics in income and education. Our schools are considered low-income, with students at all Butte School District schools except Whittier offered free lunch/breakfast. There is also a low commitment to school for youth and families. Housing costs prevent many families from permanent housing in Butte- high rent/purchase cost, lack of available housing, number of families without housing (living in vehicles or in motel, or couch-hopping). — Community Leader

Income not sufficient to meet the raising costs in our economy. — Community Leader

The major issue is the higher levels of poverty among all age groups. They cannot get affordable housing etc. I believe preventive health is possibly the last thing they are worried about. — Community Leader

Lower incomes higher housing costs. — Community Leader

Poverty, rural isolation, limited access to care, unhoused population, stigma, education. — Public Health Representative

Many families in butte struggle based off of income and access to resources. High need for assistance. — Physician

Butte-Silver Bow seems to have lower income, less educated population. Housing is limited and getting very expensive. We seem to have new folks moving in, and also in this lower income, less educated population. Lots of people asking for help on social media but not going to food bank or mission. Cuts to Medicaid will cause problems. — Community Leader

Low-income neighborhoods, intergenerational poverty, limited positive examples of academic or professional attainment hamstring our youth's potential. It is nearly impossible to have a long, healthy, positive life when you do not have solid foundations. I believe we need to see improvements across the board in the quality of our neighborhoods, social frameworks supporting educational attendance, participation, and attainment. — Community Leader

Butte is a poverty-stricken area. Many people are low-educated, and salaries/pay does not reflect rising costs of living. Many houses in the area are dilapidated, neglected, and contain lead and asbestos. The soil is contaminated with heavy metals and the water is only safe to drink due to extreme means of human intervention. Butte also has a drug-crisis. — Public Health Representative

Poor families, repeating family cycles, lack of good paying job options. complacency by people, BSB has many resources available to people, families and kids. Mental Health, substance abuse are both rampant in our community. People do not often want to help themselves. — Health Care Provider

Butte is not a wealthy community, and many people/households fall below the federal poverty line. Most if not all schools in Butte qualify for title assistance. Butte has always been a caring community very willing to help out others, but that caring behavior may end up attracting more than a normal percentage of people in need of assistance. Butte has done an outstanding job of diversifying its economy over the last couple decades that has brought many new higher paying jobs, but I am confident the mining and superfund activities has also deterred people from either bringing knowledge economy employers or related remote jobs as in other areas of the State keeping the average wage below many of our peer cities. — Community Leader

Poverty. — Health Care Provider

Our area has a high poverty rate. — Community Leader

Economics, education, transportation. — Public Health Representative

Butte is not an affluent community. This drives a lack of access to care and also increased risks for poor health. — Physician

Poverty, drug and alcohol use. Lack of affordable housing. The job market does not offer low-income jobs that include health insurance. People have difficulty getting access to health care even if they qualify. — Community Leader

Low income is such a problem. housing and grocery costs are through the roof. Low paying jobs lead to low income living. all of that is a strain on health - mental and physical. High school is free. education is available, just where is the drive? — Community Leader

Access to Care/Services

> Few social workers and homeless population, affordable housing. — Health Care Provider
>
> There is lack of necessary resources. — Physician
>
> I believe the lack of access to quality healthcare in our country, state, county, and community have created a system where social determinants to a quality lifestyle aren't met. This creates other social determinants that interfere. — Community Leader
>
> Number of people asking for support for basic childcare. Low education = hard to get or keep job with good pay etc. — Community Leader
>
> Lack of resources, financial burden. — Health Care Provider

Unhoused Individuals

> Lower income individuals in the community have a higher rate of homelessness and are more likely to experience food insecurity. I feel these create an environment in which the citizens receive fewer preventable health check-ups and are more likely to use the emergency room for medical treatment. — Community Leader
>
> Many homeless people in the community without resources. — Health Care Provider
>
> Homeless and low income, and education contribute to health. — Public Health Representative
>
> We have a high number of homeless. Many of these individuals have drug problems or suffer from mental health issues. We have some drug treatment facilities; however, we have limited mental health treatment facilities. People avoid individuals who walk the streets screaming at the sky and post that they should be locked up as a danger to the community. These individuals need treatment and help, not incarceration. — Community Leader
>
> Homelessness, addressing the needs of health issues for the homeless. — Community Leader

Access to Affordable Healthy Food

> Lack of affordable health choices — Social Services Provider
>
> Cost of healthy foods. Largest grocery store with lower prices being on the far south of town. Costs being higher at smaller grocery stores in central/uptown. Lack of good produce year-round. Poor mental health care, mental health focus, and priority for mental health services. The American society in general. Cost of living, tariffs, cost to operate a business, cost to pay for health insurance, environmental pollution from mining history, racism, lack of belief in equity for some folks that influence services/funding available for the services. Lack of parents with the ability or the willingness to properly influence and raise productive members of society.
> — Public Health Representative
>
> Lack of readily available fresh food and exercise venues. — Community Leader

Affordable Care/Services

> I do not feel that our community has access to affordable health care based on the income levels of our area. I also feel that because of lower wages in our area people have less access to make healthy eating choices. There are limits where they can buy quality food that is within their budget. I also do not think there are good options for low-income housing. Many rental companies over charge. These limitations cause stress, that I think leads to mental health issues, addiction, and increases the poverty levels more. — Public Health Representative

Generational

> Again, it's family and generational trauma and lack of education. I believe we are and will continue to see this from covid as well for years to come. Our government also doesn't appear to prioritize these things, like public education, global warming, high rates of living costs, and affordable health insurance. The priority is individualistic and not community oriented in our nation, and it shows. — Community Leader

Systemic Racism

> Systemic racism and oppression impacts health disparities for Native American people, people who have disabilities, LGBT+ and/or queer identifying people, people who use substances, people who are unhoused- we aren't serving everyone in our community. It's unacceptable. — Health Care Provider

Employment

> Lack of well-paying jobs, lack of affordable housing, lack of support for students in schools are a few major issues. — Social Services Provider

Lack of Providers

> Lack of physicians and lack of case/care managers. The fact that it is so hard to get on Medicaid.
> — Public Health Representative

Nutrition

> Many individuals are faced with food insecurities as well as homelessness. Housing plays a huge role in stability for individuals. — Social Services Provider

Social Norms/Community Attitude

> Butte is very butte tough and people who are new to the community often get ostracized for it. Butte is the richest hill on earth, yet many people struggle to not only get food but maintain housing. — Community Leader

Government/Policy

> Political climate and the people in charge of the State and country that is it. — Community Leader

Impact on Quality of Life

> They contribute to poor health outcomes. — Community Leader

Incidence/Prevalence

> From my experience as a chaplain. — Community Leader

ENVIRONMENTAL DETERMINANTS OF HEALTH

Air Quality

CLEAN AIR

Air pollution in Montana is most notably caused by wildfire smoke in the summer and fall and inversions during the winter, where cold air becomes trapped on warm air in valleys, causing pollutants to rise to unhealthy levels close to the ground (EPA, 2023). 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 (ALA) State of the Air 2023 report … Silver Bow County received an "F" grade for its $PM_{2.5}$ levels.

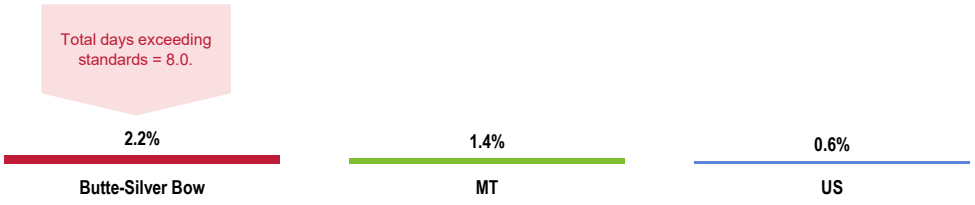
– 2023 Montana State Health Assessment (SHA): A Report on the Health of Montanans. Montana Department of Public Health and Human Services, 2025.

Particulate Matter

In 2020, Butte-Silver Bow experienced 8.0 days on which the ambient particulate matter ($PM_{2.5}$) exceeded EPA standards (resulting in 2.2% of days).

BENCHMARK ▶ Worse than Montana and US percentages.

Percentage of Days Exceeding
Ambient Particulate Matter 2.5 ($PM_{2.5}$) Standards
(2020)

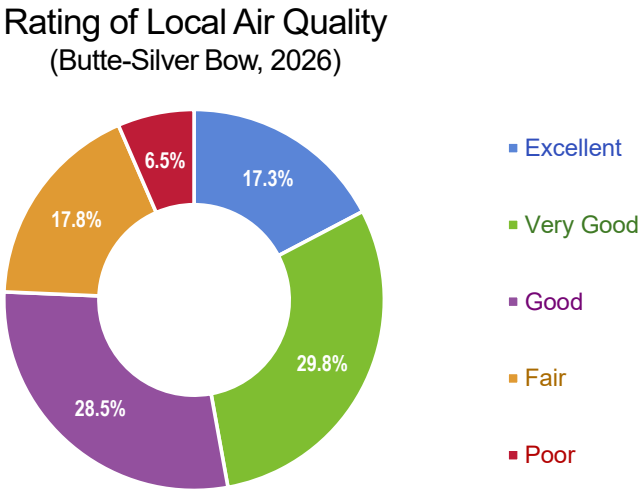


Sources:
- National Environmental Health Tracking Network, 2020.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2025 via SparkMap (sparkmap.org).

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.

Perceptions of Air Quality

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

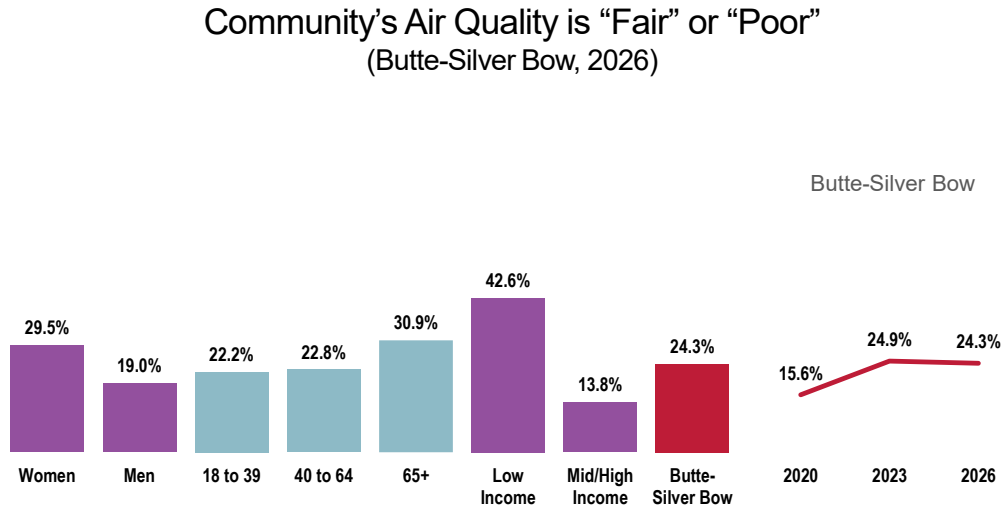


Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 320]
Notes: ● Asked of all respondents.

However, 24.3% gave "fair" or "poor" ratings of the community's air quality.

TREND ► Negative ratings have increased significantly since 2020.

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



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

Drinking Water Quality

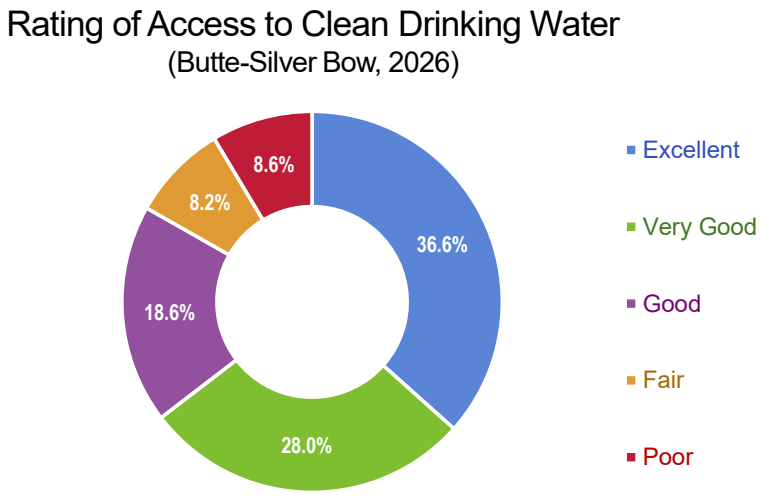
SAFE DRINKING WATER

The majority of Montanans are served by public water systems. These systems are routinely monitored for contamination from harmful bacteria, chemicals, and radionuclides. Most are in compliance with EPA requirements for many pollutants. However, EPA recently promulgated new drinking water standards for a group of chemicals known as per- and polyfluoroalkyl substances (PFAS) which are present in the waters of Montana. Public water systems will be required to ensure their community drinking water is below EPA's new standards within three years (EPA 2024 and MT DEQ 2024b).

About 30% of the state population get their drinking water from private wells that are unregulated and may contain a variety of harmful naturally occurring, site-related, or agricultural chemicals. This population depends on being educated about contaminants that may be present in their water and how to test for them.

– 2023 Montana State Health Assessment (SHA): A Report on the Health of Montanans. Montana Department of Public Health and Human Services, 2025.

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



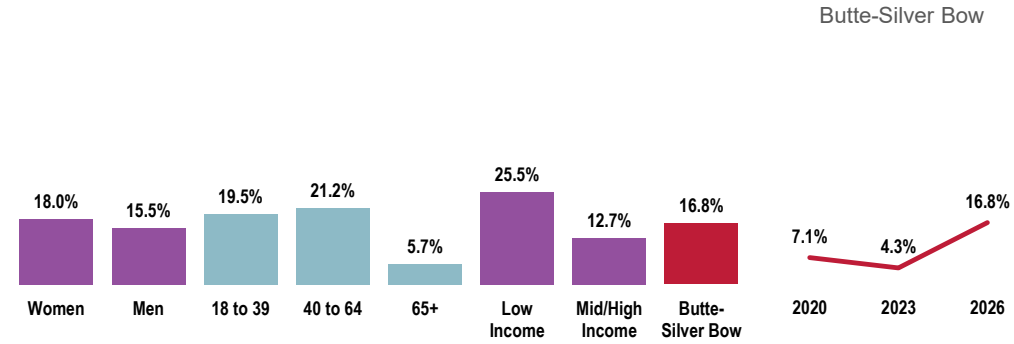
Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 319]
Notes: • Asked of all respondents.

In contrast, 16.8% gave "fair" or "poor" ratings of their access to clean drinking water.

TREND ► A significant increase from previous findings.

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

Access to Clean Drinking Water is "Fair" or "Poor"
(Butte-Silver Bow, 2026)



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

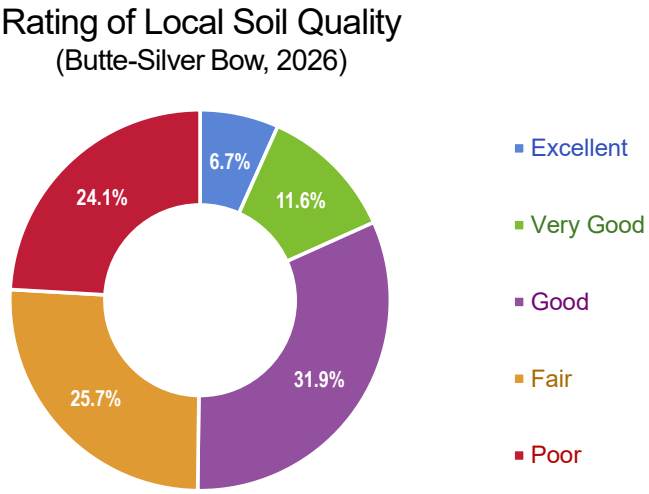
Soil Quality

LEAD

No safe level of lead in blood has been identified. Lead can harm the brain and nervous system, leading to developmental and growth delays in children and developing fetuses … People living near industrial sources of lead, such as mines, lead smelters, and hazardous waste sites, may be exposed to lead through lead-contaminated dust or soils. Another potential source of lead exposure can be found in and around older homes … Children living in pre-1950 housing are at higher risk for lead poisoning because the paint may contain higher concentrations of lead. Housing age can be used to identify communities with increased risk of childhood lead exposures from lead-based paint.

– 2023 Montana State Health Assessment (SHA): A Report on the Health of Montanans. Montana Department of Public Health and Human Services, 2025.

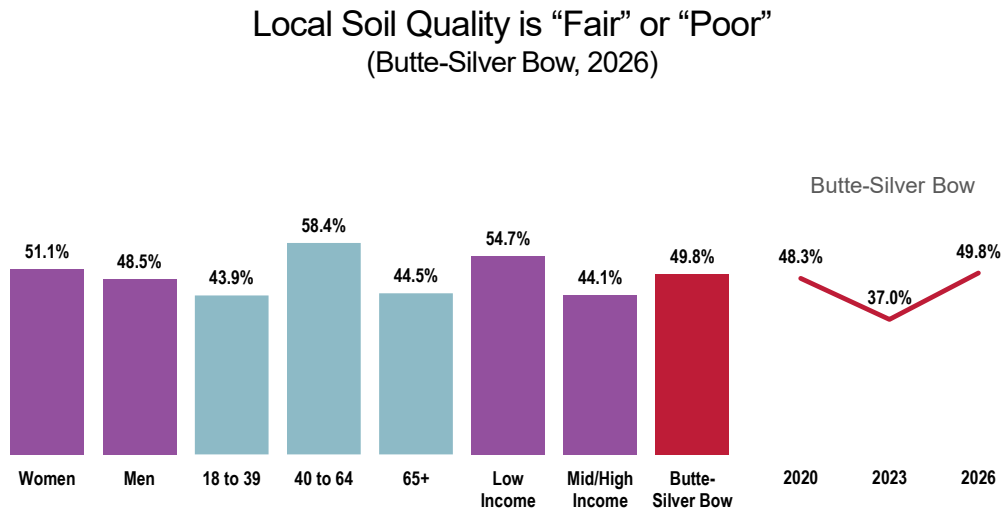
About half of survey respondents gave positive ratings regarding the quality of local soil ("excellent," "very good," and "good" responses).



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 321]
Notes: ● Asked of all respondents.

However, half (49.8%) considers the quality of local soil to be "fair" or "poor."

DISPARITY ► Highest among adults age 40 to 64.



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 321]
Notes: ● Asked of all respondents.

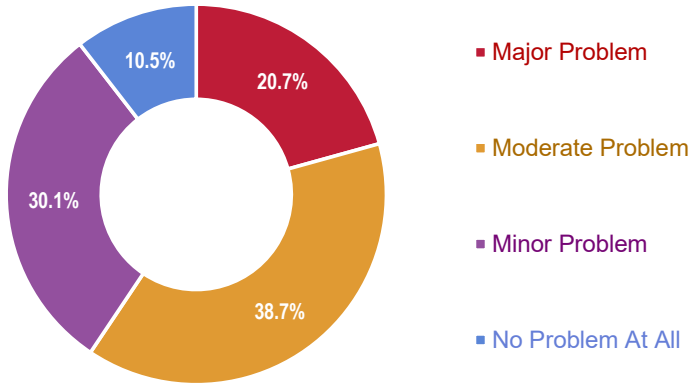
Community Concern

"How much of a problem, if any, do you feel environmental concerns are for the health of people in this community? Would you say: a major problem, a moderate problem, a minor problem, or no problem at all?"

Most residents have environment-related concerns for the Butte-Silver Bow community — 20.7% consider environmental concerns to be a "major problem" for community health in the area, and another 38.7% consider these a "moderate problem."

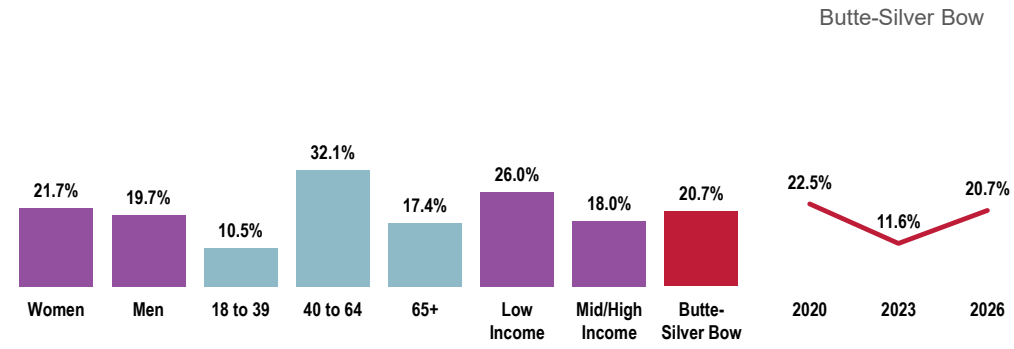
DISPARITY ▶ "Major Problem" concerns were reported more often among adults age 40 to 64.

Perceptions of Environmental Concerns as a Problem for the Health of Community Residents
(Butte-Silver Bow, 2026)



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 322]
Notes: ● Asked of all respondents.

Environmental Concerns Are a "Major" Problem for Community Health
(Butte-Silver Bow, 2026)



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 322]
Notes: ● Asked of all respondents.

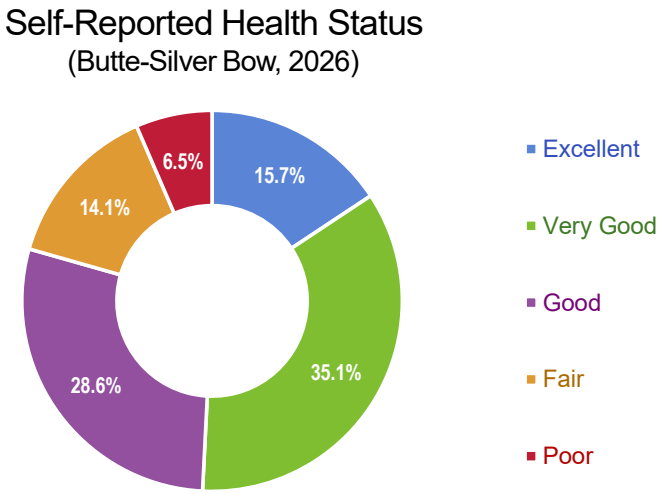


HEALTH STATUS

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").

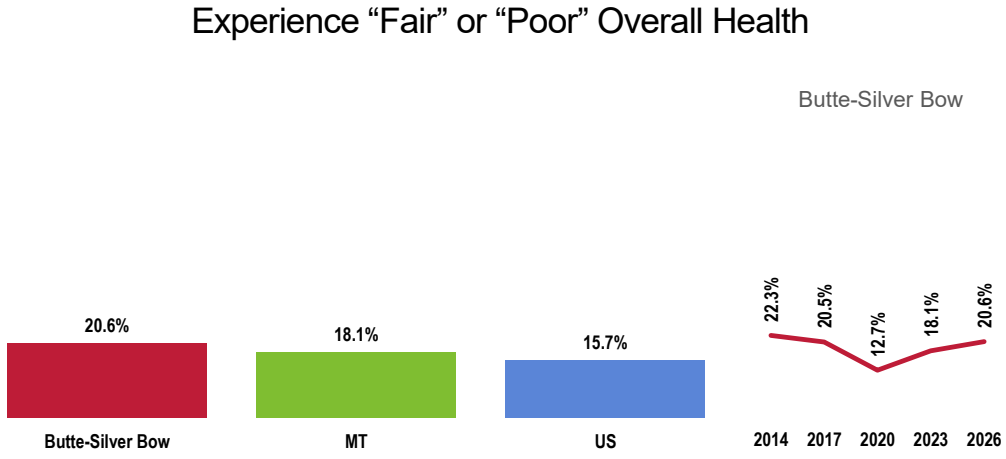


Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: ● Asked of all respondents.

However, 20.6% of Butte-Silver Bow adults believe that their overall health is "fair" or "poor."

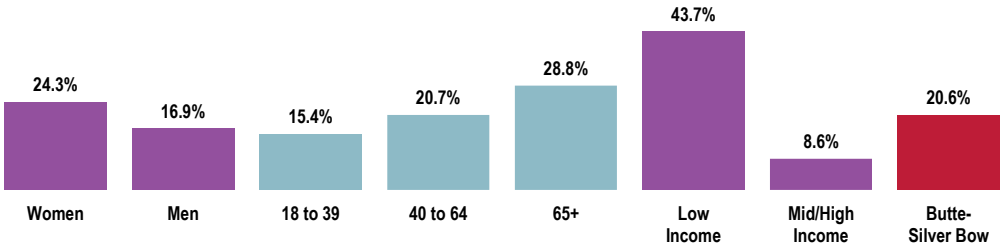
BENCHMARK ► Worse than the national figure.

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



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 4]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Montana data.
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Experience “Fair” or “Poor” Overall Health
(Butte-Silver Bow, 2026)



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: • Asked of all respondents.

MENTAL HEALTH

ABOUT MENTAL HEALTH & MENTAL DISORDERS

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

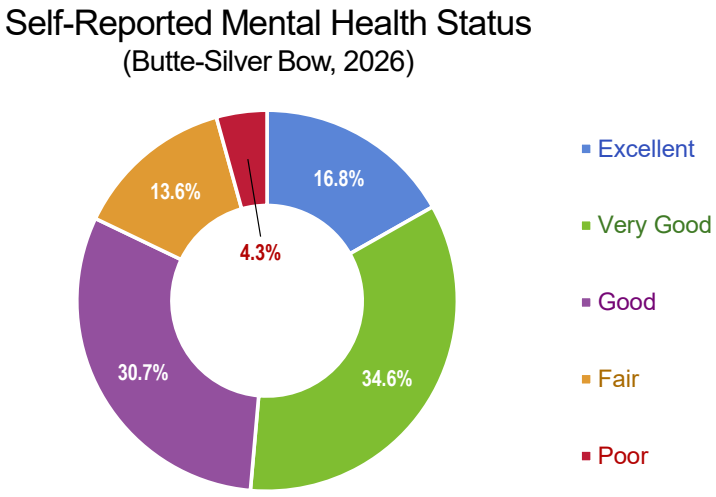
In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening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

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

Mental Health Status

"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?"

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



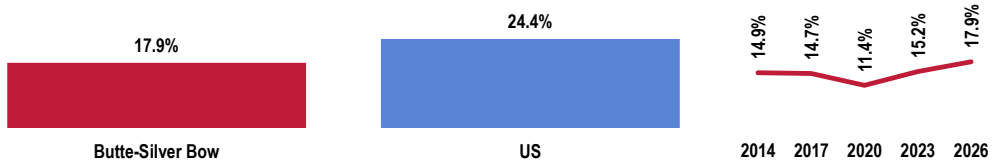
Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 77]
Notes: ● Asked of all respondents.

However, 17.9% believe that their overall mental health is "fair" or "poor."

BENCHMARK ► Lower than the US prevalence.

Experience "Fair" or "Poor" Mental Health

Butte-Silver Bow



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 77]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Depression

Diagnosed Depression

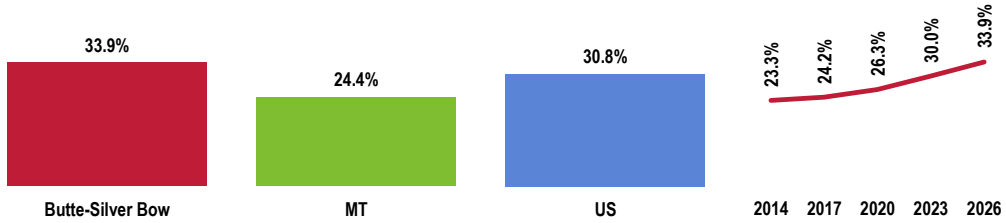
One in three (33.9%) Butte-Silver Bow adults has been diagnosed by a physician or other health professional as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

BENCHMARK ► Higher than the Montana percentage.

TREND ► Increasing significantly since 2014.

Have Been Diagnosed With a Depressive Disorder

Butte-Silver Bow



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 80]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Montana data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.

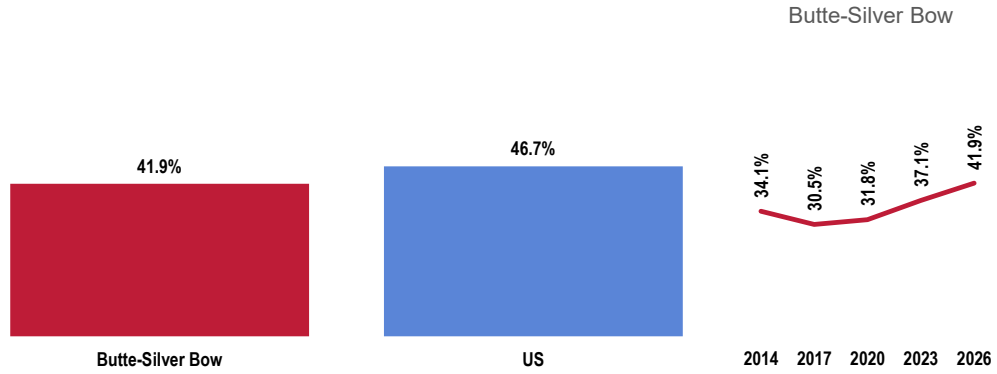
Symptoms of Chronic Depression

A total of 41.9% 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).

TREND ► Marks a statistically significant increase over the years.

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

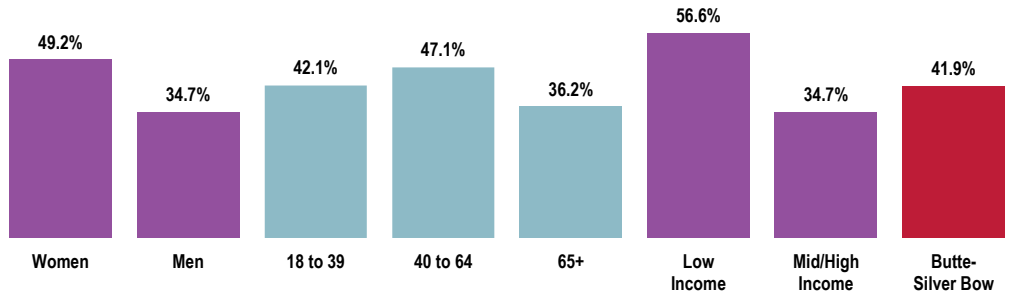
Have Experienced Symptoms of Chronic Depression



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 78]
- 2023 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, 2026)

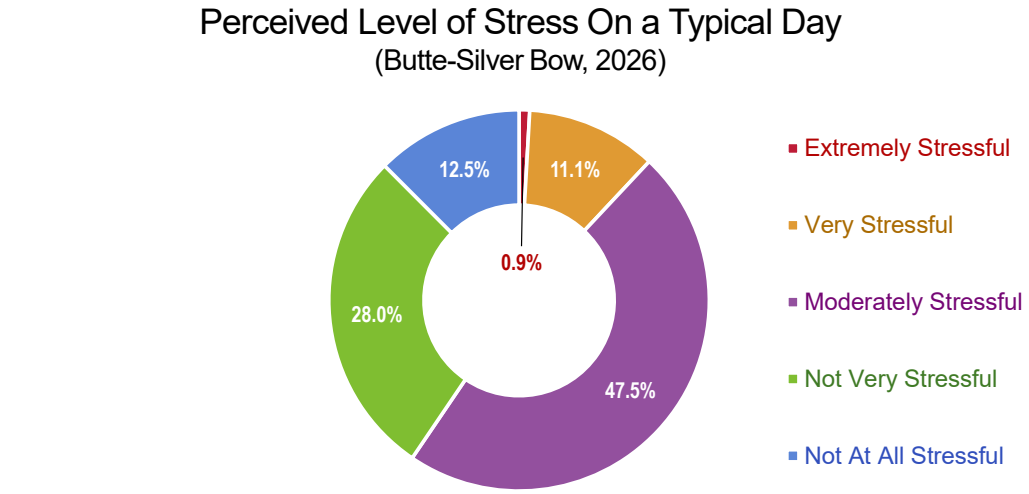


Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 78]

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 characterizes most days as no more than "moderately" stressful.

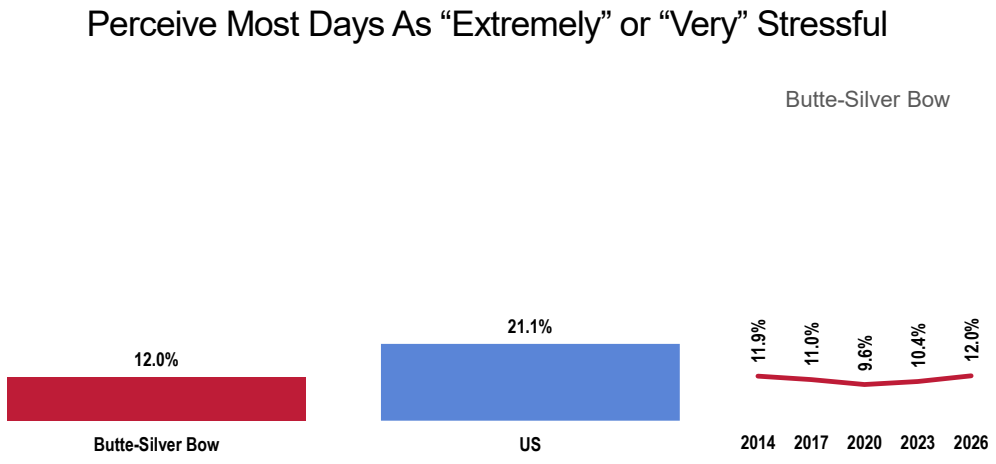


Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: ● Asked of all respondents.

In contrast, 12.0% of Butte-Silver Bow adults feel that most days for them are "very" or "extremely" stressful.

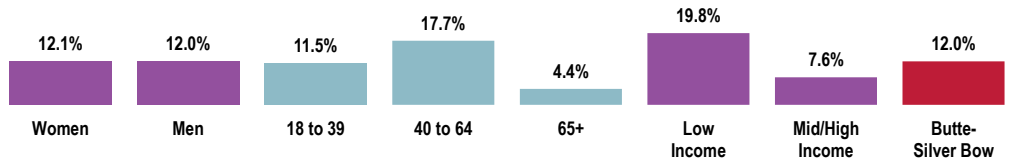
BENCHMARK ► Well below the US prevalence.

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



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 79]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Perceive Most Days as “Extremely” or “Very” Stressful
(Butte-Silver Bow, 2026)



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: • Asked of all respondents.

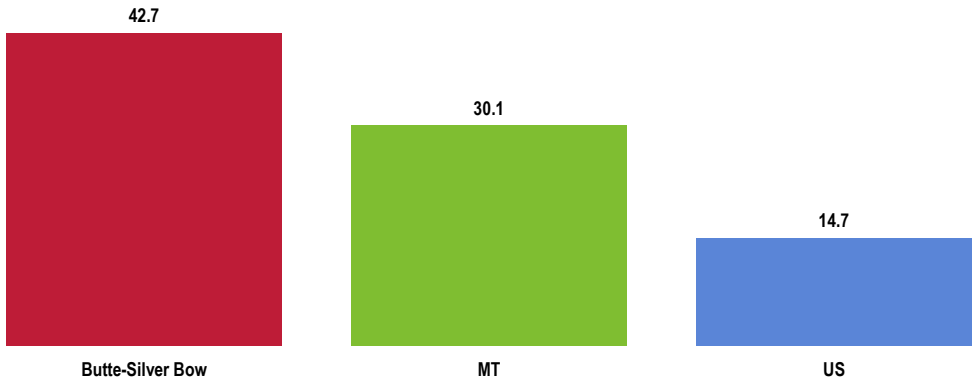
Suicide

In Butte-Silver Bow (Silver Bow County), there were 42.7 suicides per 100,000 population (2021-2023 annual average rate).

BENCHMARK ► Worse than Montana and US rates.

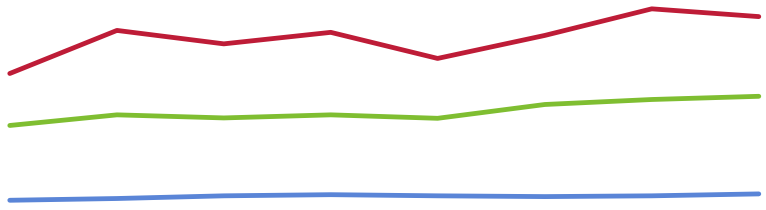
TREND ► Overall increasing over the past decade.

Suicide Mortality
(2021-2023 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 2025.
• US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population.

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



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Butte-Silver Bow	33.7	40.5	38.4	40.2	36.1	39.7	43.9	42.7
MT	25.5	27.2	26.7	27.2	26.6	28.8	29.6	30.1
US	13.7	14.0	14.4	14.6	14.4	14.3	14.4	14.7

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 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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

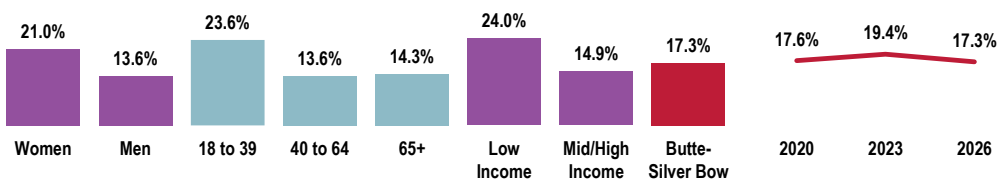
Suicide Ideation

More than one in six survey respondents (17.3%) has ever considered suicide.

DISPARITY ► Reported more often among women and young adults (in this case, the difference by income level is not statistically significant based on the sample sizes involved).

Have Ever Considered Suicide
(Butte-Silver Bow, 2026)

A total of 64.0% of adults are aware of the Montana's *988 Suicide Prevention and Mental Health Crisis Lifeline*.



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Items 314-315]

Notes:
- Asked of all respondents.

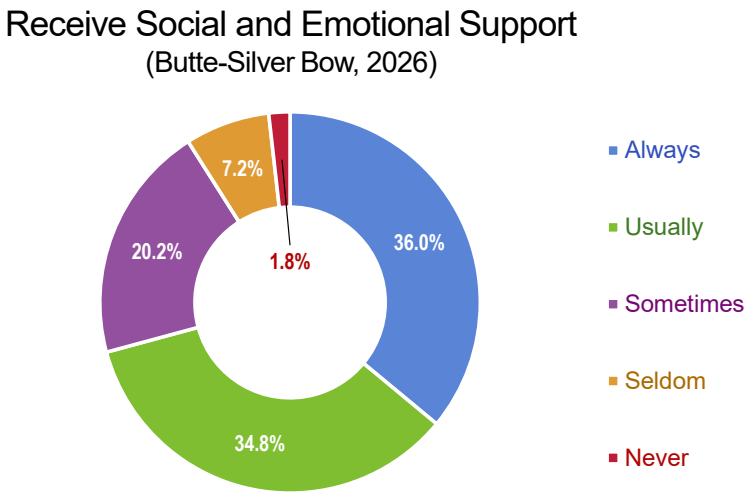
Social/Emotional Support & Isolation

Social & Emotional Support

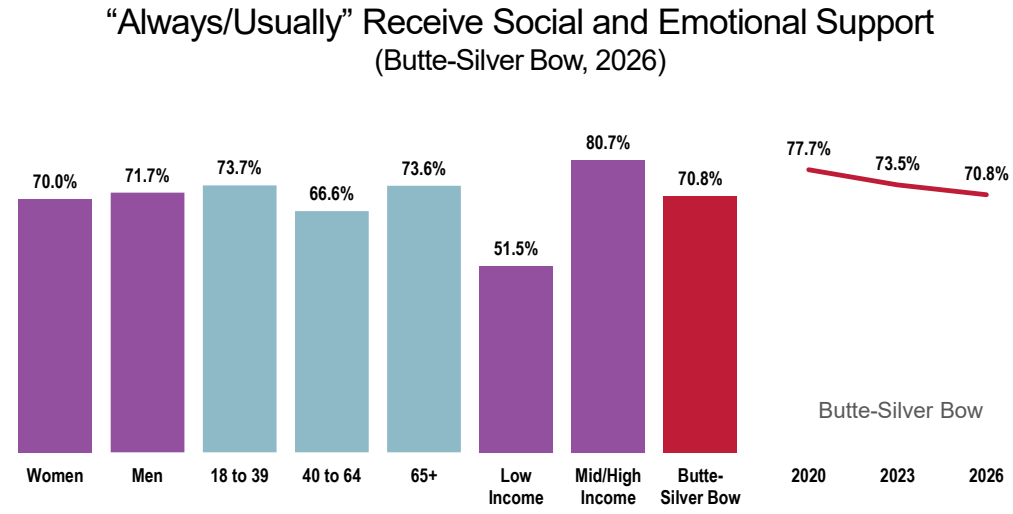
Most survey respondents (70.8%) say that they "always" or "usually" get the social and emotional support they need.

TREND ► The "always/usually" percentage has decreased significantly since 2020.

DISPARITY ► Particularly low among adults living in low-income households.



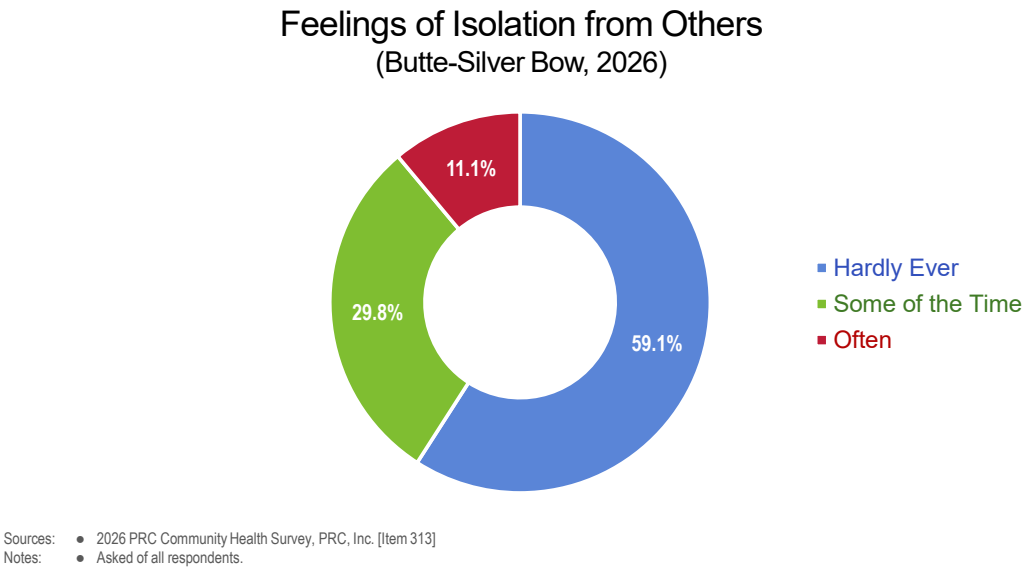
Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 312]
Notes: ● Asked of all respondents.



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

Feelings of Isolation

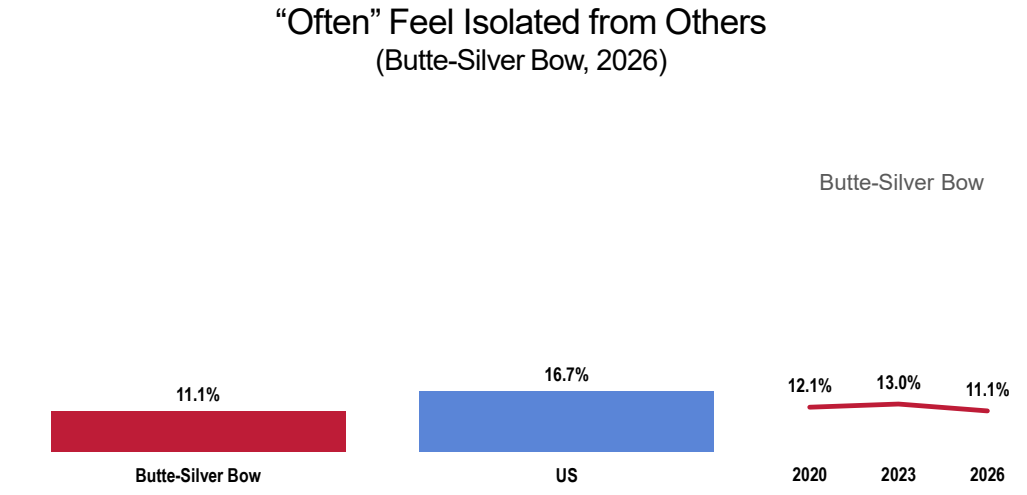
While most residents hardly, if ever, experience feelings of isolation from others, 11.1% indicate that they "often" have such feelings.



