Intermountain Health | St. Vincent Regional 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.

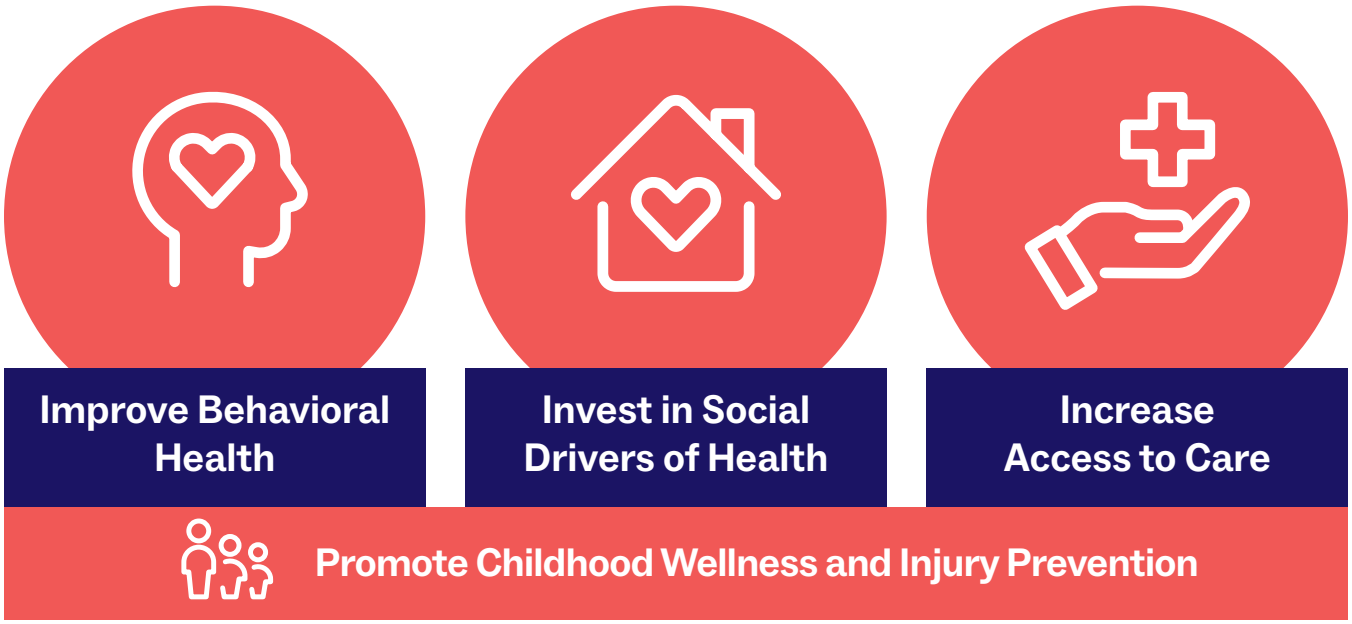
Our efforts now shift from assessing needs to developing an Implementation Strategy to meet those needs. We know that having an impact means working together – the Power of We. As we consider how Intermountain's resources can be allocated in the service area, we want to collaborate with community-based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

Sincerely,

Lee Boyles,
President of St. Vincent Regional Hospital and Montana/Wyoming Market

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®

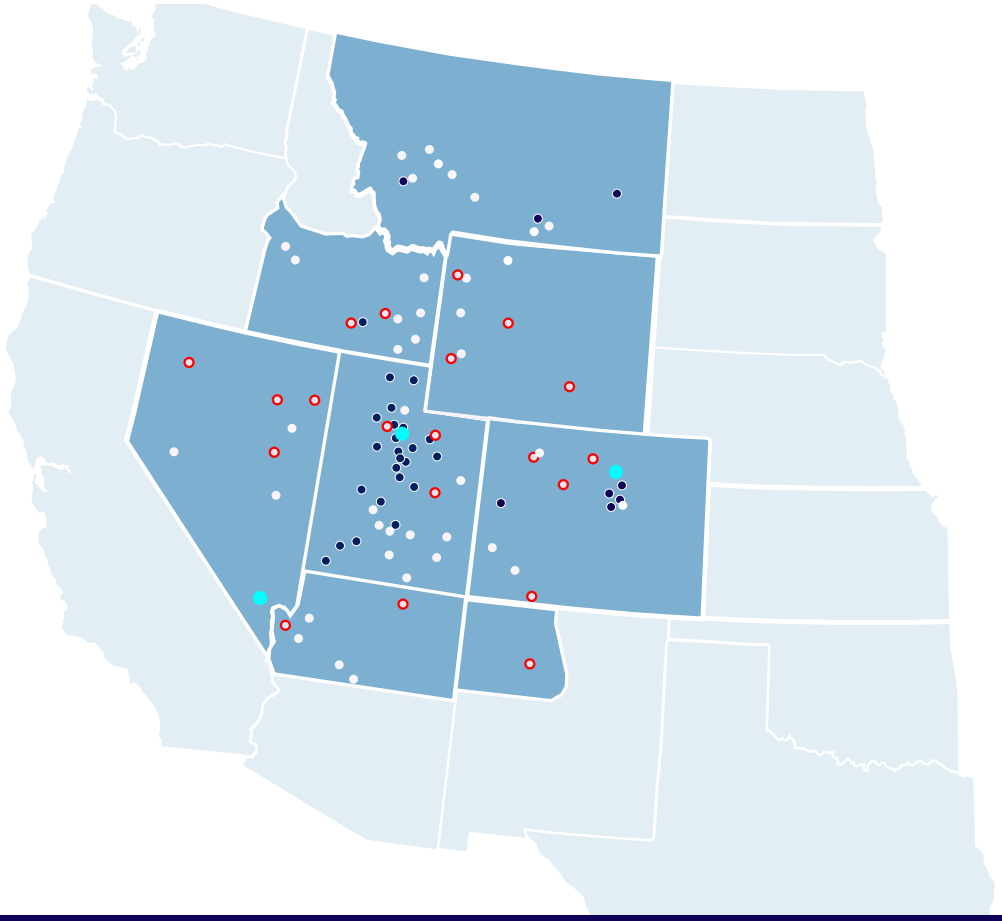
Our Catholic Mission

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. Vincent Regional Hospital

Founded by the Sisters of Charity of Leavenworth in 1898, St. Vincent Regional Hospital in Billings, Montana, serves as a major healthcare provider for Montana and surrounding regions from northern Wyoming to the western Dakotas. It is a Level I Trauma Center offering general medical and surgical care. It also provides dedicated pediatric services through St. Vincent Children's, a hospital within a hospital. St. Vincent extends primary care services through clinics across the service area. As part of Intermountain Health, the hospital broke ground on a new facility in June 2025 with completion scheduled for 2029.

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 Yellowstone County Healthcare Alliance for our **2026 Yellowstone 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.

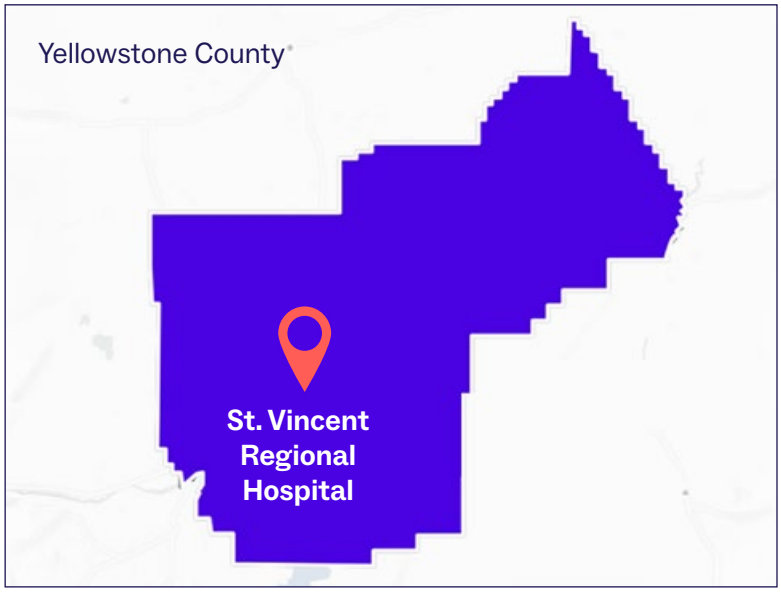
APPENDIX: INTERMOUNTAIN HEALTH CHNA GLOSSARY

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		
Yellowstone	59002	59044	59088
	59006	59057	59101
	59015	59063	59102
	59024	59064	59105
	59037	59079	59106
	59041		



Community Demographics

Demographic Factors	Hospital Service Area	Montana	United States
Population	168,957	1,116,875	334,992,449
Persons Under 18 Years	23.0%	21.0%	22.0%
Persons 65 Years and Over	18.3%	20.1%	17.2%
Female Persons	50.4%	49.3%	50.5%
High School Graduate or Higher (age 25 years+)	95.5%	94.6%	89.6%
Persons in Poverty (150% Federal Poverty Level)	15.9%	20.9%	20.1%
Median Household Income (2024 dollars)	$76,570	$72,509	$80,734
Persons without Health Insurance (under age 65)	7.7%	8.6%	8.4%
White, not Hispanic or Latino	83.4%	83.6%	57.4%
Hispanic or Latino	6.6%	4.6%	19.3%
Black or African American	0.4%	0.4%	11.9%
Asian	0.7%	0.8%	5.9%
American Indian and Alaska Native	3.6%	5.3%	0.5%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%	0.2%
Two or More Races	4.7%	4.7%	4.3%
Limited English Proficiency	0.9%	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. Vincent participated in a collaborative CHNA with Billings Clinic, RiverStone Health, The Rehabilitation Hospital of Montana, 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	Injury and violence
Mental health	Nutrition, physical activity, and weight
Social determinants of health, including housing	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. Vincent 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. Vincent's 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. VINCENT REGIONAL HOSPITAL PRELIMINARY HEALTH NEEDS

Access to healthcare services

The uninsured rate in Yellowstone County increased 43% from 2023 to 2026.

Childhood injury

Unintentional injury is the leading cause of death for children (ages 0 to 18 years) in Montana, and Yellowstone County has a higher motor vehicle traffic mortality rate (ages 5 to 17 years) than Montana and the U.S.

Mental Health

Depression rates are increasing and in 2026 were over 37% among Yellowstone County adults. This rate is higher than Montana at 24% and the U.S. at 31%.

Nutrition, physical activity, and weight

One in three adults in Yellowstone County has obesity, and about two in three have overweight or obesity. Higher rates are among adults with lower incomes and women.

Social drivers of health

The median household income for Yellowstone County is $76,570, and is 35% lower among households headed by women.

Substance use and addiction

Alcohol related deaths in Yellowstone County are 33 deaths per 100,000, more than twice the national rate.

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

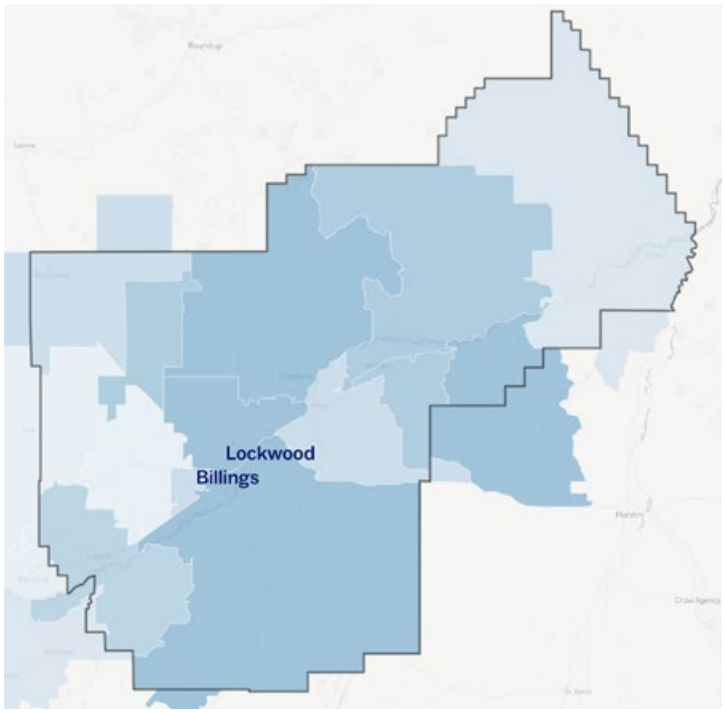


Collaborate with other community organizations to have the greatest possible impact on data-identified needs

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.

"There are a lot of people in our community who struggle with mental health issues, but there are not enough easily accessible resources to help them." — *Community Leader*



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

Mental Health

Self-Reported Poor Mental Health | 2023
Yellowstone County: **18.6%**
±2.1% of adults

About 19% of residents in Yellowstone County reported poor mental health with the highest rates seen in Lockwood. The key informant survey also ranked mental health as the highest community concern.

15.5% **20.3%**

HEALTH DISPARITIES, HEALTH EQUITY & BEHAVIORAL HEALTH

Mental Health

13% of parents in Yellowstone County were unable to get their child (ages 5 to 17 years) mental health services when they were needed in the past year.

Suicide

The suicide rate in Yellowstone County is nearly 27 deaths per 100,000 people, which is 81% higher than the U.S. rate.

Substance Use

Drug related mortality in the service area is 22 deaths per 100,000 people, which is higher than Montana, and the rate increased nearly 600% in the past decade.

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.

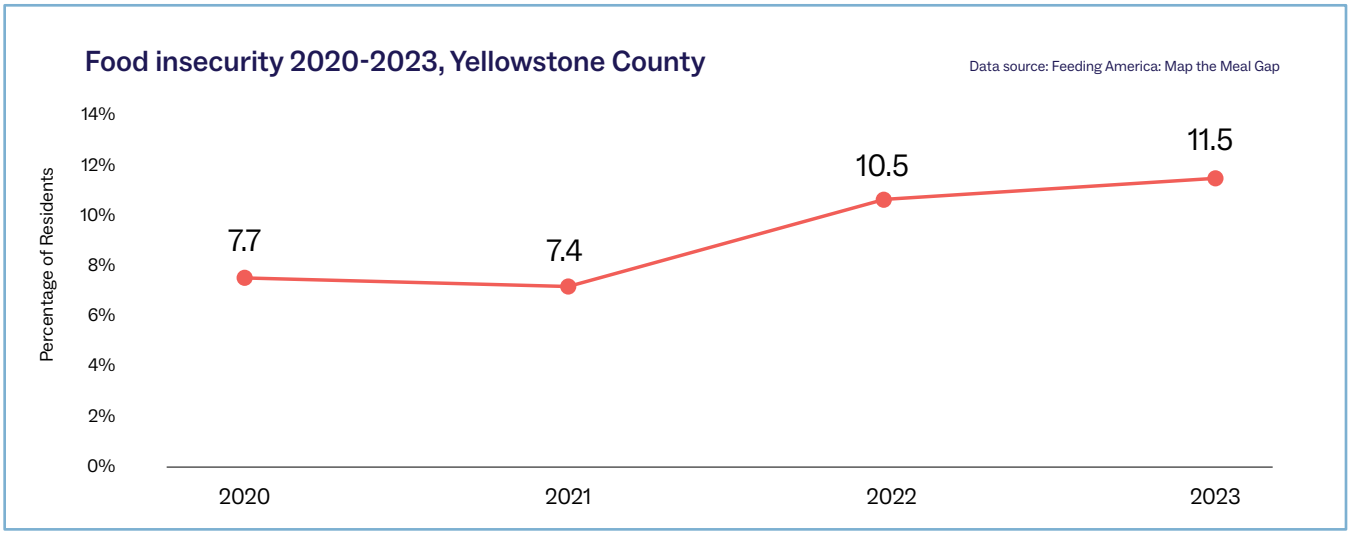
APPENDIX: RESOURCES TO ADDRESS SIGNIFICANT HEALTH NEEDS

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.

"Families are unable to afford housing, food, and medical expenses with the wages most people make in our community. Social services and the public education system are attempting to fill the gaps but that alone will not make a major difference if something doesn't change."

— Community Stakeholder



The rate of food insecurity increased 49% from 2020 to 2023.

HEALTH DISPARITIES, HEALTH EQUITY & SOCIAL DRIVERS OF HEALTH

Residents reporting unhealthy or unsafe housing conditions were more than twice as likely to be renters at 23% compared to homeowners at 10%.

Over 93% of key informant surveys ranked social drivers of health as a "major" or "moderate" problem in the community.

Poverty rates are over 20% higher among Yellowstone County children, compared to the overall population.

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.
- Diverse network of resources and collaborations addressing social drivers of health.

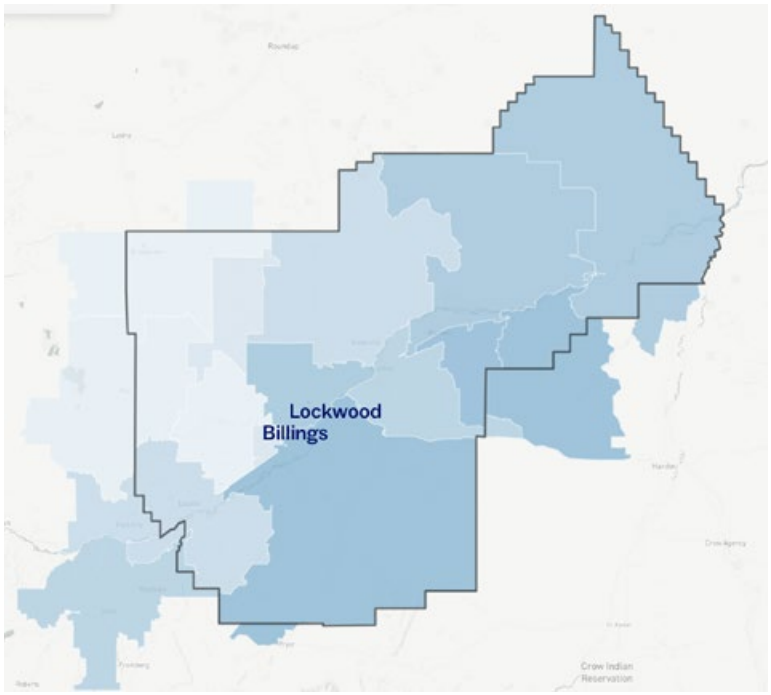
APPENDIX: RESOURCES TO ADDRESS SIGNIFICANT HEALTH NEEDS

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 is hard for working individuals to get an appointment with a health-care provider. Many times, you often have to wait months to get in."

— Community Leader



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

No Health Insurance | 2023
Yellowstone County: **9.2%**
± 2.1% of adults

In Yellowstone County, 9% of residents have no health insurance with the highest rate in Lockwood.

6.3% **11.4%**

HEALTH DISPARITIES, HEALTH EQUITY & ACCESS TO CARE

Low-income residents and young adults are significantly less likely to have insurance coverage or receive a regular check-up than the overall population in Yellowstone County.

One in five residents report 'cost' as a barrier to visiting a doctor, and the percentage of adults who skip a dose of a needed prescription is increasing.

Nearly half of community survey respondents experienced difficulties receiving needed healthcare in the past year, and the rate has steadily increased over the past five years.

COMMUNITY STRENGTHS

- Existing community-based primary care, diagnostic, 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. Vincent 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.

> *"Child mental health resources are lacking, especially emergency resources that don't involve an emergency room."*
>
> *— Community Stakeholder*

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 was 6.3 deaths per 1,000 births in Yellowstone County from 2021-2023, compared to 4.7 in Montana and 5.5 in the U.S.

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 among 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, healthy weight status, and violence and injury prevention. 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 7,128 mobile mammograms to community members at 26 sites. • Offered outreach care in 16 specialties to 15 outlying communities and conducted 32,474 virtual health visits that reduced barriers to access healthcare services. • Offered 6 neighborhood walk-in care clinics through Intermountain Health Medical Group. • Provided clinical rotations for 320 students in the following fields of study: nursing, physicians, pharmacy, paramedic, clinical pastoral, physician assistant, nurse practitioner, physical therapy, occupational therapy, dietary, respiratory therapy, 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 5 primary care clinics that improved access to mental health services. • Distributed 1,825 gunlocks for suicide prevention with resource brochures promoting the 988 crisis line and MT 211. • Coordinated 44,009 mentoring hours for at-risk youth through the Foster Grandparent Program. • Provided financial or in-kind support to 16 organizations addressing behavioral health needs.
 **Healthy Weight Status**	• Increase access to physical activity opportunities and healthier food choices • Increase access to individual interventions for obesity prevention	• Participated in the Healthy By Design coalition, which distributed playbooks and fact sheets for creative placemaking. • Participated in the inspection and repair of 370 students' bicycles at 9 locations through Kids in Motion. • Provided a community-based diabetes and heart disease prevention program, resulting in 59% of participants achieving a 5% weight loss. • Provided financial or in-kind support for 8 organizations addressing physical activity and/or nutrition.
 **Violence and Injury Prevention**	• Increase access to injury prevention education and outreach • Improve supports for violence and injury prevention	• Trained 2,575 community members in Stop the Bleed at 21 local events. • Offered Impact Education to 1,573 local students and Safe Passenger Education to 1,391 youth. • Distributed pediatric safety devices including life jackets, bike helmets, and booster seats. • Provided financial or in-kind support to 7 organizations addressing injury and violence.