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

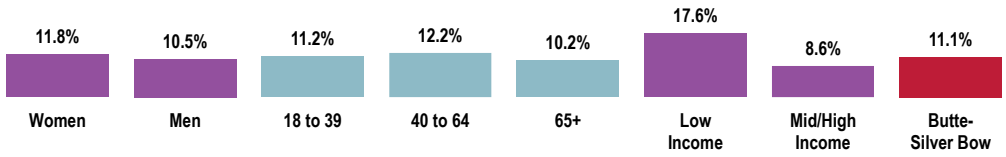
BENCHMARK ► Lower than the national percentage.

DISPARITY ► Reported more often among low-income households.



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 313]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

“Often” Feel Isolated from Others
(Butte-Silver Bow, 2026)



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 313]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Mental Health Treatment

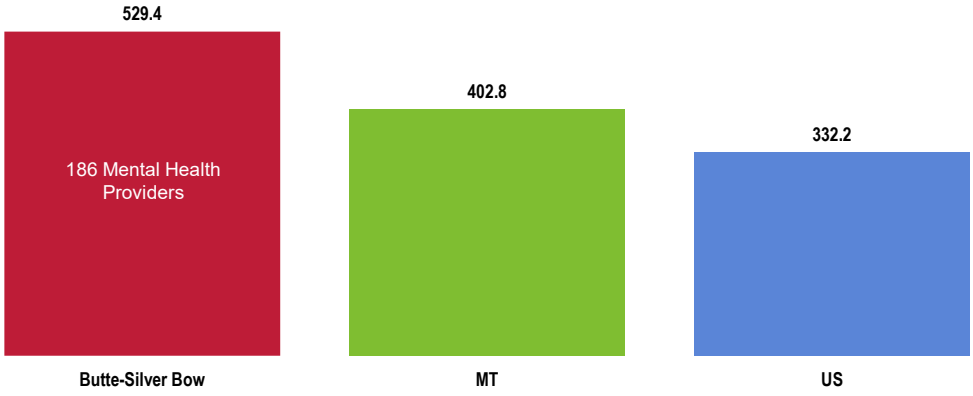
Mental Health Providers

In Butte-Silver Bow, there are 186 mental health providers (including psychiatrists, psychologists, clinical social workers, and counselors who specialize in mental health care), translating to a rate of 529.4 per 100,000 population.

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.

BENCHMARK ► Higher than the Montana and US rates.

Number of Mental Health Providers per 100,000 Population
(October 2026)



Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2025 via SparkMap (sparkmap.org).

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

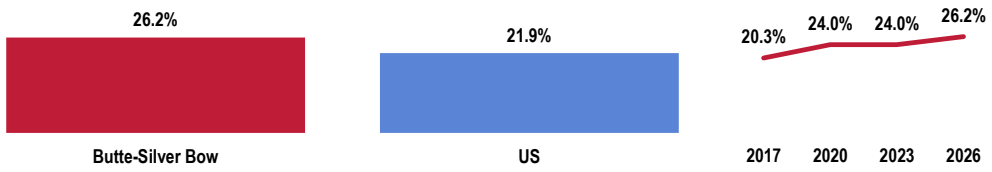
Currently Receiving Treatment

A total of 26.2% are currently taking medication or otherwise receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

TREND ► Denotes a statistically significant increase since 2017.

Currently Receiving Mental Health Treatment

Butte-Silver Bow



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 81]
- 2023 PRC National Health Survey, PRC, Inc.

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

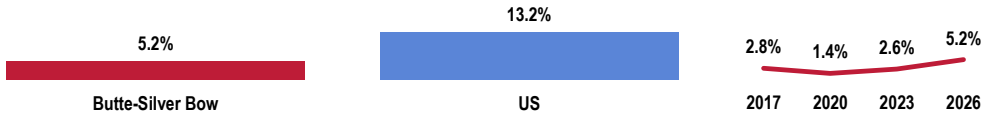
Difficulty Accessing Mental Health Services

A total of 5.2% 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.

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

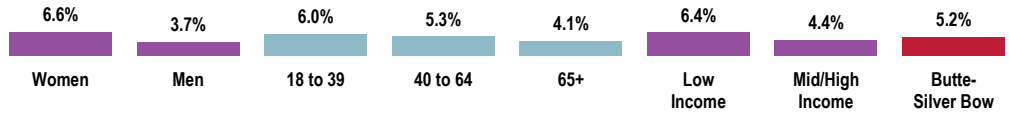
Butte-Silver Bow



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 82]
- 2023 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, 2026)



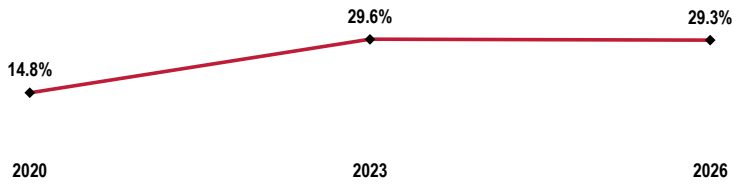
Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 82]
Notes: • Asked of all respondents.

Children's Mental Health Services

Among parents with a child age 5 to 17, 29.3% have sought professional help for their child's mental health.

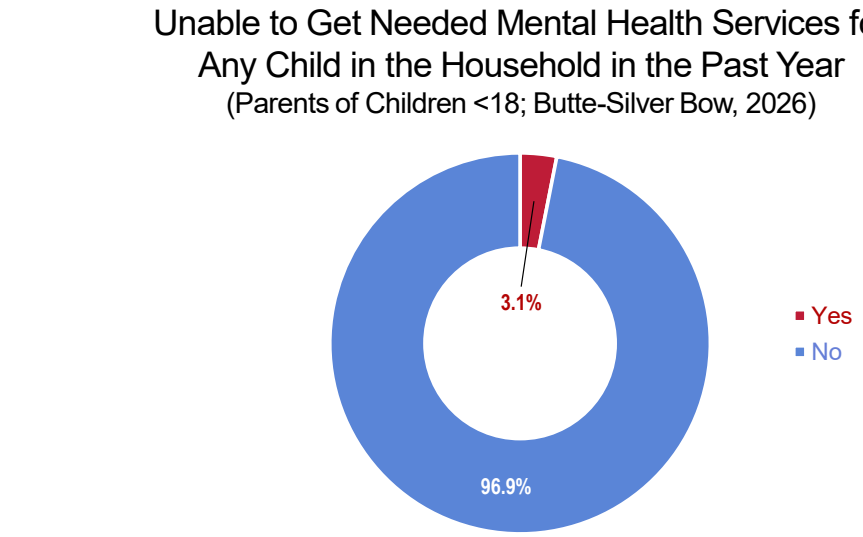
TREND ► Marks a statistically significant increase from 2020 findings.

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



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 323]
Notes: • Asked of all respondents with a child age 5 to 17 at home.

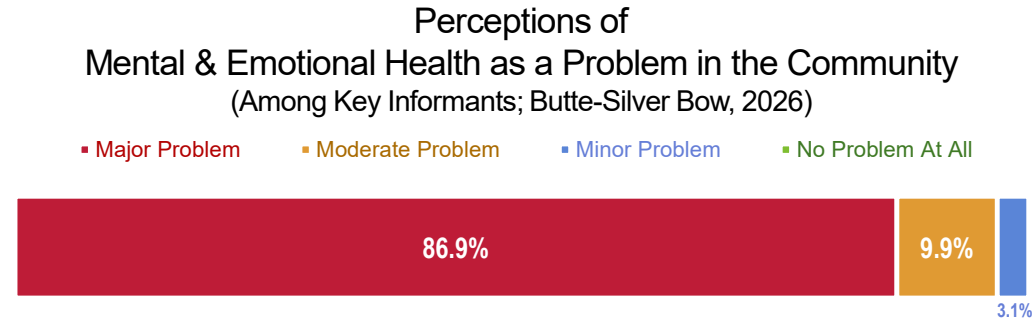
Among surveyed parents, 3.1% were unable to get the mental health services they needed for <u>any</u> child in the household in the past year.



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 327]
Notes: • Asked of all respondents with a child under 18 at home.

Key Informant Input: Mental Health

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



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

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

Access to Care/Services

> I just still feel there is not enough access to these services, or these services are being underutilized. Many people do not know of them, and we as a community are still working to grow these services. — Public Health Representative
>
> Mental health care requires far greater resources than it is getting. Access to mental health care is lacking. Citizens do not have the resources they need to know how to get help or to find adequate care. — Public Health Representative
>
> Access to the appropriate level of mental health care, especially in the unhoused populations or economically challenged groups. — Public Health Representative
>
> Access to care. Stigma. Neurotoxins in the environment further increasing risk. — Physician
>
> Lack of care, facilities and trained personnel. — Public Health Representative
>
> Lack of services and lack of access to those services for those that are most vulnerable. — Community Leader

Access, not enough therapists. — Community Leader

Access to immediate and long-term care. — Public Health Representative

It doesn't seem like there is enough help for people with mental health issues. — Public Health Representative

Lack of mental health care facilities. Very expensive to see a counselor. — Public Health Representative

Mental Health resources available to BSB are few and far between. Most people in our community can't afford to pay for visits with licensed mental health providers or seek counseling. — Public Health Representative

We lack the shared resources, accessibility, and support networks. — Public Health Representative

Lack of resources to address mental health including facilities and practitioners/clinics. — Health Care Provider

I see that in most cases those struggling with more severe mental health issues are left to law enforcement to deal with. Law enforcement does not have the capability to deal with mental health issues. — Community Leader

No crisis response. Lacking addiction support. — Community Leader

The lack of services available locally. — Public Health Representative

Getting in to see someone in an expedited manner. Not enough crisis care at all. Cost of mental health care, availability of care, and navigating how to get that care if homeless, addict, veteran and youth.
— Community Leader

Lack of access to mental health services, especially for kids. — Community Leader

By not providing access to or offering to help people with severe mental health issues. We should resort to providing more access to programs that can help people rather than arrest people that yell at random strangers because they are having mental health complications. — Community Leader

Access to services, stigma attached to mental health, lack of knowledge regarding how to get help and the benefits of getting help. — Community Leader

Lack of services and funding provided by state support. — Community Leader

Lack of services, and inpatient care facilities. — Community Leader

Poor services, lack of crisis care, lack of voluntary inpatient treatment. Lack of support from the state of MT. Poor leadership from the state. — Social Services Provider

Lack of services available. Jail and Emergency Room are the repositories. Unable to place individuals in the state Hospital. No case management services. Lack of housing and employment opportunities.
— Community Leader

The total lack of services. My son had a mental health crisis in 2023, and I could not get him into a psychiatrist, ever. He, after 6 months, got to see a mental health NP, but then did not get calls back or good enough service to bother. I never got calls back for therapy and regular doctors don't want to help with those meds and making calls, so it is the biggest hole I believe we have in our community. And there is still a stigma for evening admitting the issues, so people don't get the help they need until it is out of control. The hospital doesn't even have an in-person CRT, only online. Then when they do get bad, there is nowhere for them to go. — Health Care Provider

There is lack of services to support the mental health needs of the community. — Health Care Provider

Lack of access to care and lack of funding to provide that care. — Health Care Provider

Finding a provider, depression disorders, substance use, suicide and lack of resources. Financial obstacles and underfunded mental health programs. — Public Health Representative

For those in crisis or heading for one, whom to call or direct them to? Waiting lists and red tape leave the person in limbo at a time when action is necessary. Confidentiality is important but also is a roadblock to those who with a bit of critical information would be better able (as a lay person) help in some way. — Community Leader

There are no mental health services available for individuals who are in need. — Social Services Provider

Lack of accessibility and judgments against individuals with mental health needs. — Community Leader

There is not enough mental health treatment centers and ones that will treat both severe mental health and addiction at the same time which is very much needed. If a facility will take a client, then their physical abilities come into play and then are also denied help for physical limits. One example is a gentleman who has severe mental health issues and substance use; our agency found a facility however due to the client having issues with his feet, sores, they would not take him. We need a facility that can handle, mental, substance, physical, and housing issues. — Social Services Provider

Lack of resources, no place for mental health stabilization, waiting lists for crisis centers, placements and funding. — Community Leader

Lack of services. Several are homeless and can only receive services if they get into trouble. Many families do not have insurance or have lost Medicaid/ Medicare and have lost access to services. — Community Leader

Lack of access to quality professionals. — Community Leader

Lack of resources and lack of health insurance. Unable to afford medication or residential treatment.
— Social Services Provider

Biggest challenge for people with mental health issues in this community is lack of services. Mental health is finally getting recognized, and we do not have the staff and resources to meet the need. Everyone's needs and challenges are individual and specific to them and that is a challenge too. — Community Leader

One of the biggest challenges for people with mental health issues in Butte-Silver Bow County is limited access to timely and affordable care, especially in crisis situations. Long wait times for appointments, provider shortages, and the stigma surrounding mental health often prevent individuals from seeking help. Local data has highlighted higher-than-average rates of depression and suicide in the county compared to the state, underscoring the urgent need for expanded services, community education, and stronger support systems. — Community Leader

Severe lack of resources to address the very numerous needs. — Community Leader

Finding services and mental health counseling. — Community Leader

Access to the right resources and ability to pay. — Community Leader

Lack of services. — Community Leader

We have very limited access to mental health professionals. If you can afford it, you can find someone but often not in town. Where we are lacking is the day to day on the street help for people in crisis. — Community Leader

The need for help is greater than the services available. The proximity to the State Mental Institution translates to a high number of people with high mental health needs in our community. — Community Leader

Few providers have availability for counseling or medication management. Given limited availability, clients have almost no choice about their provider or treatment modalities; clients are stuck with who can see them rather than the treatment that is the best fit. Our community has a lot of coalition activity to support mental health in our community, but the coalitions rarely follow through on implementing evidence-based programs or effecting real change. Polarizing local, state, federal, and global politics and political rhetoric contribute to division among communities and distrust in systems, leaving people isolated and alone to navigate mental health challenges. — Health Care Provider

Access and support services. — Community Leader

Finding a provider that has appointments available, is credentialed for your insurance or has a sliding scale. A person's ability to pay for the services. No mobile crisis unit so people with mental health needs are being sent to the ER. — Community Leader

Lack of resources and people with lack of income/insurance. It's unaffordable for some. Drugs play a role as well and low income again. Family patterns are hard to break with generational trauma and lack of resources. — Community Leader

Access to mental health specialists. — Community Leader

Lack of resources in the community to match need. — Community Leader

The biggest challenges are limited access to providers, stigma, poverty, substance use issues, and gaps in crisis services, all of which compound each other. — Community Leader

Lack of resources and poor continuity of care. — Health Care Provider

Accessing care and assistance with support to consistently taking prescribed medication. — Community Leader

Care beyond emergency help. Not sure if BSB police have any trained officers specifically in mental health events beyond general police training. as some larger communities might. — Community Leader

Access to care, access to case management and affordable access to mental health services. — Community Leader

Getting them a place to get help. If we had support available for just those who wanted to be helped, we might not have casualties at the Owl in Anaconda. — Community Leader

Lack of access to mental health professionals, shortage of mental health professionals, lack of being able to afford mental health care, lack of being able to take time off of work to attend appointments for mental health, lack of resources or pathways for veterans to seek adequate care, lack of substance abuse programs, lack of sentencing to in-patient treatment vs 30-day outpatient treatment. — Community Leader

Chronic depression and access to mental health providers. — Social Services Provider

There is a lack of mental health resources in the community and access can be limited. — Physician

Resources and access to mental health experts when needed. — Community Leader

Access to behavioral health services and wrap around services. — Community Leader

Access to services and stigma around mental health. — Community Leader

Access to mental health providers, affordable care, insurance coverage and accessibility to or coverage for telehealth services. — Social Services Provider

Lack of emergency care, other than ER. Not many therapists, Western MT Mental health has really limited care. — Community Leader

Access to someone who understands mental health to prevent a major incident; many BH issues are compounded by Substance use- providers and their teams need to be trained on how to address these issues including medication therapy; often the severe cases need supportive housing which requires financial investment from an outside source because it includes support from care case managers and peer support specialist. — Community Leader

Lack of resources to address the problem. There seems to be resources addressing the symptoms such as homelessness and related nutrition and basic healthcare, not much available to work on the problem. — Community Leader

They struggle with being able to locate a provider that will suite their needs, transportation to get them to appointments, case management, and affordable housing to be able to maintain their mental health once they have found services. — Social Services Provider

Lack of available mental health resources- we have lots of mental health counselors in our community, but there is not enough to serve the people in need for our community in a timely manner. The "Butte Tough" mentality and stigma associated with mental health struggles prevents some people from seeking services. Lack of monitoring of medications. — Community Leader

We do not have sufficient access to mental health services. This goes beyond Butte, but it's a huge problem. — Community Leader

Lack of psychiatry. Lack of trained professionals to take care of the very sick. Montana State Hospital not taking patients because they are over capacity and understaffed. People return to the streets because they can't get placement. The Crisis Response Team does not realize the lack of resources and does not appear to have good support or answers for people in crisis. The Emergency Room is the net for any and all with serious mental illness that may result in harm to self or others. — Health Care Provider

Access to outpatient services, crisis services and insurance coverage. — Community Leader

Little or no access to mental health resources and treatment. — Community Leader

They have nowhere to go. Many roam the streets. — Community Leader

Lack of resources, housing, medications and counseling. — Physician

Lack of services including medical, emotional, and social service. Lack of a community crisis response that has the ability and time to respond to crisis's as they arise. Many times, we will call 911 for a patient that is in distress and the authorities will come and tell the person to go home. Law enforcement, CRT, the ER/hospital do not have the capacity or support to deal with many of these situations. — Community Leader

Access to care in a timely fashion, and ability to deem someone capable or not of making decisions. — Physician

Availability and affordability of services, as well as the stigma that still exists preventing many from seeking treatment. — Social Services Provider

Access to psychiatry. Psychiatry in our area is very limited, which causes a long waiting list. — Community Leader

Access to care, stigma and competent providers. — Community Leader

No access to help. — Community Leader

Availability of higher-level care, effective in-patient treatment close-by, as well as in-patient treatment for specific diagnoses such as eating disorders, availability of care for mid-level needs such as in-person intensive outpatient treatment. — Community Leader

Access to care and follow up. — Community Leader

Not many places or services for mental health patients. — Health Care Provider

There is a lack of resources and providers in the community. — Health Care Provider

Not enough resources. — Community Leader

I feel like we do not have any resources for our teens, veterans or homeless population. We have had 3 staff members in other communities that have committed suicide, it's an issue and I would like to see IH help our communities get those resources. — Health Care Provider

Lack of resources. — Health Care Provider

Lack of resources, even for commercial or private pay patients. — Community Leader

Lack of resources supports and psychiatric providers. — Health Care Provider

Long waits for psych medication treatment improved with telehealth. Lack of behavioral health providers and providers willing to take Medicaid. — Health Care Provider

Resources and strain on the hospital to get patients to appropriate resources. — Health Care Provider

Denial/Stigma

I feel like the community is burnt out on mental health in Butte, so rather than show unwavering support, we tend to avoid the problem rather than solving it, and it has led to an overwhelming amount of people with mental health problems not getting treated. I understand that we can't make people do things they don't want to, even if that is getting help/better. I also understand helping the same person so many times, before you feel like you're getting taken advantage of, or emotionally burnt out... And I don't know what the answer is to these things... All I know is there are probably 25 people I see weekly that are a burden to the community in some way shape or form, and they continue to do so until they end up in jail, or warm springs, till they get out and start all over again. I have no idea what to do. But as a civilized community/ society there has to be something to try to break the cycle, instead of putting up with it, until something happens where it then has to be addressed. — Public Health Representative

Mental health is still seen as taboo or individuals do not seek help. — Community Leader

Recognizing that there is a problem and finding medications or ways to cope. — Community Leader

Stigma, financial barriers and providers staying in the field. — Community Leader

It feels like no one wants to be in charge of or tackle the mental health crisis in our community. We have a lack of services and/or providers in Butte Silver Bow relating to mental health. Mental health was also listed as a Major Problem on our last community health needs assessment, and I feel like nothing has really been done to help the issue. — Community Leader

Afraid to seek help. — Community Leader

Stigma continues to be a challenge for those who need mental health help, counseling, in patient or outpatient treatment, support groups, etc. Availability of these resources are also lacking in our community along with the high costs of treatment that insurance doesn't cover in many situations that keeps many who need treatment from getting it. When those who need treatment, but do not get treatment can end up in the emergency room, attempting suicide, or becoming dependent on substances both legal and illegal. This in turn results in more need for more medical services at a higher more acute need rate. This results costs to the individual creating more stress, and possible spiral. Children experiencing mental health conditions and needs can sit on wait lists for private therapists and may not get the services they need in the school setting due again to perceived stigma, as well as hoops and requirements required to receive school-based services. School services continue dwindle — Public Health Representative

I have struggled with mental health my entire life. I feel like I'm weak and childish when I'm so sad and depressed I want to die, however the treatment of people who feel that way by most of the community is not ok with me. They don't understand so they don't sympathize with us. We need more education about mental health. Why it is not a joke or to be treated lightly and to make sure that everybody has access to free mental health. The price is also too high. — Community Leader

Willingness to realize one's need and be willing to seek help. Affordable and readily available, qualified mental health care providers. — Community Leader

The stigma associated with seeking mental health care is a huge barrier for those needing/wanting services. — Public Health Representative

The stigma in getting help before it’s too late. — Health Care Provider

Many families face significant challenges when seeking support due to the persistent stigma surrounding mental health and asking for help. This stigma often leads to feelings of shame or fear of judgment, preventing families from reaching out even when they genuinely need assistance. Additionally, financial barriers such as high costs and limited insurance coverage further restrict access to necessary services. Together, these factors create substantial obstacles that discourage families from obtaining the support that could greatly improve their well-being. — Community Leader

Affordable Care/Services

Access to crisis services. No mobile crisis, no facility for acute stays, lack of therapists and medication providers. Housing for those experiencing mental health challenges. — Health Care Provider

Access to resources and services that are affordable. Locations of services are also an issue. — Community Leader

Access to quality care, easily accessible in terms of resources and cost. — Community Leader

People both insured and uninsured can't afford regular mental health care and needed medications. Access is also an issue and there are not enough providers. — Health Care Provider

Affordability to care and lack of resources. — Community Leader

Access to quality care. There are plenty of nurse practitioners practicing independently, but many do not have adequate training and experience and demonstrate poor practice. This has led to multiple serious outcomes, including serious mental decompensation, promoting substance use disorders, and even patient deaths. We need more psychiatrists. HRSA numbers suggest we only have 70% of the psychiatrists we currently need in this country, and that numbers are declining, to approach 40% in the next 15 years. We should try to recruit more psychiatrists. There also needs to be more general support for living resources, such as housing and employment, social activities, green spaces, and educational/employment opportunity for people. — Physician

Affordable crisis and non-crisis mental health services, state is the only entity allow to tax for mental health services, they are not paying out what has been legislative provided. — Community Leader

Cost effective programs dedicated funding with the ability to have an accountable fiscal and operational programs that can be sustainable with current community size. — Health Care Provider

Access to services, unhoused. — Community Leader

Access to services. — Health Care Provider

Expense is the main barrier. Whether copays with health insurance, lack of health insurance, or lack of understanding with what costs would look like to access mental health services is what I think are main issues. I also see stigma as creating a barrier to accessing these services, “rub some dirt in it” or “toughen up” mentality. Montana as a whole has high suicide rates and Butte is no exception. Connect mental health with substance use and there is a high prevalence of substance use as well. — Health Care Provider

Lack of Providers

> Not enough access to providers, do we still not even have a psychiatrist in town? I think there is a lot of support through counseling services, but maybe not doctors. — Community Leader
>
> There is not enough psych NP's in Butte that can manage people's psych meds. We also need more counselors in Butte. — Health Care Provider
>
> We have a lack of providers to provide mental health services to. We also have a large population of unhoused individuals with mental health issues that are not being treated or lack the resources to continue follow up. — Public Health Representative
>
> No providers. — Health Care Provider
>
> Lack of psychiatrists. Lack of political will in the legal system to get patients into care. Lack of Warm Springs capacity for the severely mentally ill. — Physician
>
> There are very few mental health doctors in the area. Those that are here having to be able to treat every aspect of mental health, there is little to no chance being able to see a specialist in a particular mental affliction. What's more, there is the ongoing stigma against mental illness. People are told that a healthy body means that you, the person are healthy. If you are unable to function at 100% all the time because of a mental illness, you are considered weak or lazy. I think there needs to be a campaign to encourage people to understand that it is okay to seek treatment for mental health and bring in more doctors with more expertise to help treat those patients. — Public Health Representative
>
> Not enough providers or resources to cover the needs of our mental health crisis and funding. — Community Leader
>
> No providers or case management for people with mental health issues. People end up in crisis with no help. They end up clogging up the healthcare system, or in jail, both of which are financial drains for our community. — Community Leader
>
> Mental health providers. There are not enough to handle the need nor are there resources to pay them. — Community Leader
>
> There are not enough Mental Health providers to address the need in the community. St. James Healthcare do not have a Behavioral Health Unit. People in Butte need to go to another community and sometimes State for in patient mental health stays. — Social Services Provider
>
> Lack of providers and lack of appointments. No support groups and lack of crisis care in community. — Social Services Provider

Disease Management

> In Butte, people with mental health challenges face significant barriers to stability and well-being. Access to care is limited, with few local providers and long wait times for specialized treatment. Stigma often prevents individuals from seeking help; while co-occurring substance use complicates recovery. Homelessness and unstable housing make managing mental health even more difficult, and economic stress adds further strain. Fragmented services and limited transportation isolate people from support, and there is no dedicated crisis response team—only the police respond to emergencies. High rates of trauma, depression, and anxiety increase the risk of crisis and suicide. Many individuals are also discharged from Montana State Hospital to unstable living situations, making recovery even more challenging. — Community Leader
>
> Noncompliance. — Health Care Provider
>
> The level of difficulty it sometimes takes to adequately address your mental health, and the accountability that comes with it. People experiencing homelessness population that seems to be traveling to/landing in Butte. Cost of housing. Expectations for a quick fix. Distrust in the healthcare system and government/big pharma. Stigma for mental health issues, although I feel that is getting better. Funding to help with housing services, follow up services. Availability and consistency in mental health providers. — Public Health Representative
>
> Mental health among our population is poor and there is a reluctance to seek care for the mind, to develop skills for resilience and adaptability when life shifts or something unexpected occurs. It leads to lack of confidence among children, a sense of desperation that nothing will get better, and limited ability to identify resources that indicate the conditions can improve. We need mental health caregivers in increasing numbers, and we need venues for this type of care to be provided outside a regular medical office. Is there AA or Al-anon type venues we could be establishing that could help out our communities? — Community Leader
>
> Due to mental illness, the people need someone to manage their prescriptions and other daily needs. Unfortunately, what is happening is they are self-medicating with street drugs and alcohol, which leads to homelessness. — Community Leader

Follow-Up/Support

> Lack of access to appropriate supports, i.e. case management, medication management, housing barriers, etc. — Community Leader
>
> Not enough case management to routinely check on patient with mental health and coordinate care, including transportation. Lack of insurance, lack of psychiatric providers and expensive medications. — Physician

> Access to support from therapists, to support groups to primary care who know and are educated on what to look for and how to help manage. Have had multiple connections to people who have struggled and took their own lives due to mental health. — Community Leader
>
> Connected services for ongoing support housing costs for medications and other basic needs. — Community Leader

Alcohol/Drug Use

> Drug and alcohol use, need for mental health providers and cost. — Public Health Representative
>
> Drug use, unwillingness to seek/stay inside and learning again how to live alone. — Community Leader
>
> Mental health issues are associated with substance abuse, increase in crime, and poor overall health. — Community Leader

Diagnosis/Treatment

> Initial medical care is the problem. — Community Leader
>
> Finding effective ways to deal with anxiety, depression, and other mood disorders. These conditions spill into all levels of people's lives, family, work, etc. Crisis resources are lacking. Community has been trying to find a solution for many years. — Community Leader
>
> The challenges are that if they say they aren't going to kill themselves or someone else than they can't receive help. — Community Leader

Unhoused Individuals

> Most homeless people are mentally ill or have co-occurring disorders. And it appears as though the homeless population has risen in the past few years. In the winter they are not being housed as there is a lack of shelter. And it appears that there is a lack of mental health services for the mentally ill homeless, which puts them at risk for being victimized by predators. In order for the mentally ill to thrive, there have to be long-term placements, and medication and mental health therapy aftercare when they are released from those places. Right now that is not occurring. — Social Services Provider
>
> Several substance abuse vagabonds, homeless and no specific working programs to engage them in something simple, unskilled and useful for them and us as a society. — Physician
>
> You can drive down the streets of Butte and see how the mental health has impacted the homeless population. We see it in the schools and in the police reports. We lack appropriate physical and staffing resources along with financial resources to address these mental health problems. We don't have enough overall resources to help the community's mental health needs. — Community Leader

Incidence/Prevalence

> The numbers of folks dealing with mental health issues is largely on the rise and the need is strong. Our community resources are consistently tapped out and have no availability. Trying to refer folks for adequate treatment is nearly impossible. Lack of availability, lack of quality care givers. — Community Leader
>
> Uptown Butte is full of individuals with mental health issues all day long. It incredibly sad for our community. — Community Leader
>
> This seems to be a problem in every city I visit but I see it in uptown Butte with the regulars walking the streets talking to themselves. Crime and suicides are an indication of mental health. — Community Leader

Government/Policy

> The mental health system has collapsed. Community-based services began declining 10ish years ago when the legislature defunded targeted case management services. We lost our emergency detention and crisis beds (Hays-Morris House), Western Montana Mental Health Center has been on the decline for several years and is now merging with Aware, Inc. Services are very uncertain. The State hospital lost its Medicaid certification, is understaffed and has no leadership. There is a population of about 20 unhoused people who have co-occurring substance use disorder and serious mental illness for whom there are currently no interventions. The crisis response system has not been able to get off the ground. People are struggling and services are severely lacking. — Social Services Provider
>
> Lack of support and resources from state and federal agencies. — Community Leader

Access to Care for Uninsured/Underinsured

> A lack of walk-in services, especially among the low-income population. — Community Leader
>
> Not having insurance or counselors not taking Medicaid. Many of them face homelessness and wonder the streets as there are no other resources available. — Community Leader

Housing

> Proper support with housing, support counseling. Proper health care to help individuals to be able to live and maintain with help medical, financial needs met to maintain life that enables them to maintain. — Community Leader

> Lack of housing, lack of treatment, drug use and crime. — Public Health Representative

Cultural/Personal Beliefs

> Butte is a pull-yourself-up-by-the-bootstraps culture which promotes shame about seeking out help for mental health concerns. Montana is a state where suicides have consistently been a high number and the lack of physical proximity to help presents a serious problem. There is a possible lack of education about mental health diseases and how to deal with them, which contributes to the shame and isolation. — Community Leader

Lack of Coordination of Care

> Resources are fragmented and not always aligned. Proximity to the State Hospital contributes to individuals released with limited supports to ensure medication adherence which causes individuals to revolve back and forth from commitment to community. 988 is still an underutilized resource. Mobile crisis response has been slow to implement even with funding availability. — Community Leader

Funding

> Access to care due to limited funding and availability of inpatient mental health resources. This affects and overwhelms other services provided by law enforcement, EMS and the hospital trickling down to other patient access and timely services. — Health Care Provider

Access for Medicaid Patients

> There are not enough services and people lack Medicaid. It's hard to get mental health services if you have any insurance other than Medicaid. MCDC won't admit people with mental health struggles. — Health Care Provider

Co-Occurrences

> Mental health is usually the underlying cause of other social problems in our community and it’s the hardest to fix. Mental health issues usually manifest into other social incidents/Issues. — Community Leader

Disabilities

> Developmental delayed or Autism, children with physical disabilities. I am not saying it is a major problem just something that should be included. — Public Health Representative

Social Media

> Social media and screen-time addictions. — Community Leader

Affordable Medications

> Getting the help to stay on their medications. — Community Leader

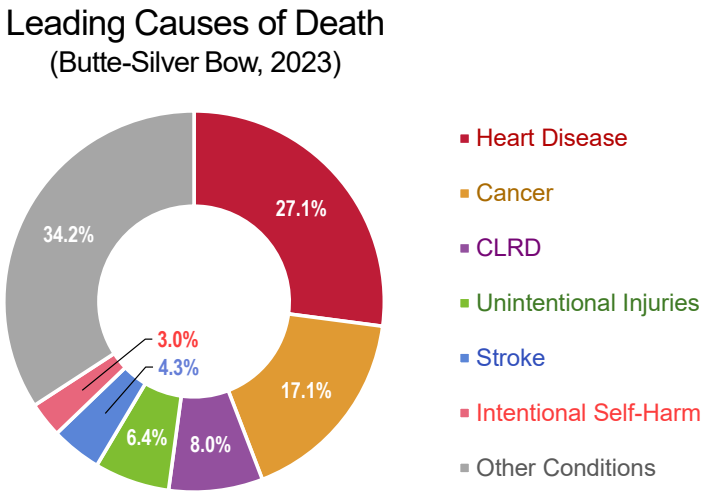


DEATH, DISEASE & CHRONIC CONDITIONS

LEADING CAUSES OF DEATH

Distribution of Deaths by Cause

Together, cancers and heart disease accounted for nearly 45% of all 2023 deaths in Butte-Silver Bow.



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 2025.

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

Death Rates for Selected Causes

Here, 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.

The following chart outlines 2021-2023 annual average death rates per 100,000 population for selected causes of death in Butte-Silver Bow.

Leading causes of death are 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.

Death Rates for Selected Causes
(2021-2023 Deaths per 100,000 Population)

	Butte-Silver Bow	Montana	US	Healthy People 2030
Heart Disease	351.7	227.0	209.5	127.4*
Cancers (Malignant Neoplasms)	233.0	196.9	182.5	122.7
Unintentional Injuries	93.8	74.4	67.8	43.2
Lung Disease (Chronic Lower Respiratory Disease)	87.1	54.3	43.5	—
Unintentional Drug-Induced Deaths	45.4	16.3	29.7	—
Stroke (Cerebrovascular Disease)	43.6	37.5	49.3	33.4
Suicide	42.7	30.1	14.7	12.8
Alzheimer's Disease	35.2	30.4	35.8	—
Alcohol-Induced Deaths	28.7	31.5	15.7	—
Diabetes	26.0	29.0	30.5	—
Cirrhosis/Liver Disease	24.1	25.2	16.4	10.9
Pneumonia/Influenza	13.9	9.9	13.4	—
Motor Vehicle Deaths	13.0	19.7	13.3	10.1
Kidney Disease	12.1	15.0	16.9	—

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 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople.

Note:
- *The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- 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.

CARDIOVASCULAR DISEASE

ABOUT HEART DISEASE & STROKE

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

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

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

Heart Disease & Stroke Deaths

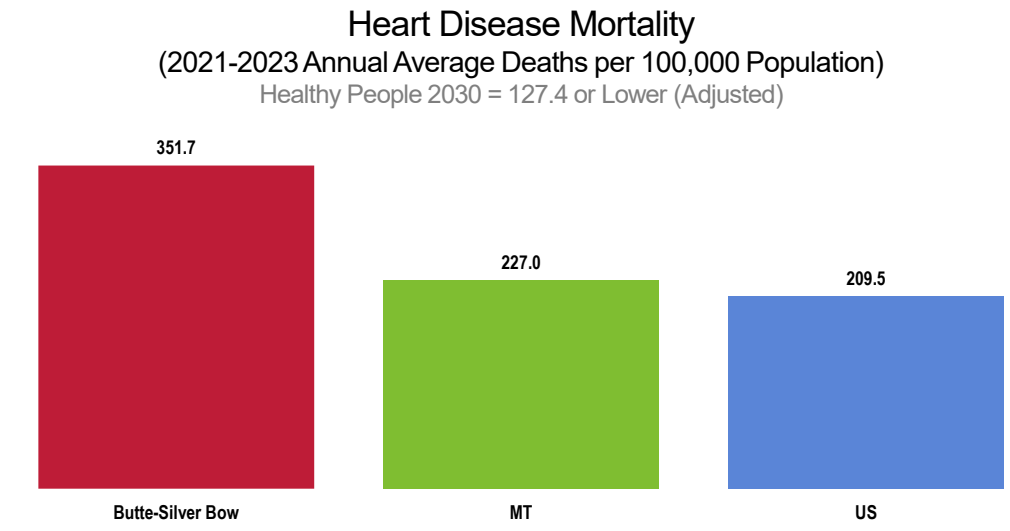
Heart Disease Deaths

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

Between 2021 and 2023, there was an annual average heart disease mortality rate of 351.7 deaths per 100,000 population in Butte-Silver Bow.

BENCHMARK ► Much higher than state and US rates. Far from satisfying the Healthy People 2030 objective.

TREND ► Increasing over the past decade.



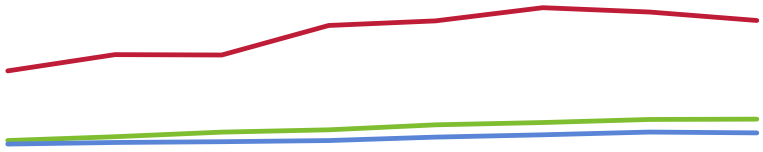
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Heart Disease Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 127.4 or Lower (Adjusted)



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Butte-Silver Bow	287.9	308.3	308.1	345.4	351.1	367.7	362.0	351.7
MT	200.0	204.9	210.7	213.7	219.8	222.8	226.7	227.0
US	195.5	197.5	198.6	200.0	204.2	207.3	210.7	209.5

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 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- 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.

Stroke Deaths

Between 2021 and 2023, there was an annual average stroke mortality rate of 43.6 deaths per 100,000 population in Butte-Silver Bow.

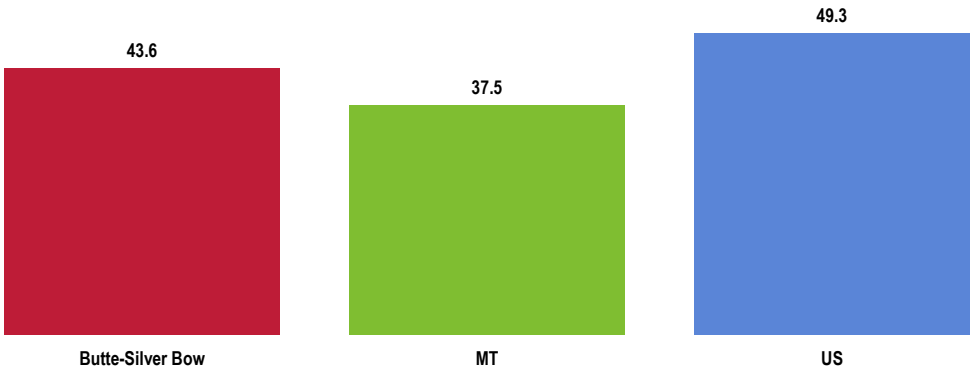
BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

TREND ► Increasing from the baseline (2014-2016) rate.

Stroke Mortality

(2021-2023 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 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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

Stroke Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 33.4 or Lower



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Butte-Silver Bow	36.6	42.4	44.2	41.1	35.2	36.0	35.6	43.6
MT	44.5	44.3	42.6	41.4	39.9	40.1	39.1	37.5
US	43.1	44.2	44.7	45.3	46.5	47.8	49.1	49.3

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 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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

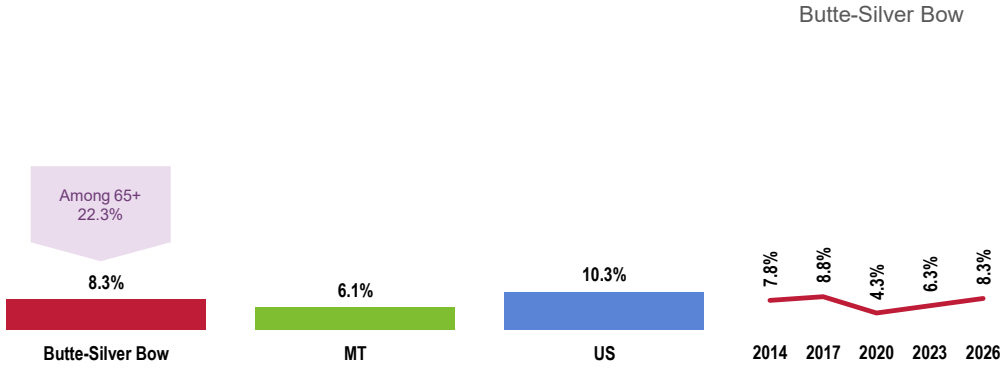
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 8.3% 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 ► Much higher among older adults.

Prevalence of Heart Disease



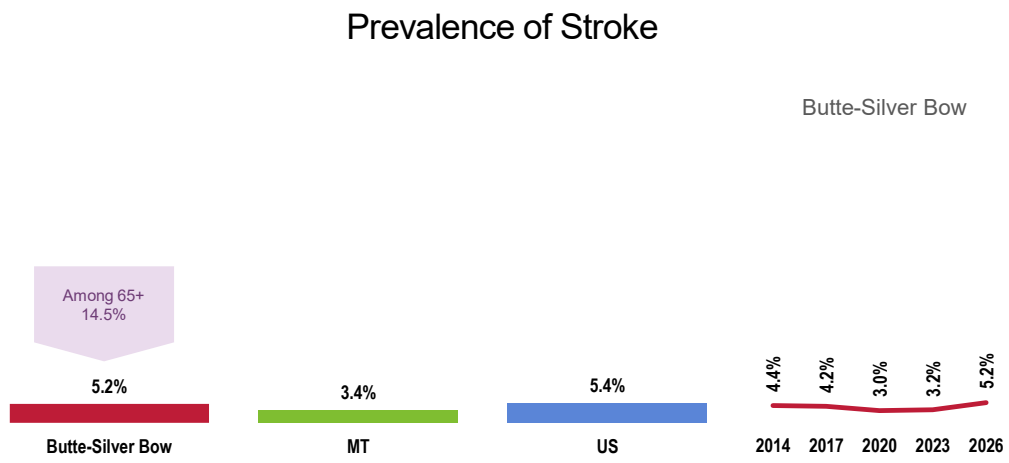
Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 22]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Montana data.
- 2023 PRC National Health Survey, PRC, Inc.

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

Prevalence of Stroke

A total of 5.2% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

DISPARITY ► Much higher among older adults.



Sources:
- 2026 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): 2023 Montana data.
- 2023 PRC National Health Survey, PRC, Inc.

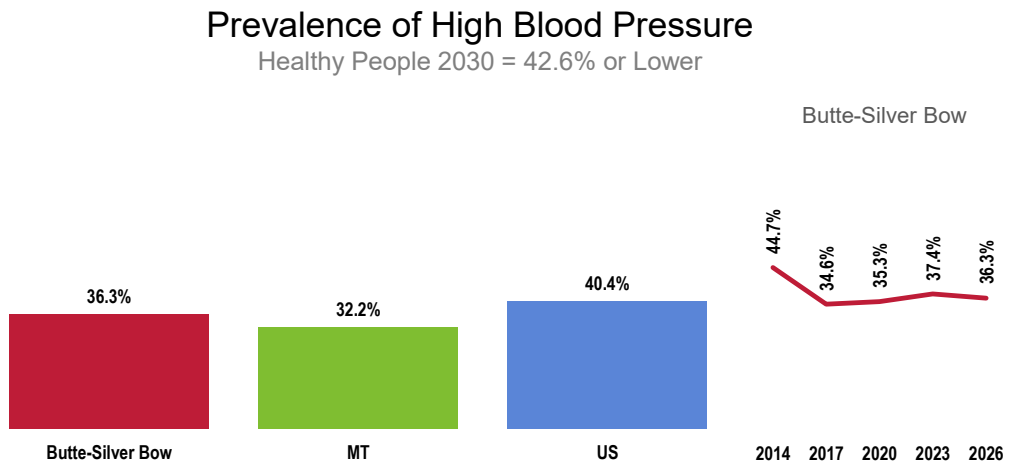
Notes:
- Asked of all respondents.

Cardiovascular Risk Factors: High Blood Pressure

A total of 36.3% of Butte-Silver Bow adults have been told by a health professional at some point that their blood pressure was high.

BENCHMARK ► Satisfies the Healthy People 2030 objective.

TREND ► Decreasing significantly from 2014 findings (steady in more recent years).

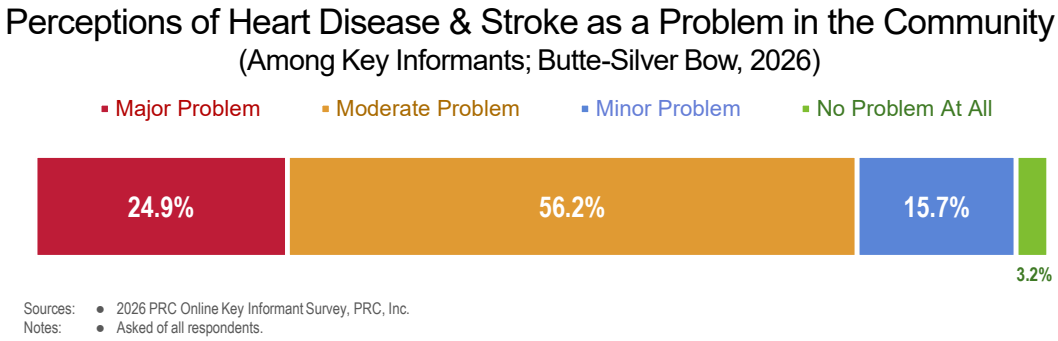


Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 29]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Montana data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Key Informant Input: Heart Disease & Stroke

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



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

Incidence/Prevalence

> The high rates in our community. — Community Leader
>
> Rates of disease in our community. — Community Leader
>
> It is listed in the BSB facts about Butte document I recently read. Four people I know including my husband had major heart issues and/or surgery in the past few years. Another friend had a stroke. All had to seek medical care elsewhere. There is only one cardiologist in town, and he is likely to retire soon. — Community Leader
>
> From my experience in the hospital, I have seen a lot of heart disease cases. — Community Leader
>
> We work with several folks who have had a stroke/heart disease. — Community Leader
>
> This is a major problem throughout the country. Environmental contamination further elevates the risk for our community. — Physician
>
> Lot of heart disease and strokes heard from other in the community. — Community Leader
>
> The number of people with heart disease is high and the fact there is limited access to specialists. — Community Leader
>
> Because it is the number one killer in USA, but also Butte drinks and smokes a lot and exercises very little overall. — Health Care Provider
>
> Butte has the highest rate of heart disease in the state of Montana by a landslide. — Public Health Representative

Lifestyle

> Unhealthy lifestyles and substance abuse. — Community Leader
>
> Health and fitness are not a focus in Butte. We also do not have access to open heart surgery which makes having an angioplasty quite scary if it puts you in cardiac arrest you need to be life flighted to another city. — Community Leader
>
> Unhealthy lifestyles. — Community Leader
>
> I believe heart disease and stroke are major problems in my community due to unhealthy lifestyles like drinking, overeating and limited exercise. — Public Health Representative
>
> I believe this risk ties to the lack of physical activity and the poor nutritional offerings. We need better diversity of food options, particularly convenient options, and the role of physical fitness, tobacco cessation, and other health-conscious activities to improve heart disease and stroke outcomes. — Community Leader
>
> Butte traditionally has not supported a healthy lifestyle. Substance use, tobacco use access a sedentary lifestyle contributes to this. — Health Care Provider
>
> Environmental impacts, unhealthy lifestyle, and obesity. — Community Leader
>
> The amount of alcohol and food that we consume in this town is appalling and should be discussed. Alcoholism is everywhere in this town, but it's just looked at like it's a joke. — Community Leader
>
> It causes a high burden on mortality of the community, likely it is from lack of adequate healthy food, exercise, high rates of poverty and substance use. — Physician

Access to Care/Services

> Butte's working-class community members, age of our community (baby boomers), lack of primary care/preventative medicine utilized, lack of transportation to these services, mental health limiting preventative care/preventative care- seeking behaviors, lack of a healthy diet and active lifestyle, lack of indoor and outdoor exercise locations that aren't expensive or intimidating gyms, cost of medications to treat these conditions, stress in general in our society as a whole. — Public Health Representative

> If you suffer a heart attack you are sent out to town for surgery and recovery. — Community Leader

> Because patients usually get life flighted to another hospital which create financial burden to families. — Community Leader

> Closing of the Heart Institute location in Butte. This leaves many people with heart conditions with no immediate access to health care for their heart condition in the southwest Montana region. — Community Leader

> Very little cardiology care is the leading cause of death and aging population. — Public Health Representative

> Access to care with specialists in our area is awful. Most people have to drive at least an hour and wait weeks to see a cardiologist. — Public Health Representative

Aging Population

> The age of population, limited resources for quality food to maintain healthy diet, and income levels. — Community Leader

> Aging population and having lived in a community that suffers from an environment laced with poisonous toxins that are prevalent with mining residue that needs to be removed from a city designated as a Super Fund site since 1983. — Community Leader

> Problem due to aging population and poor quality of life and lack of intervention. — Community Leader

> Aging population. — Social Services Provider

Obesity

> I have the perception that obesity is prevalent in Butte, which is related to heart disease and stroke. An aging population and a sedentary lifestyle are likely contributing factors. — Social Services Provider

> Overall health doesn't seem to be a priority in Butte. Percentage of overweight/obese people and other health issues. There is also a lack of education for people with heart issues, high blood pressure, and potential for stroke. — Community Leader

> Obesity, high blood pressure and advanced median age of our community. — Public Health Representative

Co-Occurrences

> Issues with diabetes and heart problems go hand in hand. — Community Leader

> They go hand in hand with other chronic diseases. — Community Leader

Diagnosis/Treatment

> Uncertainties with provider skill sets within the hospital system. — Health Care Provider

> These diseases can be a silent killer. Symptoms may not reflect as heart disease or stroke. Continued attention to provide information. — Health Care Provider

Lack of Providers

> We do not have the doctors to provide care for people with heart disease, and we are referred to a different hospital. — Public Health Representative

> We seem unable to retain the doctors in our community. — Community Leader

Tobacco Use

> Smoking, excessive meat consumption, lack of physical activity and smoking and recalcitrant patients to assume a major lifestyle change. — Physician

> Lots of our population smoked in the past and are aging now. High altitude seems to make these worse. — Community Leader

Alcohol/Drug Use

> Mostly because of the drug problems and smoking air quality. The older population of Butte. — Community Leader

Impact on Quality of Life

> Heart disease and/or stroke are life altering events, if you're lucky enough to survive. I am not familiar with specific health care supports in our community. — Community Leader

CANCER

ABOUT CANCER

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

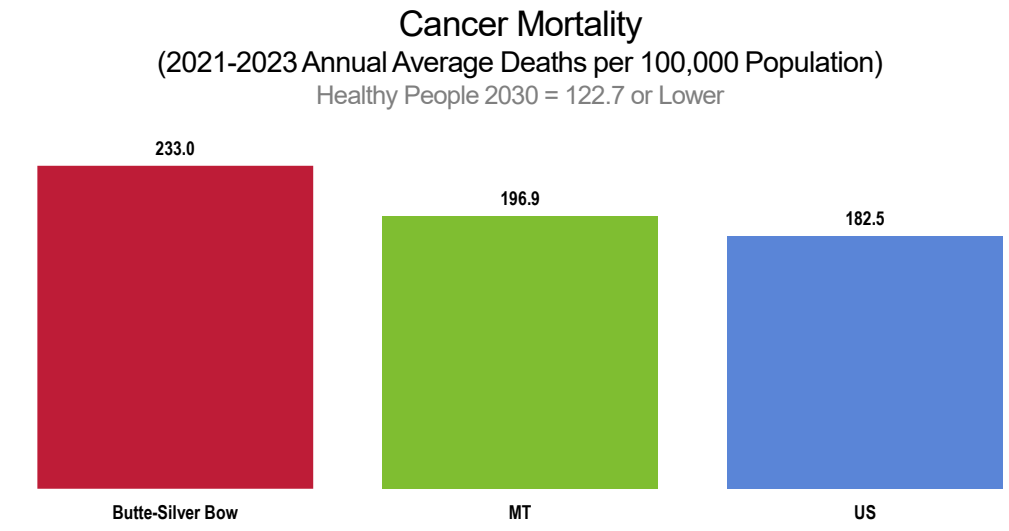
– Healthy People 2030 (https://health.gov/healthypeople)

Cancer Deaths

All Cancer Deaths

Between 2021 and 2023, the area reported an annual average cancer mortality rate of 233.0 deaths per 100,000 population.

BENCHMARK ▶ Well above state and national rates. Fails to satisfy the Healthy People 2030 objective.



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 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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

Cancer Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 122.7 or Lower



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Butte-Silver Bow	253.2	246.6	226.6	211.5	207.4	217.8	234.3	233.0
MT	200.9	201.7	196.9	197.5	195.4	196.5	197.4	196.9
US	185.4	184.8	184.1	183.3	182.9	182.6	182.6	182.5

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 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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

Cancer Deaths by Site

Lung cancer is the leading cause of cancer deaths in Butte-Silver Bow.

BENCHMARK

Lung Cancer ► Higher than state and nation. Fails to satisfy the Healthy People 2030 objective.

Female Breast Cancer ► Higher than Montana and the US. Fails to satisfy the Healthy People 2030 objective.

Colorectal Cancer ► Higher than Montana and the US. Fails to satisfy the Healthy People 2030 objective.

Prostate Cancer ► Lower than the Montana rate but fails to satisfy the Healthy People 2030 objective.

Cancer Death Rates by Site

(2021-2023 Annual Average Deaths per 100,000 Population)

	Butte-Silver Bow	MT	US	Healthy People 2030
ALL CANCERS	**233.0**	**196.9**	**182.5**	**122.7**
Lung Cancer	**47.3**	**38.7**	**39.8**	**25.1**
Female Breast Cancer	**30.3**	**25.0**	**25.1**	**15.3**
Colorectal Cancer	**26.0**	**17.6**	**16.3**	**8.9**
Prostate Cancer	**20.0**	**26.4**	**20.1**	**16.9**

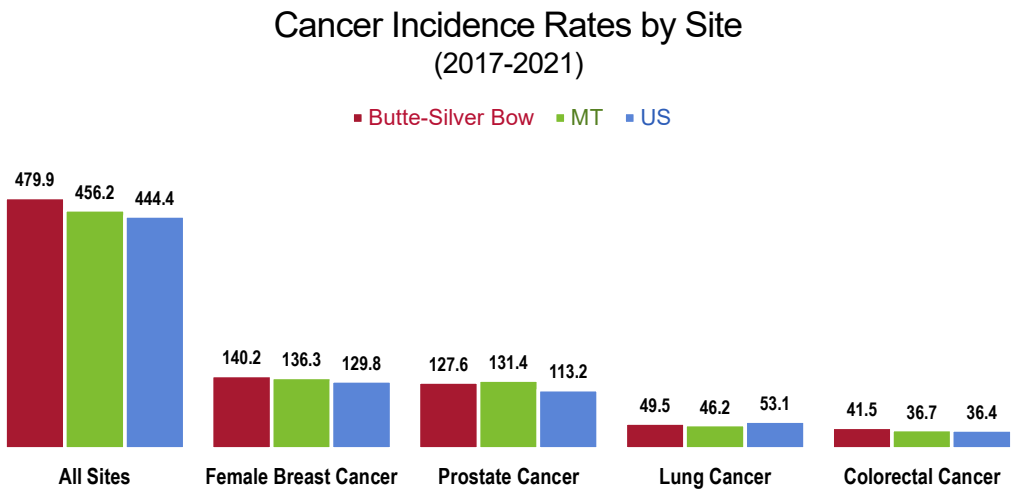
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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

Cancer Incidence

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

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



Sources:
- State Cancer Profiles.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2025 via SparkMap (sparkmap.org).

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

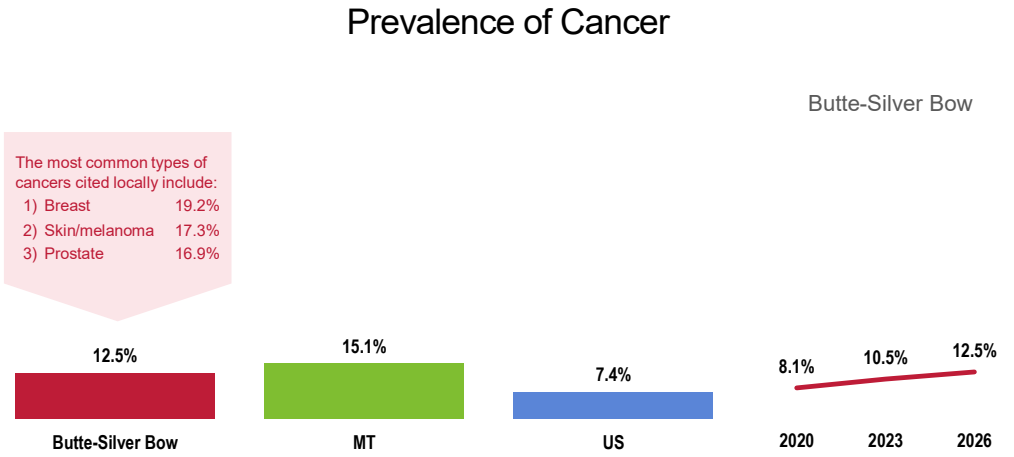
Prevalence of Cancer

A total of 12.5% of surveyed Butte-Silver Bow adults report having ever been diagnosed with cancer.

BENCHMARK ► Higher than the national prevalence.

TREND ► Marks a statistically significant increase since 2020.

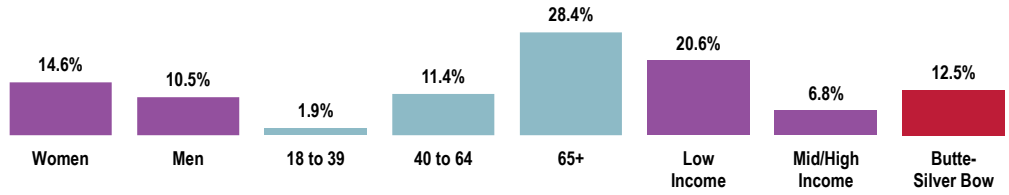
DISPARITY ► Reported more often among adults age 65+ and those in low-income households.



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Items 24-25]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Montana data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Prevalence of Cancer
(Butte-Silver Bow, 2026)



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 24]
Notes: • Asked of all respondents.

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 the following cancer sites:

FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women age 40 to 74 years.

CERVICAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women age 21 to 29 years. For women age 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 45 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.

"Appropriate cervical cancer screening" includes Pap smear testing (cervical cytology) every 3 years in women age 21 to 29 and Pap smear testing and/or HPV testing every 5 years in women age 30 to 65.

Among women age 40 to 74, most (79.6%) had a mammogram within the past 2 years.

BENCHMARK ► Higher than the US percentage.

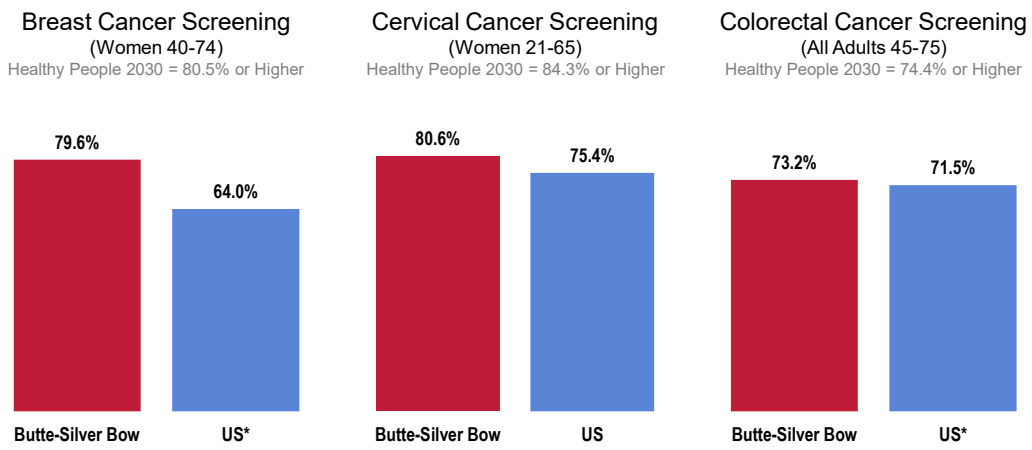
TREND ► Increasing significantly since 2014.

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

Among Butte-Silver Bow women age 21 to 65, 80.6% have had appropriate cervical cancer screening.

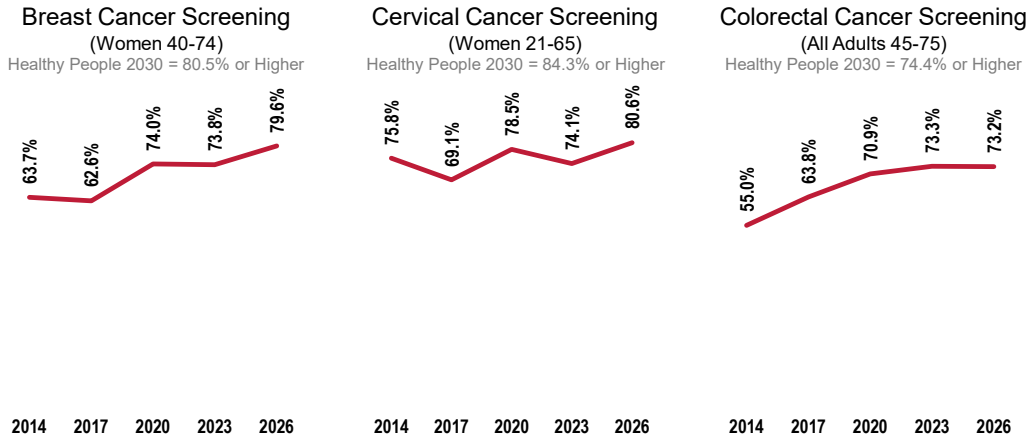
Among all adults age 45 to 75, 73.2% have had appropriate colorectal cancer screening.

TREND ► Denotes a statistically significant increase since 2014.



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Items 101-103]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Each indicator is shown among the gender and/or age group specified.
- *Note that national data for breast cancer screening reflect women age 50 to 74. National data for colorectal cancer screening reflect adults age 50 to 75.

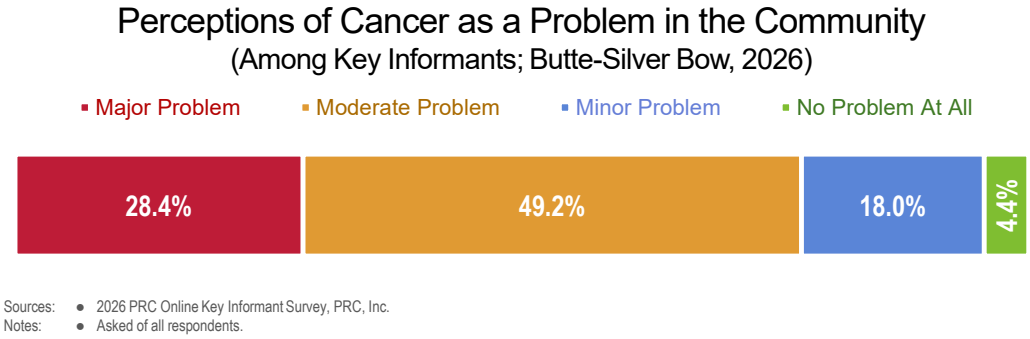


Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Items 101-103]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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

Key Informant Input: Cancer

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



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

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

Incidence/Prevalence

Cancer seems to be diagnosed at alarming rates per capita and the ability to receive care. — Community Leader

I am not sure if it more of a problem for Butte than other places, but it seems like everyone has a personal connection to a cancer diagnosis. — Community Leader

There are so many people that have it. — Community Leader

I believe that cancer is prevalent in the community. I also believe that accurate records are not recognized as many families are receiving care outside the local Butte community. — Community Leader

I do not have data to support my perception, but it feels that there is a high prevalence of cancers in and around Butte, especially brain cancers. — Physician

It seems that per capita, we have a lot of citizens with cancer diagnosis in all age ranges. — Community Leader

Because of the high number of cases and proper access to care. Limited insurance, low economic status/incomes, to deal with this major diagnosis. — Community Leader

We see more and more diagnosis and deaths related to cancer every year. — Public Health Representative

We seem to have a great number of diagnoses of cancer. — Community Leader

Cancer mortality rates for a variety of cancers are elevated in our community. — Physician

There are so many people I know that are battling cancer right now. — Community Leader

Because several people a month are added to our church prayer list. — Community Leader

Cancer is touching everyone in the community. Every one of us knows someone who has cancer as well as someone who has a died of cancer. In a small community it is staggering to me that cancer is so pervasive. — Community Leader

It just seems that folks who live here all know a disproportionate number of people battling cancer. — Community Leader

The number of individuals suffering from all types of cancer is high given our population size. — Community Leader

There seems to be a high rate of cancer diagnosis some of which cannot be adequately treated. There is also lifestyle choices and a poor nutritional culture that are conducive to cancer and its growth. — Community Leader

12 people in my immediate circle have been diagnosed with cancer in the last seven years, ten have died. The incidence of brain cancer seems to be high in Butte and I wonder about the environmental factors contributing to this. — Social Services Provider

Numbers of residents that have experienced cancer. — Community Leader

Cancer affects every person in some way or another. The community and providers are not completely aware of the services that are available in the community. — Health Care Provider

We have an abnormally high amount of brain tumors/cancer, breast cancer, respiratory cancers, GYN cancers and young people with cancer. — Community Leader

Butte has a higher cancer mortality rate than the rest of Montana. I do not know why that is. I would assume from mining toxins and pollution in the past, but I am not sure as to why in recent decades. — Community Leader

Occurrence rate seems high. — Community Leader

> It seems as though many people get cancer. Every person in this community knows someone who has battled cancer. Cancer centers are critical. Oncologists are critical. I think Butte area has cancer care. I also think the perception of high cancer is in our community because everybody is affected. It would be interesting to have data from all MT communities re; cancer. — Community Leader
>
> There are a lot of younger people being diagnosed and we see this with all the Benefits to help pay for travel, care, etc. Many people in my circle have been diagnosed with some form of cancer. — Community Leader
>
> There is a widespread perception in Butte that cancer rates are high here. This might not be true, but the perception can be more important than the actual rates. Citizens live in fear of cancer and feel unsupported. Screenings and prevalence data could be improved. — Public Health Representative

Environmental Contributors

> Environmental, toxic exposure and genetic factors in the Butte community with low citizen awareness for testing and prevention. — Community Leader
>
> The entire Silver Bow Creek-Butte area constitutes the largest Superfund site in the U.S., with contaminants spreading through soil, water, and air into the surrounding communities and ecosystem. — Community Leader
>
> Heavy metals, limited resources to organic food, and affordability. — Community Leader
>
> There seem to be environmental factors which make cancer more prominent here than in other communities. — Social Services Provider
>
> Our environment and the impacts of mining. — Community Leader
>
> Butte's mining history left behind widespread environmental contamination, which has been linked to elevated cancer risks. — Community Leader
>
> Mining pollution, heavy metal contamination. There is higher cancer deaths and specific types of cancer incidence compared to state and national averages. — Public Health Representative
>
> Toxic levels of radon and minerals in our environment. — Social Services Provider
>
> Exposure to environmental and other causes. — Community Leader
>
> Contaminated soil, water, air from years of unregulated mining and extraction. — Community Leader
>
> We live in the backyard of one of the largest open pit mining operations in the world. When with wind is blowing, you can visually see the mine dust blowing off the hill. Lung cancer and respiratory disease is common. — Community Leader
>
> Because of the lack of cleanup from EPA and the contaminants in our community, I believe cancer is a major problem and result, additionally, we need more and better cancer treatment providers. — Community Leader

Access to Care/Services

> Treatment options seem limited although resources to other cities is done well. — Community Leader
>
> I understand data indicates Butte-Silver Bow does not see cancer incidence at any greater rate than other communities in Montana, but I do think certain health conditions in our community - lack of access to medical care, poor nutrition, low income revenue leading to delays in care, limited physical fitness and wellbeing - are all contributors to poor health outcomes including cancer. Not only do we need to see improvement here, but we also need better resources to communicate the truth about cancer incidence in Butte-Silver Bow. — Community Leader
>
> I experienced cancer and was sent out of town to Bozeman for all my treatment. I have a history of cancer in my family, so I was not surprised at my diagnosis at the time. I think for others; it may be the diets and terrible food we consume. We know we have high alcohol use in Silver Bow County and nicotine/vaping is really a problem. We have short summers and never enough Vitamin D, which can contribute to the isolation, and drinking and smoking. — Community Leader
>
> Yes, various kinds and rare cancers in our area. Need to go out of state for doctors but can receive treatment in Butte. — Community Leader
>
> Cancer is a major problem in most communities. We don't have the resources or doctors to provide care to people being diagnosed with cancer. — Public Health Representative

Access to Affordable Healthy Food

> I believe lack of good quality foods. Limited access to fruits and vegetables and other quality foods. The cost is also a barrier for many individuals. — Community Leader
>
> Well, we have a poor community that has nowhere to buy healthy choices or learn about healthy choices. Smoking is still big in Butte Montana, and we have a mining company that guilts us when they make a mistake and acts like we are attacking miners, it's not the miners that are the problems its greedy executives that are the problem that cut corners and poison our water supplies. The fact that cancer research has been cut by this administration is a reason too. — Community Leader

Lifestyle

> Because of substance abuse, lack of physical activity, and limited access to nutritious/healthy foods. — Community Leader

Awareness/Education

> I don't believe our community is educated and financially able to get the proper screenings that are needed for the prevention. — Public Health Representative

Prevention/Screenings

> Preventive care is inadequate. A lot of people do not have access to a doctor short of the ER. — Community Leader

Diagnosis/Treatment

> Diagnosis, treatment both surgical and medical. Only one specialist in our community of 35k people. — Physician

Lack of Specialists

> No local specialists. — Community Leader

RESPIRATORY DISEASE

ABOUT RESPIRATORY DISEASE

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

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

Respiratory Disease Deaths

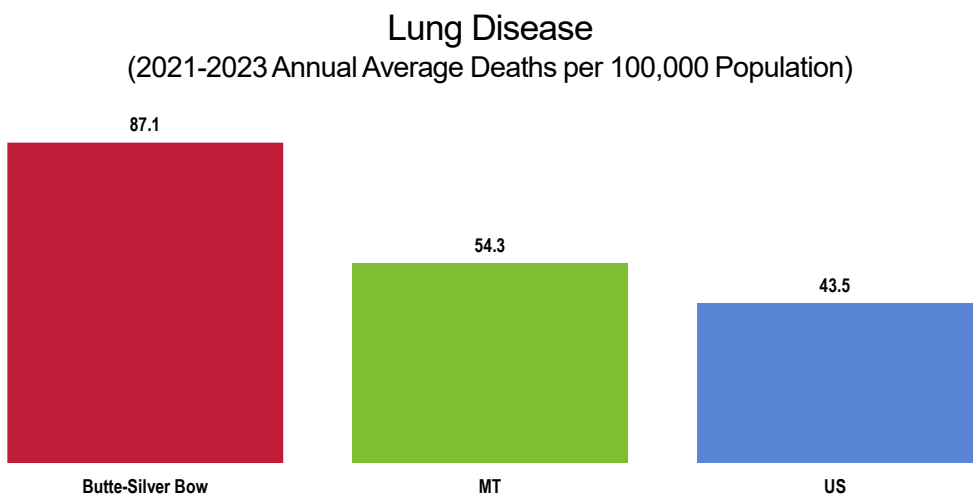
Lung Disease Deaths

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

Between 2021 and 2023, Butte-Silver Bow reported an annual average lung disease mortality rate of 87.1 deaths per 100,000 population.

BENCHMARK ► Well above Montana and US rates.

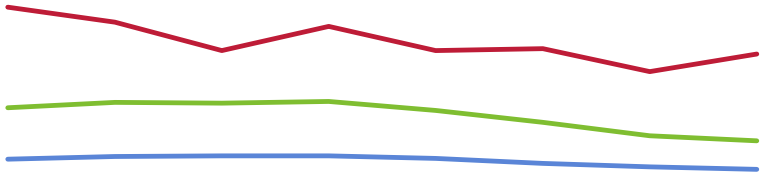
TREND ► Decreasing over the past decade.



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 2025.

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

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



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Butte-Silver Bow	104.9	99.2	88.4	97.6	88.5	89.2	80.5	87.1
MT	66.8	68.9	68.6	69.2	65.8	61.3	56.2	54.3
US	47.4	48.4	48.6	48.6	47.6	45.7	44.5	43.5

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 2025.

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

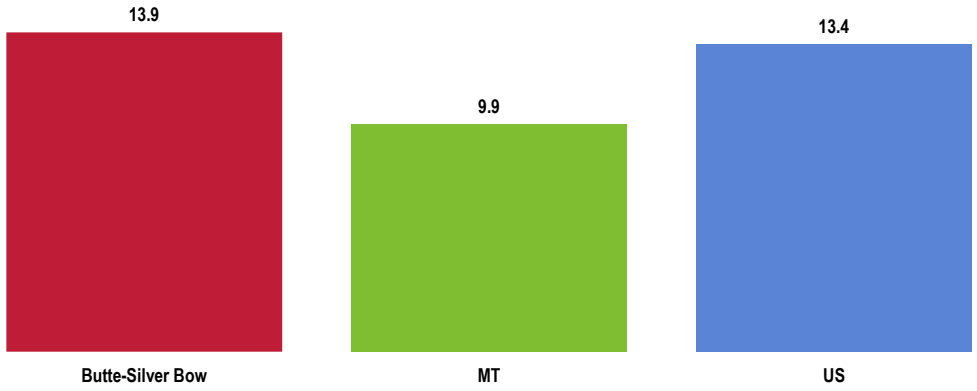
Pneumonia/Influenza Deaths

Between 2021 and 2023, Butte-Silver Bow reported an annual average pneumonia/influenza mortality rate of 13.9 deaths per 100,000 population.

BENCHMARK ► Worse than the Montana rate.

TREND ► Fluctuating over the past decade.

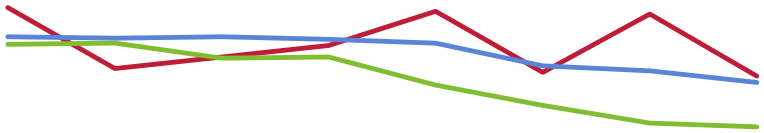
Pneumonia/Influenza Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)



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 2025.

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

Pneumonia/Influenza Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Butte-Silver Bow	19.3	14.5	15.4	16.3	19.0	14.2	18.8	13.9
MT	16.4	16.5	15.3	15.4	13.2	11.6	10.2	9.9
US	17.0	16.9	17.0	16.8	16.5	14.7	14.3	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 2025.

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

Prevalence of Respiratory Disease

Asthma

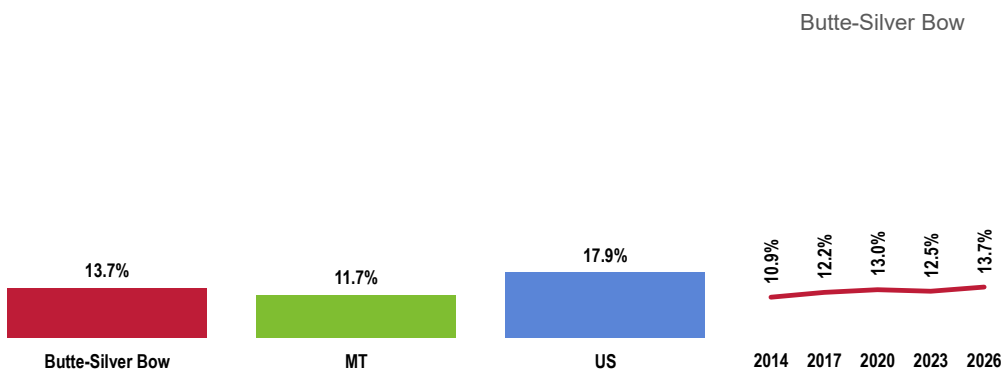
A total of 13.7% of Butte-Silver Bow adults have asthma.

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

BENCHMARK ► Lower than the national prevalence.

DISPARITY ► More often reported among women.

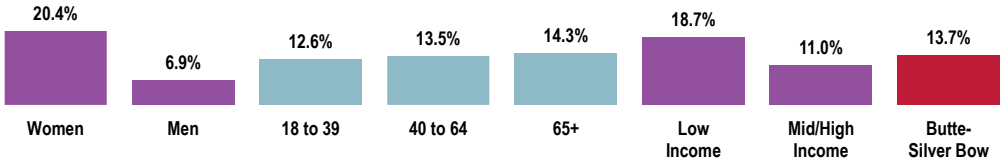
Prevalence of Asthma



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 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): 2023 Montana data.
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Prevalence of Asthma
(Butte-Silver Bow, 2026)



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 26]
Notes: ● Asked of all respondents.

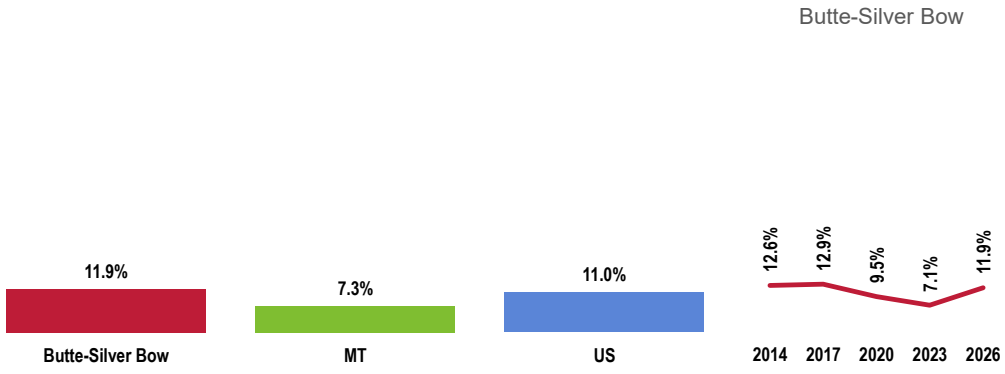
Chronic Obstructive Pulmonary Disease (COPD)

A total of 11.9% of Butte-Silver Bow adults suffer from chronic obstructive pulmonary disease (COPD).

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

BENCHMARK ▶ Higher than the state percentage.

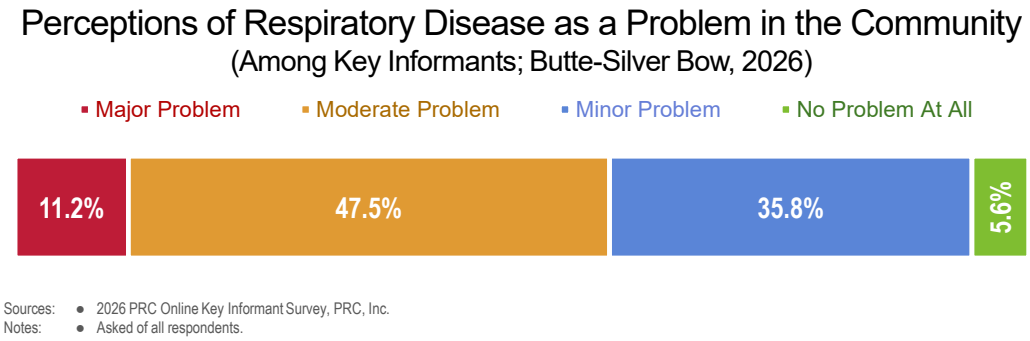
Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 21]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Montana data.
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes conditions such as chronic bronchitis and emphysema.

Key Informant Input: Respiratory Disease

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



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

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

Environmental Contributors

> Environmental pollution, soil, dust and well water from historic mining and smelting. — Physician
>
> Environmental impacts from mining for water and soil and air quality concerns from wildfires as safeguards may be eroding, these are likely to continue to become major issues in the community. — Community Leader Health risks from airborne contaminants and other respiratory irritants, seasonal air quality issues, wildfires, wood burning stoves. Flu, Covid, RSV-seasonal illnesses. — Public Health Representative
>
> Wildfire area. How so many seem to be conscious of steps to take when wildfires smoke etc. prevalent. — Community Leader
>
> Butte has a high rate of respiratory disease & heart problems due to the historical problems caused by the mining back in the day. That is my personal opinion, anyway. Also, Butte has a high rate of cigarette & vape smokers of all ages (down through 10!!!). — Public Health Representative

Lack of Specialists

> Lack of specialists in this area. — Community Leader
>
> No pulmonology providers. — Health Care Provider
>
> Lack of providers/access issues. — Community Leader
>
> We do not have a pulmonologist. We have poor air at times. — Health Care Provider

Incidence/Prevalence

> The high rates of asthma and COPD. — Community Leader
>
> Every fall-spring, when people are spending more time indoors, respiratory illnesses rise. The political atmosphere has made this more problematic, seeding distrust in expert opinion and lowering vaccination rates, leading to more illness and more severe illness. — Physician
>
> We all can become affected. — Public Health Representative

Affordable Medications/Supplies

> Lack of available oxygen for those homeless and on oxygen, lack of respiratory therapy services for those with severe lung issues. — Social Services Provider

Alcohol/Drug Use

> The use of drugs and other substances as well as higher elevations have increased the amount of respiratory diseases. There has also been an increase in respiratory cancers in our community that I believe are linked to the history of Butte. — Public Health Representative

Affordable Care/Services

> They cut all free testing for Covid. — Community Leader

Co-Occurrences

> Smoking in our youth leads to respiratory related illness later in life. — Social Services Provider

Denial/Stigma

> The scare is still there and panic. — Community Leader

Impact on Quality of Life

> Breathing is important. — Community Leader

Lifestyle

> Health and fitness. — Community Leader

Tobacco Use

> High tobacco use rates. — Physician

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

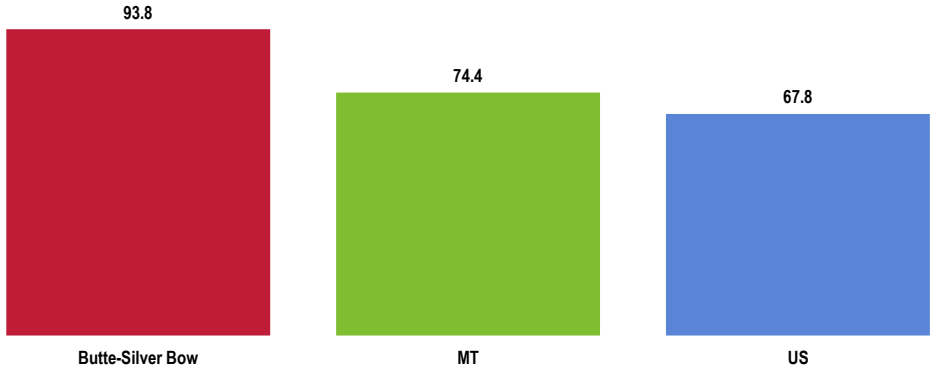
Unintentional Injury Deaths

Between 2021 and 2023, Butte-Silver Bow reported an annual average unintentional injury mortality rate of 93.8 deaths per 100,000 population.

BENCHMARK ► Much higher than state and national rates. Twice the Healthy People 2030 objective.

TREND ► Increasing considerably over the past decade.

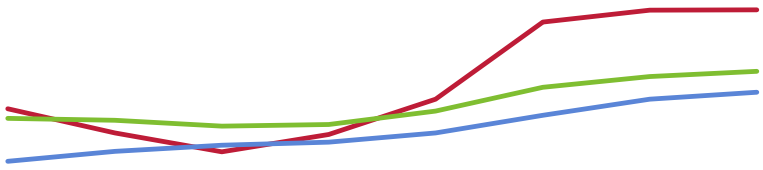
Unintentional Injury Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 43.2 or Lower



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 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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

Unintentional Injury Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 43.2 or Lower



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Butte-Silver Bow	62.6	54.9	49.0	54.5	65.6	89.9	93.7	93.8
MT	59.5	58.9	57.1	57.6	61.8	69.4	72.7	74.4
US	46.0	49.2	51.1	52.0	54.9	60.5	65.6	67.8

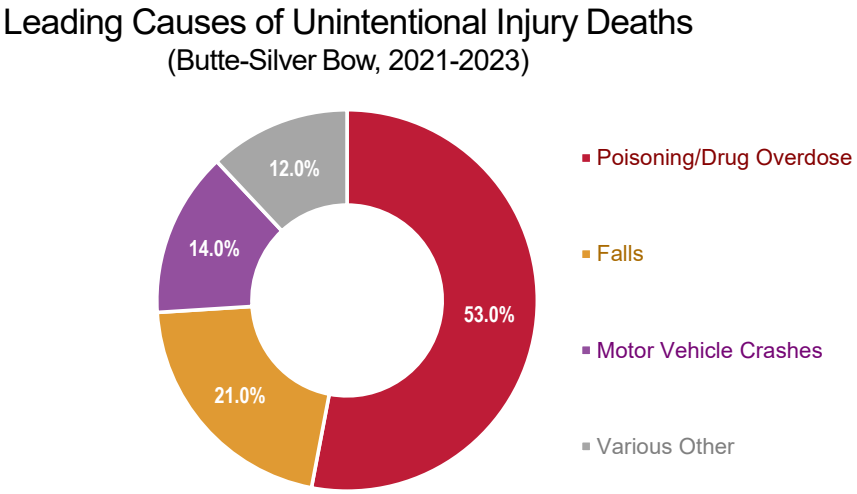
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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

Leading Causes of Unintentional Injury Deaths

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

Poisoning (including unintentional drug overdose), falls, and motor vehicle crashes accounted for most unintentional injury deaths in Butte-Silver Bow between 2021 and 2023.

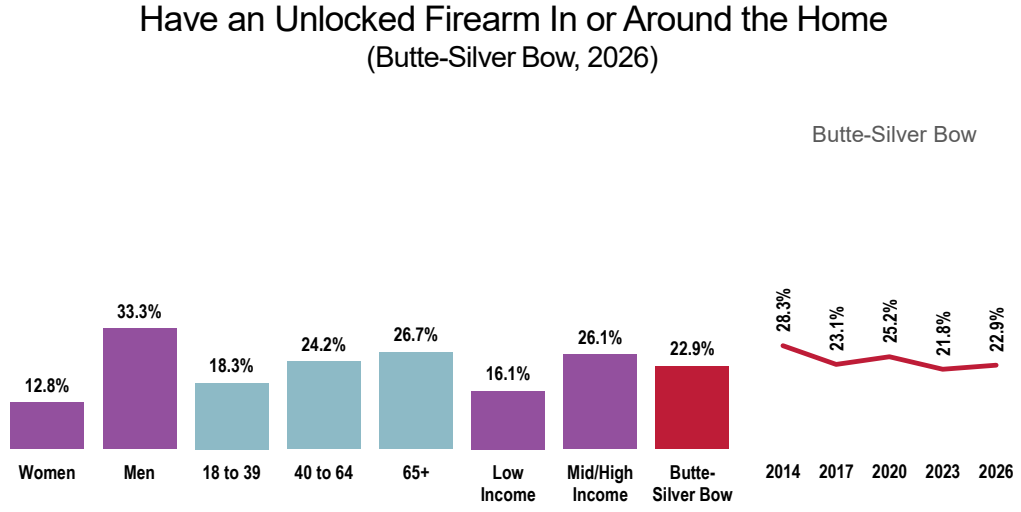


Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2025.

Unlocked Firearms

A total of 22.9% of survey respondents keep an unlocked firearm in or around the home.

DISPARITY ► Significantly higher among men and residents with higher incomes.

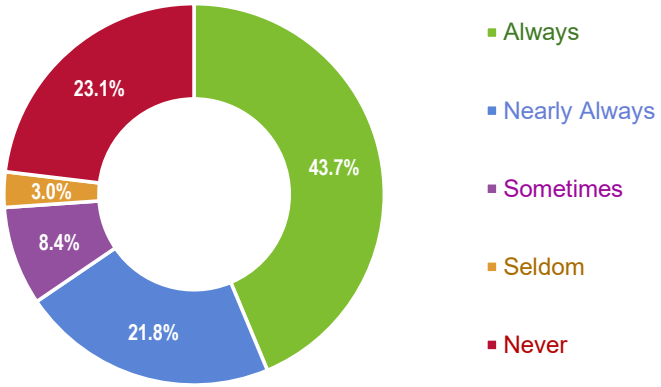


Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 302]
Notes: ● Asked of all respondents.