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 Yellowstone County Healthcare Alliance 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	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 Organizations	Organizations that provide 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.
	Transportation Organizations	Transportation services that improve access to care.
	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 wellness, and career pathways leading to economic stability.



Intermountain
Health



2026 COMMUNITY HEALTH NEEDS ASSESSMENT

Yellowstone County, Montana

Sponsored by

Billings Clinic
Intermountain Health St. Vincent Regional Hospital
RiverStone Health
The Rehabilitation Hospital of Montana

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2025-0406-02

Prepared by
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INTRODUCTION

PROJECT OVERVIEW

Project Goals

This Community Health Needs Assessment, a follow-up to similar studies conducted in 2005, 2010, 2014, 2017, 2020, and 2023, is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Yellowstone County, the service area of Billings Clinic, RiverStone Health, Intermountain Health St. Vincent Regional Hospital, and The Rehabilitation Hospital of Montana. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

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

- To improve residents' health status, increase their life spans, and elevate their overall quality of life. 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 Billings Clinic, RiverStone Health, Intermountain Health St. Vincent Regional Hospital, and The Rehabilitation Hospital of Montana 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

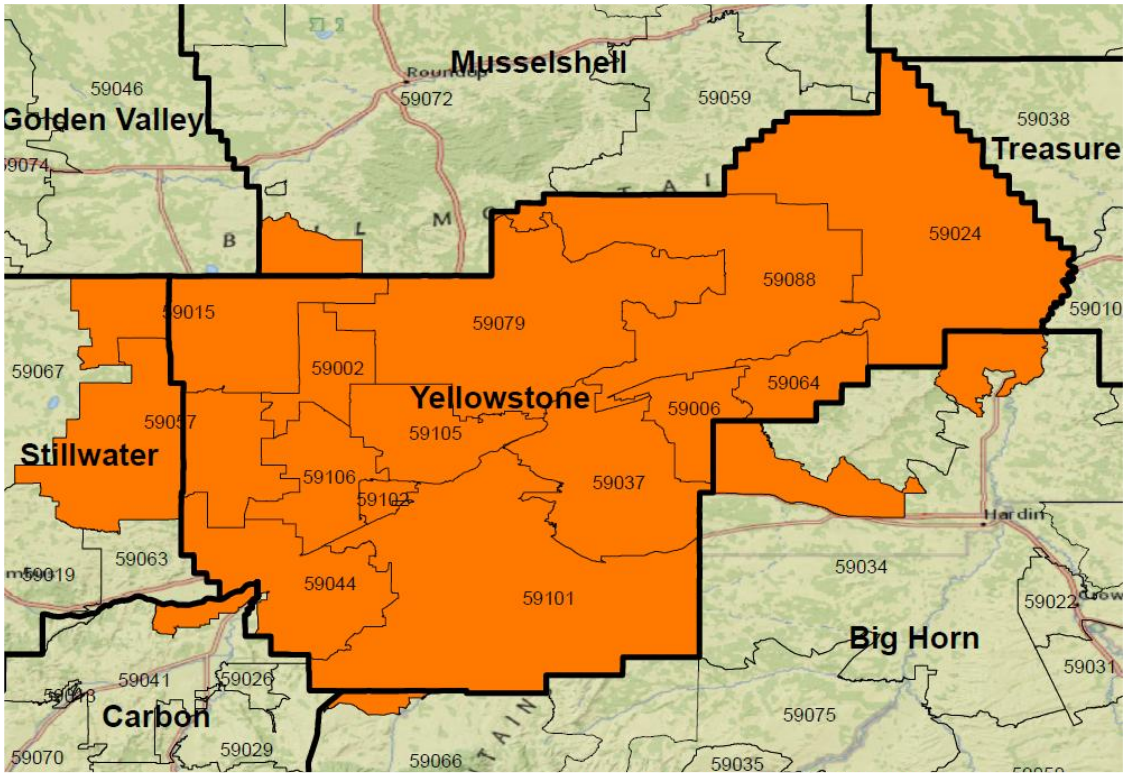
Survey Instrument

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 Billings Clinic, RiverStone Health, Intermountain Health St. Vincent Regional Hospital, and

The Rehabilitation Hospital of Montana 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 "Yellowstone County" in this report) includes each of the ZIP Codes significantly represented in the county. Yellowstone County is a common patient base among the three collaborating entities sponsoring this study. RiverStone Health's jurisdictional authority is only within the county. This is also a primary service area for both Billings Clinic and Intermountain Health St. Vincent Regional Hospital, and the source of most patients who receive care through The Rehabilitation Hospital of Montana. This community definition is illustrated in the following map.



Sample Approach & Design

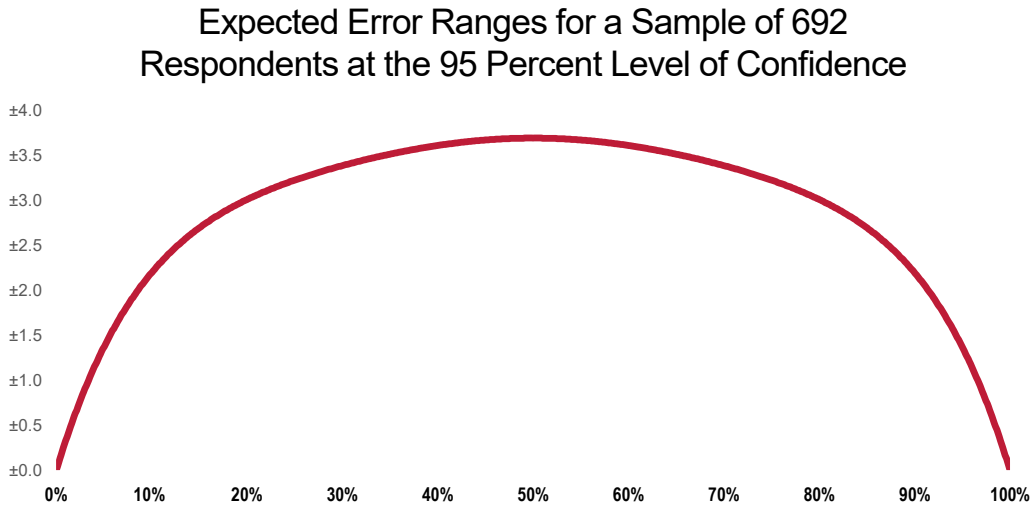
A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a mixed-mode methodology was implemented. This included targeted surveys conducted by PRC via telephone (landline and cell phone) or through online questionnaires, as well as a community outreach component promoted by the study sponsors through social media posting and other communications.

RANDOM-SAMPLE SURVEYS (PRC) ► For the targeted administration, PRC administered 412 surveys throughout the service area.

COMMUNITY OUTREACH SURVEYS (Sponsors) ► PRC also created a link to an online version of the survey; Billings Clinic, Intermountain Health St. Vincent Regional Hospital, RiverStone Health, and The Rehabilitation Hospital of Montana promoted this link locally in order to drive additional participation and bolster overall samples. This yielded an additional 280 surveys to the overall sample.

In all, 692 surveys were completed through these mechanisms. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Yellowstone County as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, for questions asked of all respondents, the maximum rate of error associated with a sample size of 692 respondents is ±3.7% at the 95 percent confidence level.



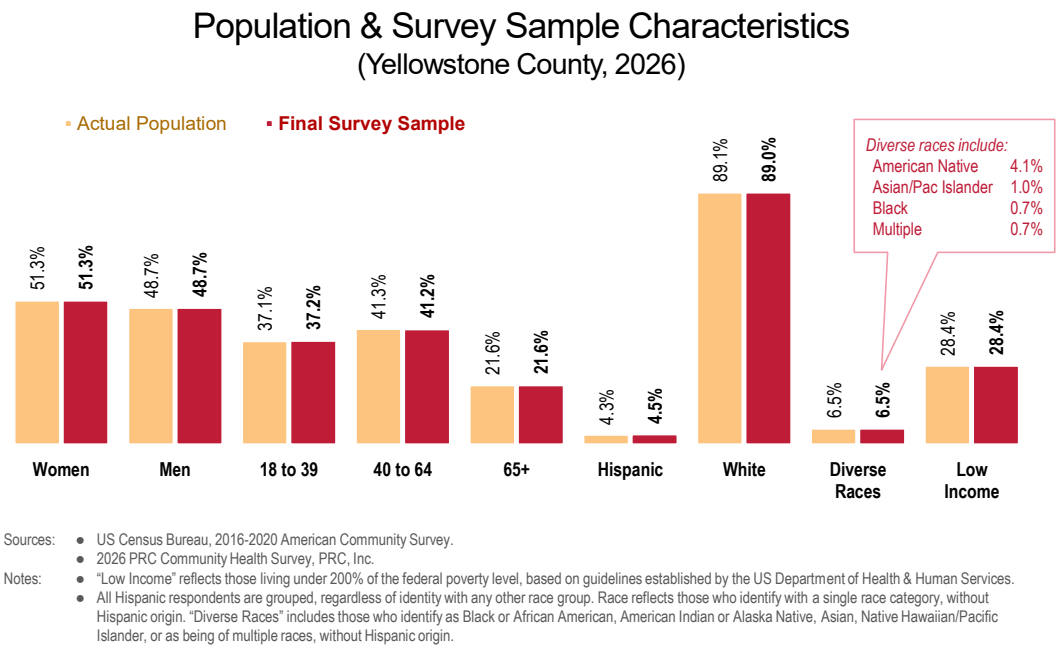
Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:
- If 10% of the sample of 692 respondents answered a certain question with a "yes," it can be asserted that between 7.8% and 12.2% (10% ± 2.2%) 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 46.3% and 53.7% (50% ± 3.7%) 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 Yellowstone County sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child’s health care needs, and these children are not represented demographically in this chart.]



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

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

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

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by Billings Clinic, Intermountain Health St. Vincent Regional Hospital, RiverStone Health, and The Rehabilitation Hospital of Montana; 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, 124 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	4
Public Health Representatives	3
Other Health Providers	22
Social Services Providers	25
Other Community Leaders	70

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

- Adult Resource Alliance
- Alternatives Inc.
- American Indian Outreach
- Angel Fund
- Angela's Piazza
- Area Health Education Center
- Better Billings Foundation
- Big Sky Economic Development
- Big Sky Senior Services
- Billings Adult and Community Education
- Billings Area Family Violence Task Force
- Billings Catholic Schools- Foundation
- Billings Chamber of Commerce
- Billings Clinic
- Billings Fire Department
- Billings First Church
- Billings Human Relations Commission
- Billings Police Department
- Billings Public Schools
- Billings TrailNet
- Billings Urban Indian Health and Wellness Center
- Board of Health
- Boys and Girls Club of Yellowstone County
- Career Center Preschool
- Catholic Social Services
- Chase Hawks
- Children's Clinic, P.C.
- Chinook Horses
- City Council - Ward 2
- City Council - Ward 3
- City Council - Ward 4
- City Council - Ward 5
- City of Billings
- Clock Tower Inn
- Community Crisis Center
- Continuum of Care Board
- Cushing Terrell
- Department of Public Health and Human Services
- Diabetes Prevention Program
- District Court
- Eagle Mount Billings
- Early Childhood Intervention
- Faith Evangelical
- Family Promise
- Family Service Inc.
- First Interstate Bank
- Foster Grandparent Program
- Friends of the Children Eastern MT
- Friendship House
- Girl Scouts of MT and WY
- Habitat for Humanity Mid-Yellowstone Valley
- Harvest Church, Faith Community
- Head Start
- Heights Neighborhood Task Force
- Horses Spirits Healing
- Housing Authority of Billings
- Independent School
- Indigenous Impact
- Intermountain Health
- Kalidescope Group
- Keestone Communication
- King of Glory Lutheran
- KLJ
- Laurel Public Library
- Laurel Public Schools
- Living Independently for Today and Tomorrow
- Lockwood Schools
- Love and Sonshine Ministries
- MET Transit
- Montana Rescue Mission
- Montana School Counselors Association
- Montana State University Billings

- Moulton Bellingham
- National Alliance on Mental Illness Billings
- Native American Development Corp.
- North Coast Electric
- Par Montana
- Peace Lutheran Church
- Planned Parenthood of Montana
- Prevention Specialist
- RBC Wealth Management
- Rehabilitation Hospital of MT
- Rim Runners
- Rimrock
- Rimrock Neighborhood Task Force
- RiverStone Health
- Rocky Mountain College
- Rocky Mountain Health Network
- Rocky Mountain Tribal Leaders Council
- Rocky Vista University
- School Health Advisory Council Chair
- School Board Trustee District 2
- School Board Trustee District 5
- Shepherd Public Schools
- Sister of Charity of Leavenworth
- South Central Montana Regional Mental Health Center
- Special Olympics Montana
- TDS
- Tumbleweed
- Underriner Motors
- United Way of Yellowstone County
- Veterans Navigation Network
- Walla Walla University Billings Mental Health Clinic
- Wander Woman, Rainbow Coffee House
- Western Heritage Center Community Historian
- Yellowstone County
- Yellowstone Court Appointed Special Advocates
- YMCA
- Zoo Montana

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 Yellowstone 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 by PRC in Yellowstone County in 2005, 2010, 2014, 2017, 2020, and 2023. 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, 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

The hospitals sponsoring this study made the prior Community Health Needs Assessment (CHNA) report publicly available through their respective websites; through that mechanism, the hospitals requested from the public written comments and feedback regarding the CHNA and implementation strategies. At the time of this writing, no written comments had been received. 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 hospitals will continue to use their websites 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	29
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	179
Part V Section B Line 3d How data was obtained	6
Part V Section B Line 3e The significant health needs of the community	15
Part V Section B Line 3f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
Part V Section B Line 3g The process for identifying and prioritizing community health needs and services to meet the community health needs	16
Part V Section B Line 3h The process for consulting with persons representing the community's interests	9
Part V Section B Line 3i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	185

SUMMARY OF FINDINGS

Significant Health Needs of the Community

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

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

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	▪ Barriers to Access ○ Inconvenient Office Hours ○ Cost of Physician Visits ○ Appointment Availability ○ Difficulty Finding a Physician ▪ Lack of Financial Resilience ▪ Specific Source of Ongoing Medical Care
CANCER	▪ Leading Cause of Death ▪ Female Breast Cancer Deaths ▪ Cancer Incidence ○ Including Prostate Cancer and Female Breast Cancer ▪ Female Breast Cancer Screening ▪ Cervical Cancer Screening
DIABETES	▪ Prevalence of Borderline/Pre-Diabetes ▪ Kidney Disease Deaths
DISABLING CONDITIONS	▪ Activity Limitations ▪ Caregiving
HEART DISEASE & STROKE	▪ Leading Cause of Death
HOUSING	▪ Housing Insecurity ▪ Housing Conditions ▪ Key Informants: *Social Determinants of Health (especially Housing)* ranked as a top concern.
INJURY & VIOLENCE	▪ Unintentional Injury Deaths ▪ Motor Vehicle Crash Deaths ▪ Homicide Deaths ▪ Perceptions of Neighborhood Safety

— continued on the following page —

AREAS OF OPPORTUNITY (continued)	
MENTAL HEALTH	▪ "Fair/Poor" Mental Health ▪ Diagnosed Depression ▪ Symptoms of Chronic Depression ▪ Stress ▪ Suicide Deaths ▪ Suicide Ideation ▪ Receiving Treatment for Mental Health ▪ Difficulty Obtaining Mental Health Services ▪ Social/Emotional Support ▪ Key Informants: *Mental Health* ranked as a top concern.
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	▪ Food Insecurity ▪ Fruit/Vegetable Consumption ▪ Overweight & Obesity [Adults]
RESPIRATORY DISEASE	▪ Lung Disease Deaths
SUBSTANCE USE	▪ Alcohol-Induced Deaths ▪ Unintentional Drug-Induced Deaths ▪ Personally Impacted by Substance Use ▪ Key Informants: *Substance Use* ranked as a top concern.
TOBACCO USE	▪ Use of Vaping Products ▪ Use of Smokeless Tobacco

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. Social Determinants of Health (including Housing)
4. Nutrition, Physical Activity & Weight
5. Injury & Violence
6. Diabetes
7. Tobacco Use
8. Disabling Conditions
9. Heart Disease & Stroke
10. Cancer
11. Access to Health Care Services
12. Infant Health & Family Planning
13. Respiratory Diseases

Hospital Implementation Strategies

The hospitals sponsoring this study will use the information from this Community Health Needs Assessment to develop Implementation Strategies to address the significant health needs in the community. While the hospitals 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 action plans to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospitals' 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, Yellowstone County results are shown in the larger, gray column.
- The columns to the right of the Yellowstone County 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 Yellowstone County compares favorably (☼), unfavorably (☁), or comparably (⛅) to these external data.

TREND SUMMARY
(Current vs. Baseline Data)

SURVEY DATA INDICATORS:
Trends for survey-derived indicators represent significant changes since 2005 (or earliest available data).

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

Note that 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	Yellowstone County	COUNTY vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
Linguistically Isolated Population (Percent)	**0.5**	0.3	3.9		
Population in Poverty (Percent)	**10.2**	12.1	12.4	8.0	
Children in Poverty (Percent)	**12.3**	13.8	16.3	8.0	
No High School Diploma (Age 25+, Percent)	**4.7**	5.4	10.6		
Unemployment Rate (Age 16+, Percent)	**2.9**	2.7	4.6		4.3
% Unable to Pay Cash for a $400 Emergency Expense	**23.3**		34.0		16.2
% Worry/Stress Over Rent/Mortgage in Past Year	**36.4**		45.8		27.7
% Housing Emergency in Past 2 Years	**8.2**				8.6
% Unhealthy/Unsafe Housing Conditions	**15.6**		16.4		9.5
% Food Insecure	**29.4**		43.3		16.9
% Regularly Treated With Less Respect Than Others	**30.7**				33.3
% Regularly Receive Poorer Service Than Others at Restaurants/Stores	**8.8**				11.7
% Regularly Treated as Less Intelligent Than Others	**15.4**				17.0
% Regularly Treated as a Potential Danger	**9.4**				7.8
% Regularly Threatened/Harassed	**6.5**				4.9

SOCIAL DETERMINANTS (continued)	Yellowstone County	COUNTY vs. BENCHMARKS vs. MT	vs. US	vs. HP2030	TREND
% Disagree That the Community is Welcoming to All	21.9				19.8
% Have "No Impact" on Improving Community Life	11.6				8.8
% Volunteered in the Past Year	53.4				52.6
% [Parents] Availability of Affordable Child Care is "Fair/Poor"	42.1				50.7

better similar worse

OVERALL HEALTH	Yellowstone County	COUNTY vs. BENCHMARKS vs. MT	vs. US	vs. HP2030	TREND
% "Fair/Poor" Overall Health	14.3	18.1	15.7		10.5

better similar worse

ACCESS TO HEALTH CARE	Yellowstone County	COUNTY vs. BENCHMARKS vs. MT	vs. US	vs. HP2030	TREND
% [Age 18-64] Lack Health Insurance	6.6	10.7	8.1	7.6	13.1
% Difficulty Accessing Health Care in Past Year (Composite)	49.2		52.5		33.9
% Cost Prevented Physician Visit in Past Year	20.9	9.7	21.6		13.4
% Cost Prevented Getting Prescription in Past Year	15.6		20.2		13.5
% Difficulty Getting Appointment in Past Year	28.5		33.4		14.2
% Inconvenient Hrs Prevented Dr Visit in Past Year	16.5		22.9		10.7