Bike Helmets

Among area parents with a child age 5 to 17 at home, 43.7% report that their child "always" wore a helmet when riding a bicycle in the past year.

Frequency of Child's Helmet Use
When Riding a Bicycle in the Past Year
(Parents of Children 5-17; Butte-Silver Bow, 2026)



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 324]
Notes: • Asked of all respondents with a child age 5 to 17 at home.

Intentional Injury (Violence)

Violent Crime

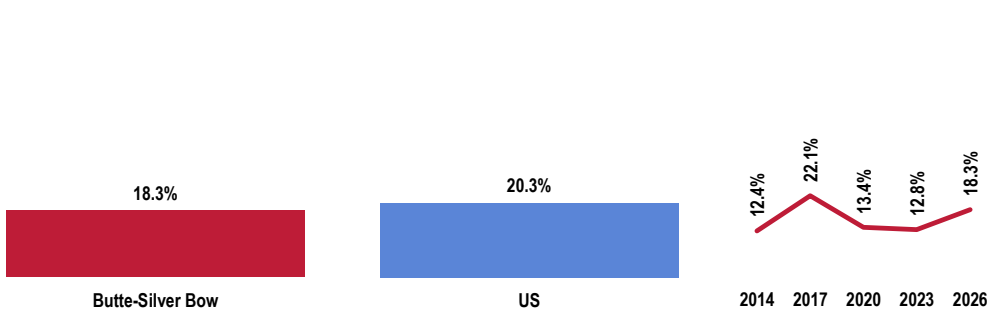
Intimate Partner Violence

Respondents were read: "By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."

A total of 18.3% of Butte-Silver Bow adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

TREND ► Higher than most previous findings.

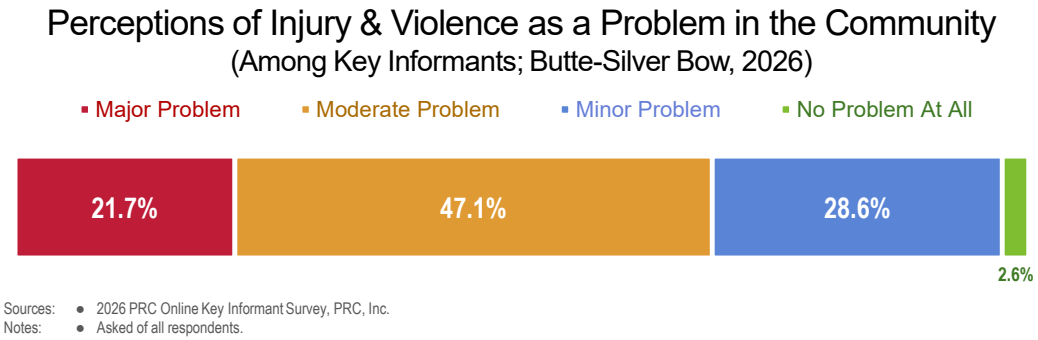
Have Ever Been Hit, Slapped, Pushed,
Kicked, or Hurt in Any Way by an Intimate Partner



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 33]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Key Informant Input: Injury & Violence

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



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

Incidence/Prevalence

> Domestic violence is on the rise because people are actually talking about it now. Violence is on the rise because substance use is out of control. — Social Services Provider
>
> Occurrence rate seems high and the Montana Standard reports in every paper they issue the crimes and courts, and it is full of injury and violence which does not look good for our community. — Community Leader
>
> I see violence every day where I work. — Community Leader
>
> It doesn't take more than one violent episode to turn community sentiment. — Community Leader
>
> Butte ranks in the top 10% of violence overall in America. Drinking, drugs and lifestyle and overall tolerance for these behaviors in our mining rough mentality city. — Health Care Provider
>
> Domestic violence and abuse are prevalent in our community. — Community Leader
>
> The number of violent crimes reported including domestic violence and child abuse and neglect. — Community Leader
>
> Domestic violence and fighting in general are commonplace in our town. — Public Health Representative
>
> I see it every day. — Community Leader
>
> We have a high number of drug addiction issues in this town, along with alcohol abuse. you can read in our newspaper the number of families and or partner assault which will also state the aggressor is violating parole relating to addiction. It does not help that criminals leave the state prison and enter our community through the prerelease program. — Community Leader
>
> Domestic violence is a major issue here. Often offenders are not charged. — Community Leader
>
> Violence and injury are some of the biggest problems in Butte because they show up in so many painful ways: domestic violence, suicide, gun violence, and sex trafficking. At the Butte Rescue Mission, we have helped rescue 36 trafficking victims out of trauma, and every story shows how close to home this problem really is. Domestic violence and abuse destabilize families, suicide continues to devastate Montana at some of the highest rates in the nation, and gun violence leaves lasting scars on neighborhoods. I believe these struggles are major problems not only because of the harm they cause, but also because of the ripple effect they create. Trauma often leads to homelessness when people flee abuse, battle addiction, or face mental health crises. We see this connection firsthand, and last year alone our Mission experienced a 20% increase in people needing services. — Community Leader

Alcohol/Drug Use

> Unstable living due to alcohol, drugs, and mental health disorders. — Community Leader
>
> A large number of domestic issues involve drugs and alcohol. If you read the newspaper, you will find violent crimes and drug related crimes in the police reports. — Community Leader
>
> Drugs and alcohol. — Community Leader
>
> As a result of other primary factors, substance use, poverty, mental health, criminal activity, partner assault, but also could be workplace or other. — Health Care Provider
>
> Domestic violence especially with drug and alcohol use. — Public Health Representative
>
> Alcohol, drugs and mental health. — Public Health Representative

> Due to drug, drinking, abuse, and other factors in our community. — Community Leader
>
> Drug induced violence, people/providers/professionals not knowing how to interact with mental health, people not being trained in how to handle crisis situations or escalating situations further because of lack of knowledge around how to communicate with those who are escalated — Health Care Provider

Impact on Quality of Life

> It's a major public health issue that results in premature death, disability, mental health issues, and economic costs. — Public Health Representative
>
> Injury and violence are significant issues in Butte-Silver Bow County because they affect public health, safety, and community stability. Emergency services respond to thousands of calls each year related to accidents, assaults, and other preventable harms, creating a strain on healthcare and law enforcement systems. Domestic violence and youth risk behaviors remain ongoing challenges, while impaired driving continues to contribute to injuries and fatalities. These concerns highlight the need for stronger prevention efforts, education, and community resources to reduce both immediate and long-term impacts. — Community Leader
>
> Our community continues to have domestic violence, resulting in injury that goes untreated causing long term sometimes disabling affects. Violence is a regular threat used by many of our unhoused against each other and other community members. This creates concern and fear among the local community in specific areas, including buses, parks, and main streets near various shops. Violence often escalates from verbal threats to physical violence, resulting in an ER visit. Domestic Violence within our community, especially repeated episodes, use police and EMS resources. Domestic violence and the children that witness it experience long term mental and emotional trauma, struggles, and health needs. Our community is lacking in mental health supports; many full-time therapists are not taking clients, cost can be prohibitive, transportation as well as the stigma still attached to domestic violence, injury and abuse. — Public Health Representative

Access to Care/Services

> Not enough resources to cover the rural communities in Montana. — Community Leader
>
> Safe Space has limited space and limited criteria for who qualifies for a safe space. Has to be a specific violent crime and injury, kids over a certain age that are male are not allowed at safe space, men that are victims do not have a place to go for safety. — Social Services Provider

Law Enforcement

> Our country is in turmoil and people are less safe. Police and security are underfunded, and crime is high. We have seen violence in our communities. Influx of bad actors and under-staffed police have increase personal safety. Substance use increases home safety and domestic violence. Social media and newsfeeds bring this information into our lives constantly. — Community Leader

Aging Population

> Based on our population demographic, and having a high older population, injury is just bound to happen. And in our elders, they get hurt easier and it does much more damage. Plus, they're stubborn and don't like being helped, so I can only imagine it's an issue. Violence, not as much. — Community Leader

Social Norms/Community Attitude

> Due to a plethora of reasons, violence has become acceptable in many arenas. Schools work hard to address and teach self-regulation skills and coping skills. There is often resistance to parents holding kids accountable for their actions, which makes them feel justified in their anger/aggression. — Community Leader

Suicide Rates

> Montana rates first in the country for suicide death rates, most of which are by firearms. Firearms are ubiquitous in our communities in Montana, and there are also high rates of substance use/abuse, which don't mix well. There is a lack of safe practices regarding firearm safety and storage. — Physician

Co-Occurrences

> Poor mental health abounds and there is not a great tradition of healthy emotional management in Butte-Silver Bow which contributes to violence and injury. — Community Leader

Government/Policy

> We have no gun laws in place and fighting is historically present in Butte. Tough guys hurting each other when they are drinking and not using their heads. Police letting them go because they know them and not wanting to get them in trouble. — Community Leader

Income/Poverty

> Low income with higher drug rates. People with poor mental health and less education are struggling. I believe it's an epidemic in our nation. — Community Leader

Unhoused Individuals

> Due to the population of homeless, low levels of education and substance abuse. — Community Leader

Crime Rates

> High crime and very prevalent drug use and excessive alcohol consumption trigger violent behavior. — Community Leader

Alcohol/Substance Use

> Too many bars and too much drug activity. — Public Health Representative

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.

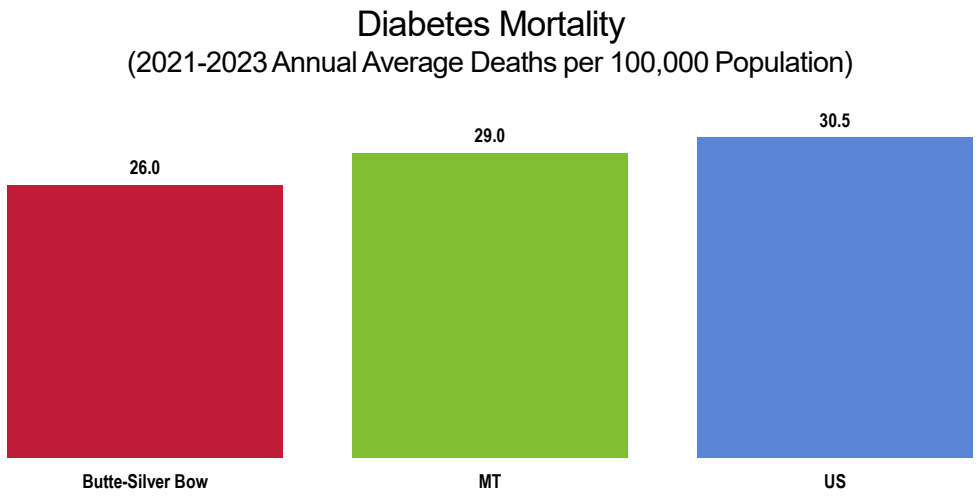
Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity,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

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

Diabetes Deaths

Between 2021 and 2023, there was an annual average diabetes mortality rate of 26.0 deaths per 100,000 population in Butte-Silver Bow.

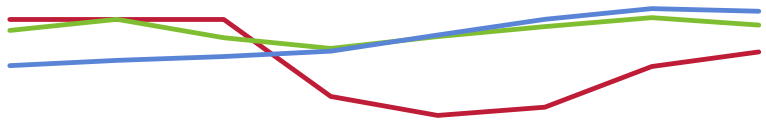
BENCHMARK ▶ Lower than the national rate.



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 2025.

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

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



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Butte-Silver Bow	29.6	29.6	29.6	21.1	19.0	19.9	24.4	26.0
MT	28.4	29.6	27.6	26.4	27.7	28.8	29.8	29.0
US	24.5	25.1	25.5	26.1	27.9	29.6	30.8	30.5

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 2025.

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

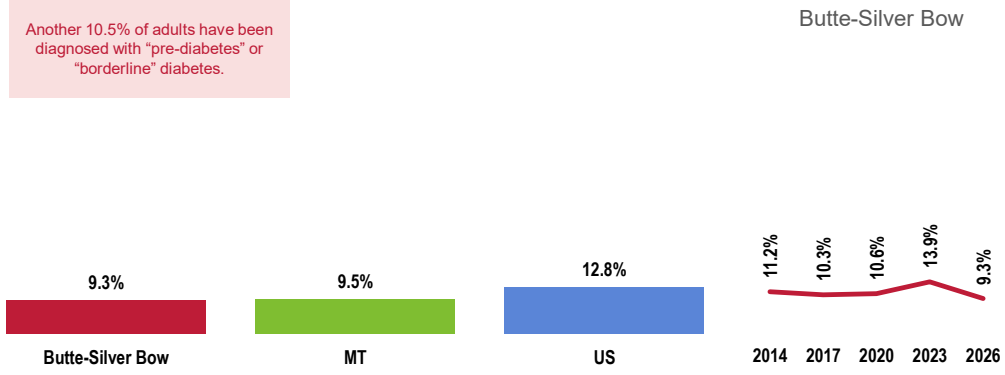
Prevalence of Diabetes

A total of 9.3% of Butte-Silver Bow adults report having been diagnosed with diabetes.

DISPARITY ► The prevalence increases with age among Butte-Silver Bow adults.

Prevalence of Diabetes

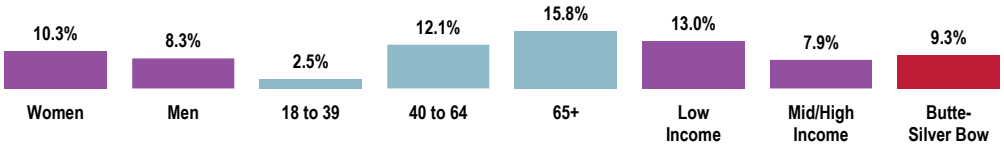
Another 10.5% of adults have been diagnosed with "pre-diabetes" or "borderline" diabetes.



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 106]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Montana data.
- 2023 PRC National Health Survey, PRC, Inc.

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

Prevalence of Diabetes
(Butte-Silver Bow, 2026)



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 106]

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

Kidney Disease Deaths

ABOUT KIDNEY DISEASE & DIABETES

Chronic kidney disease (CKD) is common in people with diabetes. Approximately one in three adults with diabetes has CKD. Both type 1 and type 2 diabetes can cause kidney disease. CKD often develops slowly and with few symptoms. Many people don't realize they have CKD until it's advanced and they need dialysis (a treatment that filters the blood) or a kidney transplant to survive.

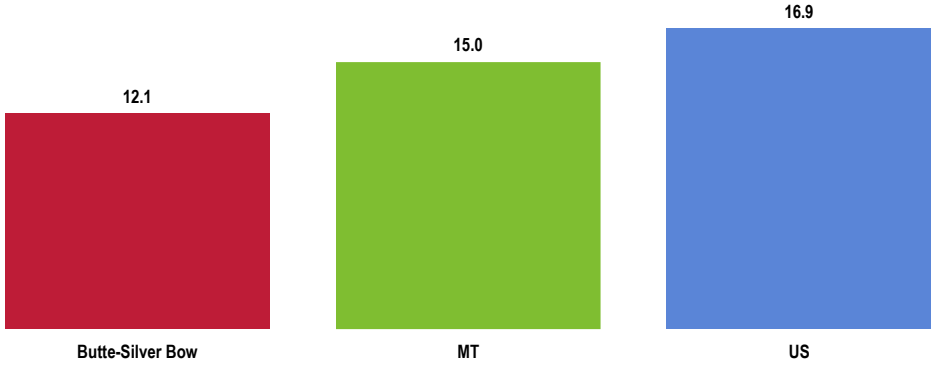
– Centers for Disease Control and Prevention (CDC)
https://www.cdc.gov/diabetes/managing/diabetes-kidney-disease.html

Butte-Silver Bow reported a 2021-2023 annual average kidney disease mortality rate of 12.1 per 100,000 population.

BENCHMARK ► Lower than Montana and US rates.

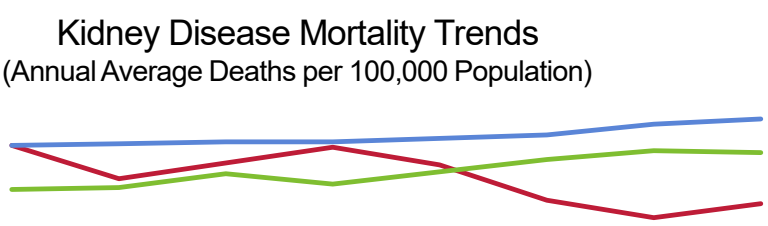
TREND ► Decreasing over the past decade.

Kidney Disease Mortality
(2021-2023 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 2025.

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

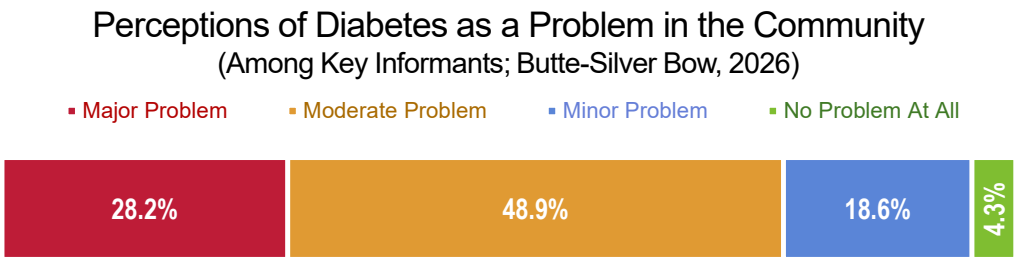


	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Butte-Silver Bow	15.4	13.5	14.4	15.3	14.3	12.3	11.3	12.1
MT	12.9	13.0	13.8	13.2	13.9	14.6	15.1	15.0
US	15.4	15.5	15.6	15.6	15.8	16.0	16.6	16.9

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 2025.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

Key Informant Input: Diabetes

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



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

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

Access to Affordable Healthy Food

> I think as a whole, we do not support healthy food options in Butte. Our restaurants and public opinion reinforce that people will not support health-based restaurants, and very rarely do popular restaurants offer healthy alternatives that are exciting (i.e. a chicken and rice or a salad). There is also many who believe they are "healthy" because they have continued to live this lifestyle, but most may not realize that they are at risk for heart health and diabetes issues because they don't get tested. But the cost of healthy lifestyle programs, and not knowing what is covered under insurance, has many scared to even ask the questions. — Community Leader
>
> Access to affordable and nutritious food and better understanding of insulin resistance and hormonal changes versus just diet and exercise. — Community Leader
>
> Access to healthy foods and limited educational resources. — Community Leader
>
> Healthy food options that are affordable. — Community Leader
>
> Access to nutritious foods. — Community Leader
>
> Healthy food is expensive. Lifestyle changes are hard. — Community Leader
>
> Affording heathy food, Butte not having a Whole Foods grocery option. Unhealthy people struggle for motivation to eat healthy and be and stay active. — Community Leader
>
> Healthy eating options. — Community Leader

> Access to affordable health food options. Intolerably long winters that limit outdoor activities. — Public Health Representative
>
> Food access! How can people effectively self-manage or prevent diabetes if they can't feed themselves quality food? We can do all the education in the world, but education doesn't feed people. If people aren't able to receive primary and specialty care, they won't have access to necessary medications and treatments. — Health Care Provider
>
> I think one of the biggest challenges for those with Diabetes is access to healthy food because right now everything at the grocery store is expensive. I also believe health education is an issue many people do not know how to manage their diabetes properly. — Health Care Provider
>
> Access to affordable, healthy food and how to choose healthy food, as well as some people just make terrible decisions. — Community Leader
>
> Access to healthy foods, cost and availability and access to education, cost prohibitive. — Community Leader

Affordable Medications/Supplies

> Regular medication use, access to medication and transportation, nutrition education, access and finances to healthy foods. — Health Care Provider
>
> High cost of insulin and weight control and living a healthy lifestyle. Access to healthy foods. — Community Leader
>
> Cost of medications, access/cost of nutritious foods, community engagement in being active. — Physician
>
> Cost of medication. Insulin and GLP1s are amazing but they are not affordable, access to healthy affordable food. — Physician
>
> Cost of supplies. — Community Leader
>
> Prescription costs, limited access to fresh fruit and produce for residents living north of Front St., lack of infrastructure that promotes physical activity, i.e. sidewalks, bike paths, adequate light. — Community Leader
>
> Not having access to their medication needs due to the cost. — Community Leader

Affordable Care/Services

> Affording the care and medications needed. — Community Leader
>
> Cost, limited specialists and cost of travel to them, rural area equals more travel. — Public Health Representative
>
> Cost of treatment, access to education, access to proper food. Many are on low fixed income. Lack of affordable for proper food to maintain accurate blood levels. — Community Leader
>
> Cost, lack of insurance and education. — Community Leader
>
> Challenges here include ability to afford care and the necessary lifestyle changes that are required. — Health Care Provider

Access to Care/Services

> Access to endocrinology, access to resources that would make management easier, including glucose sensors and insulin pumps, typically managed by endocrinology. Access to nutrition education and nutritious foods. Many people accessing food through the food bank are limited to going once per month and cannot access fresh produce. Limited access to gyms. There are very limited options for restaurants that offer faster casual food that is also healthy, prioritizing fresh produce. — Physician
>
> You cannot find a doctor to treat your diabetes. Most of the people with diabetes have to go to Anaconda to be seen by a doctor. Our supermarkets do not offer the community good nutrition. We need a Good Food store. — Public Health Representative
>
> Lack of physician care, especially those needing to see endocrinologist. Also, elderly population not able to control healthy diet due to lack of quality foods or support to go to facilities to get nutritional foods. — Community Leader
>
> People having access to healthcare to treat their diabetes. I also see depression as linked to diabetes and that not enough people have access to both mental and physical health. — Health Care Provider

Awareness/Education

> Poor education on nutrition and the increase of food prices makes a large difference as well. It's expensive to buy food period, let alone the ingredient, like vegetables, to cook and prepare food, which I think a lot of people don't know how to cook or want to take the time. — Community Leader
>
> People may not have the knowledge about the seriousness of diabetes and may not know that they can access assistance. — Community Leader
>
> Our access to nutrition education, healthy food options, inability to manage the condition, weather limits physical activity. — Community Leader
>
> A focus on teaching, the seriousness of prediabetes, prevention and lifestyle changes to community at large. Accessing affordable healthy foods and access to affordable medication. — Community Leader

Disease Management

> Diabetes has a physical/self-controlled piece that is important to follow. Those pieces such as healthy eating, exercise, etc., could present limitations to the individual. — Community Leader
>
> Noncompliance. — Public Health Representative
>
> Not willing to lose weight. Disbelief that they have diabetes and don't go to a doctor to find out. — Community Leader
>
> Lack of adherence to diabetic lifestyle and foods. Poor insight. No endocrinologist available. — Physician

Nutrition

> Being able to sustain healthy eating and exercising habits. There seem to be good medical services available. — Social Services Provider
>
> We have extremely poor nutritional options available. Local restaurants do not offer a wide variety of options that prioritize nutritionally dense foods such as vegetables and fiber. Very few people have the general knowledge of how to appropriately nourish themselves without the intervention of a nutritionist, which may be complex due to limited financial or insurance mechanisms. Culturally, the diet of our region relies on meat and potatoes with limited diversity. Could nutritional programs be integrated to help support our community to prevent diabetes rather than treat it once it's acquired? — Community Leader
>
> The poor diet culture and the increase in obesity. — Community Leader
>
> Our diet and our lack of exercise. — Community Leader

Obesity

> Obesity, food insecurity, and low-income households. — Social Services Provider
>
> Overweight children. Parents either don't know or are unwilling to follow through on nutrition and activity. — Community Leader
>
> Obesity is big in Butte, Montana. We eat whatever we like and there are no healthy choices to shop or buy in Butte and healthy food is expensive. — Community Leader

Unhoused Individuals

> The biggest challenges we see among individuals experiencing homelessness who are living with diabetes include limited access to safe refrigeration for their medications and reliable transportation to medical appointments. Many struggle with mobility, which makes it especially difficult to manage their condition without a personal vehicle or dependable transit options. — Community Leader

Income/Poverty

> Lack of appropriate income to better their health and sustain it compared to the cost of diabetes medication, healthy foods, gym memberships, and medical care appointments. Possibly lack of access to endocrinologists locally. Virtual visits may help with this, and endocrinologists hosting satellite clinics in town helps, I'm sure. Butte's unhealthy lifestyle overall, lack of equitable outdoor or indoor space for exercise during all seasons. Difficulty with transportation to these areas for some folks. — Public Health Representative

Prevention/Screenings

> One big challenge is screening and diagnosing not only those with diabetes but also those with pre-diabetes who benefit from preventative treatment as well as classes to assist with lifestyle change. Another challenge is the number of individuals who already have diabetes and ensuring that they all have providers and access to treatment. Prescription is another big challenge as some of the best drug treatments are expensive and may be unaffordable for many. — Social Services Provider

Lack of Specialists

> We do not have an endocrinologist in our community, which is a huge challenge for the Type 1 diabetics. In addition, many of the primary care clinics are not accepting new patients and have very long wait times for establish care appointments, which is a barrier for many of the Type 2 diabetic population to receiving care. — Community Leader

Access for Medicaid Patients

> Accessing the care, Medicaid paying for the treatments/medications and housing for people who need the stability. — Health Care Provider

Impact on Quality of Life

> Mainly that there are so many diabetics with life-long problems. — Health Care Provider

Insurance Issues

> Health insurance not covering a large portion of the supplies they need to survive each day. — Public Health Representative

Lifestyle

> Unhealthy lifestyle and obesity. — Community Leader

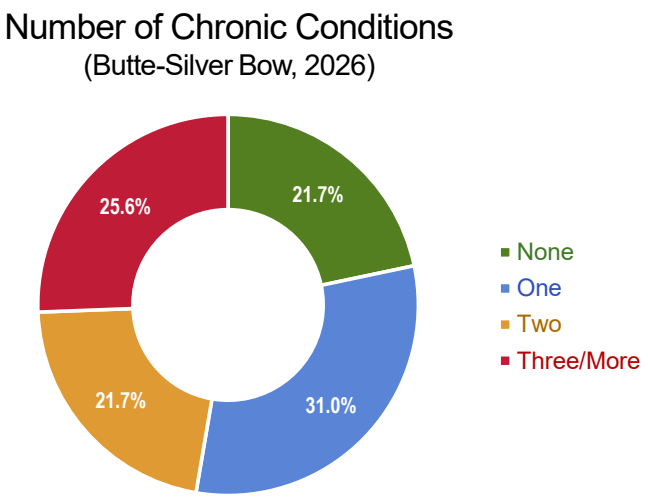
DISABLING CONDITIONS

Multiple Chronic Conditions

For the purposes of this assessment, chronic conditions include:

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

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



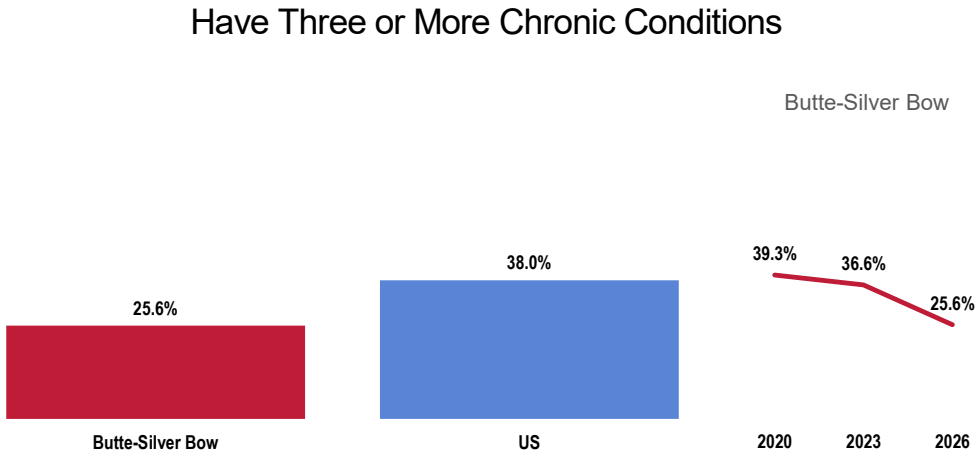
Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 107]
Notes: ● Asked of all respondents.
● In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood pressure, lung disease, obesity, and stroke.

In fact, one in four Butte-Silver Bow adults (25.6%) reports having three or more chronic conditions.

BENCHMARK ► Lower than the national prevalence.

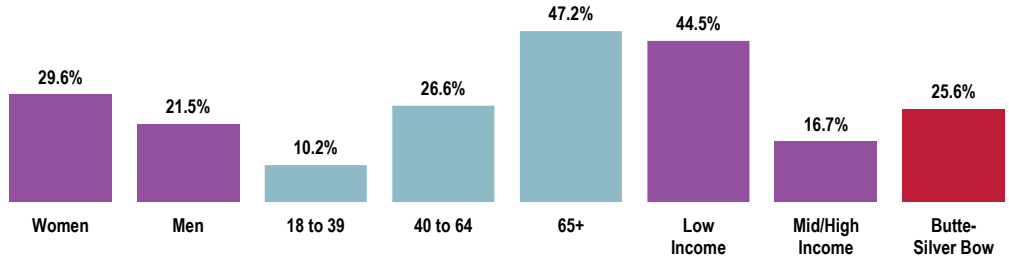
TREND ► Marks a statistically significant decrease since 2020.

DISPARITY ► Higher among older adults and people in low-income households.



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 107]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood pressure, lung disease, obesity, and/or stroke.

Have Three or More Chronic Conditions
(Butte-Silver Bow, 2026)



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 107]
Notes: • Asked of all respondents.
• In this case, chronic conditions include asthma, cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood pressure, lung disease, obesity, and/or stroke.

Activity Limitations

ABOUT DISABILITY & HEALTH

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

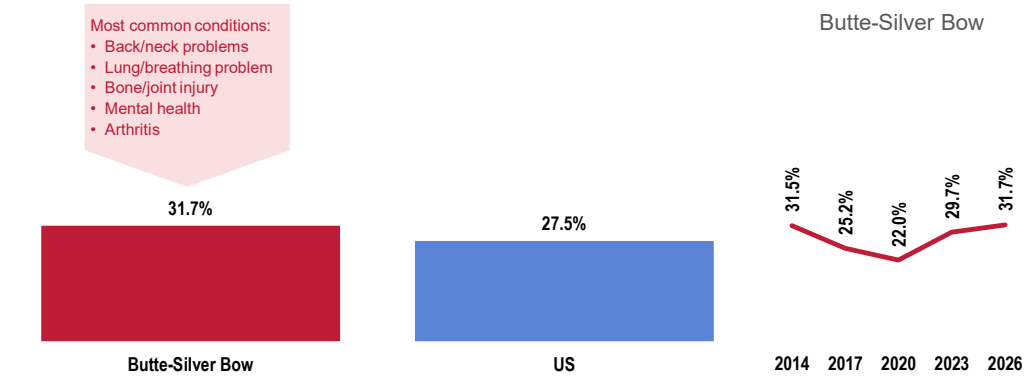
In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life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

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

A total of 31.7% of Butte-Silver Bow adults are limited in some way in some activities due to a physical, mental, or emotional problem.

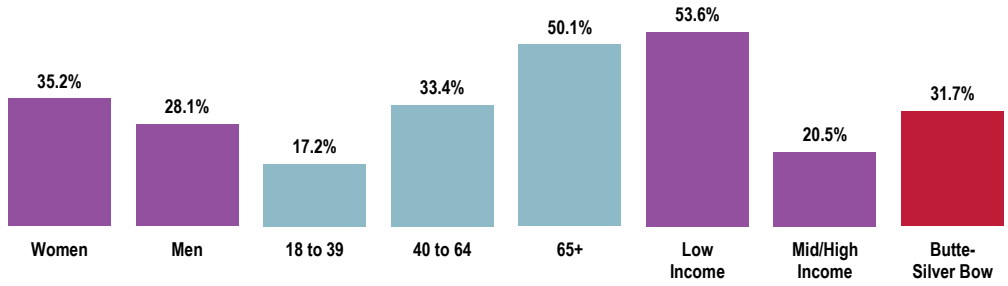
DISPARITY ► Increasing with age and reported more often among adults in low-income households.

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



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Items 83-84]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem
(Butte-Silver Bow, 2026)



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

Chronic Pain

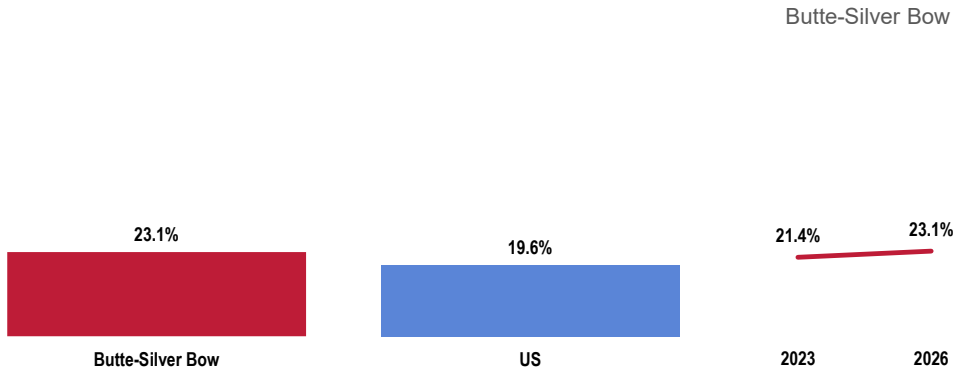
A total of 23.1% of Butte-Silver Bow adults experience high-impact chronic pain, meaning physical pain that has limited their life or work activities "every day" or "most days" during the past six months.

BENCHMARK ► Far from satisfying the Healthy People 2030 objective.

DISPARITY ► Reported more often among older adults and those living on lower incomes.

Experience High-Impact Chronic Pain

Healthy People 2030 = 6.4% or Lower



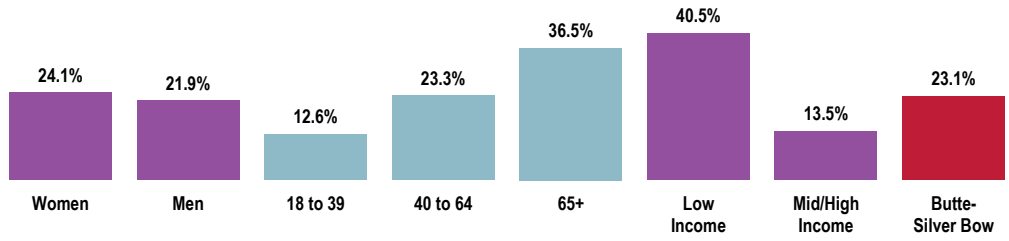
Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 31]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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

Experience High-Impact Chronic Pain

(Butte-Silver Bow, 2026)

Healthy People 2030 = 6.4% or Lower



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

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

Alzheimer's Disease

ABOUT DEMENTIA

Alzheimer's disease is the most common cause of dementia. 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.

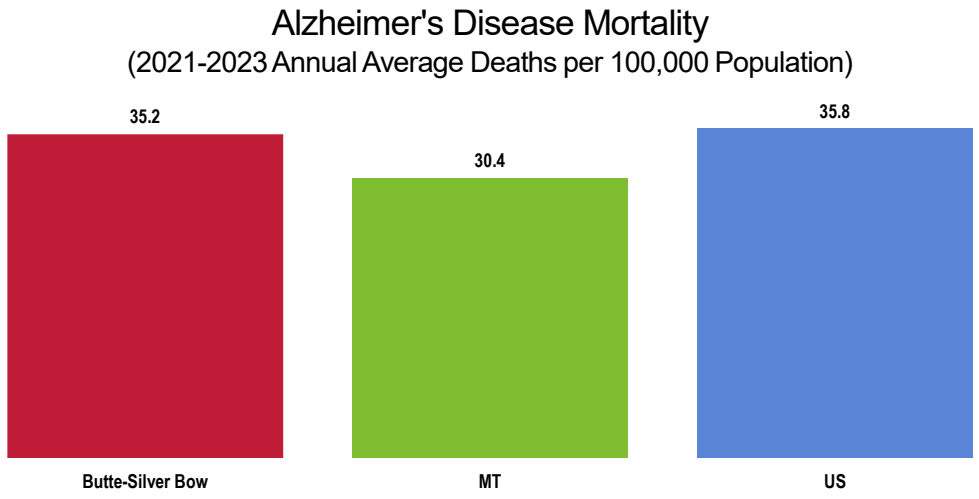
While there's no cure for Alzheimer's disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline — including memory loss — are diagnosed early can help improve health outcomes in people with dementia. Interventions to address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

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

Alzheimer's Disease Deaths

Between 2021 and 2023, there was an annual average Alzheimer's disease mortality rate of 35.2 deaths per 100,000 population in Butte-Silver Bow.

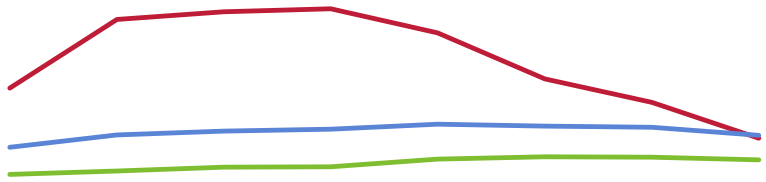
TREND ► Decreasing considerably over the past few years.



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 2025.

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

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



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Butte-Silver Bow	46.3	61.4	63.1	63.8	58.5	48.3	43.1	35.2
MT	27.2	28.0	28.8	28.9	30.6	31.1	31.0	30.4
US	33.2	35.9	36.8	37.2	38.3	37.9	37.6	35.8

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 2025.

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

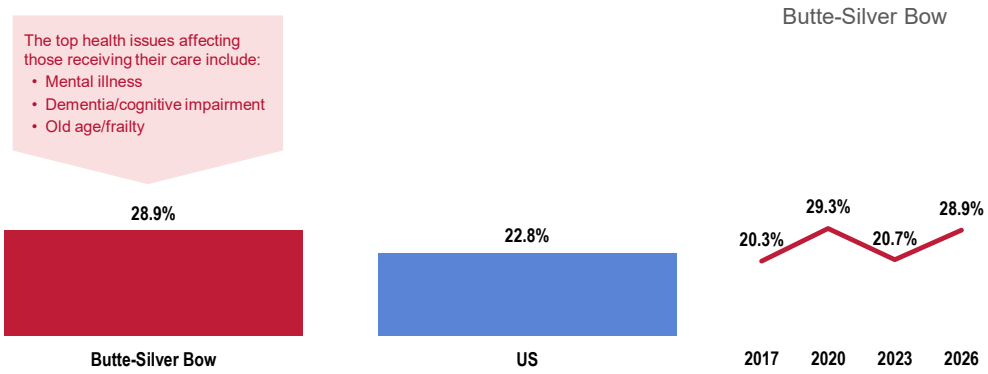
Caregiving

A total of 28.9% 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.

BENCHMARK ▶ Higher than the national figure.

TREND ▶ Increasing significantly from 2017 findings.

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

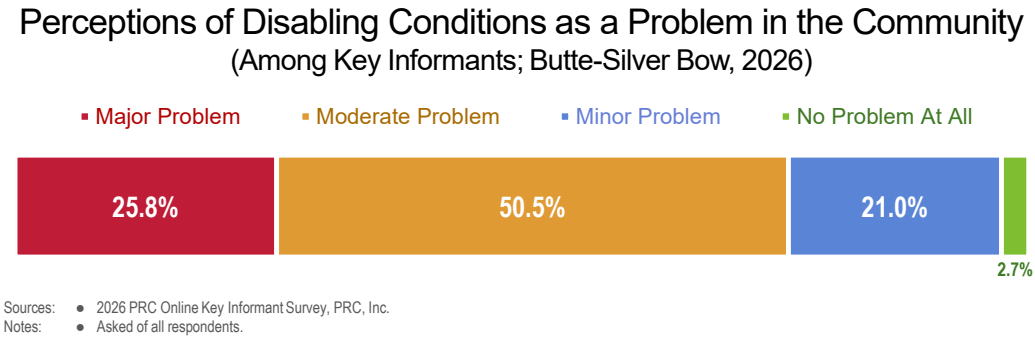


Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Items 85-86]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Key Informant Input: Disabling Conditions

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



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

Aging Population

> Due to the elderly population/high number of mining employees/retirees. — Community Leader
>
> Aging of America and increased number of dementia, no services to help caregivers. — Physician
>
> Butte has an aging population which often comes with chronic disease, limited mobility and limited resources. Finding care givers, assisted living and other services for these individuals can prove to be very challenging. — Social Services Provider
>
> The age of our community members (baby boomers) adds to ailing population ratio. Limited advanced/specialized care for these various conditions. Society wanting a 'quick fix' the majority of the time, rather than focusing on the source of the pain/issue or not having addressed prevention of it in the past. Lack of 'holistic care' approach. A high cost of living, for long term care facilities, and for assisted living facilities, as well as limited availability in these facilities. Our community's background and culture of being a working-class city, manual labor, and the mindset, physiological, and physical implications that follow. Mental health limiting a person's access or ability to seek access to preventative or needed care. — Public Health Representative
>
> Disabling conditions in this community may be because it is an older community with historical trauma and history of going from being the best to and most populated city to the least populated city and poorest. There is high poverty, and families don't take care of themselves, or have the necessary means to do so. Butte is proud of their community, and they should be, but it could use a lot of improvements, and they do not accept change. If people do not have the means to access care for their disabling conditions unfortunately, they will manage their pain in ways that are not good choices! — Community Leader
>
> Butte has a large population of senior citizens. As a result, we have a large population of disabled individuals. — Community Leader
>
> We have such an aging and lower income population. — Community Leader
>
> The elderly population. — Public Health Representative
>
> I think the majority of disabling conditions in our community are due to the aging population. — Community Leader
>
> I associate these with an aging population and am concerned about increases in this group. This requires us to think about solutions and supports. — Community Leader
>
> With the aging and homeless populations, disabling conditions have been more of an issue in recent years. — Public Health Representative
>
> This community has an aging population. I believe the climate can be a significant barrier limiting activity for this population. We also have lower income individuals who cannot access facilities. — Community Leader
>
> Alzheimer's and dementia are all over with Butte having a large elderly population. But the care they receive is not optimal. — Community Leader
>
> Our aging community. — Community Leader

Access to Care/Services

> It is difficult to find resources to help people with these conditions. Social activities, transportation, living situations for people with mild dementia that don't quite need a nursing home. — Physician
>
> It has been difficult to get home health services. We do not have many agencies for home health, and we are short of PCA's in the home. People are discharged from the hospital and waiting too long for care and ending up failing at home. The long-term care facilities are not helpful in accepting discharges a lot of the time. There is not a process for who they will accept and who they will not. Medication expense is a big reason for denial. If someone has dementia, it is very difficult. Low Vision services is available and helpful but their funds are limited. They do their best. The providers can't order pain medications due to regulations and the pain clinic is limited. People in chronic pain have difficulties getting docs that can help them. This is also due to a doctor shortage. We do not have specialists to help those with disabilities. Southwest Mt CHC does their best — Health Care Provider
>
> Lack of resources and specialty providers. — Health Care Provider
>
> We do not have the services to offer patients related to no providers in the area for most things. — Health Care Provider
>
> As a person with a chronic illness, finding care has been very difficult. There are not a lot of options for providers or support tiers in this community. I think there are limited resources to support someone in these conditions. — Community Leader
>
> Lack of resources. — Health Care Provider
>
> There are little to no resources to help people with chronic conditions stay in their homes or find affordable, safe housing. We don't have any successful day programs for dementia and as a city we are not at all handicap friendly in our infrastructure. — Physician

Lack of Providers

> Lack of providers. — Public Health Representative
>
> Neurological disorders and neurologists to help. — Social Services Provider
>
> Neurological conditions. Autoimmune. — Community Leader
>
> Autoimmune diseases. — Community Leader
>
> Behavioral health. — Community Leader We do not have the doctors here to provide the care needed for these conditions. — Public Health Representative
>
> Not enough providers to fill the need and health care coverage. — Community Leader
>
> Lack of providers and lack of transportation. — Community Leader

Incidence/Prevalence

> We have high rates of MS, dementia, and other chronic health condition in our community. — Community Leader
>
> Multiple sclerosis. I feel like I know at least 15 people who have MS and the number keeps growing. Our community seems to have an inordinately large number of cases of MS. — Public Health Representative
>
> I observe a large number of severely disabled people in the community. — Community Leader
>
> Physical disabilities as well as mental disabilities. — Community Leader
>
> Multiple sclerosis, it seems that the rates per capita are high. — Community Leader
>
> There are so many people either already on disability or applying for it. — Community Leader

Housing

> Accessing some of the housing businesses uptown. Due to historic preservation, it is difficult for those with disabling conditions to even go uptown in general. — Public Health Representative
>
> Lack of housing, rampant drug use, rampant alcohol use and lack of collaboration between organizations and providers. — Health Care Provider
>
> Much of the housing in our community is not accessible to those with various disabling conditions, in addition disabling conditions cost those with them hundreds to thousands of dollars a month making holding down a job or stable housing challenging. Many housing options require stairs, narrow halls and doors, out of code electrical, don't offer yard maintenance/snow removal, in dwelling slip trip fall hazards, lack of ADA needs, grab bars, railings, etc. Much of our community is in accessible to those with vision or hearing loss from a walk ability standpoint, especially the downtown areas. Areas lack adequate crossings, physically accessible sidewalks (lack of ramps) create slip/trip/fall hazards for those with activity limitations, dementia, and other various disabling conditions - not to mention the frustration of trying to take a stroller from block to block. Transportation for those with disabling conditions and paratransit are limited. — Public Health Representative

Awareness/Education

> These conditions are severe. Therefore, people need to be more educated, and the cost of housing these patients should be higher due to the constant physical, mental, and emotional care. Burnout is too high, which leads to hiring individuals with no education or knowledge of the care needed for the patients. — Community Leader
>
> Education in managing the disease and healthy affordable options. — Community Leader

Built Environment

> Accessibility to buildings especially in uptown, non-ADA compliant. — Public Health Representative
>
> I see increased risk for the disabled due to the age of infrastructure and difficulty navigating the built environment. This makes it hard for them to stay physically active which can help resolve chronic pain. A related impact is loss of social networks and frameworks that support people in older age and help their brains with resilience. What can we do to help broaden the programming of the Belmont Sr. Center to generate additional opportunities for social and physical interaction outside of the facility? — Community Leader

Follow-Up/Support

> Many community members do not have supports, or people to support them, they do not have family, close friends, or an advocate. Without supports it is next to impossible to navigate systems, and to live. Many clients need group home services but don't qualify or need a higher level of care, but our community lack the available facilities for all that need the extra help, or they don't exactly meet the criteria. We need more mental health group homes or facilities and more support for those coming out of pre-release. Many come out of treatment and pre-release, do great for about 3-6 months and due to lack of support, and supportive social activity they go back to old friends and old ways of life. — Social Services Provider
>
> Local support is limited for disabled conditions, may have to go out of Butte-Silver Bow and/or Montana to receive care. — Community Leader

Impact on Quality of Life

> Mental health drives poor health, substance abuse and crime. Lack of transportation in rural areas directly impacts incidence of loss of life due to increased time for response. — Community Leader
>
> In my work, I see a lot of documentation centered around long-term issues folks might have disabling conditions. They become a huge obstacle in folks getting back to work. — Community Leader

Suicide Rates

> Chronic pain is identified as a major factor in suicidality. Having been involved with the Alzheimer's Association events and the senior living facilities, dementia and Alzheimer's is prevalent in Butte-Silver Bow with limited resources for families and caretakers. Activity limitations- limited indoor space for activities in inclement weather. — Community Leader
>
> Chronic pain contributes to higher suicide rates, higher substance use, diminished mental health, limited mobility and physical activity, lower employment and educational attainment, lower self-worth in response to stigma and discrimination related to health behaviors and disability. We pathologize disability rather than recognizing systemic barriers and oppression. — Health Care Provider

Discrimination

> People may feel discriminated against because of their limitations or don't think they have a right to ask for help due to embarrassment or shame. Mental Health is a disabling condition that is still seen as weakness and culture dictates, we pull ourselves up by the bootstraps. — Community Leader

Access to Care for Uninsured/Underinsured

> Lack of insured/employed people not wanting to seek help or prevention. Also, people with health issues with insurance, it's still so expensive and frustrating to seek support or help. — Community Leader

Opioid Addiction

> There has been an over-reliance on opioids that has caused severe addiction issues. — Community Leader

Transportation

> Lack of adequate transportation. — Physician



BIRTHS

BIRTH OUTCOMES & RISKS

Low-Weight Births

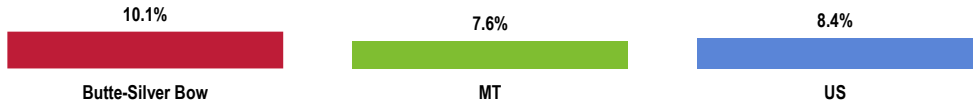
Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

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

A total of 10.1% of 2017-2023 Butte-Silver Bow births were low-weight babies.