ACCESS TO HEALTH CARE (continued)	Yellowstone County	COUNTY vs. BENCHMARKS vs. MT	vs. US	vs. HP2030	TREND
% Difficulty Finding Physician in Past Year	**17.2**		22.0		4.3
% Transportation Hindered Dr Visit in Past Year	**7.1**		18.3		
% Language/Culture Prevented Care in Past Year	**1.0**		5.0		
% Stretched Prescription to Save Cost in Past Year	**15.9**		19.4		
% Difficulty Getting Child's Health Care in Past Year	**7.4**		11.1		3.2
Primary Care Doctors per 100,000	**145.1**	119.7	118.8		
% Have a Specific Source of Ongoing Care	**78.3**		69.9	84.0	84.0
% Routine Checkup in Past Year	**67.2**	73.4	65.3		57.2
% [Child 0-17] Routine Checkup in Past Year	**84.9**		77.5		72.6
% Rate Local Health Care "Fair/Poor"	**11.4**		11.5		9.2
		better	similar	worse	

CANCER	Yellowstone County	COUNTY vs. BENCHMARKS vs. MT	vs. US	vs. HP2030	TREND
Cancer Deaths per 100,000	**196.3**	196.9	182.5	122.7	187.4
Lung Cancer Deaths per 100,000	**39.2**	38.7	39.8	25.1	
Female Breast Cancer Deaths per 100,000	**33.2**	25.0	25.1	15.3	
Prostate Cancer Deaths per 100,000	**23.4**	26.4	20.1	16.9	

CANCER (continued)	Yellowstone County	COUNTY vs. BENCHMARKS vs. MT	vs. US	vs. HP2030	TREND
Colorectal Cancer Deaths per 100,000	**17.5**	17.6	16.3	8.9	
Cancer Incidence per 100,000	**504.6**	456.2	444.4		
Lung Cancer Incidence per 100,000	**49.0**	46.2	53.1		
Female Breast Cancer Incidence per 100,000	**166.5**	136.3	129.8		
Prostate Cancer Incidence per 100,000	**138.9**	131.4	113.2		
Colorectal Cancer Incidence per 100,000	**39.8**	36.7	36.4		
% [Women 50-74] Breast Cancer Screening	**75.8**		64.0	80.5	86.9
% [Women 21-65] Cervical Cancer Screening	**68.4**		75.4	84.3	78.8
% [Age 45-75] Colorectal Cancer Screening	**73.8**		71.5	74.4	71.0
		better	similar	worse	

DIABETES	Yellowstone County	COUNTY vs. BENCHMARKS vs. MT	vs. US	vs. HP2030	TREND
Diabetes Deaths per 100,000	**24.6**	29.0	30.5		27.4
% Diabetes/High Blood Sugar	**9.2**	9.5	12.8		8.7
% Borderline/Pre-Diabetes	**13.5**		15.0		7.1
Kidney Disease Deaths per 100,000	**13.0**	15.0	16.9		8.7
		better	similar	worse	

DISABLING CONDITIONS	Yellowstone County	COUNTY vs. BENCHMARKS vs. MT	vs. US	vs. HP2030	TREND
% Activity Limitations	**35.3**		27.5		24.3
% High-Impact Chronic Pain	**19.3**		19.6	6.4	19.2
Alzheimer's Disease Deaths per 100,000	**30.7**	30.4	35.8		34.4
% Caregiver to a Friend/Family Member	**29.5**		22.8		24.4
		better	similar	worse	

HEART DISEASE & STROKE	Yellowstone County	COUNTY vs. BENCHMARKS vs. MT	vs. US	vs. HP2030	TREND
Heart Disease Deaths per 100,000	**223.3**	227.0	209.5	127.4	191.4
Stroke Deaths per 100,000	**35.7**	37.5	49.3	33.4	46.5
		better	similar	worse	

INFANT HEALTH & FAMILY PLANNING	Yellowstone County	COUNTY vs. BENCHMARKS vs. MT	vs. US	vs. HP2030	TREND
No Prenatal Care in First Trimester (Percent of Births)	**18.2**	20.1	22.5		19.1
Teen Births per 1,000 Females 15-19	**15.3**	15.0	15.5		
Low Birthweight (Percent of Births)	**7.8**	7.6	8.4		
Infant Deaths per 1,000 Births	**6.3**	4.7	5.5	5.0	7.0
		better	similar	worse	

INJURY & VIOLENCE	Yellowstone County	COUNTY vs. BENCHMARKS vs. MT	vs. US	vs. HP2030	TREND
Unintentional Injury Deaths per 100,000	**76.3**	74.4	67.8	43.2	48.8
Motor Vehicle Crash Deaths per 100,000	**16.7**	19.7	13.3	10.1	
% [Age 45+] Fell in the Past Year	**42.2**				38.5
Homicide Deaths per 100,000	**6.5**	4.6	7.6	5.5	4.2
% Victim of Violent Crime in Past 5 Years	**6.0**		7.0		
% Victim of Intimate Partner Violence	**18.2**		20.3		14.7
% Feel "Slightly/Not at All Safe" Walking Alone in Neighborhood	**18.7**				11.7
% Have an Unlocked Firearm in the Home or Vehicle	**28.3**				23.6
% [Child Age 5-17] "Always" Wear a Bike Helmet	**45.0**				36.2
		better	similar	worse	

MENTAL HEALTH	Yellowstone County	COUNTY vs. BENCHMARKS vs. MT	vs. US	vs. HP2030	TREND
% "Fair/Poor" Mental Health	**25.6**		24.4		6.9
% Diagnosed Depression	**37.4**	24.4	30.8		21.2
% Symptoms of Chronic Depression	**47.5**		46.7		25.7
% Typical Day Is "Extremely/Very" Stressful	**21.1**		21.1		9.5
% Not Confident in Ability to Manage Stress	**5.3**				4.2

MENTAL HEALTH (continued)	Yellowstone County	COUNTY vs. BENCHMARKS vs. MT	vs. US	vs. HP2030	TREND
% "Seldom/Never" Have Social and Emotional Support	**11.3**				6.6
% "Often" Experience Feelings of Isolation	**14.4**				11.9
Suicide Deaths per 100,000	**26.6**	30.1	14.7	12.8	23.9
% Have Ever Considered Attempting Suicide	**30.2**				8.1
Mental Health Providers per 100,000	**432.8**	400.2	329.9		
% Receiving Mental Health Treatment	**29.2**		21.9		20.3
% Unable to Get Mental Health Services in Past Year	**10.0**		13.2		3.5
% [Parents] Unable to Get Mental Health Services for Child in Past Yr	**13.1**				

better similar worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Yellowstone County	COUNTY vs. BENCHMARKS vs. MT	vs. US	vs. HP2030	TREND
% "Very/Somewhat" Difficult to Buy Fresh Produce	**23.8**		30.0		23.5
% 5+ Servings of Fruits/Vegetables per Day	**25.1**		29.1		34.9
% No Leisure-Time Physical Activity	**14.8**	19.6	30.2	21.8	
% Meet Physical Activity Guidelines	**32.3**	32.2	30.3	29.7	24.3
% Increased Physical Activity Through Everyday Behaviors	**72.6**				72.0
% [Adults] 3+ Hours of Screen Time Per Day for Entertainment	**57.9**				53.8

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	Yellowstone County	COUNTY vs. BENCHMARKS vs. MT	vs. US	vs. HP2030	TREND
% Overweight (BMI 25+)	67.2	65.7	63.3		62.7
% Obese (BMI 30+)	33.9	30.5	33.9	36.0	23.9
% [Child 2-17] Physically Active 1+ Hours per Day	48.5		27.4		42.8
% [Child 5-17] Overweight (85th Percentile)	25.6		31.8		
% [Child 5-17] Obese (95th Percentile)	15.8		19.5	15.5	
% [Child Age 5-17] 3+ Hours of Screen Time Per Day for Entertainment	31.7				21.7

better similar worse

ORAL HEALTH	Yellowstone County	COUNTY vs. BENCHMARKS vs. MT	vs. US	vs. HP2030	TREND
% Dental Visit in Past Year	62.8	64.1	56.5	45.0	

better similar worse

RESPIRATORY DISEASE	Yellowstone County	COUNTY vs. BENCHMARKS vs. MT	vs. US	vs. HP2030	TREND
Lung Disease Deaths per 100,000	57.3	54.3	43.5		75.9
Pneumonia/Influenza Deaths per 100,000	8.3	9.9	13.4		15.7

better similar worse

SEXUAL HEALTH	Yellowstone County	COUNTY vs. BENCHMARKS vs. MT	vs. US	vs. HP2030	TREND
HIV Prevalence per 100,000	**74.9**	75.3	386.6		
Chlamydia Incidence per 100,000	**375.2**	322.7	492.2		
Gonorrhea Incidence per 100,000	**87.2**	67.7	179.0		
		better	similar	worse	

SUBSTANCE USE	Yellowstone County	COUNTY vs. BENCHMARKS vs. MT	vs. US	vs. HP2030	TREND
Alcohol-Induced Deaths per 100,000	**33.3**	31.5	15.7		18.7
% Excessive Drinking	**21.4**	21.0	34.3		17.2
Unintentional Drug-Induced Deaths per 100,000	**22.1**	16.3	29.7		3.2
% Used an Illicit Drug in Past Month	**3.0**		8.4		
% Ever Sought Help for Alcohol or Drug Problem	**8.1**		6.8		
% Personally Impacted by Substance Use	**54.9**		45.4		45.5
		better	similar	worse	

TOBACCO USE	Yellowstone County	COUNTY vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2030	TREND
% Smoke Cigarettes	**13.3**	12.4	23.9	6.1	18.3
% Someone Smokes at Home	**11.7**		17.7		15.6
% Use Vaping Products	**13.3**	7.8	18.5		4.8
% Use Smokeless Tobacco	**12.6**	6.4			5.1
		better	similar	worse	



COMMUNITY DESCRIPTION

POPULATION CHARACTERISTICS

Total Population

Yellowstone County, the focus of this Community Health Needs Assessment, encompasses 2,633.26 square miles and houses a total population of 167,340 residents, according to latest census estimates.

Total Population
(Estimated Population, 2019-2023)

	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
Yellowstone County	167,340	2,633.26	64
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 October 2025 via SparkMap (sparkmap.org).

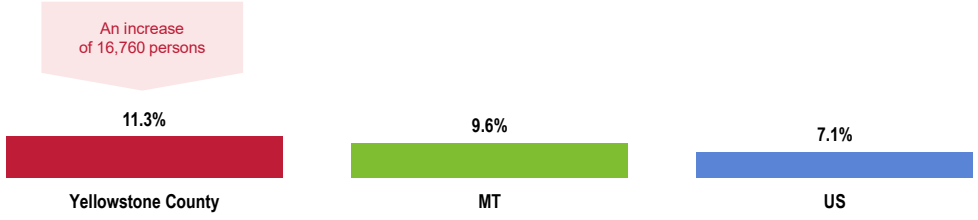
Population Change 2010-2020

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 Yellowstone County increased by 16,760 persons, or 11.3%.