BENCHMARK ► Higher than Montana and US percentages.

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



Sources:
- University of Wisconsin Population Health Institute, County Health Rankings.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2025 via SparkMap (sparkmap.org).

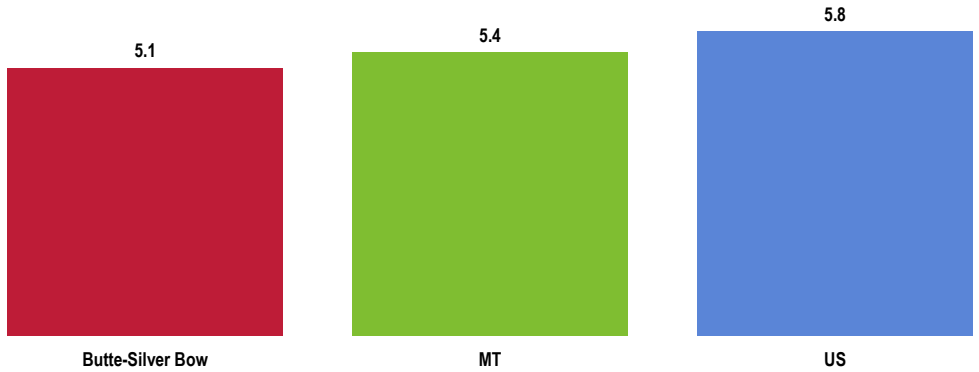
Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g).

Infant Mortality

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

Between 2011 and 2020, there was an annual average of 5.1 infant deaths 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 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Infant deaths include deaths of children under 1 year old.

FAMILY PLANNING

ABOUT FAMILY PLANNING

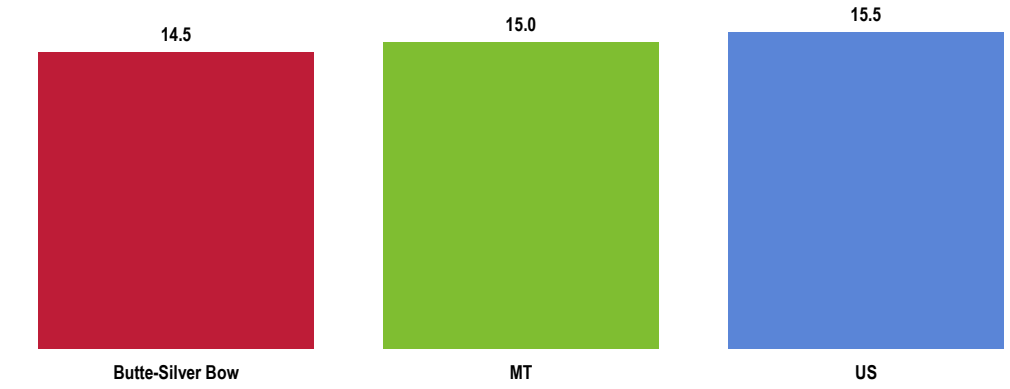
Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. …Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical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

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

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

Births to Adolescent Mothers

Between 2017 and 2023, there were 14.5 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in Butte-Silver Bow.

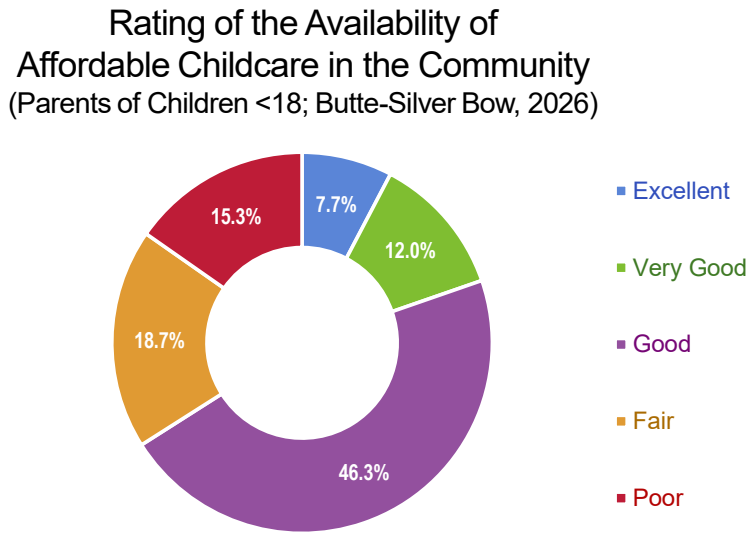


Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2025 via SparkMap (sparkmap.org).

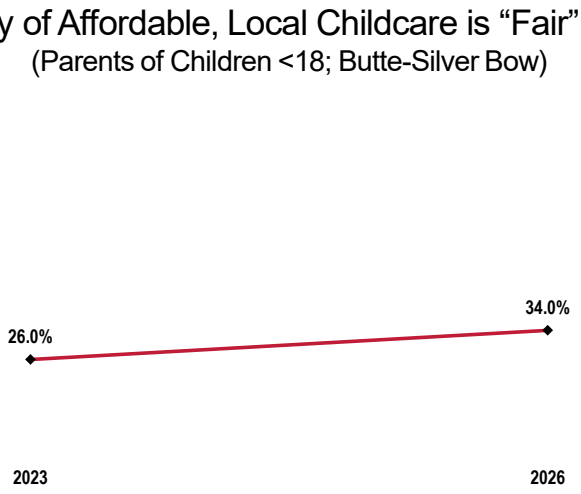
Notes:
- This indicator reports the rate of total births to women under the age of 15-19 per 1,000 female population age 15-19.

Availability of Affordable Childcare Services

While one in five Butte-Silver Bow parents gave "excellent" or "very good" ratings of the availability of affordable childcare services in the community, 34.0% gave "fair" or "poor" responses.



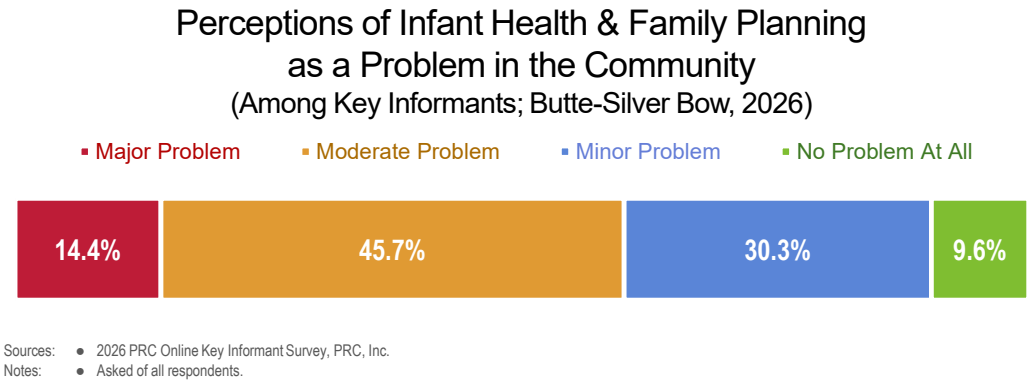
Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 328]
Notes: ● Asked of all respondents with children under age 18 at home.



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 328]
Notes: ● Asked of all respondents with children under age 18 at home.

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.



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

Access to Care/Services

> There is a large lack of resource connection in this area, however I believe the local coalitions are doing everything they can to improve this (with progress!). I know there is room for more education surrounding infant health and family planning. With the major shift in OB providers in the area, I worry access to care will suffer, as well. I think accessing the part of the population that needs these resources, education, and access to care is the limiting factor/obstacle. Stigma, as well, of asking for help as a parent or even just as an adult, is a huge factor in this area. How do we access the families who need our support most? — Health Care Provider
>
> Family services, childcare accessibility and cost. Youth with mental stressors showing. Families with multiple youth not able to manage finances needed. — Community Leader
>
> Lack of services. — Community Leader
>
> Quality infant care is vital, and family planning should help individuals make deliberate family decisions rather than experience unexpected pregnancies. — Community Leader
>
> This is more so a problem in many states in the country than just Montana alone. Having access to Planned Parenthood and other programs can help people in need and also provide people with education about pregnancy and the risks that come with it. — Community Leader

Funding

> Possibly uncertain federal funding for Family Planning. Increased misconceptions and distrust in the healthcare system (immunizations, medications, independent decisions without medical guidance, big pharma). Increase in new families moving to Butte in the last 5 years that may have more distrust in the healthcare system compared to before the covid-19 pandemic. Cost of living and adult's/parent's inability or perceived in ability to take time off of work for routine healthcare, acute care, and adequate recovery at home. Cost of healthy foods. Largest grocery store with lower prices being on the far south of town. Costs being higher at smaller grocery stores in central/uptown. Lack of good produce year-round. Tobacco and tobacco-free nicotine smoking and oral products, illegal drugs, alcohol abuse, limited prenatal care access. Stigmas around substance use and pregnancy. Mental health care access, stigma, availability. — Public Health Representative
>
> Future funding cuts to family planning services would have serious consequences for our communities, especially vulnerable and low-income populations. Reduced access to contraception, reproductive health care, and STI testing could lead to more unintended pregnancies, higher rates of sexually transmitted infections, and worse outcomes for maternal and infant health. — Community Leader
>
> Loss of funding for family planning services and limited local services. — Physician

Awareness/Education

> Not enough education on these topics. They have been cut due to budget costs. — Community Leader
>
> We need family planning to prevent births or help the less fortunate. — Public Health Representative
>
> There is lack of education and lack of resources for family planning. — Physician

> Working in a school makes it apparent that there is limited teaching about pregnancy and the effects on a family. There are realities that are not addressed in educating kids due to culture and fear from parents. — Community Leader

Lack of Specialists

> Butte lacks OB/GYN and Pediatricians. Family planning is not promoted enough and people in the community need more education and support. — Community Leader

> Lack of specialized doctors in this field. — Community Leader

> We need a female ob-gyn. Too many of us are seeking care outside of our community due to the lack of female surgeons in Butte. We shouldn't need to seek care in Anaconda to have babies, seek post-natal care, or seek support for gynecological services once beyond childbearing age. — Community Leader

Income/Poverty

> Children are being born to families who do not have the means to support them. — Community Leader

> Again, we live in a low-income area with lack of funding. With the way our government is heading and slash of programs, it hurts the community. — Community Leader

Infant Mortality

> We have one of the worst infant mortality rates in the world, it's not just a Butte thing it's a United States thing. The care we show our mothers and children is absolutely unacceptable and should be addressed. We should have more care for women including abortion and their right to choose. Religious groups and pro-life should stay out of this discussion or if they are so prolife have more options for mothers after the child is born. We care only for the child until it's born then it doesn't matter. Women of color also should receive better health care when it comes to their pregnancy too. Ignoring the obvious bigotry and racial bias in health care is what is causing a lot of problems as well. — Community Leader

Affordable Medications

> Lack of access to affordable birth control including LARC leads in unplanned/unintended pregnancies and families ill-prepared to successfully care for an infant. Loss of Title X coverage, plus generally not having providers. — Physician

Lack of Coordination of Care

> Lack of pediatricians and specialists. there is not a local NICU. If your infant is born in Butte and has health issues you are sent out of town when you are in greatest need of support from people who you have an already established relationship with, not strangers in an unfamiliar town and hospital. It is also very expensive for the family. — Community Leader

Single Parent Families

> Sure seems like a lot of children born to single parents. Cost of living is high and therefore children suffer from low-income areas. — Community Leader

Incidence/Prevalence

> From my experience in the hospital. — Community Leader

Unplanned Pregnancy

> Too many pregnancies that are unplanned. — Physician



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.

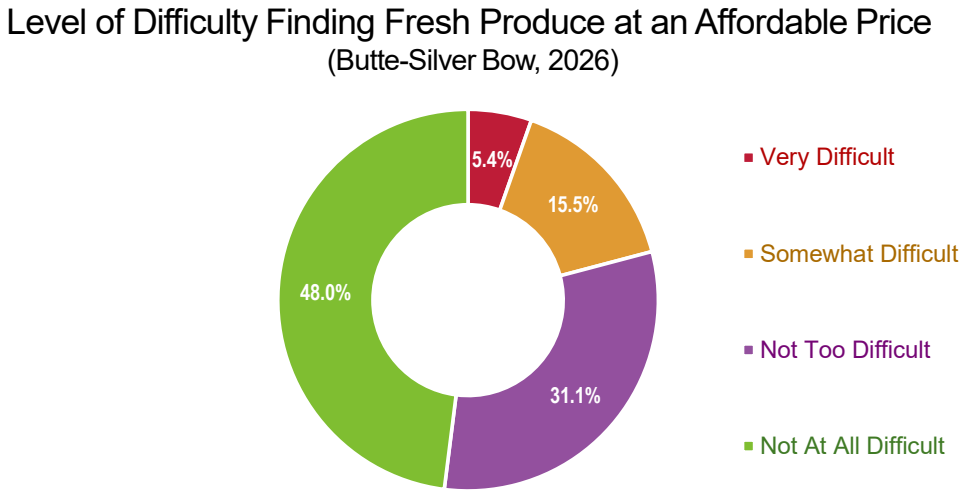
– Healthy People 2030 (https://health.gov/healthypeople)

Difficulty Accessing Fresh Produce

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

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

RELATED ISSUE
See also *Food Access* in the **Social Determinants of Health** section of this report.



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: ● Asked of all respondents.

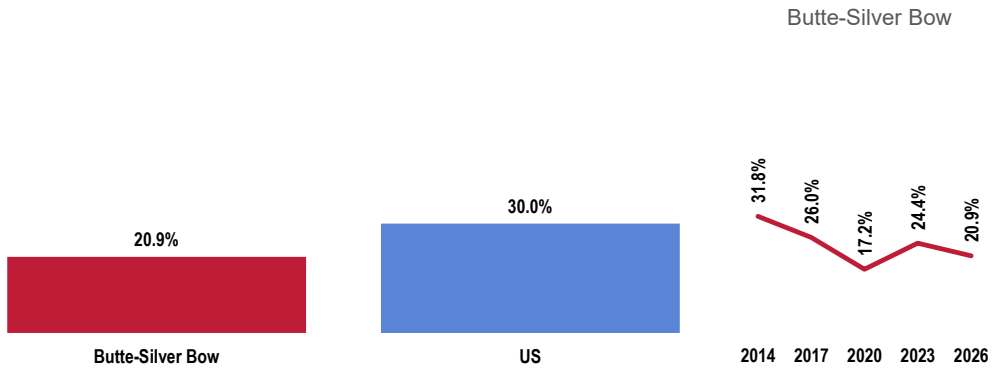
However, 20.9% of Butte-Silver Bow adults find it "very" or "somewhat" difficult to access affordable fresh fruits and vegetables.

BENCHMARK ▶ Lower than the national prevalence.

TREND ▶ Decreasing (improving) significantly since 2014.

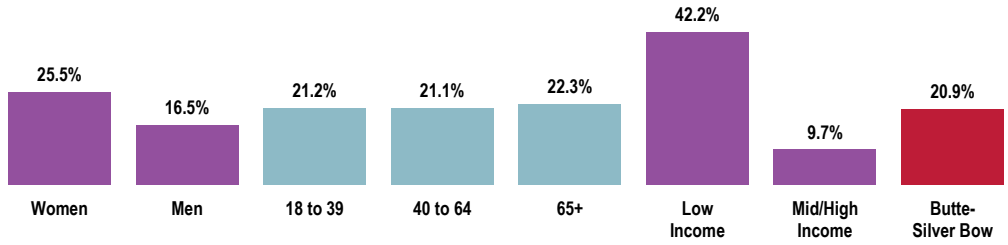
DISPARITY ▶ Reported more often among women and adults in low-income households.

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



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 66]
● 2023 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, 2026)



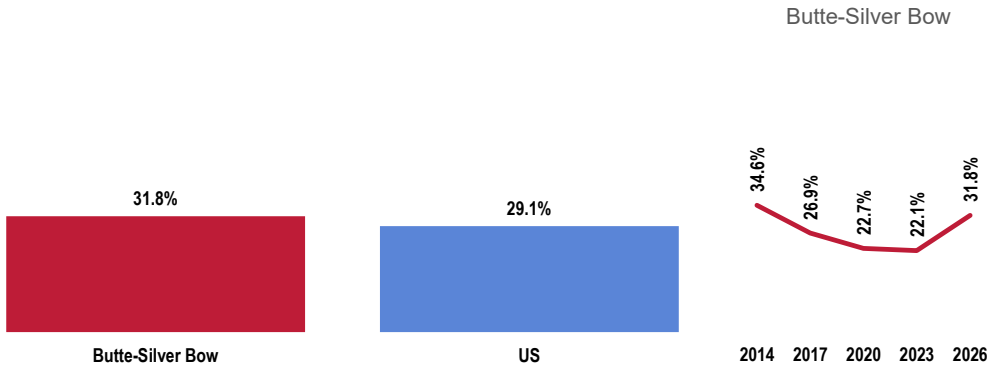
Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: ● Asked of all respondents.

Daily Recommendation of Fruits/Vegetables

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.

A total of 31.8% of Butte-Silver Bow adults report eating five or more servings of fruits and/or vegetables per day.

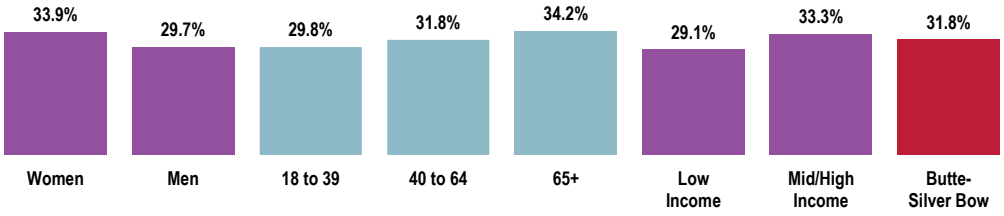
Consume Five or More Servings of Fruits/Vegetables Per Day



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 109]
- 2023 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, 2026)



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 109]

Notes:
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.

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.

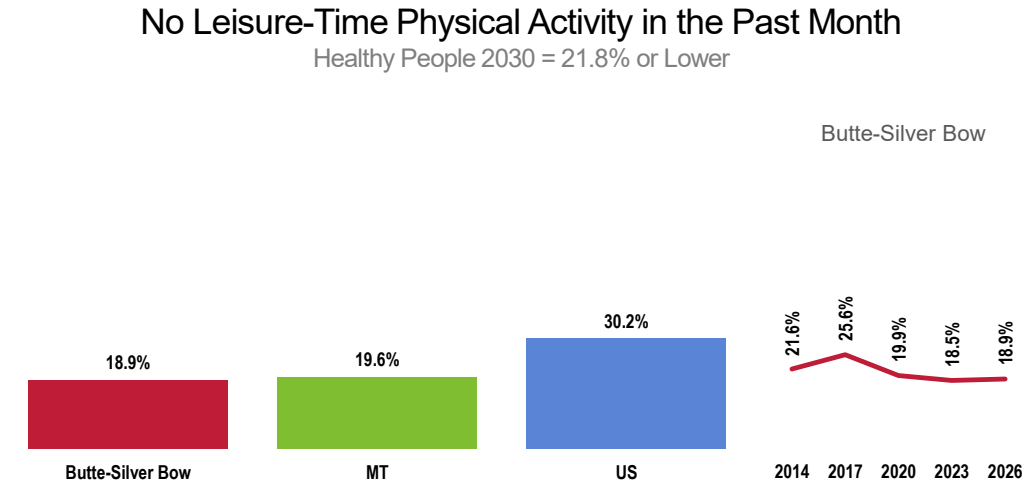
– Healthy People 2030 (https://health.gov/healthypeople)

Leisure-Time Physical Activity

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

A total of 18.9% of Butte-Silver Bow adults report no leisure-time physical activity in the past month.

BENCHMARK ▶ Well below the US prevalence.



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 69]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Montana data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Activity Levels

Adults

ADULTS: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

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

- **Aerobic activity** is one of the following: at least 150 minutes per week of light to moderate activity (such as walking), 75 minutes per week of vigorous activity (such as jogging), or an equivalent combination of both.
- **Strengthening activity** is at least two sessions per week of exercise designed to strengthen muscles (such as push-ups, sit-ups, or activities using resistance bands or weights).

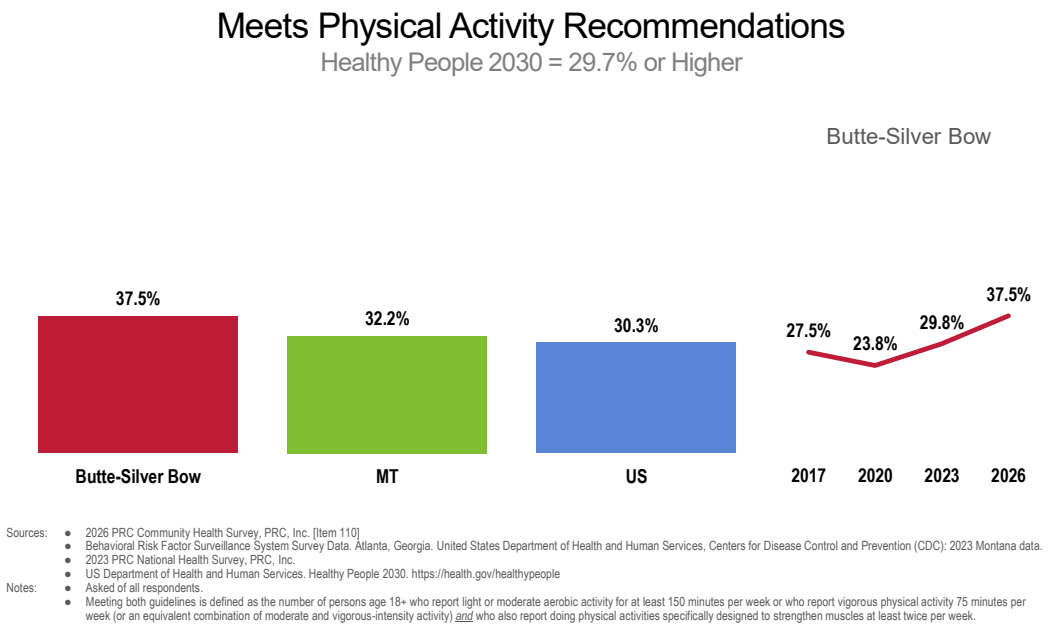
– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

A total of 37.5% of Butte-Silver Bow adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

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

TREND ► Increasing significantly from previous findings.

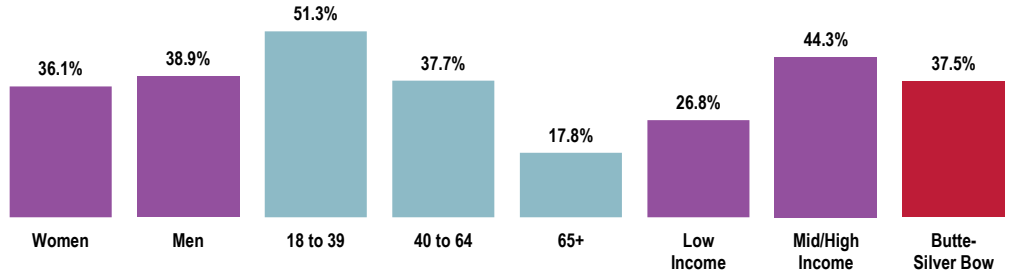
DISPARITY ► Reported less often among adults age 65+ and those in low-income households.



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 110]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Montana data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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

Meets Physical Activity Recommendations
(Butte-Silver Bow, 2026)
Healthy People 2030 = 29.7% or Higher



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 110]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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

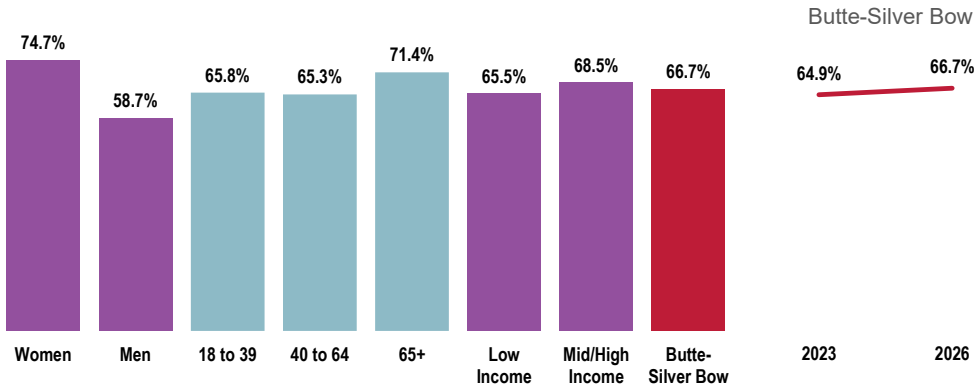
Attempts to Increase Physical Activity

"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?"

Two in three Butte-Silver Bow adults (66.7%) report making an attempt in the past year to gain more physical activity by changing everyday behaviors.

DISPARITY ► Much lower among men than women.

Attempt to Increase Physical Activity Through Everyday Behaviors
(Butte-Silver Bow, 2026)

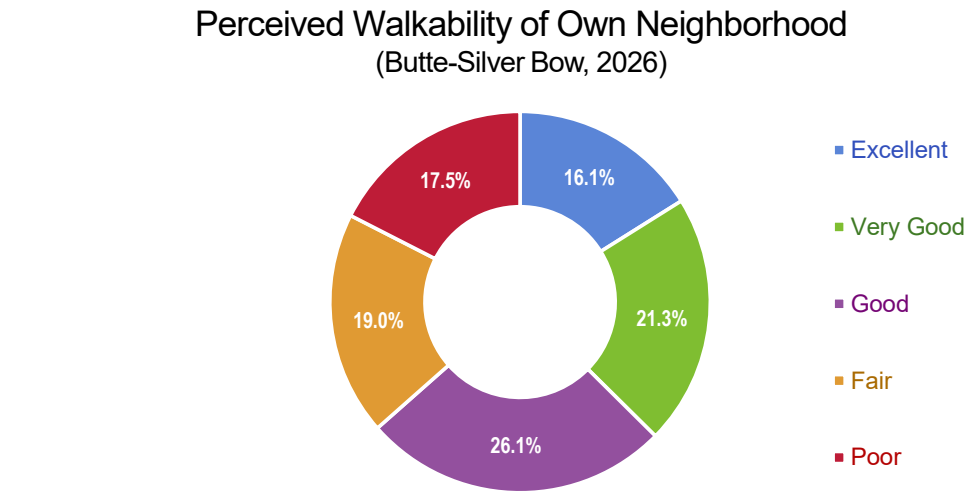


Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 310]

Notes:
- Asked of all respondents.
- Includes those who made an attempt in the past year to take the stairs, park farther from a destination, use active transportation (walking or biking instead of driving), or making housework and errands more active.

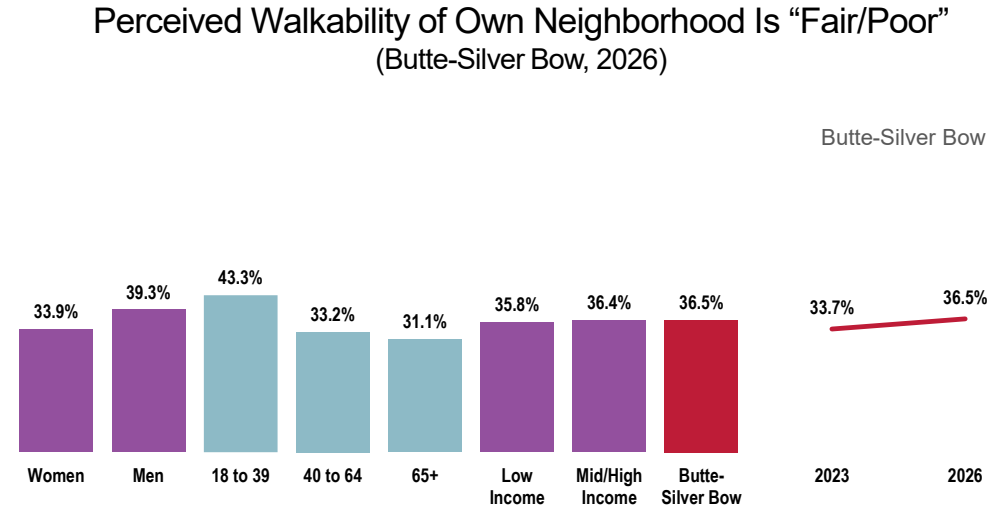
Neighborhood Walkability

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).



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 311]
Notes: • Asked of all respondents.

However, 36.5% of respondents rated their neighborhood's walkability as "fair" or "poor."



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 311]
Notes: • Asked of all respondents.

Children

Physical Activity

CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

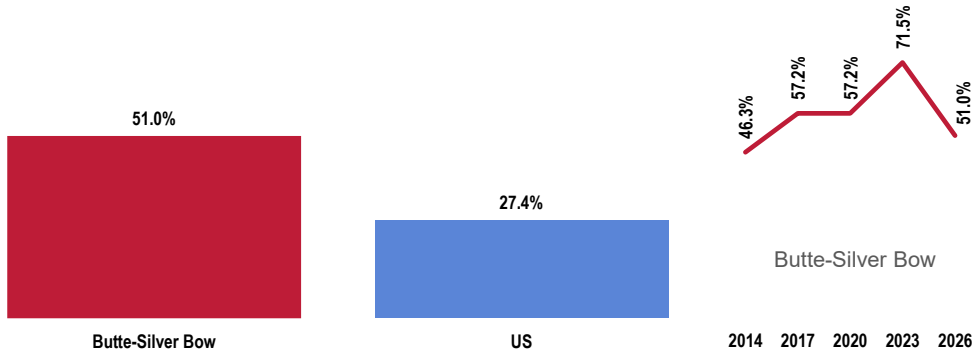
Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

– 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, 51.0% are reported to have had 60 minutes of physical activity on <u>each</u> of the seven days preceding the interview (1+ hours per day).

BENCHMARK ► Well above the national prevalence.

Child Is Physically Active for One or More Hours per Day
(Children 2-17)



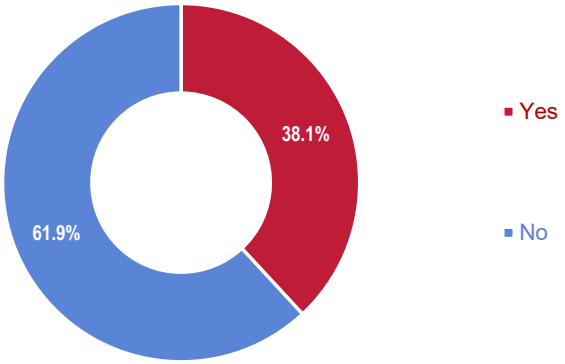
Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 94]
- 2023 PRC National Health Survey, PRC, Inc.

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.

Screen Time

Among service area parents of children age 5 to 17, 38.1% report that their child spends at least three hours per day on screens for entertainment.

3+ Hours of Daily Screentime for Entertainment
(Parents of Children 5-17; Butte-Silver Bow, 2026)



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 330]

Notes:
- Asked of all respondents with a child age 5 to 17 at home.

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 ($inches^2$)] x 703.

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

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

Adult Weight Status

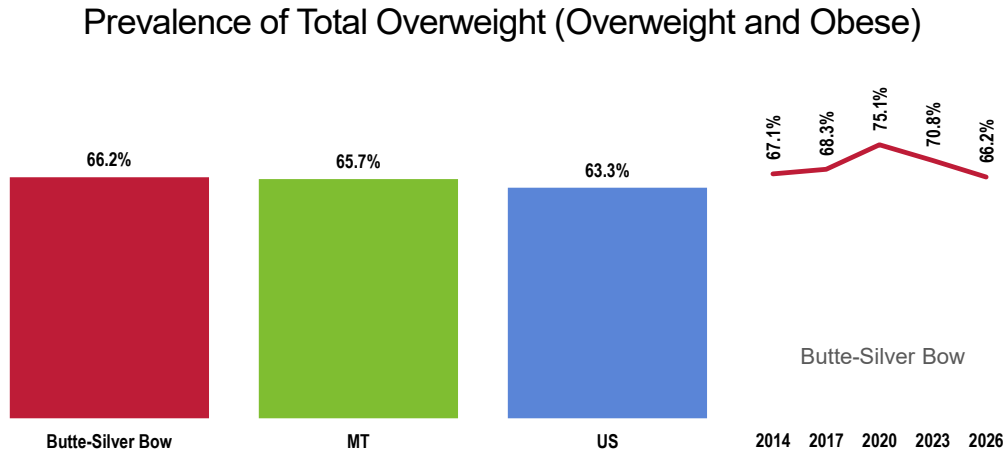
CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI (kg/m^2)
Underweight	<18.5
Healthy Weight	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

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

Overweight Status

Here, "overweight" includes those respondents with a BMI value ≥25.

Approximately two in three Butte-Silver Bow adults (66.2%) are overweight.



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 112]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Montana data.
- 2023 PRC National Health Survey, PRC, Inc.

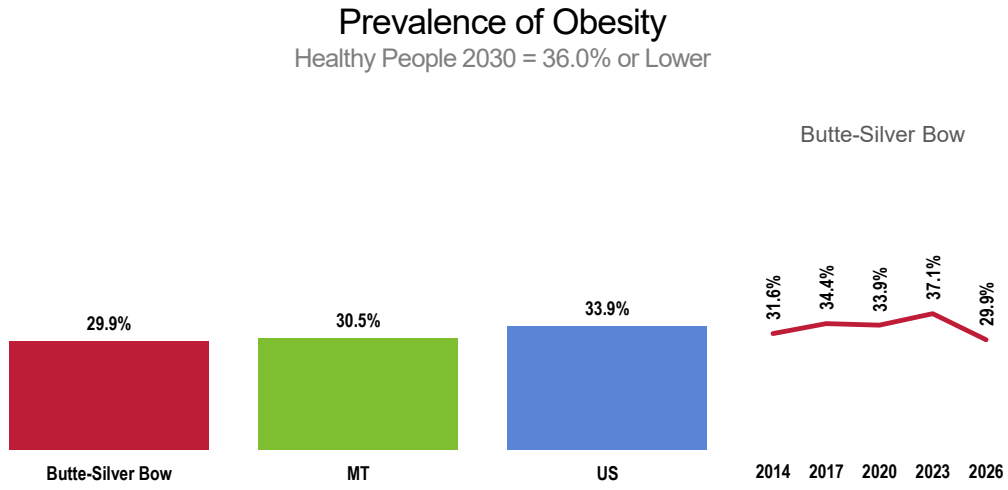
Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0,. The definition for obesity is a BMI greater than or equal to 30.0.

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

The overweight prevalence above includes 29.9% of Butte-Silver Bow adults who are obese.

BENCHMARK ► Satisfies the Healthy People 2030 objective.

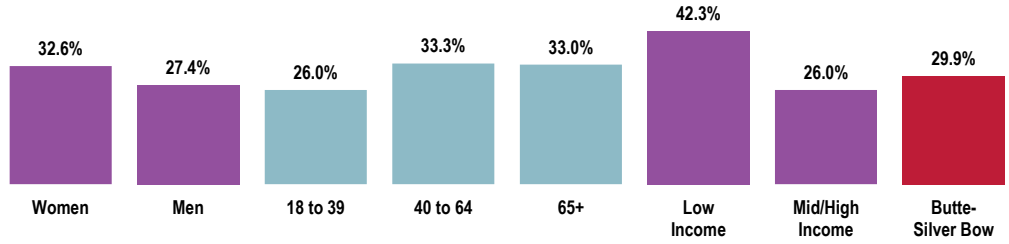
DISPARITY ► Reported more often among adults in low-income households.



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 112]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Montana data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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.

Prevalence of Obesity
(Butte-Silver Bow, 2026)
Healthy People 2030 = 36.0% or Lower



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

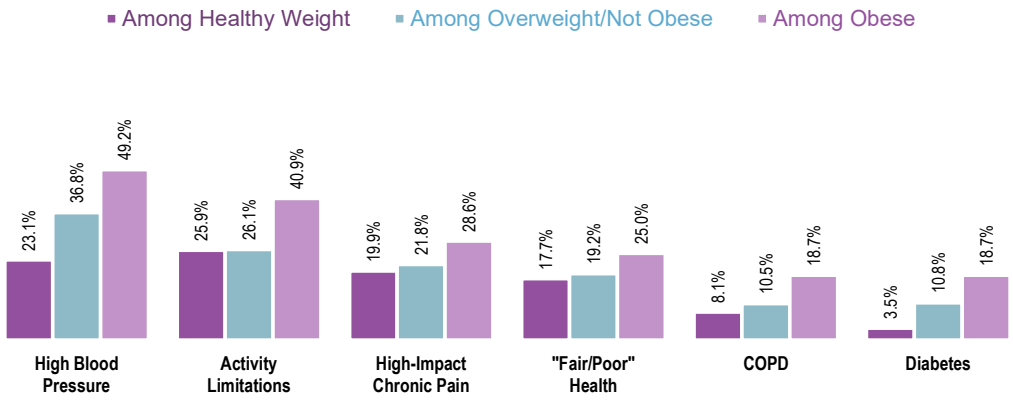
Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Relationship of Overweight With Other Health Issues

The correlation between overweight and various health issues cannot be disputed.

Overweight and obese adults are more likely to report a number of adverse health conditions, as outlined in the following chart.

Relationship of Overweight With Other Health Issues
(Butte-Silver Bow, 2026)



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 112]

Notes:
- Based on reported heights and weights, asked of all respondents.

Children's Weight Status

ABOUT WEIGHT STATUS IN CHILDREN & TEENS

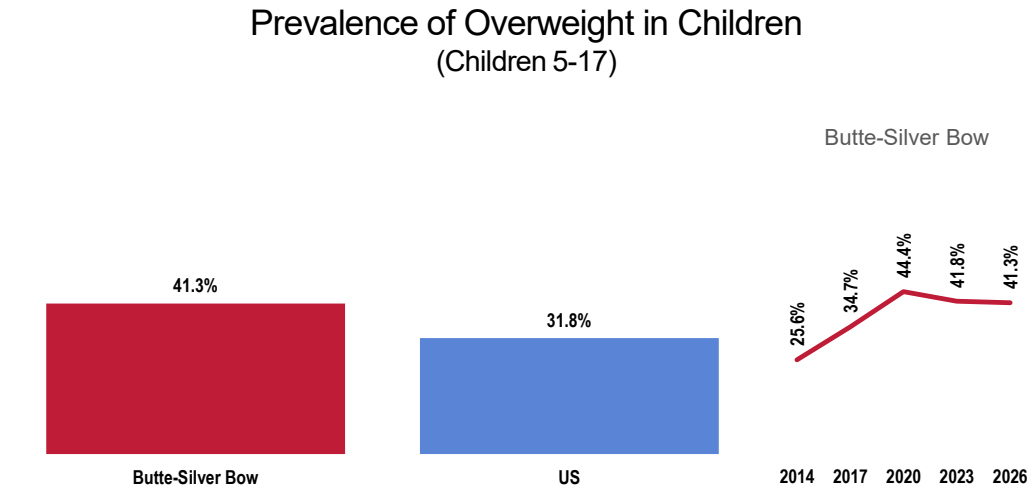
In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles 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, 41.3% of Butte-Silver Bow children age 5 to 17 are overweight or obese (≥85th percentile).

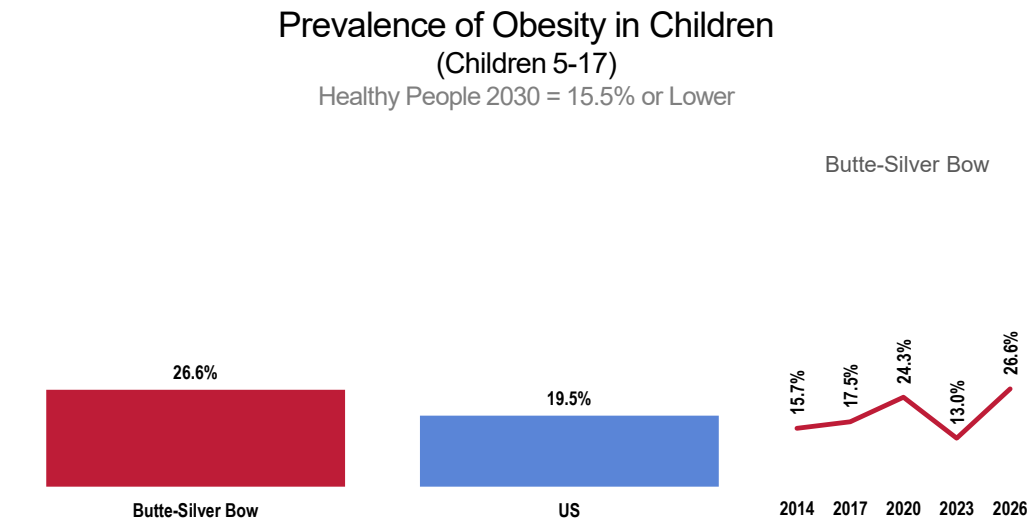


Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 113]
- 2023 PRC National Health Survey, PRC, Inc.

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.

The childhood overweight prevalence above includes 26.6% of area children age 5 to 17 who are obese (≥95th percentile).

BENCHMARK ▶ Fails to satisfy the Healthy People 2030 objective.

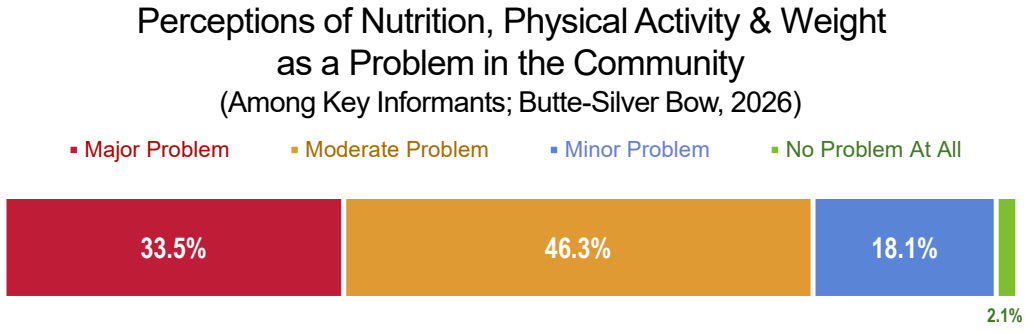


Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 113]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents with children age 5-17 at home.
- Obesity among children is determined by children's Body Mass Index status equal to or above the 95th 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.



Sources:
- 2026 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

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

Access to Affordable Healthy Food

> Junk food and fast food are cheaper than healthy food, gym memberships very expensive and uneducated on healthy eating habits. — Public Health Representative
>
> Access to affordable nutritious food. My husband and I were overweight but in our wellness exams it was never addressed. We came up with a plan to remedy it ourselves. Access to exercise equipment that doesn't require membership fees. Activities and establishments that promote physical and family health rather than the multitude of bars and casinos. — Community Leader

Some challenges to nutrition are clearly healthy food are more expensive, and resources are limited to families on a tight budget. For physical activity, a challenge can be our short summer and fall seasons that inhibit out time outside to be active. With the changes going on with the mall, people may not be able to walk anymore inside, and the YMCA used to let you come and pay and swim and that is no longer something they do. Nothing to do as a family or individual if you don't have money to participate. — Community Leader

I think that lack of nutritious food and also lack of access to local gyms. — Health Care Provider

Price of fresh food and distance to travel to obtain it. — Community Leader

Loaded question, but a lot of factors. Cost is huge. The cost of food and to join a gym or partake in sports costs money. Even kids in high school, it costs money to participate, and it excludes a large population. Our community and nation have a huge obesity problem, and it is clear and evident. I do think that companies want to keep people sick because it makes them money. Our nation has a huge problem with not doing prevention and instead putting band-aids or doing something when it's far past prevention. — Community Leader

Access to fresh foods, areas of town are food deserts. People have to rely on convenience stores for food that is more expensive and less healthy. — Community Leader

We have a lot of fast-food restaurants and not a lot of healthy options to choose from for quick meals. We lack year-round places (especially in the winter) for physical activities and to be able to keep fit (unless they have a gym membership), and we have many bars and casinos that contribute to excess drinking which leads to excessive weight gain. — Public Health Representative

Lack of access to fresh produce through the food bank and lack of access to restaurants or grocery stores that offer fast casual but healthy food, prepared food in a grocery store. Need for more developed outside green spaces. — Physician

Lack of affordable healthy choices for nutrition. Also, it is difficult for people to get a good amount of free physical activity during our long winter months. — Community Leader

Access and affordability for healthy choices in food. Long winter months. Depression/mental health. — Public Health Representative

Lack of affordable healthy food options. No 24-hour workout facilities. Unaffordable workout facilities. Short growing season. Unhealthy school lunch options. — Public Health Representative

Increased cost of fruits and vegetables with a lack of places to get home grown, organic produce. Lack of facilities and cost for physical activity and lazy lifestyles. Kids don't want to be outside; they just want to be on their electronics all day long. — Community Leader

Some residents have expressed concerns regarding the actions of town commissioners in Butte, particularly about decisions that may influence business development intended to benefit Silver Bow families' health. For example, access to quality food is noted as a challenge, with some families traveling to Helena for fresh, organic produce. — Health Care Provider

I observe frequently people's eating habits as well as their grocery purchases. Healthy food is increasingly expensive and unaffordable to many. — Community Leader

Lack of stability to gain nutritional resources, the price of fast food compared to nutritional meals. Gym memberships lack childcare or are not financially feasible, all of our food is just full of processed junk. — Health Care Provider

Over-abundance of and availability to fast food, high cost of healthier foods. High cost of membership to gyms or access to swimming/water activities. Lack of safe space for exercise (walking trails and parks not safe due to drug activity and/or homeless population, lack of indoor exercise space). Lack of nutrition education for entire community. — Community Leader Lack of affordable healthy food, loss of SNAP benefits, food deserts. Relatively few green spaces to encourage physical activity. Poorly designed infrastructure throughout the community makes being in outside spaces difficult. — Physician

Affordability of healthy food, easy access to grocery stores as many parts of town do not have a close grocery store. Education is a big factor in those with poor nutrition. Physical activity is especially challenging during the long winter months. Gyms are few and many cannot afford to go to them or lack transportation and knowledge of what to do when they get there. These limitations lead to weight gain. — Social Services Provider

Awareness/Education

Education and early intervention. — Community Leader

Lack of education and lack of community/social priority. — Physician

Lack information and programs to education our community on living a healthy lifestyle. — Community Leader

Lack of education and ease of options for physical activity. Lack of care providers providing weight loss management and expense of medications. — Health Care Provider

People may not know there is help available at the hospital and Community Health for this type of thing. Nutrition education is something that people may not have information about. It is far more cost effective to eat processed foods versus healthy food, which presents a serious issue regarding overall health. There are also many different ways to exercise other than gyms, but people may not know about them. — Community Leader

Education and tradition. Butte is a community that works hard and plays hard not exercise hard. Fitness and health is not ingrained in the culture of the community and is not promoted or encouraged. — Community Leader

> Education on nutrition and physical activity. More programs need to be started through the government. We are in an obesity epidemic with too many options of fast food, sugar, and processed food. Kids don't eat breakfast anymore. And if they do, it's processed and full of sugar. — Community Leader
>
> Knowledge about nutrition needs Mental health support needs not being met. Lack of social support. — Community Leader
>
> Lack of nutritional education and adequate food resources. — Social Services Provider

Obesity

> This problem is two-fold: First, many community members struggle with obesity and mobility issues that prevent or hinder rigorous physical activity. Exercise is not prioritized by a large portion of the population. Second, the food options in Butte are mostly unhealthy. Most restaurants focus on fried foods and burgers and offer little or no fresh, healthy food items. The grocery stores are not great and high-quality fresh produce is often lacking. — Public Health Representative
>
> Obesity is big in the US and that needs to be a change in policy. — Community Leader
>
> The country is overweight and inactive. Butte can have long winters and people live in areas with hills. There are not enough doctors/providers, and it is difficult to spend time educating on weight and activity and overall health. We do not have enough grocery stores. Food is expensive. We do not have healthy restaurants, 1 or 2. We are getting more fast food. Poverty leads to poor health sadly and that is also a factor. We do not have affordable gyms for many people, but we will be getting more options. The gyms do not have Silver Sneakers any longer. — Health Care Provider
>
> The average person I see in my work is overweight and often eats low nutrient high fat foods including fast food. The average person does not seem to stay active. There is not "third place" that is a healthy option for most people Aside from work and home (the first two places) we have few options available that are healthy - that don't require drinking, smoking, or being up late. — Community Leader Obesity. — Community Leader Childhood obesity, there are no agencies addressing this. — Health Care Provider

Nutrition

> Availability of food to individuals in our community. — Community Leader
>
> People are not taking in the importance of nutrition which the lack of can lead to diabetes, muscle and joint pain from being overweight, heart plaque, high blood pressure and other medical problems. — Community Leader
>
> Overall eating habits of community members not reflecting an understanding of healthy choices. Many people are overweight or obese. — Public Health Representative
>
> Some of the biggest challenges related to nutrition in Butte are tied to food insecurity and limited access to healthy options. Approximately 25% of Butte–Silver Bow households face food insecurity, and this number rises to more than 50% among low-income residents. Economic stress makes the problem worse. In addition, Butte has limited food supply options, with only one company operating two grocery stores locally. Many nutrient-dense food options are more readily available in larger nearby cities such as Bozeman or Helena. — Community Leader

Insufficient Physical Activity

> Not enough emphasis in the winter to get more of the population active and food deserts. — Physician
>
> Butte is highly aware of its youth athletes and their athletic careers, but once high school and college level intramurals cease, there is a general lack of physical activity occurring. Butte also lacks a diverse number of healthy restaurants and nutrition options that support wellbeing and nutritional health. I see obesity increases leading to diabetes, cardiovascular and neurological risks. This poses problems for the longevity associated with live in our community and portends a harder life with less adaptability available to the public in their future. — Community Leader
>
> Butte residents don't seem as physically active as other communities because everywhere is uphill both ways literally, so that makes it tough. The streets are not very bike or walker friendly, and gym memberships are extremely expensive. — Public Health Representative
>
> People need healthy events and activities. Very few active and healthy events are available. We also need more resources for education around this issue. — Community Leader

Access to Care/Services

> Lack of resources or financial issues. — Health Care Provider
>
> We lack all the resources for these challenges. — Public Health Representative
>
> Lack of year-round exercise areas/facilities that are not expensive. Lack of good produce year-round. Cost of living. Cost of healthy foods. Easy to access ultra-processed foods. Poor mental health care, focus, priority for the society in general. — Public Health Representative

Weather/Climate

> Long winters and poor food choices. — Community Leader

> Long winter, price of nutritional food, people not knowing what is nutritional, how to cook, or read labels correctly. — Community Leader
>
> Weather, access to affordable fresh foods and poverty. — Health Care Provider

Lifestyle

> People's attitudes about exercise and eating habits. — Community Leader
>
> Both adults and children are consuming technology rather than getting outside and doing activities. People are eating out or purchasing premade meals rather than cooking with fresh ingredients. — Community Leader America as a whole has a huge problem with this, not solely Butte. Sedentary lifestyles are more normalized, weight problems are common, and comorbidities such as COPD, diabetes, and heart problems are prevalent. I believe part of this is that 6 months of the year are cold and limit activities outdoors, and some winter activities have a barrier (many are so expensive). I also think social media, phones, iPads/tablets are causing inactivity. Access to healthy foods (whether limited produce due to small grocery stores, price of healthy foods, or education on what is healthy) is limited in my opinion. Lots of packaged, processed foods are being eaten instead of whole, nutritious foods. — Health Care Provider

Income/Poverty

> Financial barriers. Individuals are on fixed incomes and cannot afford gym memberships in the winter months, limitation to access and affordability of healthy foods, and difficulty accessing weight management assistance. — Community Leader
>
> Poverty, affordable access to spaces and knowledge around cooking. — Community Leader Poverty, kids lack nutrition and well care health checks, dental and health education. — Community Leader

Affordable Care/Services

> Affordability. — Community Leader
>
> No access to dietitians without significant out of pocket expenses. — Health Care Provider

Comorbidities

> Stress and depression, lack of motivation. Cost of healthy foods. Aging medical conditions. — Community Leader

Cultural/Personal Beliefs

> Cultural shift to health versus drinking and sedentary activities. — Community Leader

Cost of Living

> Food insecurity is also an issue due to high cost of living and groceries. — Community Leader

Disease Management

> Getting folks, such as myself, motivated to participate. — Community Leader

Eating Disorders

> Eating disorders. — Community Leader

SUBSTANCE USE

ABOUT DRUG & ALCOHOL USE

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

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

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

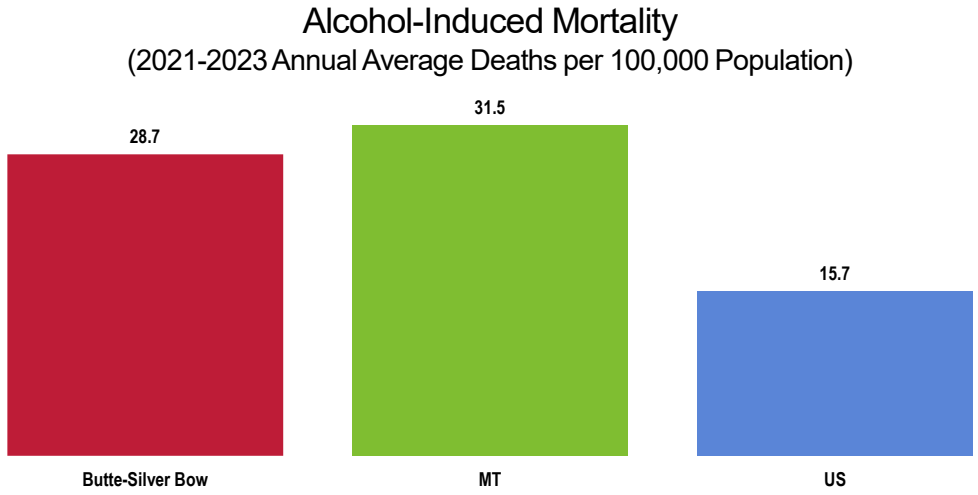
Alcohol Use

Alcohol-Induced Deaths

Between 2021 and 2023, Butte-Silver Bow reported an annual average mortality rate of 28.7 alcohol-induced deaths per 100,000 population.

BENCHMARK ► Nearly twice the national mortality rate.

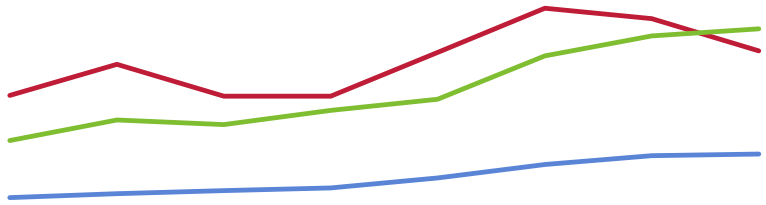
TREND ► Overall increasing in the past decade, despite recent declines.



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 2025.

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

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



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Butte-Silver Bow	23.1	27.0	23.0	23.0	28.5	34.1	32.8	28.7
MT	17.4	20.0	19.4	21.2	22.6	28.1	30.6	31.5
US	10.2	10.7	11.1	11.4	12.7	14.4	15.5	15.7

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 2025.

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

Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

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

A total of 17.4% of area adults engage in excessive drinking (heavy and/or binge drinking).

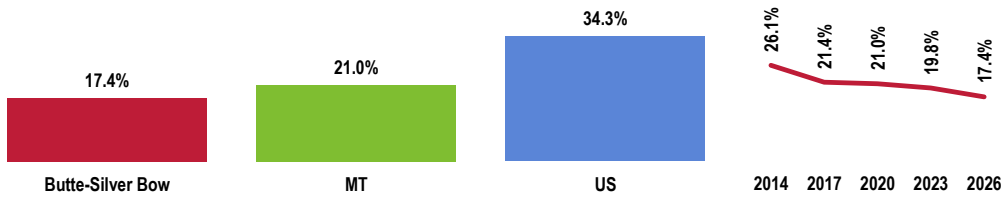
BENCHMARK ► Half the US figure.

TREND ► Denotes a statistically significant decrease since 2014.

DISPARITY ► Higher among men, young adults, and those living on higher incomes.

Engage in Excessive Drinking

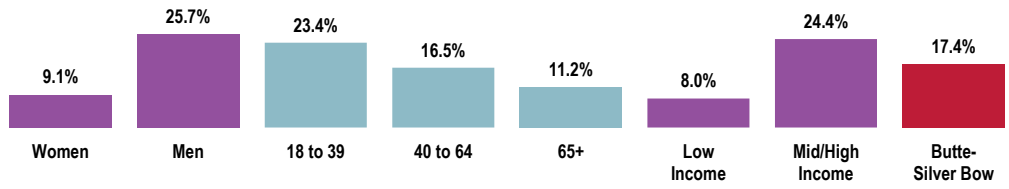
Butte-Silver Bow



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 116]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Montana data.
- 2023 PRC National Health Survey, PRC, Inc.

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

Engage in Excessive Drinking
(Butte-Silver Bow, 2026)



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 116]

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

Drug Use

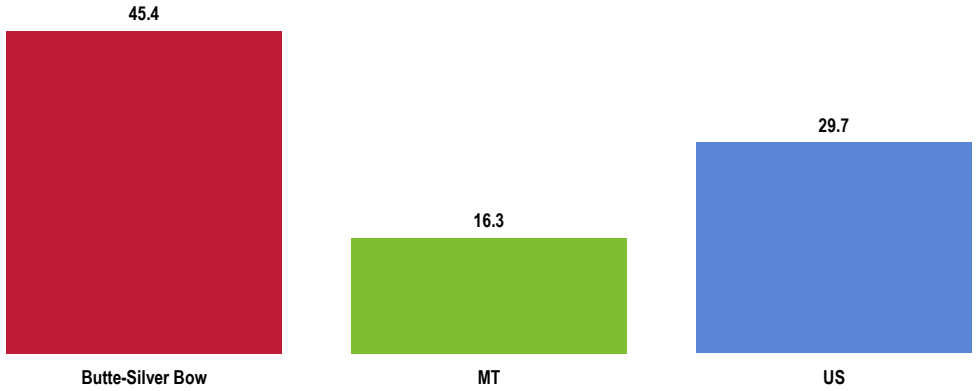
Unintentional Drug-Induced Deaths

Between 2021 and 2023, there was an annual average mortality rate of 45.4 unintentional drug-induced deaths per 100,000 population in Butte-Silver Bow.

BENCHMARK ► Well above the state and national rates.

TREND ► Increasing dramatically in recent years.

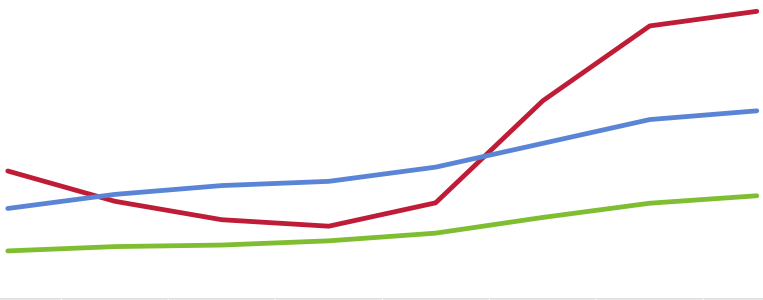
Unintentional Drug-Induced Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)



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 2025.

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

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



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Butte-Silver Bow	20.2	15.4	12.5	11.5	15.2	31.3	43.1	45.4
MT	7.6	8.3	8.5	9.2	10.4	12.9	15.1	16.3
US	14.3	16.5	17.9	18.6	20.8	24.6	28.3	29.7

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 2025.

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

Illicit Drug Use

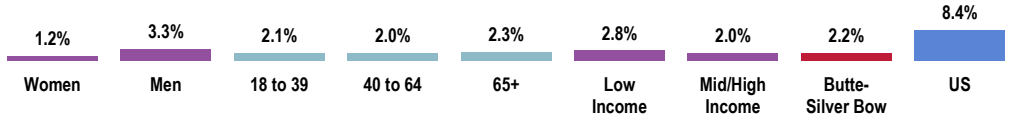
A total of 2.2% of Butte-Silver Bow adults acknowledge using an illicit drug in the past month.

BENCHMARK ► Well below the national figure.

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

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

Illicit Drug Use in the Past Month
(Butte-Silver Bow, 2026)



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 40]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Marijuana Use

A total of 12.6% of Butte-Silver Bow respondents report using marijuana/THC in the past month.

DISPARITY ► Higher among young adults and those in mid/high-income households.

Marijuana/THC Use in the Past Month
(Butte-Silver Bow, 2026)

Butte-Silver Bow



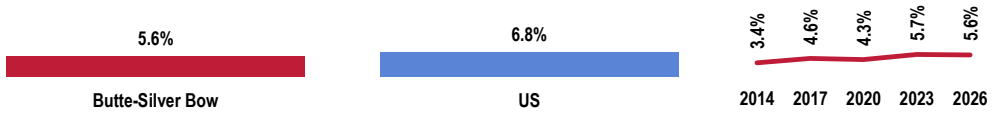
Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 304]
Notes: ● Asked of all respondents.

Alcohol & Drug Treatment

A total of 5.6% 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

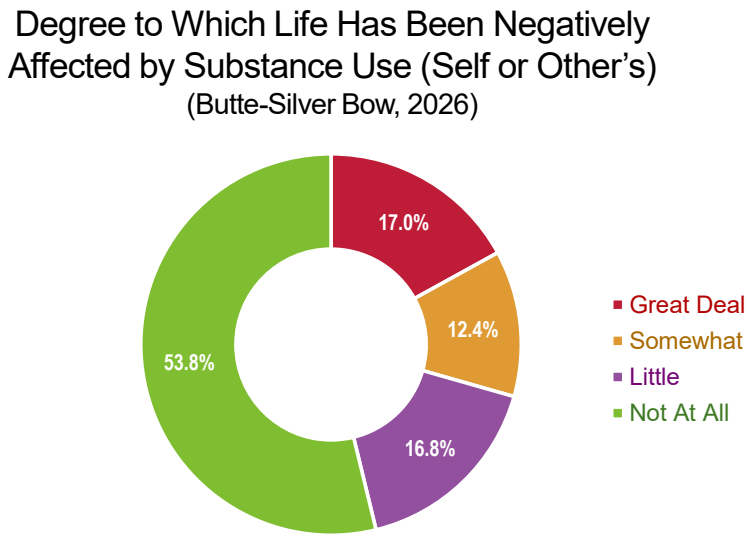


Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 42]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Personal Impact From Substance Use

Surveyed adults were also asked to what degree their lives have been impacted by substance use (whether their own use or that of another).

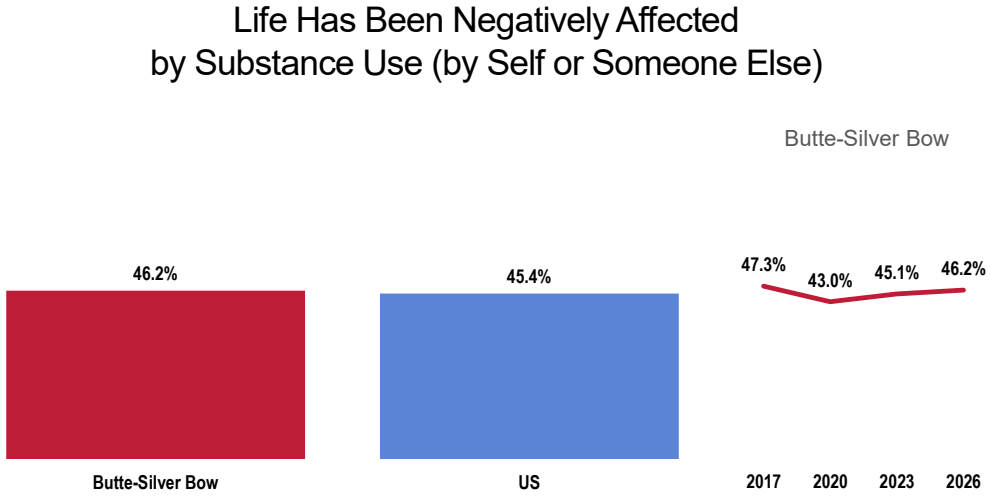
Most Butte-Silver Bow residents' lives have <u>not</u> been negatively affected by substance use (either their own or someone else's).



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 43]
Notes: ● Asked of all respondents.

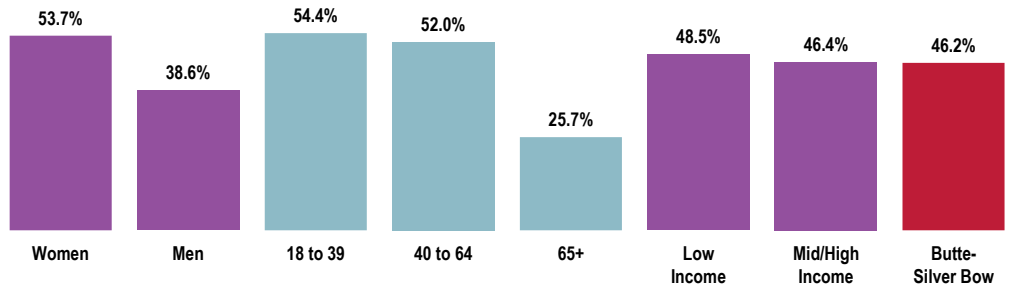
However, 46.2% have felt a personal impact to some degree ("a little," "somewhat," or "a great deal").

DISPARITY ► Reported more often among women and adults under age 65.



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 43]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes those responding "a great deal," "somewhat," or "a little."

Life Has Been Negatively Affected
by Substance Use (by Self or Someone Else)
(Butte-Silver Bow, 2026)

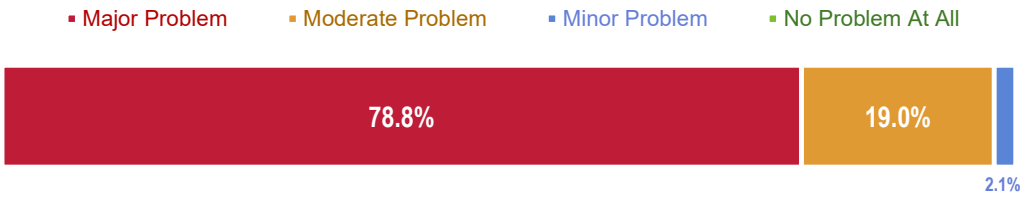


Sources: 2026 PRC Community Health Survey, PRC, Inc. [Item 43]
Notes: Asked of all respondents.
Includes those responding "a great deal," "somewhat," or "a little."

Key Informant Input: Substance Use

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

Perceptions of Substance Use as a Problem in the Community
(Among Key Informants; Butte-Silver Bow, 2026)



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

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

Access to Care/Services

> We do not have enough community resources to effectively address the issue. Trying to get patients to an inpatient facility is difficult, and then they really aren't a lot better before they are discharged, and then they end up back on the streets or the local emergency department. The problem is no insurances want to pay for this type of care well enough, so no one can afford to implement the services. — Community Leader
>
> Not sure but it seems to be limited. Not sure people want to get help. — Community Leader
>
> In and outpatient treatment. — Community Leader
>
> I believe the greatest barriers would be the treatment centers/clinics themselves. We have limited resources in Butte and many times there is a waiting list to get into them. — Public Health Representative
>
> Access to care. — Community Leader
>
> Mental health and ability to get the people that are picked up by police to a facility, whether they are self-committed or legally committed. — Community Leader
>
> Lack of access to chemical dependency evaluations when needed. — Health Care Provider
>
> Lack of options. — Community Leader

We don't have safe housing/detox spaces in town for people. I know there are some outside of Butte, but then we release people back into the same situations and are surprised when they fall back into old habits. — Community Leader

Lack of treatment facilities. MCDC doesn't make their process easy. Lack of sober living, this could help people remain in recovery. Lack of outpatient treatment centers who are proactive in the treatment and hold clients accountable. — Health Care Provider

Lack of services and accessibility. — Health Care Provider

Crisis stabilization and referral systems. Resources that can meet the crisis, assess and refer. Provide evaluations for proper patient placement and care. — Community Leader

Better options for inpatient treatment. — Physician

Not enough treatment options, not enough people doing assessments, not many people know where to start this process, too many people with addiction issues in the jail, and then they are released with no case management or treatment appointments. — Community Leader

Not enough resources. — Community Leader

There are not pathways for people to get the help they need. Most people can't afford to take 30-days off of their life to address their addiction and so they just don't end up going to treatment. — Community Leader

Resources. — Health Care Provider

Lack of referral options and available options for treatment. — Community Leader

We need more places for people to seek treatment and help. — Public Health Representative

Lack of treatment, stigma and education. — Public Health Representative

It seems that it is far away to go to treatment for some people. — Community Leader

Lack of resources, especially for kids. Very few providers will work with kids and no chemical dependency program exists for kids. — Community Leader

Need more facilities with open beds. — Community Leader

There is not a well-run mental health organization. The ones that are running are having difficulty tracking their efforts to demonstrate the need, those served and demonstrate the baseline for current services. There are rules set in place, and they are not being followed. — Community Leader

Treatment for substance use and abuse are hard to find, are not often covered by health insurance, and carry a stigma. — Public Health Representative

Lack of services and promotion of a clean, healthy life. — Community Leader

Availability of programs. Even if you convince someone that they need the help it is difficult to get them into a program for several reasons, including a payment source. With substance abuse you need to be able to get someone in when they are ready and willing to go. — Community Leader

Effective alcohol treatment center availability and lack of financial/insurance coverage for treatment. — Community Leader

Access to services, coordinated entry to help. — Community Leader

Too many steps to get care. We need it without barrier care, start people on medication without jumping through a million hoops and questions. — Community Leader

There is no detox facility in Butte. In order for treatment to even make sense to addicts they need to be detoxed first. Sometimes, the time between active addiction and getting in-patient help is so long it is detrimental to the addict. — Social Services Provider

Our only emergency resource is police or hospital. We need a crisis team and clinic that is not hospital or law enforcement based. Stigma keeps people from using them. — Community Leader

Access to treatment, cost of treatment and few long term or crisis options. — Health Care Provider

Lack of treatment options and high poverty rates. — Physician

There is not enough help in our community. — Public Health Representative

Lack of resources for treatment. — Community Leader

Barriers to accessing needed substance use treatment in our community include lack of services, lack of awareness of services, and patient hesitancy to receiving treatment. An additional barrier is lack of a community wide effort to collaborate on treatment and identifying and providing treatment to those in need. — Community Leader

Denial/Stigma

The stigma around asking for help and lack of trauma informed care. — Public Health Representative

Individual not willing to get help. — Community Leader

Abusers not being able to quit. Marijuana being so accessible. — Community Leader

I think the greatest barrier that comes with this is still the stigma of substance use. If we could get past this stigma, it would help so much to get these resources out in the community and accepted. — Public Health Representative

Stigma, we are Butte and substance availability, and acceptance is abundant. Cost of treatment. Lack of resources. — Community Leader

Shame, stigma, finding a bed and or facility when you are ready. — Public Health Representative

Stigma in the community, ability to access care, referral process, availability, etc., recovery-oriented housing is hard to access, red tape in organizations and inability to support certain harm-reduction practices due to organization politics. — Health Care Provider

Stigma. No options for safe withdrawal facilities, limited spots/resources. — Community Leader

Reducing the stigma associated with receiving treatment. — Community Leader

Stigma/shame in seeking care and admitting faults. Limited providers in this specialty. Provider burnout. Funding for essential resources. Societal influences on behavior. Cost of care. Cost of healthcare and health insurance. Difficulties for recovery homes finding space in town where it's not rejected by the neighborhood or community. — Public Health Representative

Stigma causes embarrassment, limiting people's desire to access treatment. — Community Leader

The want to change. — Community Leader

The greatest need is the stigma with substance use treatment but also the culture we have. It is acceptable and almost expected for alcohol to be at every community event and our children see it as a norm. — Community Leader

In my opinion, the greatest barriers to substance use treatment in Butte-Silver Bow County are tied to community culture, where stigma makes it difficult for people to reach out for help. I also believe the high cost of services and long wait times to get into treatment create major challenges, leaving many without the support they need when they need it most. — Community Leader

Affordable Care/Services

Cost of rehab, stigma from health care providers, long wait time to get into rehab. — Public Health Representative

Affordable treatment options. I believe there are several recovery centers for those who have the means or have exceptionally good insurance coverage. It's also difficult to come out of treatment and reestablish yourself with housing, employment, and a new support group, since going straight back to your old friends may not support your changes. — Community Leader

Cost and fear of being judged. — Public Health Representative

Available and affordable treatment centers. — Community Leader

Affordability and a shortage of both counselors and treatment centers. Education is also lacking. — Social Services Provider

Costs and resources to support the person and their family throughout their healing process. — Community Leader

Several factors play into barriers, cost and insurance limit services, availability of treatment programs as well as waitlists, stigma associated with substance abuse, mental health issues running concurrent with addiction, and criminalization. — Community Leader

Lack of affordable and accessible treatment, along with the stigma of substance use. — Community Leader

Access to substance use treatment is often limited by cost, lack of insurance, transportation, and service availability. Social factors like housing instability, childcare needs, and job concerns also play a role, along with stigma, fear, and past negative experiences. Legal risks and lack of culturally competent care further deter many from seeking help, especially in marginalized communities. — Community Leader

There are few specialized providers that can provide needed detox. Financial barriers, including limited insurance coverage and out-of-pocket costs, further restrict access. Stigma and fear of judgment discourage individuals from seeking help, also the access to drug and alcohol provides little incentive to maintain sobriety. — Community Leader

Healthcare costs and insurance costs. — Community Leader

Awareness/Education

Lack of knowing what services are available locally both inpatient and outpatient. — Community Leader

Lack of education, lack of sober only events and lack of sober gathering places. — Social Services Provider

More education in our schools for our youth. — Community Leader

Lack of education and accessibility. — Community Leader

Education around level of concern earlier on, assess and reference to treatment earlier as well as cultural barriers. — Physician

Lack of community involvement and promotion of programs. Lack of income. Lack of quality care and case management. — Public Health Representative

Lack of substance abuse education and treatment in Butte. — Community Leader

Making sure that people know where to go and when and having more counselors available at treatment locations. Butte already has a large portion of its health community dedicated to substance abuse and addiction counseling, and many of them work packed schedules that leave both counselors and patients frustrated. — Public Health Representative

Lack of educational and employment opportunity, trauma and untreated mental health, limited access to healthcare, political atmosphere limiting access to naloxone and/or fentanyl test strips. — Physician

Who to reach out to. — Community Leader

I believe people just don't know the resources available to them. There does need to be more chemical evaluations being done though. — Public Health Representative

Funding

Lack of funding. — Community Leader

Funding. — Community Leader

Funding for help. — Health Care Provider

Medicaid funding loss. Limited inpatient treatment capacity. Patient motivation low. — Community Leader

Funding and availability. — Social Services Provider

Lack of funding. People can't afford treatment and often insurances refuse to pay for CD treatment. — Social Services Provider

Funding and facilities. — Public Health Representative

Lack of funding and physical locations to help people with substance use. This is such a huge problem and no 'real' answers. Our community has tried to address this overall problem, but no organization seems to take the lead on it and without financial resources, it is difficult to do more than "band aid" solutions. We see it in the people on the streets and the crimes in the news. Barriers seem to be funding/financial, no real answers to an extremely difficult world problem, drug trafficking into our city, combined with mental health makes more challenging, not one lead organization in Butte, not enough specialty-skilled providers. — Community Leader

The money given to these people is not used to sustenance but erroneously invested by most of them in purchasing drugs of abuse. — Physician

Incidence/Prevalence

The demands are overwhelming the safety net of help. — Community Leader

Alcoholism plays a huge role in our community. — Community Leader

Everything is problematic. — Health Care Provider

High substance use, lack of resources and cost. — Health Care Provider

I think this is a growing concern seems to spike in the summer months. — Health Care Provider

Substance use is largely prevalent within the Butte community. This creates a barrier as these individuals either do not care to seek healthcare or they may not feel comfortable seeking healthcare. At the health department, I see individuals every Wednesday during our SSP program that could desperately use healthcare, but for various reasons, do not seek it. — Public Health Representative

Butte's overdose rate per capita triples the rest of the state of Montana's individual counties, but also the state as a whole. Our highways create easy access in and out of town in every direction, so it seems that drugs coming through Butte are absolutely insane! Having one in-house treatment facility is not efficient. — Public Health Representative

Substance abuse is high and there are not enough providers and resources. — Community Leader

Willingness to Seek Care

I think people's willingness to go to treatment is a barrier. I also think that not all people know where to turn. — Health Care Provider

We have programs, the problem is getting the addicted to access the programs as it is their choice. — Community Leader

I feel that there are many resources that people don't seek help before it’s too late. — Community Leader

I believe that most people don't want to seek help. We also don't pay our treatment teams enough to live on. Inflation without wage increases makes it difficult to keep people employed to treat those that want help. — Public Health Representative

Hopelessness and desire for treatment. — Community Leader

Bias, long-term treatment, patient readiness, inability to wrap around services directly to the volume of patients with issues due to poverty and addiction. — Health Care Provider The desire to quit/seek help, cost of treatment and no local treatment facilities. — Public Health Representative

People do not want help. — Health Care Provider

The desire to get the treatment. — Community Leader

Lack of Providers

> There are too few providers, and there is so much bias in substance use services! I have heard more stigmatizing language from substance use service providers than anyone else! Fear of legal repercussions and discrimination keep people from seeking help. People who use substances are demonized in our community, and very few people are willing to accept that substance use is a response to a need that isn't being met. Our systems don't support all of our community members, and substance use is a symptom of that. — Health Care Provider

> There is limited Counselors and facilities. We are also not focused on prevention of substance abuse. The legal system needs to get tougher on drug use. I also believe legalizing marijuana was the worst thing Montana could do. I believe it to be a gateway drug. — Community Leader

> Too many patients and not enough providers or facilities. — Community Leader

> Providers and education opportunities. — Community Leader

> I don't believe we have enough care givers to deal with the number of addicts we have in our town. — Public Health Representative

Social Norms/Community Attitude

> I don't know that much about access to treatment, only that substance abuse seems to be prevalent in a community known for being rough and tough and about drinking and chewing tobacco smoking. — Community Leader

> The Butte mentality. We are a drinking and partying culture and while it has changed some, it still needs to move more away from the drink or use until you're stoned attitude. — Community Leader

> Social acceptance of substance use and poor options for treatment locally and limited financial resources to seek treatment. — Community Leader

> Many kids are growing up in families where it is regularly used. Meth is also an issue in our community. We also see families that are uneducated about the dangers of drug and alcohol use. — Community Leader The culture around drinking and alcohol, for example parents drinking/tailgating outside of high school football games. Lack of resources and support for those struggling with chemical dependency. barriers to getting to treatment. — Health Care Provider

> Honestly, the overall acceptance to alcohol and drug use. There are services including therapy, MCDC and AA/NA/Alanon but it does not appear to be a problem until they are forced to go. There are people in trouble that do not have means that deal with these issues but as a whole, the middle and upper class in Butte drinks too much and it is accepted. DUI laws were tough for a while, not any longer. — Health Care Provider

Co-Occurrences

> Some substance use stems from mental health illnesses. The barriers are related to the same problems with mental health help. — Social Services Provider

> Having a co-occurring mental health disorder. There is no effective intervention in place for people experiencing co-occurring serious mental illness and substance use disorder. These are people who become unhoused and without intervention, stay on the streets for extended periods of time. — Social Services Provider

> Mental health and social environment. Funding difficulties. — Community Leader

Access to Care for Uninsured/Underinsured

> Cost for those without medical coverage. Lack of access to substance use treatment/lack of slots available in currently operating treatment programs. Requirements of programs can put parents and caregivers, especially single parents/caregivers in a situation where they may need other care for their child/dependent. This includes an impact financially. In addition to the cost of the program directly, indirectly individuals may lose hours and wages at jobs, or even be unable to work the job at all depending on various requirements of various programs. — Public Health Representative

> Lack of insurance coverage. — Physician

Easy Access

> Ubiquity of readily available substances waiting to be abused. — Physician

> Dope is legal. Drinking is a problem. How can any person with a problem get help, what does their support team look like? Help is there I believe, it is up to the person to get help. — Community Leader

Income/Poverty

> Financial issues and not having enough resources to help people. We don't have a detox center, and I feel that if we did it would be a game changer in how we help people in addiction. — Community Leader

> Economic resources. — Public Health Representative

Insurance Issues

> Health insurance, a lack of treatment facilities here in Butte, people not wanting to get sober. — Social Services Provider

> Insurance and affordability. — Community Leader

Law Enforcement

> Drug trafficking activity in our neighborhood was reported to law enforcement by several people, but nothing was done about it. — Community Leader

Transportation

> Transportation to appointments seems to be the biggest barrier. SWMTCHC has a walk in treatment program Monday- Friday. This is utilized well. — Community Leader

Self-Medicating

> Like many rural communities, self-medicating due to lack of support/provider access. — Community Leader

Government/Policy

> The governor and the super majority control the republicans have over our state. — Community Leader

Prevention/Screenings

> Prevention programs and access to addition specialists. — Community Leader

Alcohol/Drug Use

> Alcohol and methamphetamine. — Community Leader

Most Problematic Substances

Key informants (who rated this as a "major problem") clearly identified **alcohol** as causing the most problems in the community, followed distantly by **methamphetamine/other amphetamines**.

SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Use as a "Major Problem")	
ALCOHOL	64.4%
METHAMPHETAMINE OR OTHER AMPHETAMINES	18.2%
HEROIN OR OTHER OPIOIDS	9.8%
PRESCRIPTION MEDICATIONS	2.3%
MARIJUANA	2.3%
CLUB DRUGS (e.g. MDMA, GHB, Ecstasy, Molly)	1.5%
COCAINE OR CRACK	0.8%
SYNTHETIC DRUGS (e.g. Bath Salts, K2/Spice)	0.8%

TOBACCO USE

ABOUT TOBACCO USE

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

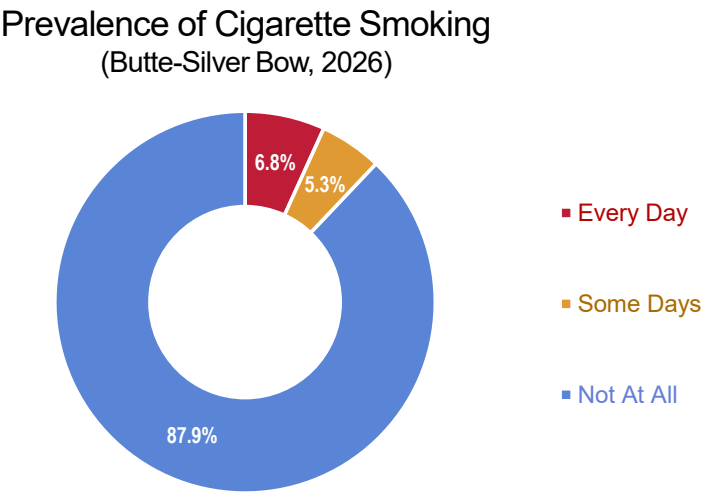
Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

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

Cigarette Smoking

Prevalence of Cigarette Smoking

A total of 12.1% of Butte-Silver Bow adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 34]
Notes: ● Asked of all respondents.

Note the following findings related to cigarette smoking prevalence in Butte-Silver Bow.