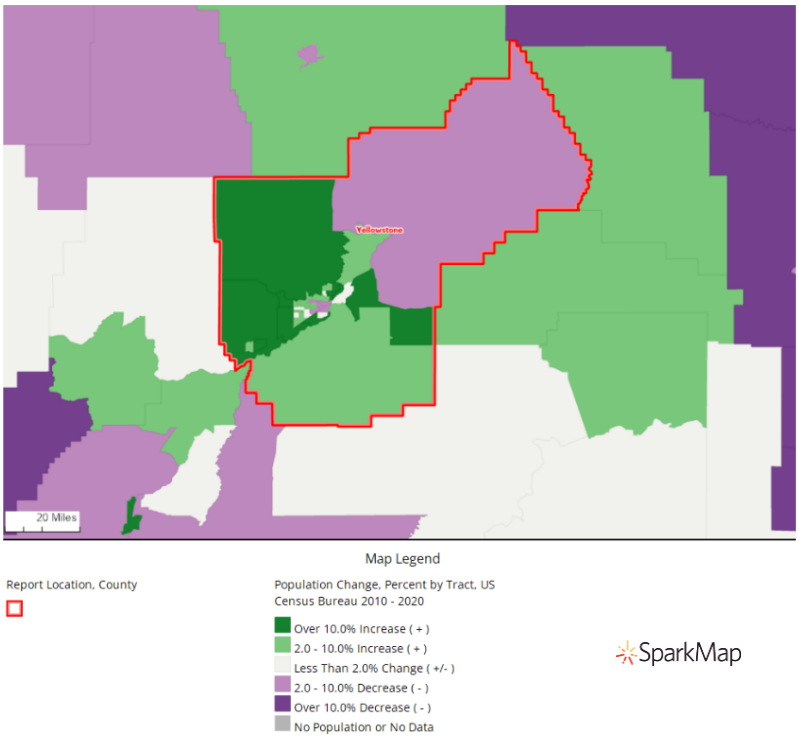
BENCHMARK ► A higher proportional increase than both Montana and the US.

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 October 2025 via SparkMap (sparkmap.org).

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

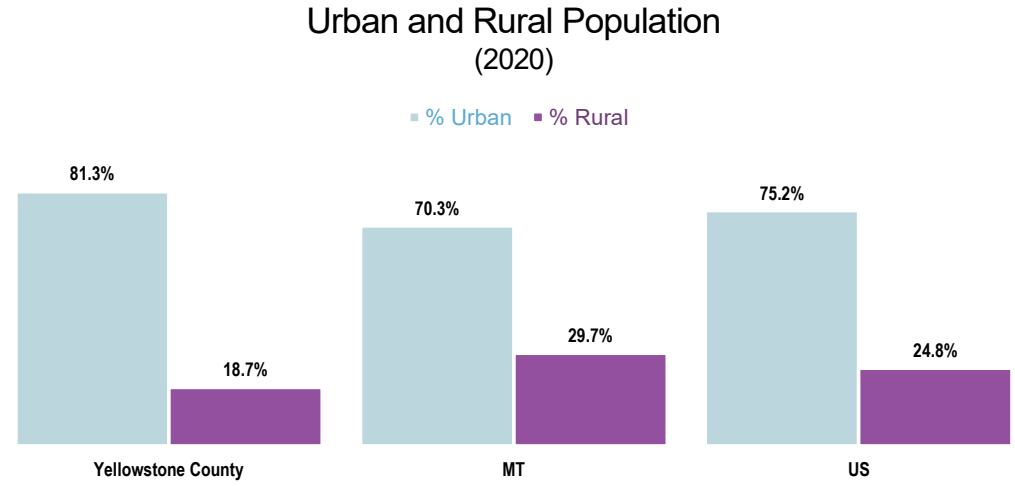


Urban/Rural Population

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 Yellowstone County population predominantly lives in urban areas, with 81.3% of the population living in areas designated as urban.

BENCHMARK ► A higher urban proportion than the state and nation.



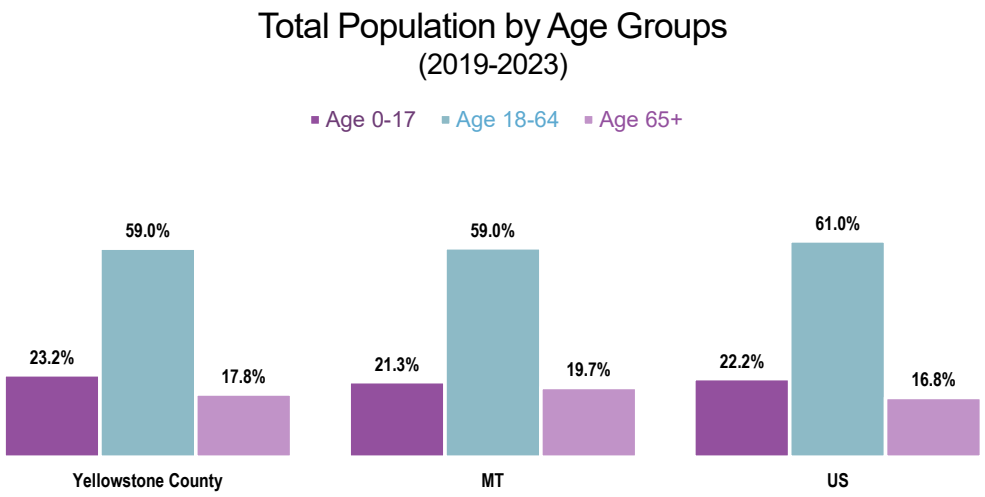
Sources:
- US Census Bureau Decennial Census.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2025 via SparkMap (sparkmap.org).

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.

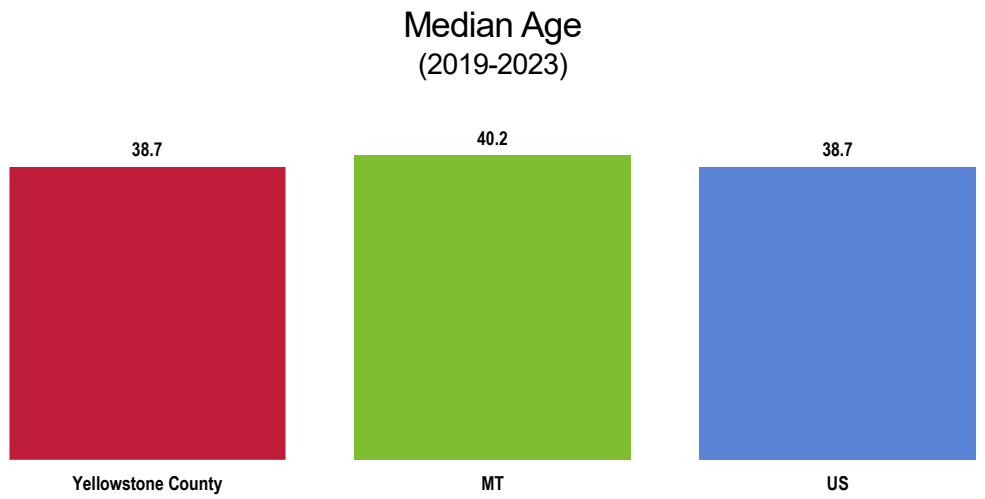
In Yellowstone County, 23.2% of the population are children age 0-17; another 59.0% are age 18 to 64, while 17.8% are age 65 and older.



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

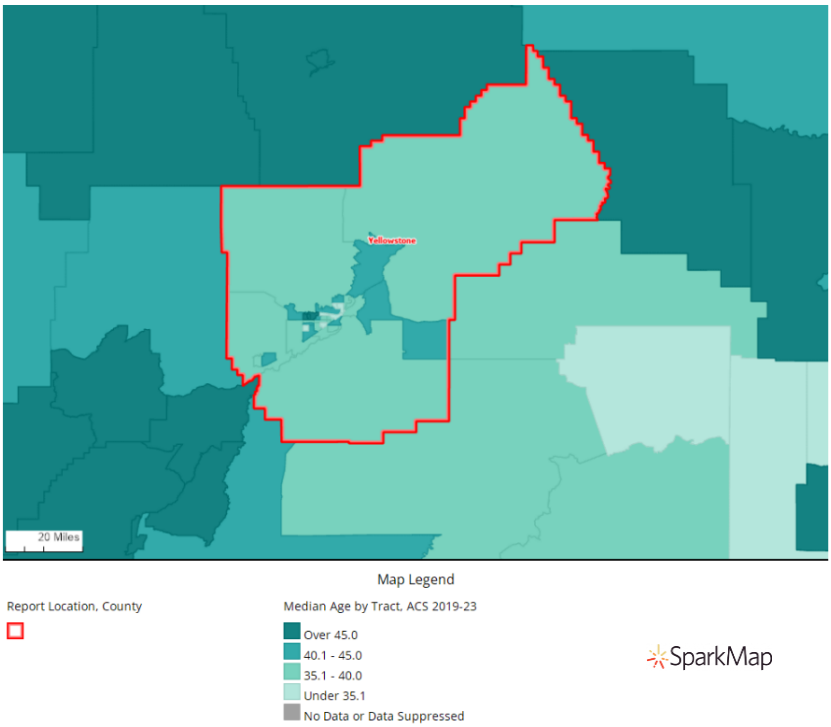
Median Age

Yellowstone County is slightly "younger" than the state in that the median age is lower.



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

The following map provides an illustration of the median age by census tract throughout Yellowstone County.