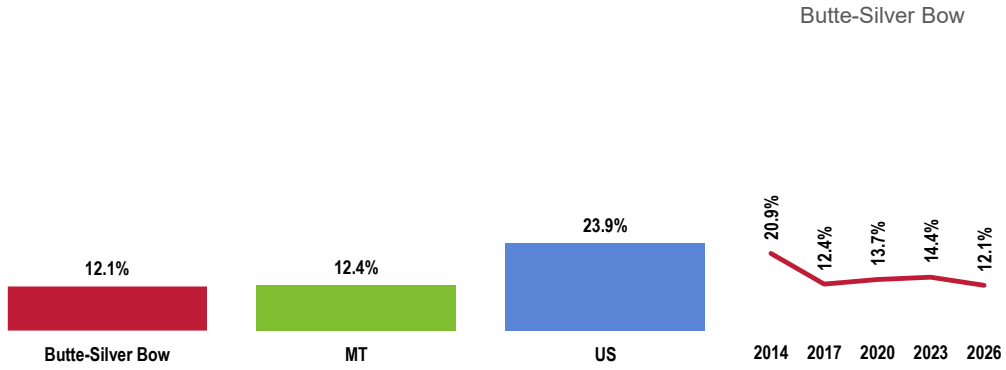
BENCHMARK ► Half the US prevalence but twice the Healthy People 2030 objective.

TREND ► Decreasing significantly since 2014 (similar to findings since).

DISPARITY ► Higher among adults age 40 to 64 and those in low-income households.

Currently Smoke Cigarettes

Healthy People 2030 = 6.1% or Lower



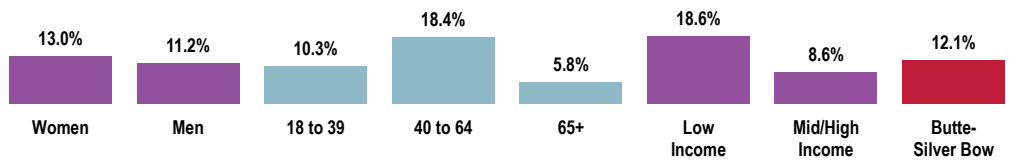
Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 34]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Montana data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- Includes those who smoke cigarettes every day or on some days.

Currently Smoke Cigarettes

(Butte-Silver Bow, 2026)

Healthy People 2030 = 6.1% or Lower



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 34]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- Includes those who smoke cigarettes every day or on some days.

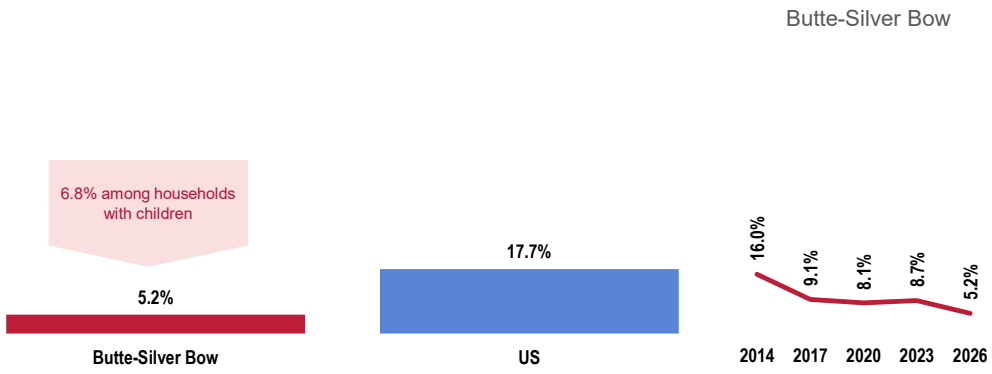
Environmental Tobacco Smoke

Among all surveyed households in Butte-Silver Bow, 5.2% report that someone has smoked cigarettes, cigars, or pipes anywhere in their home an average of four or more times per week over the past month.

BENCHMARK ► Well below the US percentage.

TREND ► Marks a statistically significant decrease since 2014.

Member of Household Smokes at Home



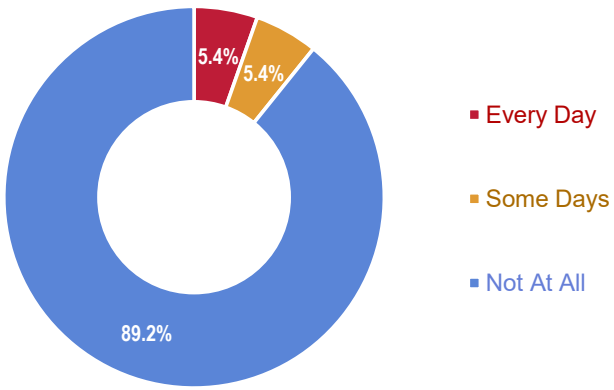
Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Items 35, 114]
- 2023 PRC National Health Survey, PRC, Inc.

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.

Use of Vaping Products

Most Butte-Silver Bow adults do not use electronic vaping products.

Use of Vaping Products
(Butte-Silver Bow, 2026)



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 36]

Notes:
- Asked of all respondents.

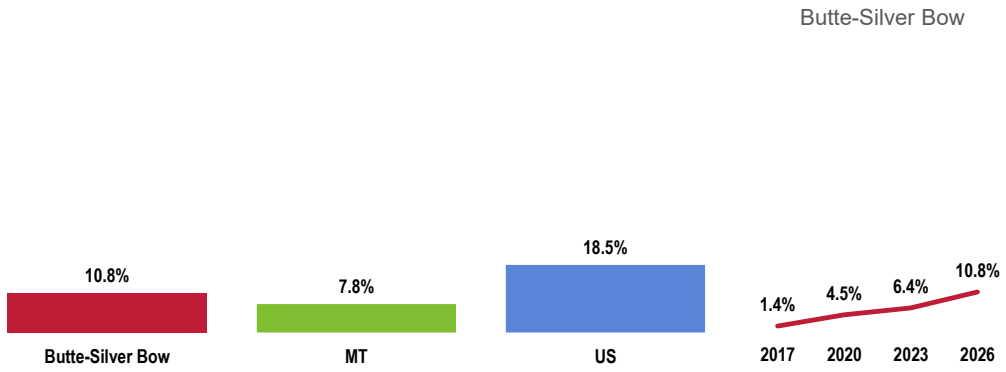
However, 10.8% currently use electronic vaping products either regularly (every day) or occasionally (on some days).

BENCHMARK ► Lower than the national percentage.

TREND ► Increasing significantly from the 2017 baseline finding..

DISPARITY ► Reported more often among young adults and those in low-income households.

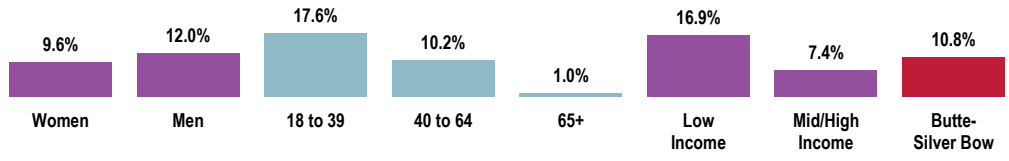
Currently Use Vaping Products
(Every Day or on Some Days)



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 36]
- 2023 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): 2023 Montana data.

Notes:
- Asked of all respondents.
- Includes those who use vaping products every day or on some days.

Currently Use Vaping Products
(Butte-Silver Bow, 2026)



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 36]

Notes:
- Asked of all respondents.
- Includes those who use vaping products every day or on some days.

Smokeless Tobacco

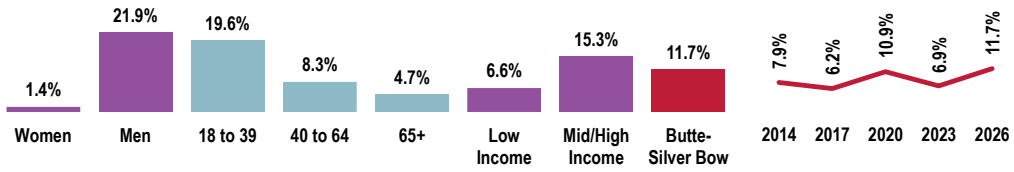
Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

A total of 11.7% of Butte-Silver Bow adults use some type of smokeless tobacco every day or on some days.

BENCHMARK ▶ Far from satisfying the Healthy People 2030 objective.

DISPARITY ▶ Higher among men, young adults, and those with mid/high incomes.

Currently Use Smokeless Tobacco
(Butte-Silver Bow, 2026)
Healthy People 2030 = 0.2% or Lower



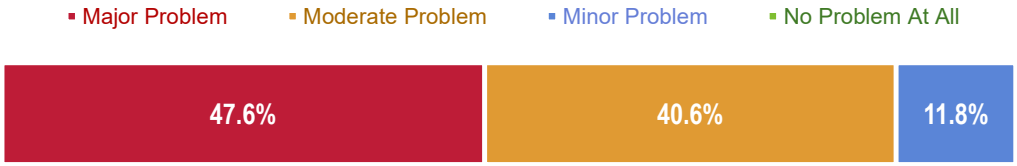
Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 303]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- Includes those who use chewing tobacco, snus, snuff, or nicotine pouches (such as Zyn) every day or on some days.

Key Informant Input: Tobacco Use

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

Perceptions of Tobacco Use as a Problem in the Community
(Among Key Informants; Butte-Silver Bow, 2026)



Sources:
- 2026 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

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

Incidence/Prevalence

> I believe our town is codependent on all substances. — Community Leader
>
> Tobacco use is a major problem everywhere. It is very clear tobacco use is incredibly harmful to health, highly addictive, very expensive as long as people are using tobacco, it will be a major problem. — Health Care Provider
>
> A large portion of the population smokes and vapes. — Public Health Representative

From our observations, one does not have to look hard to see someone smoking cigarettes and/or vaping, especially young people. — Community Leader

Cigarettes are known carcinogenic, yet people still smoke. — Community Leader

I don't know why, only that it seems so prevalent. What more could be done for prevention, at the grade school and junior high levels? — Community Leader

A good percentage of people in Butte smoke or use tobacco products. It appears that comes from our heritage from our past being a mining town. — Community Leader

There's just a lot of people who smoke. Where I work there is at least 8 out of 27 people.
— Public Health Representative

Many people who live in Butte smoke cigarettes, vape, or use Zyns. I have heard personal stories of people in Butte who starting smoking early as age 12. — Public Health Representative

Tobacco is a major problem in most places. — Public Health Representative

I believe it is a problem everywhere. — Community Leader

The number of people I see smoking or using smokeless tobacco. — Community Leader

Our community has individuals that use cigarettes and smokeless tobacco. You see signs of it in parking lots, litter, and use by people you know in the community. — Community Leader

Most adults I know in Butte smoke cigarettes. Easily accessible. — Community Leader

Excessive usage by our community. — Community Leader

High abuse area. — Health Care Provider

The number of individuals, adult and adolescent, who smoke, vape and use chewing tobacco.
— Community Leader

High rates. — Physician

A majority of the population smokes or vapes. Youth have easy access from sellers or older people.
— Health Care Provider

People smoke like chimneys; I think that is a remnant of back in the day as now people have switched to vaping. But, considering our walkways and roadways and all of the cigarette butts and vapes that litter the ground, it's clear that people are using our public land as their own dumping grounds and that's not ok.
— Community Leader

Teen/Young Adult Usage

Our youth seem to be using tobacco products greater these days than in previous years. — Community Leader

Kids start vaping very young as young as grade school. — Public Health Representative The effects of vaping. — Community Leader Vaping, THC use and to many Cannabis shops. — Community Leader

The extreme amount of underage users of tobacco and vapes. — Community Leader

Both smoked tobacco and smokeless tobacco are found in the middle schools, high schools, and within the greater community. Vaping is also found in schools and is very popular with school aged children and adults. It is partly a cultural way of living in a "mining town" and blue-collar workers. — Social Services Provider

Too much vaping in the youth, new generation of addiction. — Physician

Youth are increasingly using vapes and nicotine pouches like Zyn because of their appealing flavors, discreet designs, and social influence from peers and social media. These products are easy to hide and often seen as safer or more modern alternatives to smoking, making them popular among teens who are curious or looking to fit in. However, despite their “clean” image, both vaping and nicotine pouches deliver addictive nicotine that can harm developing brains, impair memory and attention, and lead to serious health risks. The rise in youth use has prompted growing concern from health experts, parents, and lawmakers, especially as accidental nicotine poisonings among young children have also increased. — Community Leader

Every kid and most adults I see have a vape in their mouth at all times. Easy to get and harmful.
— Community Leader

Kids are vaping younger and younger and there is a perception that vapes are better for you than cigarettes.
— Public Health Representative

Tobacco use is a major problem amount our youth. We have many tobacco products that are too easy for our youth to access or are directly marketed to them. — Public Health Representative

Chewing tobacco is a major problem among youth. — Community Leader

I think too many minors are using it. — Public Health Representative

It is normalized in “the country”. Children are using, adults are using (cigarettes, chew). And if you include nicotine only (Zyn, On, vaping), then I would say it is a huge problem. I see people using it all the time, smoking outside or on a smoke break at work, kids with a ring on their Jean pocket from their chew cans.
— Health Care Provider

Vapes targeted towards children. — Public Health Representative

Rising rates of child/adolescent nicotine use, making them vulnerable to addiction. — Physician

> That's a good question, so many young people smoke or vape. — Community Leader
>
> I personally see this because I run our tobacco prevention program. This is especially a huge problem among our youth with vapes being available now. I help teach the MIP class up at SMART for youth who are caught using vapes and it is a huge problem within our community and all over Montana. — Public Health Representative Our youth vaping in schools, at recess, during lunch. Starting in early grade schools. You could call this a behavior issue. I call it behavior and health problems. — Community Leader

E-Cigarettes

> Including vaping in tobacco use sales are still strong. Problems centered around use by minors. Easy access. — Community Leader
>
> Because we see vaping as not smoking and that is becoming worse. — Community Leader
>
> Vaping is quickly becoming more of a problem than cigarettes and other tobacco products for the simple fact that it does not stink, it is easily marketed to young people and is the new fad. — Public Health Representative
>
> Vaping. — Community Leader
>
> Vaping is out of control. Students at East Middle School regularly vape in the bathroom according to my niece. They get the vapes from their parents. Vaping is a huge problem in our community. — Community Leader
>
> I do not believe tobacco is a major problem. I believe that the major problem, especially in young people is vapes. — Community Leader

Social Norms/Community Attitude

> Tobacco is acceptable and too accessible. Parents model it is acceptable and don't realize how addicting it really is. — Community Leader
>
> Social acceptance — Community Leader
>
> Some types of use have been accepted use at a very young age by parents and within schools. I also believe it is easy to access at a young age. — Community Leader
>
> It is socially acceptable. — Public Health Representative
>
> Because it is a socially accepted habit based on past use in our community. — Community Leader
>
> Vapes are accessible and seem "cool" to kids. People think that vaping is better than smoking. — Community Leader

Impact on Quality of Life

> I don't know if it's a major problem, but a problem that leads to several other chronic health conditions. — Community Leader
>
> Tobacco has serious health risks, which lead to high medical care costs, insurance costs, suffering. Working class town. Wide availability of the product and various products. Influence on youth from peers or adults and from social media. — Public Health RepresentativeSo many people live with disease caused by smoking. — Community Leader
>
> Because it's proven to cause cancer but yet it's still used a lot. — Community Leader
>
> Health concerns with use and health concerns with secondhand smoke. — Community Leader
>
> Increases risk or exacerbates underlying health conditions, puts others in vicinity of smokers at risk for health complications. — Social Services Provider

Easy Access

> Accessibility to other forms like vaping, chewing, and pouches. — Community Leader
>
> Availability of vapes and cigarettes to minors both in vape shops and online. — Public Health Representative
>
> Access at a young age. — Community Leader
>
> Similar to alcohol, availability and self-soothing/stress reliever. — Community Leader

Awareness/Education

> Education. — Community Leader
>
> Education. Easily accessible. — Public Health Representative
>
> Education and easily obtained. — Public Health Representative

Cultural/Personal Beliefs

> I think in Montana culture many people use to dip and now use Zyn or vapes. Vapes are targeted to young kids as being cool and also having fun flavors that kids would want to try. — Health Care Provider
>
> It's cultural and tobacco has evolved to appease our youth. Vaping appears easy, sleek, fun, and not harmful like cigarettes or chew. However, chew is big here as well and again I believe is cultural. — Community Leader
>
> Culture. — Community Leader

Co-Occurrences

> The stress many in Butte live in making it difficult to give up the condition as well as a lack of education. — Social Services Provider
>
> Tobacco use leads to many illnesses for individuals that may not otherwise be present. — Social Services Provider

Generational

> Our parents smoked, we started smoking as teenagers, our children are vaping. Its generation after generation even though we know it will kill us we still chose to start this habit. But our youth believe vaping is cool, they have easy access to it. — Social Services Provider
>
> High instance of generational culture of poverty and tobacco use. — Health Care Provider

Income/Poverty

> I don't know why people choose to smoke and chew. It does appear in more of the low-income facilities. — Community Leader

Parental Influence

> It is acceptable to the parents. — Community Leader

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.

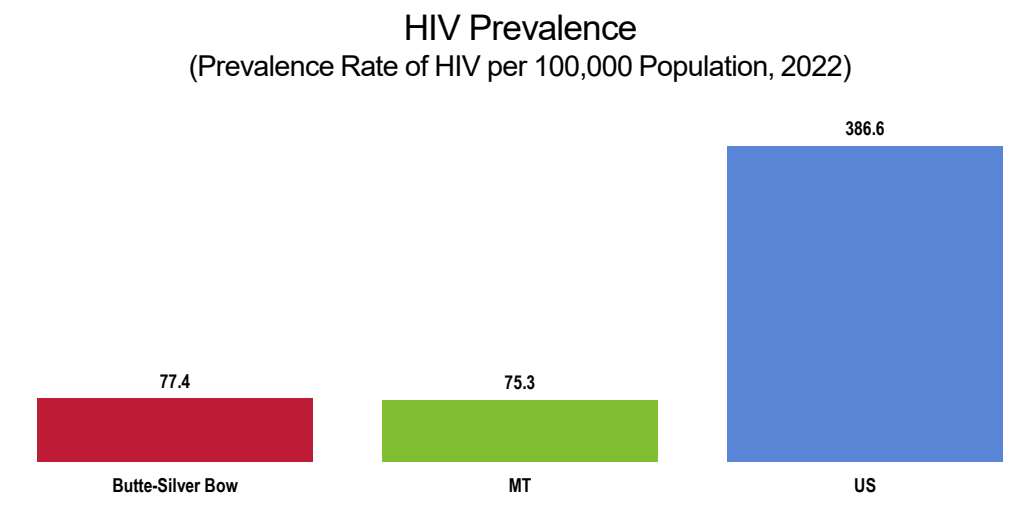
– Healthy People 2030 (https://health.gov/healthypeople)

HIV

HIV Prevalence

In 2022, there was a prevalence of 77.4 HIV cases per 100,000 population in Butte-Silver Bow.

BENCHMARK ► Considerably below the national prevalence rate.

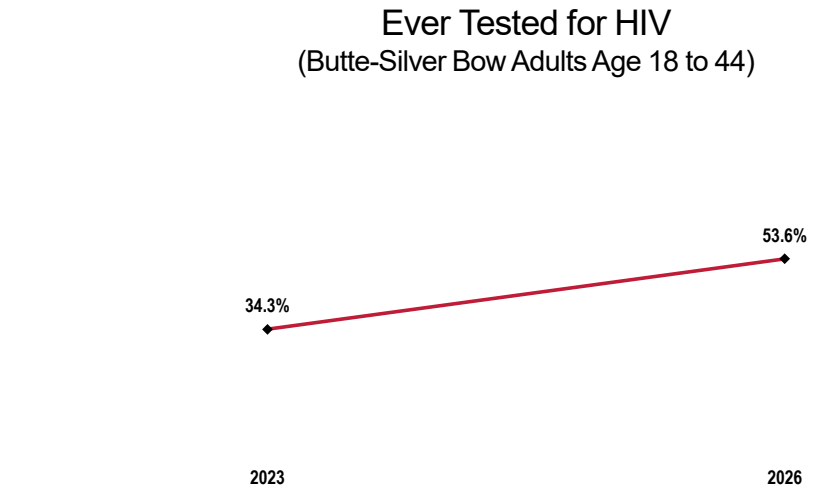


Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2025 via SparkMap (sparkmap.org).

HIV Testing

Among adults age 18-44, 53.6% report that they have ever been tested for HIV.

TREND ► Denoting a statistically significant increase since 2023.



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 307]
Notes: ● Reflects those respondents age 18 to 44.

Sexually Transmitted Infections (STIs)

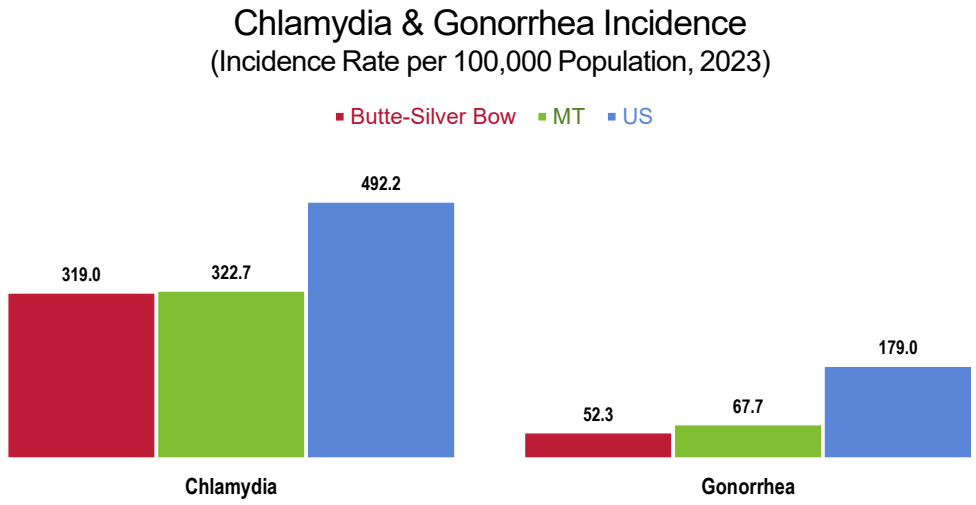
Chlamydia & Gonorrhea

In 2023, the area's chlamydia incidence rate was 319.0 cases per 100,000 population.

BENCHMARK ► Well below the national rate.

The Butte-Silver Bow gonorrhea incidence rate in 2023 was 52.3 cases per 100,000 population.

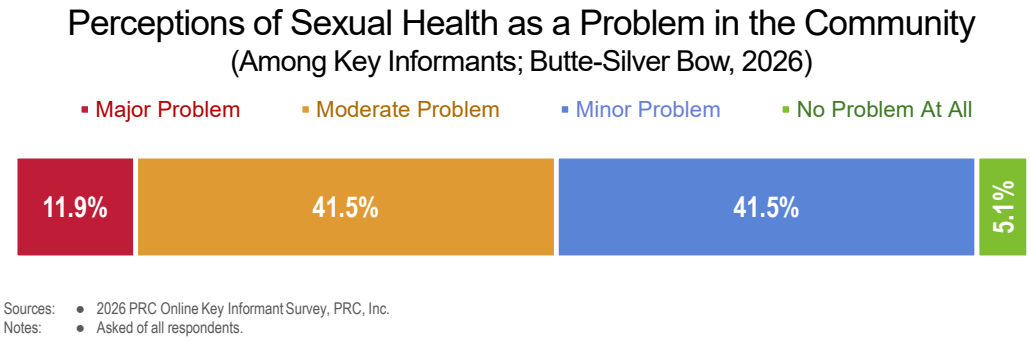
BENCHMARK ► Lower than the Montana and US rates.



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 2025 via SparkMap (sparkmap.org).

Key Informant Input: Sexual Health

Key informants taking part in an online survey were equally likely to characterize *Sexual Health* as a "moderate problem" and a "minor problem" in the community.



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

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

Awareness/Education

> Education and resources. — Community Leader
>
> Lack of education, resources, guidance and substance use. — Public Health Representative
>
> We do not teach the appropriate methods for sexual behavior. Abstinence does not work and the fact that we still teach it today is stupid. We have no resources for the LGBTQ+ community and treat them like outsiders. Religion is to entrench in our medical and political health. — Community Leader
>
> People don't get adequate information on STD's. — Community Leader
>
> Lack of education for kids and teens. — Community Leader
>
> Lack of education for sexual health and care. — Social Services Provider

Access to Care/Services

> Lack of resources for youth and adults who have faced sexual assault. They don't know where to go for help or what resources are available for them. STDs are rampant in Butte. Human trafficking and prostitution at Rocker truck stops. — Community Leader The lack of resources for people facing sexual assault.
> — Social Services Provider

Alcohol/Drug Use

> I think this stems for the drug use in the community and not accessing quality care by these individuals.
> — Community Leader
>
> Drug and alcohol abuse lead to poor choices with sexual health. Condoms have fallen out of favor. Anti vaxxers have made HPV vaccine less desirable. — Public Health Representative

Incidence/Prevalence

> Sexual health is a major problem in our community 100%! The Butte Family Planning Clinic sees a lot of the partners of index patients for public health treatment. Syphilis, chlamydia, and HCV are absolutely out of control.
> — Public Health Representative
>
> I just read an article saying that Butte-Silver Bow was in the top ten counties for STDs in Montana.
> — Public Health Representative

Teen/Young Adults

> Increased influence on younger children from society, social media, peers. Stigmas. Increase in people experiencing homelessness and/or lack of mental health care. Limited transportation availability to some of the population needing the services. Lack of no- or low- cost activities for youth after school to keep them productive and give them purpose and a goal. Busy families/parents giving less guidance to youth.
> — Public Health Representative

Diagnosis/Treatment

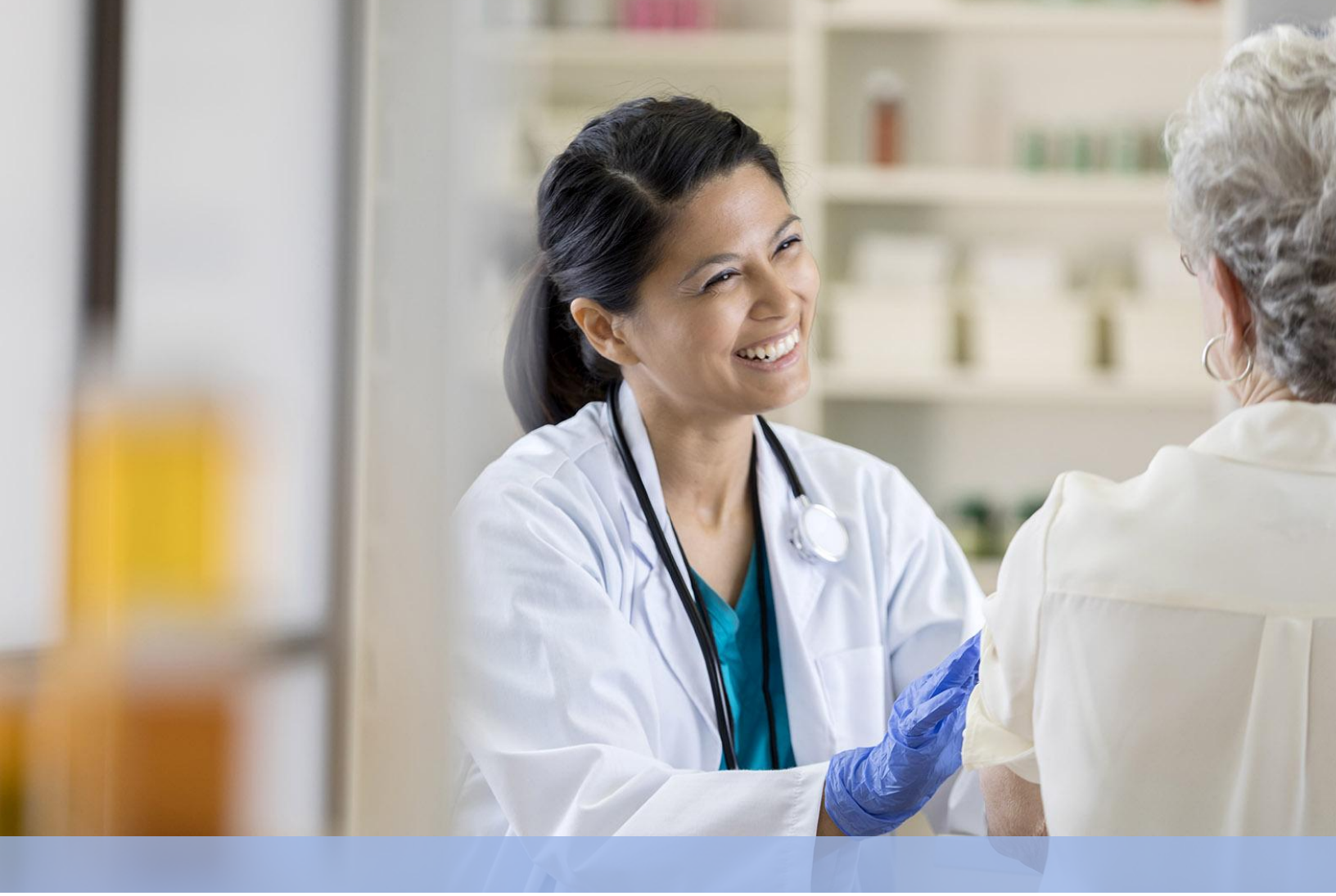
> I believe we have an increased problem with sexual health in our community because people are not testing or are afraid to test. I think there's a stigma around STDs, HIV, etc. — Public Health Representative

Prevention/Screenings

> We need to provide more access to contraception, testing, and treatment. — Public Health Representative

Unprotected Sex

> STI, unwanted/teen pregnancy. — Public Health Representative



ACCESS TO HEALTH CARE

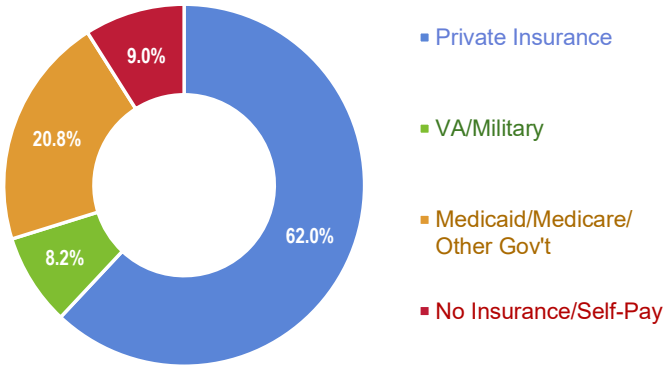
HEALTH INSURANCE COVERAGE

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 62.0% of Butte-Silver Bow adults age 18 to 64 report having health care coverage through private insurance. Another 29.0% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Health Care Insurance Coverage
(Adults 18-64; Butte-Silver Bow, 2026)



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 117]

Notes:
- Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for health care services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

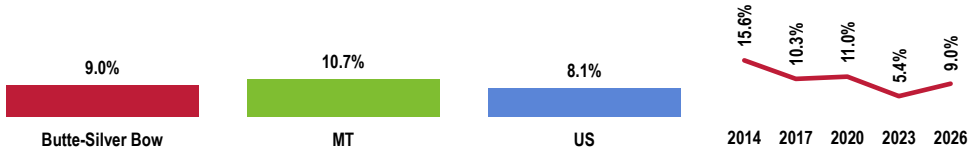
Among adults age 18 to 64, 9.0% report having no insurance coverage for health care expenses.

TREND ► Marks a statistically significant decrease (improvement) since 2014.

DISPARITY ► Reported more often among low-income adults.

Lack of Health Care Insurance Coverage
(Adults 18-64)
Healthy People 2030 = 7.6% or Lower

Butte-Silver Bow



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 117]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Montana data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Reflects respondents age 18 to 64.

Lack of Health Care Insurance Coverage

(Adults 18-64; Butte-Silver Bow, 2026)

Healthy People 2030 = 7.6% or Lower



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 117]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Reflects respondents age 18 to 64.

DIFFICULTIES ACCESSING HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. …People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

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

Difficulties Accessing Services

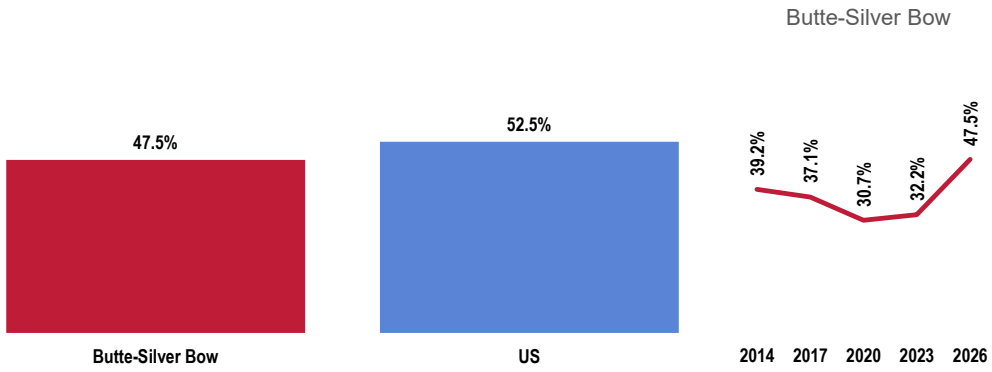
This indicator reflects the percentage of the total population experiencing problems accessing health care in the past year, regardless of whether they needed or sought care. It is based on reports of the barriers outlined in the following section.

A total of 47.5% of Butte-Silver Bow adults report some type of difficulty or delay in obtaining health care services in the past year.

TREND ▶ Marks a statistically significant increase from previous findings.

DISPARITY ▶ Higher among women and adults in low-income households.

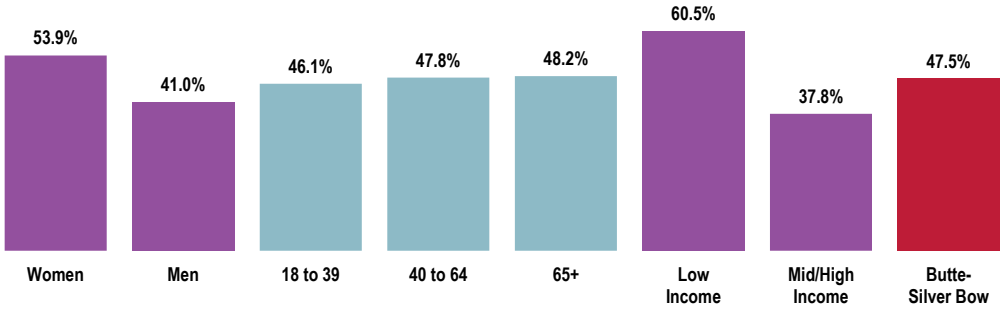
Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 119]
- 2023 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, 2026)



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 119]

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, lack of appointment availability and difficulty finding a physician impacted the greatest shares of Butte-Silver Bow adults.

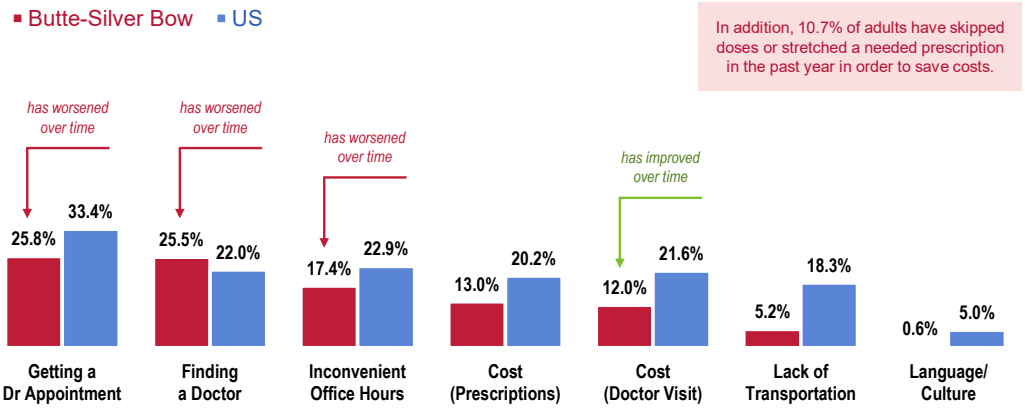
To better understand health care access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

BENCHMARK ► Local findings are more favorable than US findings for all barriers shown, with the exception of difficulty finding a physician (similar percentages).

TREND ► The barrier of cost (physician visits) has **improved** significantly over time. However, these barriers have **worsened** significantly over time: appointment availability, inconvenient office hours, and finding a physician.

Barriers to Access Have Prevented Medical Care in the Past Year



In addition, 10.7% of adults have skipped doses or stretched a needed prescription in the past year in order to save costs.

Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Items 6-13]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

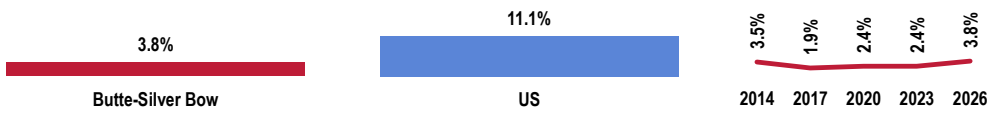
Accessing Health Care for Children

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.

A total of 3.8% 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 prevalence.

Had Trouble Obtaining Medical Care for Child in the Past Year
(Children 0-17)

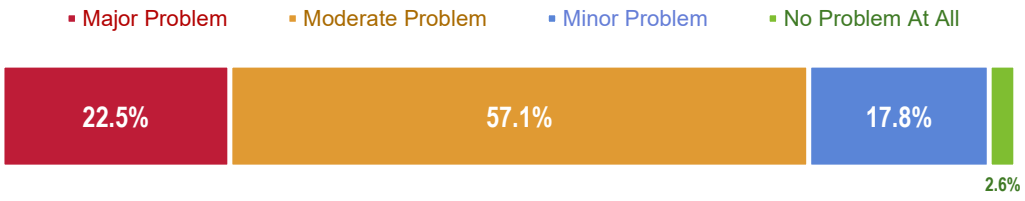


Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 90]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 0 to 17 in the household.

Key Informant Input: Access to Health Care Services

Key informants taking part in an online survey most often characterized *Access to Health Care Services* as a "moderate problem" in the community.

Perceptions of Access to Health Care Services as a Problem in the Community
(Among Key Informants; Butte-Silver Bow, 2026)



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

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

Lack of Specialists

> Surgical procedures generally require people to leave Butte to get quality care. My husband and I have seriously considered leaving Butte because of these issues. Although we have access to CHOA and received excellent care there, travel is a great concern for us especially in critical and emergency situations. — Community Leader
>
> Access to reproductive healthcare services and mental health services. — Community Leader
>
> Lack of a community based general surgery program that the community feels it can trust; the locum tenens coverage has been skimpy and inadequate; they are "quiet quitters" who punch the clock, do as little as possible to justify their hours and leave town. — Physician

Access to primary care is very limited. — Public Health Representative

Limited to no specialty care options including spine, neuro, pulmonary, urology, GI, etc. General practitioners are often challenging to get access to as well. — Health Care Provider

Loss of adequate orthopedic services, loss of urology services, lack of subspecialty disciplines in rheumatology, endocrinology, pulmonary diseases, and neurology care. — Physician

Gastroenterology and urology are gaps we hear about. Neurology apparently has a long wait and providers in Helena are seeing patients from Silver Bow traveling up there. — Community Leader

While our community has good access to emergency and basic healthcare, we are severely lacking in the number of specialists, which seems to be the preferred healthcare model - Diagnosed by emergency care or primary care and then referred to specialists we don't have and have to travel to and wait for long times to be seen. We either need more well-rounded primary care professionals or much better access to specialists to feel like the citizens of Butte have great healthcare. — Community Leader

What I see as the biggest challenges relating assessing health care services in this community simply is the assess to care or misdiagnosis. If it is any sort of major healthcare need (cancer, heart concerns, or major surgeries), there are no specialty medical professionals available. Some health care professionals have misdiagnosed sadly because they did not know what was going on with a patient and they will refer you to go out of town. I have experienced several misdiagnoses in family and friends that were scared and once they went out of town, the diagnosis was not at all what they were told in Silver Bow. One was a misdiagnose of gout, a kidney infection, a scratched eye, and all of those examples the patient were told they were going to lose their foot, be put on dialysis, and the last one was she would lose her sight. All were incorrect and it put serious panic and fear to the patients who do not want to even seek medical treatment in Silver Bow. — Community Leader

The biggest challenges related to accessing health care services in our community center around lack of specialty care. Our community does not have comprehensive cardiology care. We do not have specialty care including respiratory/pulmonology, endocrinology, nephrology, neurology, psychiatry, or asthma/allergy. This creates barriers to care for all of our community. Due to the socioeconomic status and social determinants of health of much of our community does not receive needed specialty care. — Community Leader

A shortage of specialty services/providers and access to affordable healthcare. An example is neurology. Families may have to travel several hours to reach the nearest available neurologist, which can be especially hard for individuals with mobility issues, seizures, or chronic neurological conditions. Travel involves fuel, possible overnight stays, meals, or even airfare in remote areas, which quickly adds up. Parents often need to take time off work and children may miss school, causing disruptions and lost income. — Community Leader

Few specialists, less pay than major cities. Driving long distances and long waiting times to see much needed specialists. — Physician Not enough specialists in town. I know myself and others that have primary physicians in other towns or have to make frequent appointments in other towns. I don't know a lot about healthcare or the business behind it, but it would be beneficial for the people of Butte to have adequate access to healthcare so that people aren't having to also pay for a road trip just to see a doctor. — Community Leader

Lack of Providers

The lack of healthcare workers for our community needs seems to be an issue, and distrust with healthcare in general. The system appears to work against rather than prevent and aide people needing healthcare services. Due to the difficulty people ignore and don't seek help or services until it's too late. — Community Leader

It is stretched beyond maximum. Challenges include, finding a primary every few months/years. Doctors don't seem to stay long in our community. Primary healthcare is hard to get into let alone rely on for day-to-day ailments. Mental health is nonexistent and affordable dental care even with insurance is hard to come by. — Public Health Representative

Too few providers have availability to see clients, resulting in delayed care and limited options. If a client has had a negative experience with a provider, they may not seek care, because they don't have or know of another option. Specialists aren't available locally, so people have to travel out of town for services and wait months before being seen. Health care services are inaccessible due to a real or perceived inability to pay; lack of transparency about costs for care results in people not accessing care. Bias in health care services results in people not accessing care; anti-fat bias, disability bias, queer bias, and substance use bias are pervasive in health care services in our community. — Health Care Provider

Retaining good doctors is a major concern. — Community Leader

I am concerned about the number of physicians and surgeons the community has lost in the last few years, which has led to a reduction in specialist care options. This leads to inability to form relationships with providers and the continuity of care over time. I also see a general lack of medical literacy among the general population and believe one of the biggest challenges to access is not knowing how to access care besides the emergency room. — Community Leader

We don't have enough doctors or staff to fulfill the needs of our community. — Public Health Representative

Number of clinicians and how rapid they turnover and affordable coverage for health care. — Physician

There are not enough primary care providers. Changes to insurance, Medicaid and ACA will prevent patients from seeking care. Housing - weird but true, so much time and money are devoted to finding stable affordable housing that patients don't have funds or time to seek out health care. — Physician

> Number of primary care providers and ability to pay for health services. — Health Care Provider
>
> The inability of the local hospital to keep good doctors and staff. Poor care. — Social Services Provider
>
> There is a lack of physicians and advanced practitioners and definitely lack specialty care. The community also lacks healthcare navigators to get patients to places of higher care when needed. — Community Leader

Access to Care/Services

> There is a challenge with rural access to emergency response for life saving care regarding ambulance and transport services to larger trauma facilities. Also, most people use walk-in/urgent care facilities as their primary care provider. The primary care providers we have currently often have wait times for scheduling appointments and there are lacking service lines in Butte, ex: GI, Ortho, Urology, Neuro which causes more patients to have to leave the area. — Community Leader
>
> Meeting people where they are. The Mobile Medical Outreach van has been a wonderful addition to the community to help address those needs. — Social Services Provider
>
> The loss of many hospital physicians and surgeons is concerning for access. There is a lack of care in many subspecialties. There are many midlevel providers practicing independently without supervision and not enough physicians, and this leads to serious quality of care concerns. Too many people do not have access to adequate resources, such as housing or food, that also contribute to healthcare disparities. — Physician
>
> Access to primary care and specialty care is an issue even though imaging and other ancillary services are much easier than it is in other communities. — Community Leader
>
> I think the biggest problem I am seeing is access to specialty doctors in the community that does not require traveling an hour or more and an influx of metal health issues. — Community Leader
>
> Access that is catered to each individual, if meds are prescribed, can the client access them (able to pick them up and/or able to afford the prescription? If on the streets and needing a higher level of care; no place for these patience to go until able to be out on the street again or find housing. — Social Services Provider
>
> Not a lot of resources. — Community Leader Access to Care for Uninsured/Underinsured
>
> People who are uninsured cannot get into care except at the SWMT CHC-- and when people do not have coverage they refrain from going to the doctors until it is unbearable and then go the ER -- SWMTCHC needs to be expanded and have more providers - integrated services like mental health(BH) and substance use disorder(SUD)r services need to be integrated into all primary care clinics/services in the community- every primary care provider needs a team of people to address BH and SUD which also needs care coordinators/community health workers/peer support as part of their team; the public health services which has peer support need to expand so the peer support can sit on all primary care teams in the community including teams that address school age people. — Community Leader
>
> Several different issues.... If you don't have health insurance the bills/ payments are outrageous, which then deter people from even getting a checkup, so small problems become big ones. Another problem is it is like a 2-3 month wait to meet with a primary provider. Lastly low-income people/families feel unfairly treated or looked down on. Regardless of if it is true or not, that is the perception from the public which is going to have to be worked on. — Public Health Representative
>
> Too many individuals without health insurance. — Community Leader

Affordable Care/Services

> Rising health care costs and limited providers are major barriers to adequate access to care.
> — Public Health Representative
>
> Cost and availability of services. — Community Leader
>
> How expensive everything is for our community even with insurance. We are forcing people to decide whether they want oral care or food and that is wrong. We treat mental health like a joke and don't talk about the amount people who need mental health services and also how expensive it is to get mental health services or the amount of time people need for these services. We have no system in place for sexual health in the Butte school district and abstinence is a joke and does not work. Instead of teaching safe sex and protection we teach that and then when women or teens do get pregnant the care they receive is abysmal and only goes for a few months after the child is born. It's shameful that our nursing care facilities are overcrowded and the overworked staff are quitting at an alarming rate. You want to make serious changes? It's not a political thing, get someone in government that doesn't treat health care like a money maker. — Community Leader

Behavioral Health

> Access to mental health and substance abuse treatment. — Community Leader
>
> Mental health care support and the struggle to find affordable housing. — Community Leader

Housing

> Lack of affordable housing. — Community Leader
>
> Lack of housing, services, poverty and access to providers. — Physician

Access for Medicare/Medicaid Patients

> The biggest challenges related to accessing health care services in my community, that I see regularly, is access to Medicaid/Medicare Navigation and Medicaid coverage. Another challenge in Butte is stigma. Individuals that need to see the doctor (people experiencing homelessness, people who use drugs, low income) do not go due to some form of negative experience they have had in the past. This is a major problem with our homeless & drug user communities. — Public Health Representative

Awareness/Education

> It is often hard for people to reach out for help because they do not know where to go or who to ask. Additionally, from a financial perspective, people often cannot afford to pay for mental health services. — Community Leader

Denial/Stigma

> Stigma on a population that under privileged, unhoused, and people that use drugs and alcohol.
> — Public Health Representative

Government/Policy

> Lack of state and federal government accountability in providing crucial resources and funding.
> — Community Leader

Aging Population

> Care and check in for elderly that get forgotten and do not receive proper care, and are way over charged to be able to afford in home or a nursing home. — Community Leader

Income/Poverty

> Financial barriers and providers staying in our community. Providers are usually booked out months for most general health care concerns. — Community Leader

PRIMARY CARE SERVICES

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

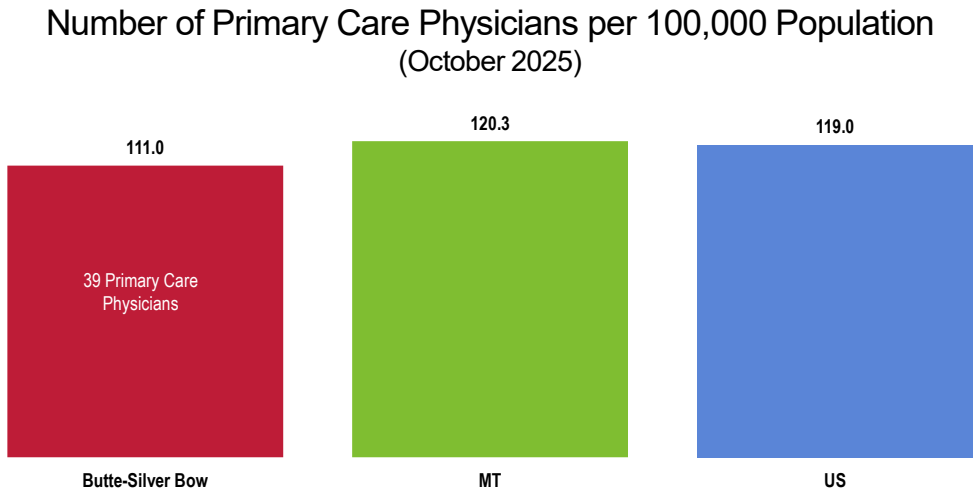
Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

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

Access to Primary Care

Note that this indicator takes into account *only* primary care physicians. It does not reflect primary care access available through advanced practice providers, such as physician assistants or nurse practitioners.

There are 39 primary care physicians in Butte-Silver Bow, translating to a rate of 111.0 primary care physicians per 100,000 population.



Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved September 2025 via SparkMap (sparkmap.org).

Notes:
- Doctors classified as "primary care physicians" by the AMA include general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs, and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.

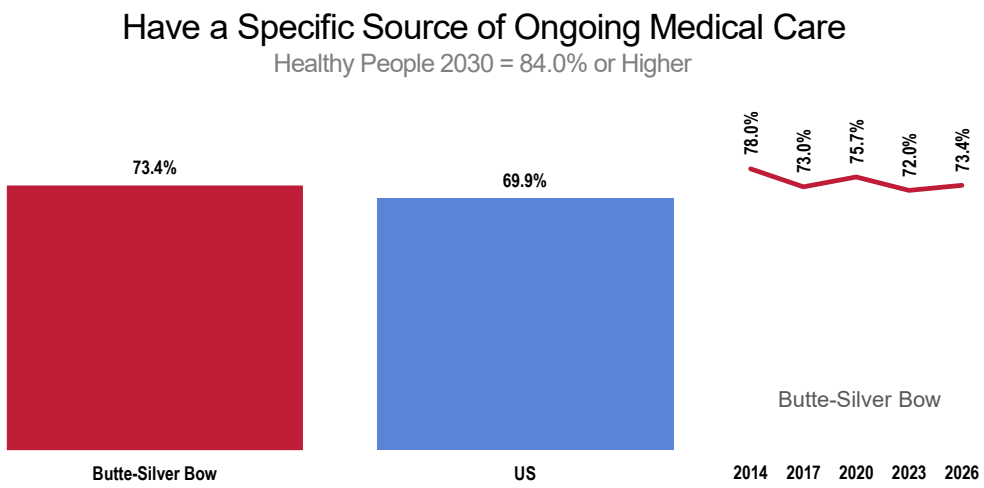
Specific Source of Ongoing Care

Having a specific source of ongoing care includes having a doctor's office, public health clinic, community health center, urgent care or walk-in clinic, military/VA facility, or some other kind of place to go if one is sick or needs advice about his or her health. 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.

A total of 73.4% 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.



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 118]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Utilization of Primary Care Services

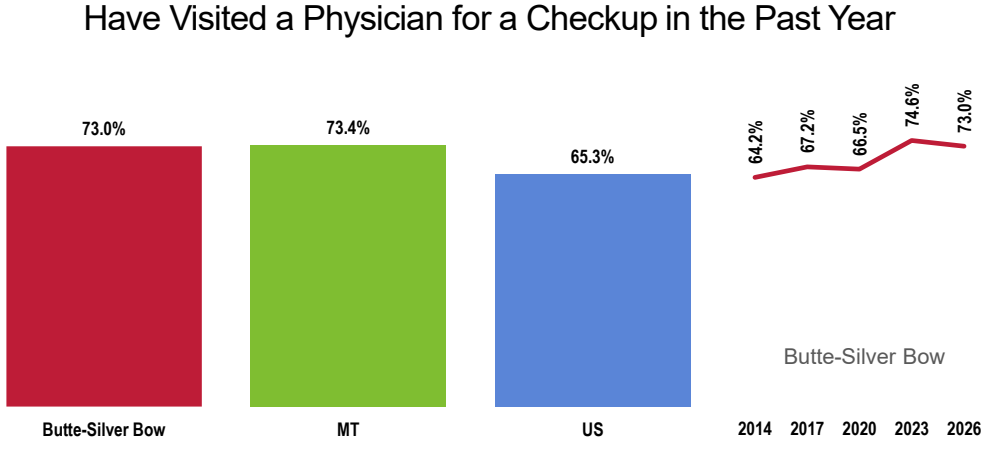
Adults

Nearly three in four adults (73.0%) visited a physician for a routine checkup in the past year.

BENCHMARK ► Higher than the national figure.

TREND ► Marks a statistically significant increase since 2014.

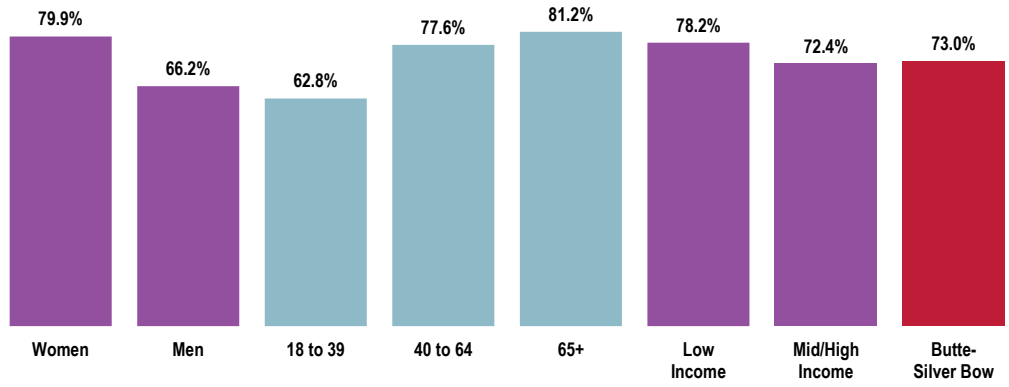
DISPARITY ► Reported less often among men and young adults.



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 16]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Montana data.
- 2023 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, 2026)



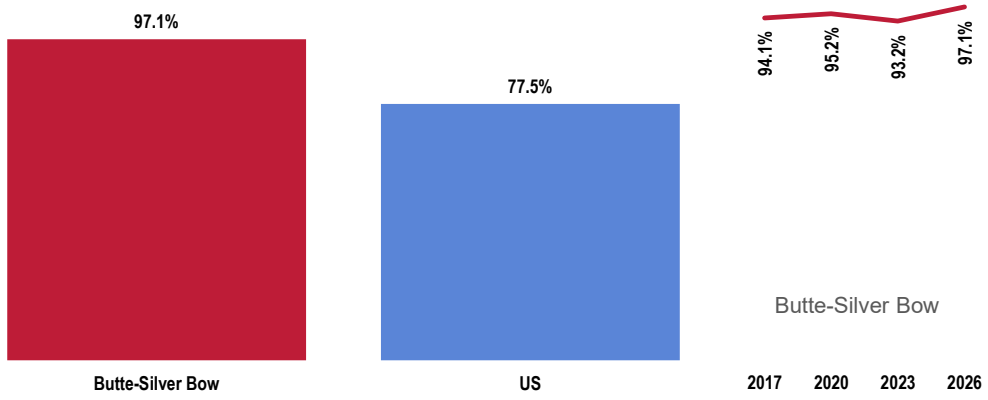
Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 16]
Notes: • Asked of all respondents.

Children

Among surveyed parents, nearly all (97.1%) 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
(Children 0-17)



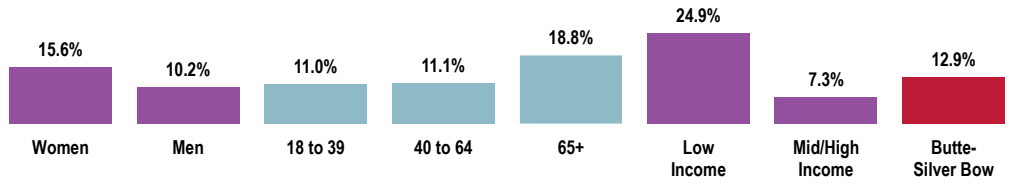
Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 91]
• 2023 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents with children age 0 to 17 in the household.

EMERGENCY ROOM UTILIZATION

A total of 12.9% of Butte-Silver Bow adults have gone to a hospital emergency room for some type of routine care in the past year.

DISPARITY ► Reported more often among adults in low-income households.

Used a Hospital Emergency Room for Routine Care in the Past Year
(Butte-Silver Bow, 2026)



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 301]
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.

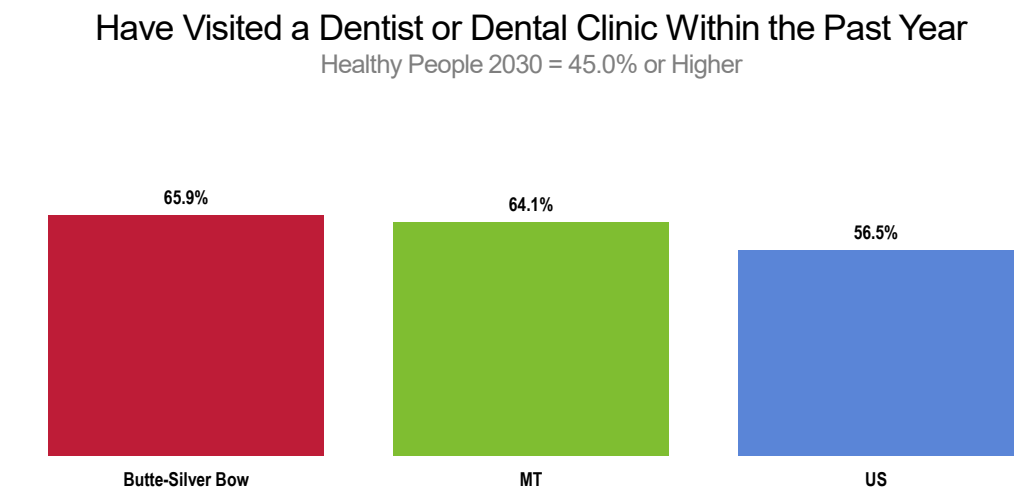
– Healthy People 2030 (https://health.gov/healthypeople)

Dental Care

A total of 65.9% of Butte-Silver Bow adults have visited a dentist or dental clinic (for any reason) in the past year.

BENCHMARK ► Higher than the US percentage.

DISPARITY ► Reported less often among men and adults in low-income households.



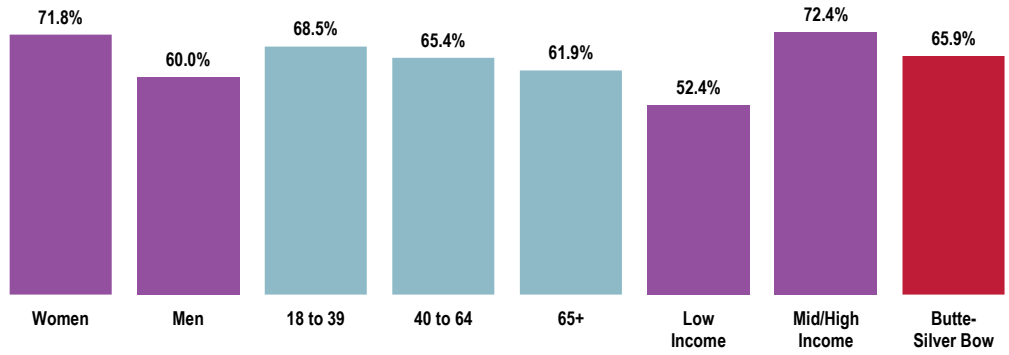
Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 17]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Montana data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Butte-Silver Bow, 2026)

Healthy People 2030 = 45.0% or Higher



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 17]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

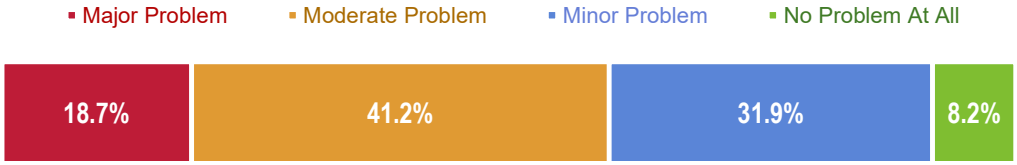
Notes:
- Asked of all respondents.

Key Informant Input: Oral Health

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

(Among Key Informants; Butte-Silver Bow, 2026)



Sources:
- 2026 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

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

Affordable Care/Services

> Dental care is expensive and not often covered by insurance. There are many people in Butte who neglect oral care/ issues with payment. — Public Health Representative
>
> Many people cannot afford dental care. — Community Leader
>
> Dental care is painful and expensive. Not everyone can afford a cleaning two times a year. — Public Health Representative
>
> The price of it and how a lot of it is not cover by insurance. — Community Leader
>
> Expense and education. — Community Leader
>
> Incredibly challenging to have a dental board (as I understand it) or offices that bind together to continue to bill insurance but not participate to balance bill patients, dental care is incredibly challenging due to cost for patients, poverty, prioritization for patients with limited resources or the need for services not covered by dental coverage — Health Care Provider
>
> Dentist don't take payments, extremely expensive to go to the dentist. — Public Health Representative

Lack of Dentists

> I feel that many of the dentists in the community do not take on new patients which limits options to choose a provider of choice. This I feel can limit access to get in for care in a timely manner. With these limitations, I do not feel that people have many choices or places to go for emergency care. If it relates to surgery it has to be through a referral and there are not enough services by nonprofit organizations that provide services if you are uninsured or underinsured, especially in an emergency situation. — Public Health Representative

> Limited dental help at community health center. — Social Services Provider

> Dentists are booked up so full that acute issues cannot be seen in a timely manner. — Health Care Provider

> We need more dentists, and we need more dental care in young people to ensure there is lifelong oral health available to our residents. — Community Leader

> Lack of providers and no fluoride in water. — Physician

> Not enough dentists and not enough emphasis on oral care in the young. — Physician

Incidence/Prevalence

> From hearing this from different patients. — Community Leader

> Poor dentition seen on many OB patients. — Health Care Provider

> We lack the social determinants of healthcare. — Public Health Representative

> When you go to retail stores, gas stations, etc. many people who work there do not have teeth nor good oral health hygiene. More people do not have dental insurance even though they may have medical coverage. — Community Leader

Access for Medicaid Patients

> More access to Medicaid-covered dentists. Affordable dentists and denturists. — Social Services Provider

> Lack of dental providers that accept Medicaid, Medicaid cuts have negatively affected dental care visits. Also, when you have to choose between your groceries and getting your teeth cleaned, you will always choose groceries - especially if you have children. — Public Health Representative

Access to Care for Uninsured/Underinsured

> Lack of insurance leaves people with minimal options for affordable services. — Physician

> Southwest Montana Community Health Center is the resource for people who don't have dental insurance, but they sometimes have long periods when they aren't able to schedule patients. I'm not aware of any other providers who even see patients without dental coverage. Malnutrition, chronic conditions, and health behaviors like tobacco and other substance use contribute to poorer oral health. — Health Care Provider

Affordable Insurance

> Dental insurance coverage in this community is limited. Additionally, the high cost of food often leads individuals to consume processed foods that are high in sugar. — Health Care Provider

> Lack of any or affordable dental insurance, poor habits-food, beverages and brushing. — Community Leader

Awareness/Education

> Lack of education, lack of early and preventive treatment and cost of care. — Social Services Provider

> I believe that oral health is just not seen as important to a large part of the community. — Public Health Representative

Nutrition

> Again, what we consume is a problem. Low income and less educated families don't have oral or physical health as a priority. There is lack of education in our schools about oral health as well and no screenings that I am aware of for all kids. I truly believe a lot of kids don't know how to properly brush their teeth, floss, and why it is important to do this every day. — Community Leader

Insurance Issues

> I think because many insurances do not cover more than a basic cleaning many people who need more work done do not schedule further appointments because of cost. — Health Care Provider

Co-Occurrences

> Importance of oral health on overall health, especially heart health. — Community Leader

Environmental Contributors

> Lack of water fluoridation, cost and low income. — Public Health Representative

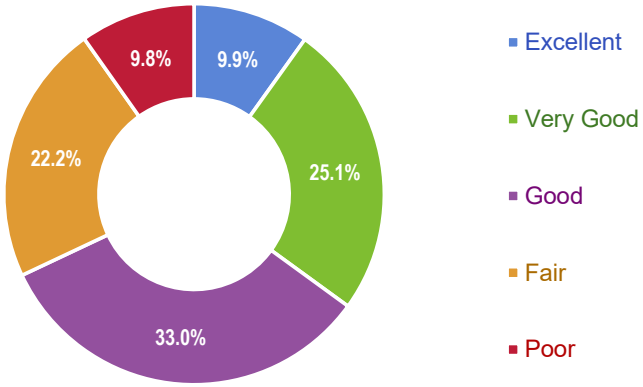


LOCAL RESOURCES

PERCEPTIONS OF LOCAL HEALTH CARE SERVICES

Just over one in three Butte-Silver Bow adults rates the overall health care services available in their community as "excellent" or "very good," and a similar share gave "good" ratings.

Rating of Overall Health Care Services Available in the Community
(Butte-Silver Bow, 2026)



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: ● Asked of all respondents.

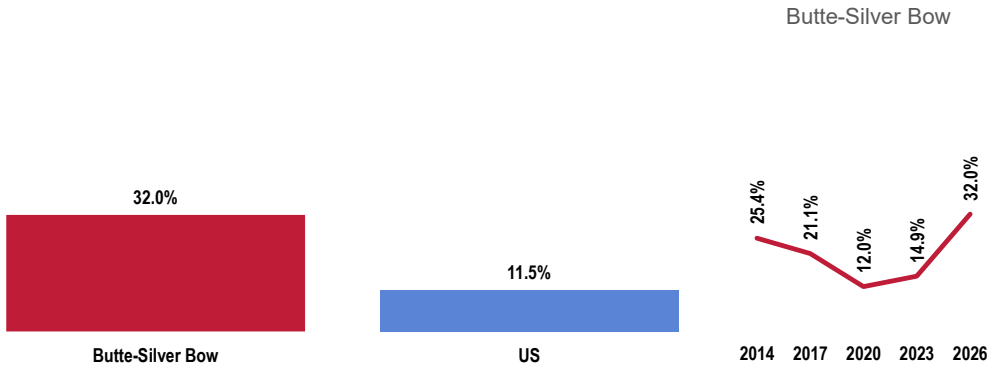
However, 32.0% of residents characterize local health care services as "fair" or "poor."

BENCHMARK ► Nearly three times the national prevalence.

TREND ► Increasing significantly from previous findings.

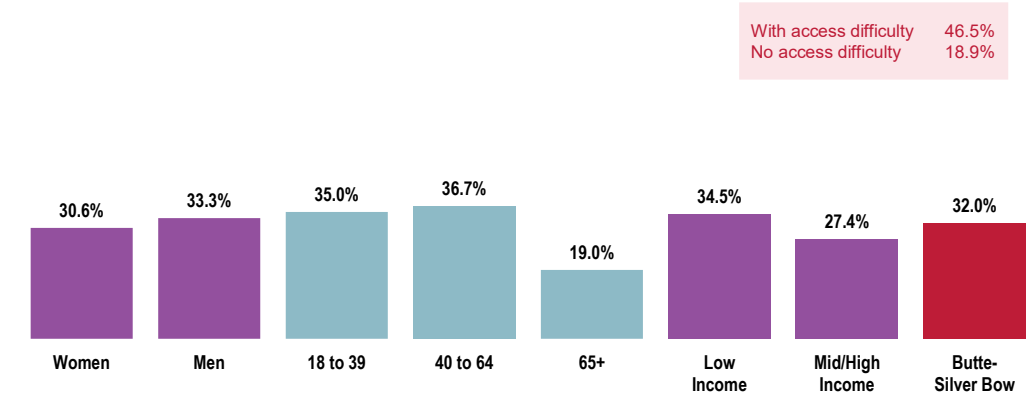
DISPARITY ► Highest among adults under age 65, as well as those experiencing access difficulties in the past year.

Perceive Local Health Care Services as "Fair/Poor"



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 5]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Perceive Local Health Care Services as “Fair/Poor”
(Butte-Silver Bow, 2026)

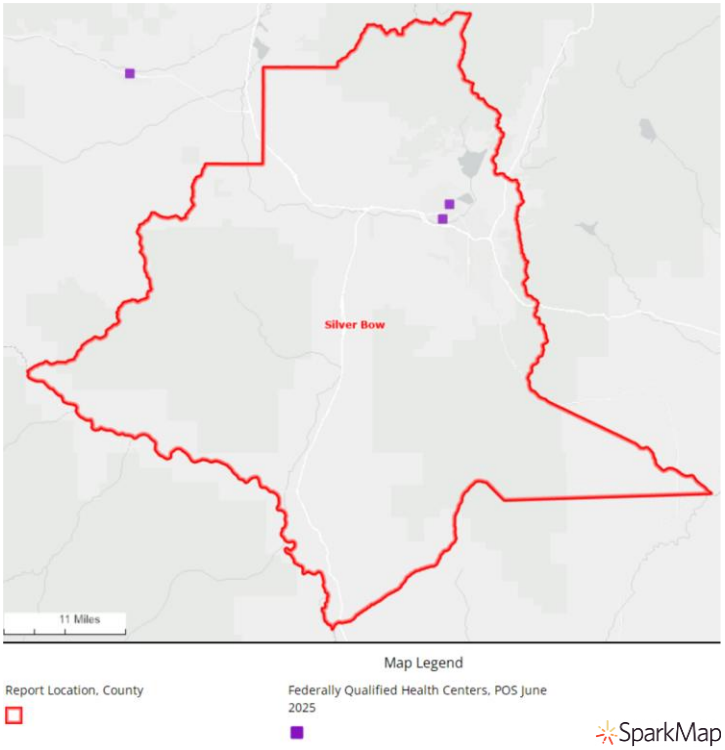


Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.

HEALTH CARE RESOURCES & FACILITIES

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within Butte-Silver Bow as of June 2025.



Resources Available to Address Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

- ACA Workers
- Action Inc
- Anaconda Community Hospital
- Anaconda Pintler Medical
- Aware
- BestMed Urgent Care
- Butte 4Cs
- Butte Family Dental
- Butte Silver Bow Health Department
- Community, Counseling, and Correctional Services
- Community Health Center
- Community Outreach
- Compassus
- Cover Montana
- Crisis Response Team
- Doctors' Offices
- Express Care
- Family Planning
- Government
- Habitat for Humanity
- Health Department
- Hospitals
- Housing Authority
- Intermountain Health
- Intermountain Health Rocky Mountain
- Intermountain Health St. James
- Jail
- Law Enforcement
- Loan Repayment Programs
- Medicare/Medicaid
- Mercury Street Medical
- Mobile Medical Outreach Van
- Montana Chemical Dependency Center
- Native Wellness Center
- Nova
- Office of Public Assistance
- Rescue Mission
- RMAP Clinic
- School System
- Southwest Montana Addiction, Recovery, and Treatment Program
- Southwest Montana Community Health Center
- Spirit House/Homes
- St. Patrick Hospital
- Summit Surgery Center
- Syringe Exchange Program
- Telehealth
- Urgent Care
- Veterans Affairs
- Western Montana Mental Health
- Zero to 5

Cancer

- Action Inc
- American Cancer Society
- Anaconda Community Cancer Center
- Anaconda Community Hospital
- Breast and Cervical Cancer Screening Program
- Butte 4Cs
- Butte Cancer Support Group
- Butte Citizens Technical Environmental Committee
- Butte Diagnostic
- Butte Silver Bow Council Meetings
- Butte Silver Bow Health Department
- Cancer Support Community Montana
- Churches
- Community Health Center
- Doctors' Offices
- Environmental Protection Agency
- Epiphany Dermatology
- Faith-Based Resources
- Food Bank
- Government
- Health Department
- Hospitals
- Intermountain Health
- Intermountain Health St. James
- Mammo Bus
- Mental Health Agencies
- Montana Cancer Coalition
- Montana Department of Public Health and Human Services

- Online Resources
- Rescue Mission
- RMAP Clinic
- Ronald McDonald House
- School System
- Southwest Montana Community Health Center
- Support Groups
- Tobacco Use Prevention Programs
- Veterans Affairs

Diabetes

- Belmont Senior Center
- Butte Food Co-Op
- Butte School District
- Butte Silver Bow Health Department
- Classes
- Community Gardens
- Community Health Center
- Diabetes Prevention Healthy Lifestyle Classes
- Diabetic Educators
- Doctors' Offices
- Farmers' Markets
- Fitness Centers/Gyms
- Fitness Courts
- Food Bank
- Good Rx
- Government
- Grocery Stores
- Health Department
- Hospitals
- Hummingbird Cafe
- Insurance
- Intermountain Health
- Intermountain Health St. James
- Kinetic Fitness
- Medicare/Medicaid
- Medications
- Mercury Street Medical
- Montana State University Extension
- Montana Youth Diabetes Alliance
- National Center for Appropriate Technology
- Native Wellness Center
- Nutritionists
- Online Resources
- Para-Transit
- Parks and Recreation
- Pharmacies
- Proper Nutrition
- Public Transportation
- Recreate
- RMAP Clinic
- School System
- Self-Insurance
- Southwest Montana Community Health Center
- Supplemental Nutrition Assistance Program
- Support Groups
- The Pit Fitness
- Veterans Affairs
- Walk With Ease
- YMCA

Disabling Conditions

- Ability Montana
- Action Inc
- ADA Resource Center
- ALF Facilities
- Alzheimer's Association
- Anaconda Community Hospital
- Area Agency on Aging
- Aware
- Belmont Senior Center
- Big Sky Senior Living
- Blind and Low Vision
- BSW
- Bus System
- Butte Community Health
- Butte Silver Bow ADA Coordinator
- Butte Silver Bow DD
- Butte Silver Bow Health Department
- Butte Silver Bow Transit
- Community Health Center
- Community Outreach
- Community Support Programs for Winterization
- Copper Ridge
- Diabetic Educators
- Disability Organizations
- Disability Services
- Doctors' Offices
- Easter Seals
- Family Outreach
- Health Department
- Hearing Aid Businesses
- Home Health Services
- Hospice Companies
- Hospitals
- Housing and Support for Disabled Community Members
- Intermountain Health
- Intermountain Health St. James
- L'Assist Behavioral Health
- Meals on Wheels
- Medicare/Medicaid
- Montana Chemical Dependency Center

- Montana Independent Living Project
- Montana State University Extension
- Mountain West Psychological Resources
- Native Wellness Center
- Para-Transit
- Public Transportation
- Rescue Mission
- Silver Bow Developmental Disabilities Council
- Southwest Montana Addiction, Recovery, and Treatment Program
- Southwest Montana Aging and Disability Services
- Southwest Montana Community Health Center
- Spirit House/Homes
- Support Groups
- The Crest
- The Springs
- Veterans Affairs
- Vocational Rehab
- Walk With Ease
- Western Montana Mental Health
- YMCA

Heart Disease & Stroke

- American Heart Association
- Butte Community Health
- Butte Silver Bow Health Department
- Community Health Center
- Doctors' Offices
- Fitness Centers/Gyms
- Food Bank
- Great Falls Clinic
- Heart Institute
- Hospitals
- Insurance
- Intermountain Health
- Intermountain Health St. James
- Montana Quitline
- Native Wellness Center
- Online Resources
- Physical Rehabilitation
- Providence Heart Institute
- Southwest Montana Community Health Center
- St. Vincent's
- Walk With Ease
- Wisewoman
- YMCA

Infant Health & Family Planning

- Action Inc
- Anaconda Community Hospital
- Butte 4Cs
- Butte Cares
- Butte Public Health Department
- Butte School District
- Butte Silver Bow Health Department
- Community Health Center
- Doctors' Offices
- Family Planning
- Government
- Head Start
- Health Department
- Health Start
- Hospitals
- Intermountain Health
- Intermountain Health St. James
- Native Wellness Center
- New Hope Clinic
- Origin Health
- Safe Care
- Salvation Army
- School System
- Southwest Montana Community Health Center
- Women, Infants, and Children

Injury & Violence

- AA/NA
- Action Inc
- Butte Cares
- Butte Community Health
- Butte Silver Bow Health Department
- Child Evaluation Center
- Churches
- Community, Counseling, and Corrections
- Community Health Center
- Community Outreach
- Counselors/Therapists
- Doctors' Offices
- Drop-In Center
- Drug Court
- Faith-Based Resources
- Firearm Retailers
- Government
- Health Department
- Hospitals
- Intermountain Health
- Intermountain Health St. James
- Law Enforcement
- Mental Health Evaluations
- Montana Chemical Dependency Center
- Montana Department of Public Health and Human Services
- Native Wellness Center

- Neighbors Helping Neighbors
- Online Resources
- Rescue Mission
- Safe Space
- School System
- Shooting Ranges
- Southwest Mental Health
- Southwest Montana Addiction, Recovery, and Treatment Program
- Southwest Montana Community Health Center
- START
- Veterans Affairs

Mental Health

- 1-800 Crisis Lines
- 211
- 911
- 988
- AAA
- Ability Montana
- Action Inc
- Addiction Programs
- Adult Protective Services
- Aspen Mental Health
- Aware
- Behavioral Health Local Advisory Council
- Butte 4Cs
- Butte Cares
- Butte Community Health
- Butte School District
- Butte Silver Bow
- Butte Silver Bow Detention Facility
- Butte Silver Bow Health Department
- Butte Silver Bow Mental Health Local Advisory Council
- Butte Silver Bow Resource Guide
- Charity Housing
- Churches
- Community Action Team
- Community, Counseling, and Corrections
- Community Health Center
- Community Outreach
- Comprehensive School and Community Treatment
- Community Therapy
- Counselors/Therapists
- Crisis Diversion Team
- Crisis Now Coalition
- Crisis Response Team
- Deep Roots
- Doctors' Offices
- Drug Court
- Employer Provided EAP
- Faith-Based Resources
- Five Peaks Coalition
- Government
- Groups
- Hayes Morris House
- Health Department
- Home Health Services
- Hospitals
- IH Medical Group
- Intermountain Health
- Intermountain Health St. James
- L'Assist Behavioral Health
- Law Enforcement
- Library
- Local Treatment Teams
- Medications
- Mental Health Agencies
- Mental Health Hotline
- Mission
- Mobile Trauma Care
- Montana Chemical Dependency Center
- Montana Counseling Center
- Montana State Hospital
- Montana State Residential Women's Treatment Facility
- Montana State University Extension
- Montana Tech
- Mountain West Psychological Resources
- National Crisis Line
- Native Wellness Center
- Online Resources
- Private Individuals
- Rescue Mission
- Roots Counseling
- Rural Behavioral Health Institute
- Salvation Army
- School System
- Section 8
- Shodair Children's Hospital
- Silver House
- Skylight
- Southwest Mental Health
- Southwest Montana Addiction, Recovery, and Treatment Program
- Southwest Montana Community Health Center
- Spirit House/Homes
- Suicide Hotline
- Support Groups
- Veterans Affairs
- Warm Springs State Hospital
- We Care Behavioral Health
- Western Montana Mental Health

Yellowstone Boys and Girls Ranch
YMCA
Youth Dynamics

Minorities/Medically Underserved

Adult Men and Women
African-Americans
AIDS/HIV Positive
All Populations
Asians
College Students
Disabled
Elderly
Ethnic/Racial Minorities
Hispanics
Homeless
Immigrants/Refugees
Infants/Children
LGBTQIA+
Low Income
Low Income Women, Children and Infants
Medicare/Medicaid Patients
Men
Middle Class
Native Americans
Non-Residents
People Who Use Drugs
Pregnant Teens/Women
Qualifying Homeowners Over Age 50
Rural
Single Parents
Students
Survivors of Human Trafficking/Domestic Violence
Teens/Young Adults
Those in Foster Care
Those Involved in the Judicial System
Those Who Experience Anti-Fat Bias
Those With a Chronic Illness
Those With a Language Barrier
Those With Behavioral Health Issues
Those With Few Social Supports
Those With Food Insecurities
Those With High Needs
Those With Mental Health Issues
Those With Mobility Issues
Those With Substance Abuse Issues
Those Without Cable TV
Underage Residents
Uneducated/Undereducated
Uninsured/Underinsured
Unprepared Parents
Veterans
White
Women
Women and Children

Nutrition, Physical Activity, & Weight

4H
Ability Montana
Activity Clubs
Arthritis Foundation
Backpack Program
Belmont Senior Center
Butte 4Cs
Butte Food Co-Op
Butte School District
Butte Silver Bow
Butte Silver Bow Health Department
Buy Eat Live Better
Churches
Classes
Community Health Center
Copper City Strength and Condition
Diabetes Prevention Healthy Lifestyle Classes
Doctors' Offices
Empty Bowls
Farmers' Markets
Fitness Centers/Gyms
Fitness Courts
Food Bank
Greenway
Grocery Stores
Health Department
Hospitals
Intermountain Health
Intermountain Health St. James
Kinetic Fitness
Knights of Columbus
Medications
National Center for Appropriate Technology
Native Wellness Center
Office of Public Assistance
Parks and Recreation
Recreate
Rescue Mission
Ridge Waters Water Park
Rooted Tribe Yoga
Safeway
Salvation Army
School System
Service Organizations
Southwest Montana Community Health Center
Summer Food Programs

Supplemental Nutrition Assistance Program
Top Deck Medical Aesthetics
Walk With Ease
Weight Loss Clinics
Weight Watchers
Western Montana Growers Coop
Women, Infants, and Children
YMCA

Oral Health

Bartoletti Dental
Butte Family Dental
Butte Pediatric Dentistry
Butte Pediatrics
Butte Silver Bow Health Department
Community Health Center
Dental Offices
Doctors' Offices
Health Department
Intermountain Health St. James
Medicare/Medicaid
Montana Oral Surgery
Native Wellness Center
Silver Creek Family Dentistry
Southwest Montana Community Health Center

Respiratory Diseases

AA/NA
Anaconda Community Hospital
Butte Silver Bow Health Department
Community Health Center
Doctors' Offices
Health Department
Hospitals
Intermountain Health
Intermountain Health St. James
Southwest Montana Community Health Center

Sexual Health

Butte Silver Bow Health Department
Community Health Center
Family Planning
Health Department
Intermountain Health
Intermountain Health St. James
MedPro Connect
Native Wellness Center
Online Resources
PREP
Sex Education
Southwest Montana Community Health Center
Syringe Exchange Program
Women, Infants, and Children

Social Determinants of Health

Ability Montana
Action Inc
Addiction Programs
Affordable Housing
Aware
Belmont Senior Center
Best Beginnings Scholarship
Big Brothers Big Sisters
Boot Straps
Butte Cares
Butte Furniture Bank
Butte Job Service
Butte 4Cs
Butte Literacy
Butte Local Development Corporation
Butte Silver Bow
Butte Silver Bow Health Department
Butte Silver Bow Housing Coordinator
Butte Silver Bow Transit
Churches
Community Action Team
Community Health Center
Community Outreach
Families
Farmers' Markets
Five Peaks Coalition
Food Bank
GED Program
Government
Habitat for Humanity
Hayes Morris House
Health Department
Homeless Shelter
Housing Authority
HUD Housing
Intermountain Health
Intermountain Health St. James
Job Services
Legion Oasis
Library
Medicare/Medicaid
Mental Health Agencies
Montana Chemical Dependency Center
Montana Tech
National Affordable Housing Network
Native Wellness Center

New Hope Clinic
Northwest Energy
Office of Public Assistance
Private Individuals
Private Landlords
Property Management Companies
Public Transportation
Rescue Mission
Ryan White Medical Case Manager
Safe Space
Salvation Army
School System
Section 8
Silver Bow Homes
Southwest Montana Addiction, Recovery, and Treatment Program
Southwest Montana Community Health Center
Southwest Montana Prevention Coalition
Supplemental Nutrition Assistance Program
Syringe Exchange Program
Town-Pump Foundation
Veterans Affairs
Volunteers of America
Western Montana Mental Health
Women, Infants, and Children
Women's Shelter
YMCA

Substance Use

988
AA/NA
Action Inc
Addiction Recovery Butte
Alano Club
Alpenglow
Aware
Beautiful Minds Recovery
Big Brothers Big Sisters
Butte 4Cs
Butte Cares
Butte Community Health
Butte Pre-Release
Butte Silver Bow
Butte Silver Bow Health Department
Care Unit
Churches
Community, Counseling, and Corrections
Community Health Center
Community Medical Center
Connections Program
Counselors/Therapists
Court System
Deep Roots
Doctors' Offices
Drug Court
Florence Crittenton
Health Department
Hope Center Ministries
Hospitals
Ideal Option
Intermountain Health
Intermountain Health St. James
Jail
L'Assist Behavioral Health
Law Enforcement
Men's Home
Mental Health Crisis Access Team
Meth Project
Montana Chemical Dependency Center
Montana Department of Public Health and Human Services
Montana Quitline
Native Wellness Center
Options for Recovery (OFR)
Recovery Center Missoula (RCM)
Reiter Foundation
Rescue Mission
Safe Space
School System
Silver House
Sober Living Home
Social Workers
Southwest Montana Addiction, Recovery, and Treatment Program
Southwest Montana Community Health Center
Southwest Montana Prevention Coalition
Spirit House/Homes
START
State Programs
Syringe Exchange Program
Uptown Rehab Center
Veterans Affairs
Watch Program
We Care Behavioral Health
Western Montana Mental Health
White Buffalo

Tobacco Use

Acupuncture
American Cancer Society
Butte 4Cs
Butte Cares
Butte Community Health
Butte School District

Butte Silver Bow
Butte Silver Bow Health Department
Butte Silver Bow Worksite Wellness Program
Community Action Team
Community Education
Community Health Center
Dental Offices
Doctors' Offices
Government
Health Department
Hospitals
Hypnosis
Intermountain Health
Intermountain Health St. James
Juvenile Probation
Law Enforcement
Medical Community
Medications
Montana Chemical Dependency Center
Montana Department of Public Health and Human Services
Montana Health Alert Network
Montana Quitline
Peer Pressure
React Montana
School System
Southwest Montana Community Health Center
Support Groups
Tobacco Use Prevention Programs



APPENDIX

EVALUATION OF PAST ACTIVITIES

The 2023 CHNA identified access to healthcare services, behavioral health, heart disease and stroke, and social determinants of health as significant health needs. A companion Implementation Strategy was also developed in 2024 to address these health needs identified among the medically underserved, low-income, and minority residents in the CHNA data. Notable outcomes from those activities are below.

2024 - 2026 Implementation Strategies and Outcomes

Significant Health Need	Strategies	Outcomes 2024-2026*
	• Increase opportunities to access health services, both in person and virtually • Increase workforce capacity to provide healthcare services	• Provided 328 mobile mammograms at 22 sites • Offered outreach care for 13 specialty services in 5 communities • Recruited 78 providers to the service area • Conducted 1,976 virtual health visits • Supported clinical rotations for 254 students in nursing, pharmacy, radiology, physical therapy, respiratory therapy, clinical pastoral education, and laboratory
	• Improve access to mental health services and resources • Improve supports for substance use treatment and prevention	• Offered integrated behavioral health in two primary care clinics • Distributed 800 gunlocks for suicide prevention with resource brochures promoting 988 and MT 211 • Offered 4 QPR trainings for 80 people and trained a QPR instructor • Promoted 988 awareness at 12 events and provided in-kind and financial support to 5 coalitions addressing behavioral health
	• Increase access to interventions for prevention • Increase disease management	• Offered Hands Only CPR to 1,490 individuals at 16 events • Provided a diabetes and heart disease prevention program, which resulted in 78% of participants achieving a 5% weight loss • Delivered cardiac rehabilitation services to 262 individuals • Offered 255 blood pressure and cardiovascular risk assessments for community members
	• Support housing collaboration and development • Support community economic development	• Supported community collaboration that housed five medically and socially vulnerable residents • Provided support for the local Continuum of Care Coalition • Provided in-kind and financial support to 2 organizations addressing economic development

* Totals as of September 2025