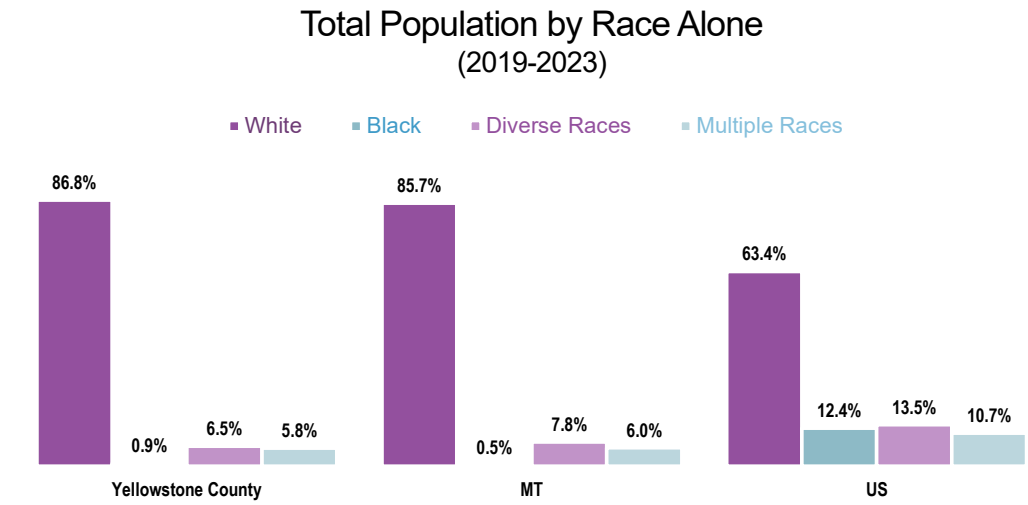
Race & Ethnicity

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), the vast majority (86.8%) of Yellowstone County residents are White.

BENCHMARK ► Yellowstone County has a less diverse population than the US.



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

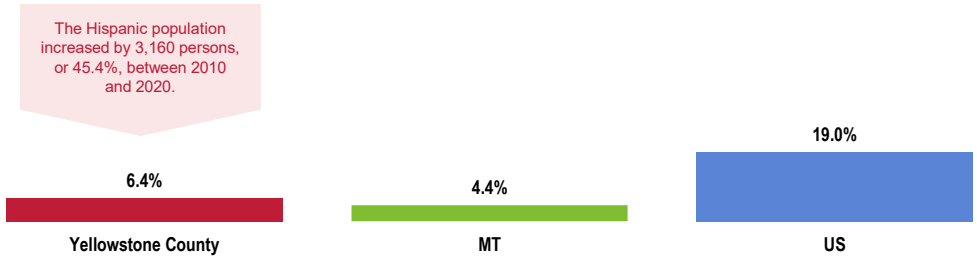
Notes:
- "Diverse Races" includes those who identify as American Indian or Alaska Native, Asian, or Native Hawaiian/Pacific Islander, without Hispanic origin.

Ethnicity

A total of 6.4% of Yellowstone County residents are Hispanic or Latino.

BENCHMARK ► Much lower than the US prevalence of Hispanic or Latino residents.

Hispanic Population
(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 October 2025 via SparkMap (sparkmap.org).

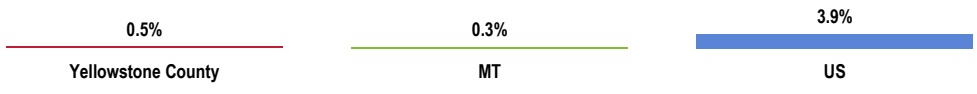
Notes:
- People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Linguistic Isolation

A total of 0.5% of the Yellowstone County population age 5 and older live in a home in which no person age 14 or older is proficient in English (speaking only English or speaking English "very well").

BENCHMARK ► A much lower percentage than the nation.

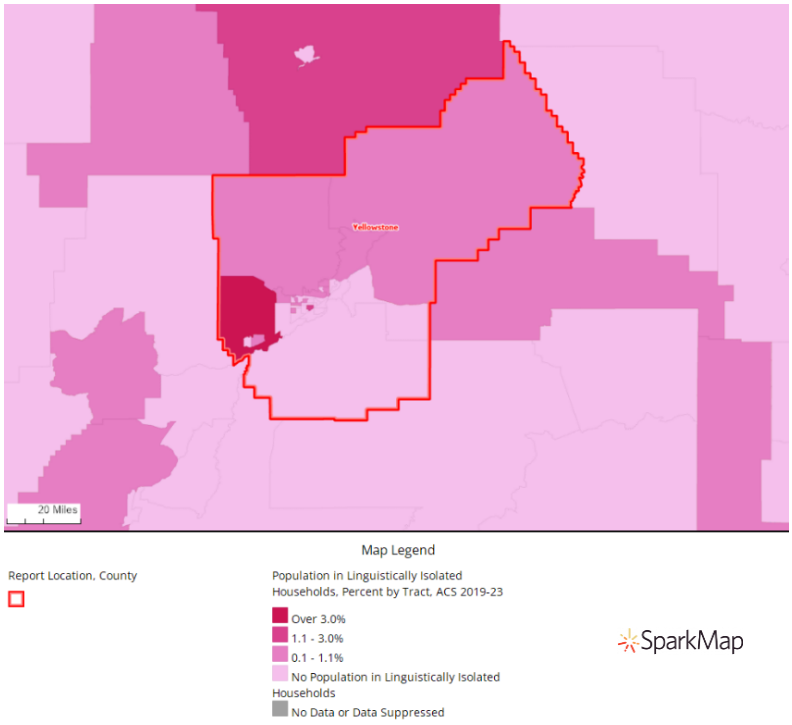
Linguistically Isolated Population
(2019-2023)



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 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 Yellowstone County.



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

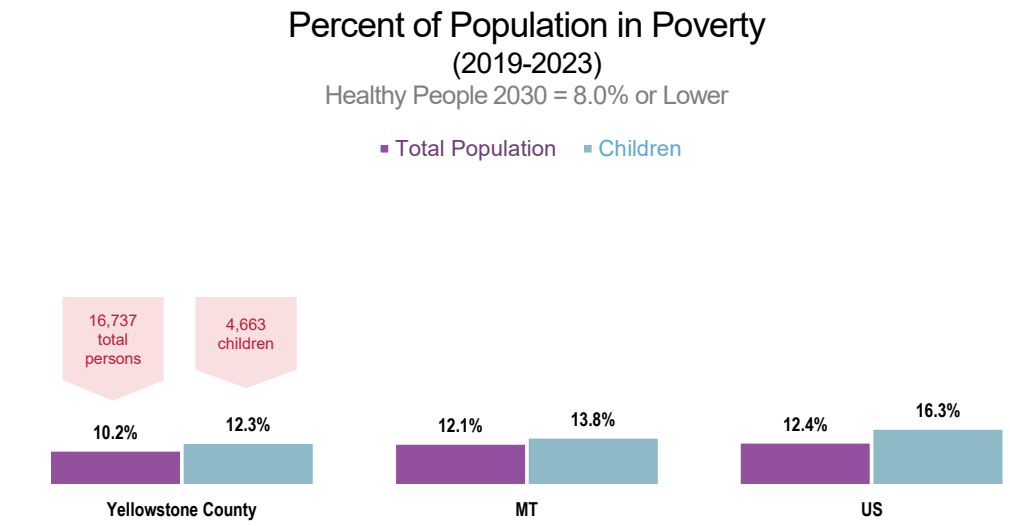
Poverty is considered a key driver of health status because it creates barriers to accessing health services, healthy food, and other necessities that contribute to overall health.

The latest census estimate shows 10.2% of the Yellowstone County total population living below the federal poverty level.

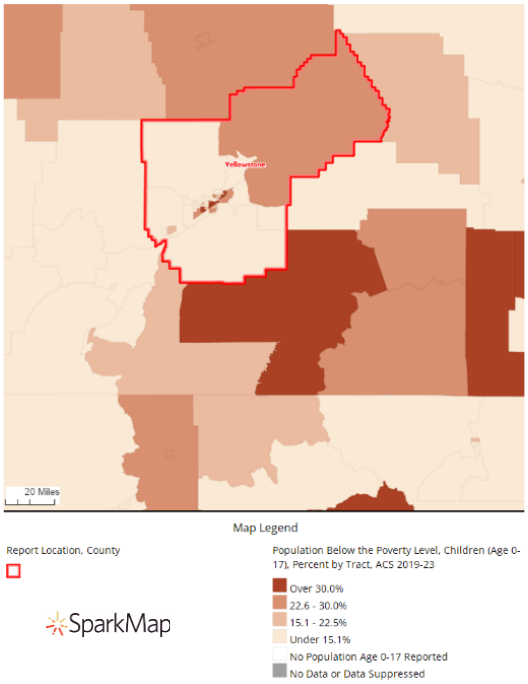
BENCHMARK ► Lower than the state and national prevalence of poverty. Fails to satisfy the Healthy People 2030 objective.

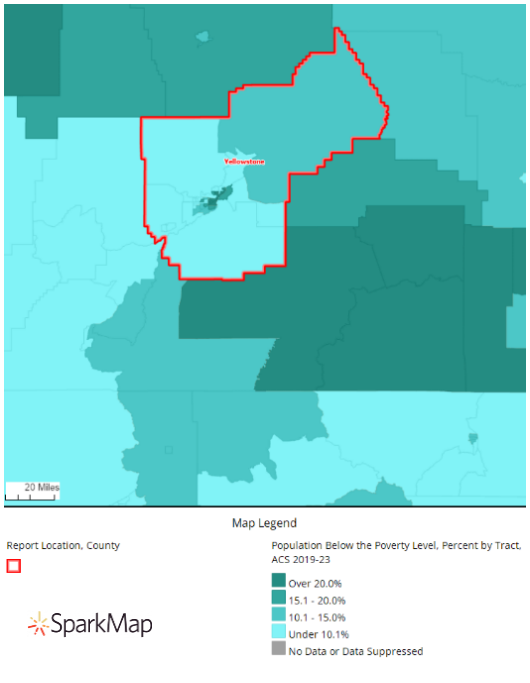
Among just children (ages 0 to 17), this percentage in Yellowstone County is 12.3% (representing an estimated 4,663 children).

BENCHMARK ► Lower than the national level of children in poverty. Fails to satisfy the Healthy People 2030 objective.



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



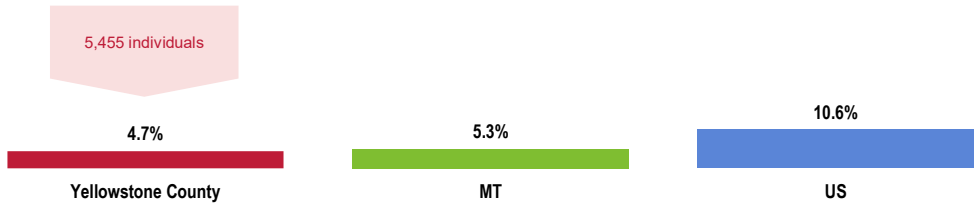


Education

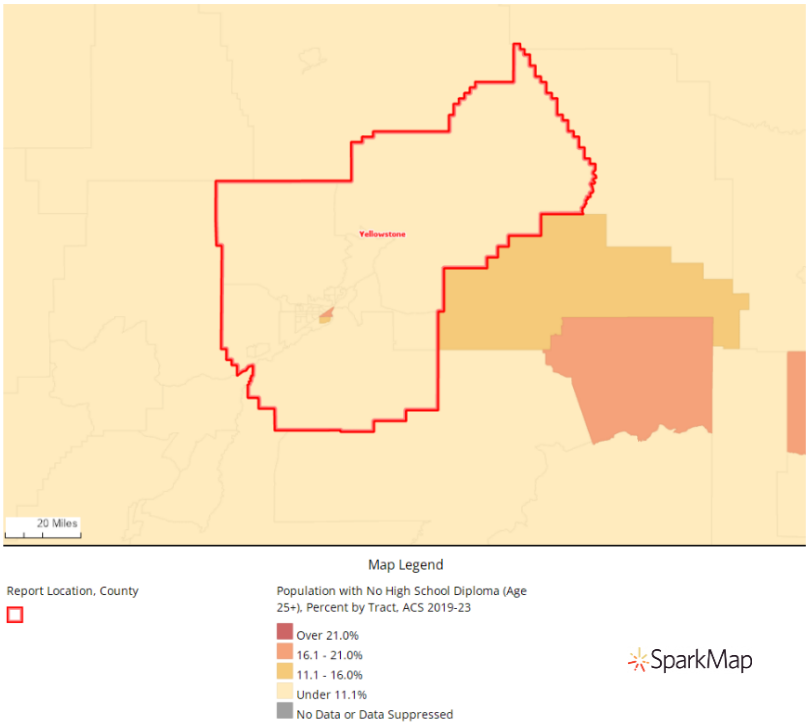
Among the Yellowstone County population age 25 and older, an estimated 4.7% (approximately 5,455 people) do not have a high school education.

BENCHMARK ▶ Well below the national percentage.

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 October 2025 via SparkMap (sparkmap.org).

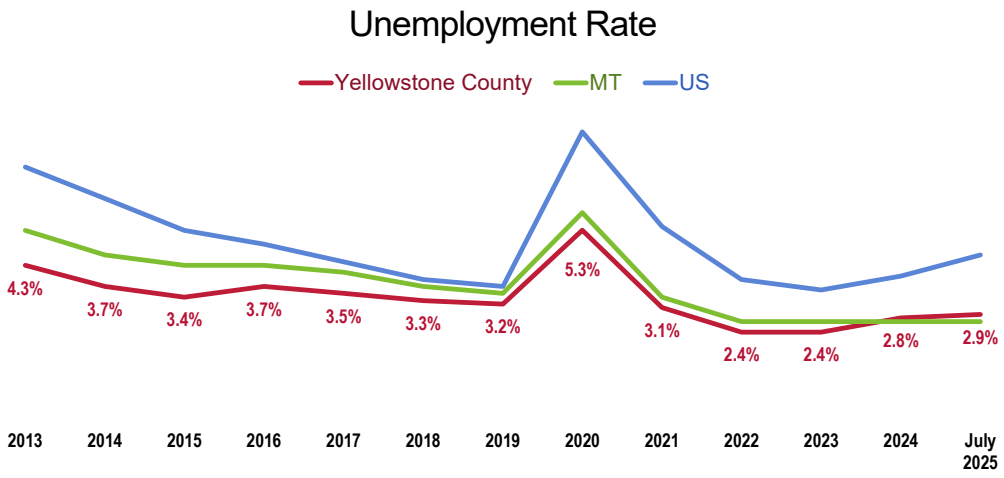


Employment

According to data derived from the US Department of Labor, the unemployment rate in Yellowstone County as of July 2025 was 2.9%.

BENCHMARK ► Yellowstone County's unemployment rate is lower than the nation.

TREND ► Following significant increases in 2020 (attributed to the COVID-19 pandemic), unemployment has dropped below pre-pandemic levels, and is 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 October 2025 via SparkMap (sparkmap.org).

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

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?"

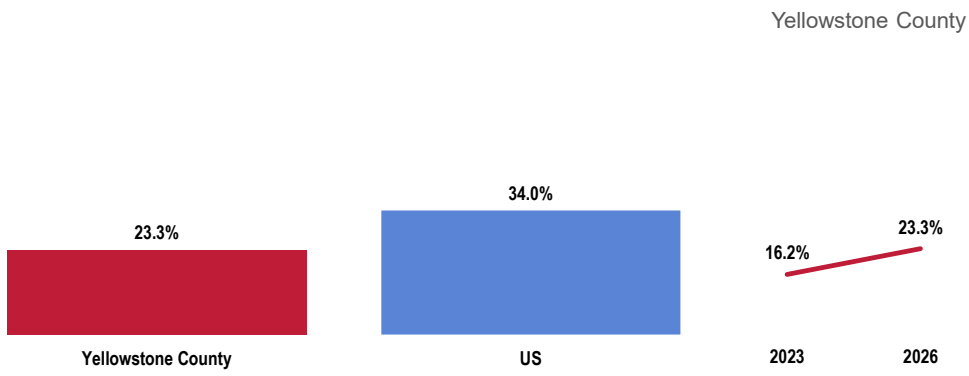
A total of 23.3% of Yellowstone County residents would <u>not</u> be able to afford an unexpected $400 expense without going into debt.

BENCHMARK ► Lower (better) than the US percentage.

TREND ► A statistically significant increase from the 2023 baseline.

DISPARITY ► Reported more often among women, adults under age 65, lower income residents (especially those below the poverty level), and LGBTQ+ respondents.

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

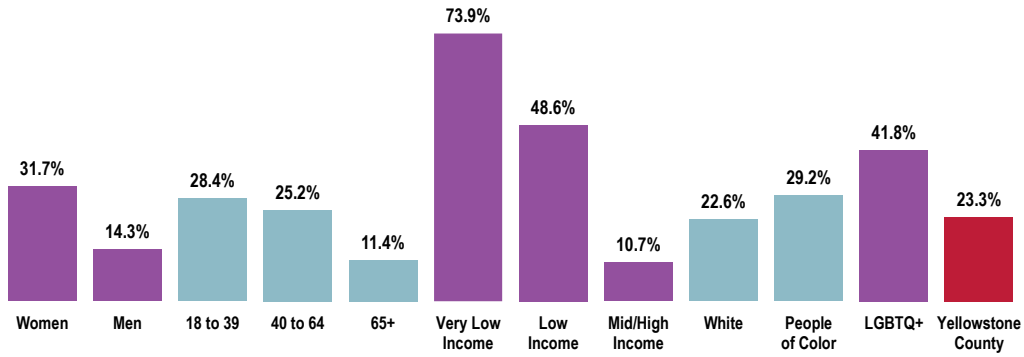


Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 53]
- 2023 PRC National Health Survey, PRC, Inc.

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
(Yellowstone County, 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

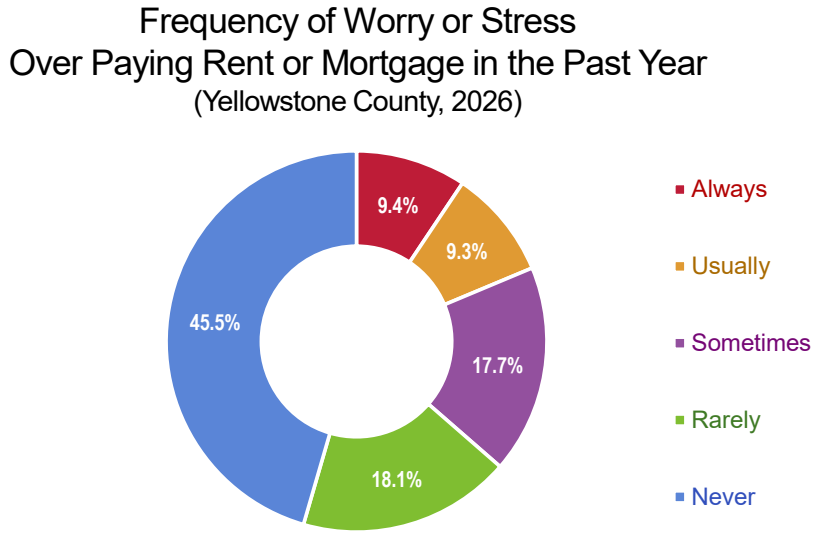
INCOME ► Income categories used to segment survey data in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2024 guidelines place the poverty threshold for a family of four at $30,700 annual household income or lower). In sample segmentation: “very low income” refers to community members living in a household with defined poverty status; “low income” refers to households with incomes just above the poverty level and earning up to twice (100%-199% of) the poverty threshold; and “mid/high income” refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

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

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.

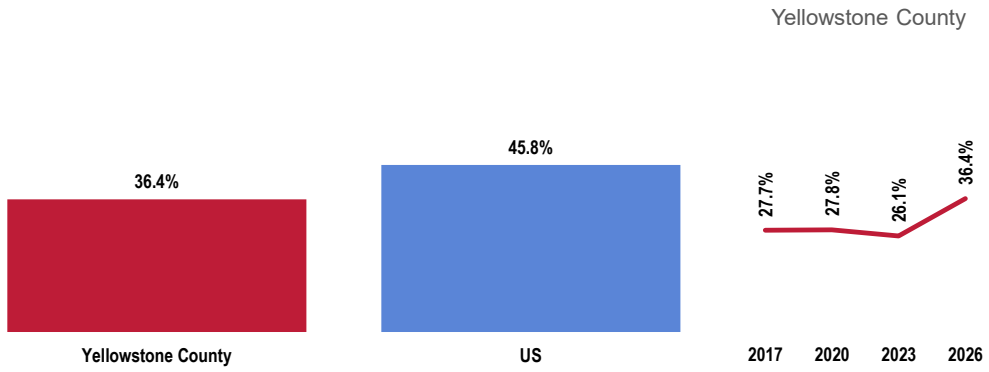
However, a considerable share (36.4%) report that they were "sometimes," "usually," or "always" worried or stressed about having enough money to pay their rent or mortgage in the past year.

BENCHMARK ► Lower than the national percentage.

TREND ► A significant increase from the 2017 baseline.

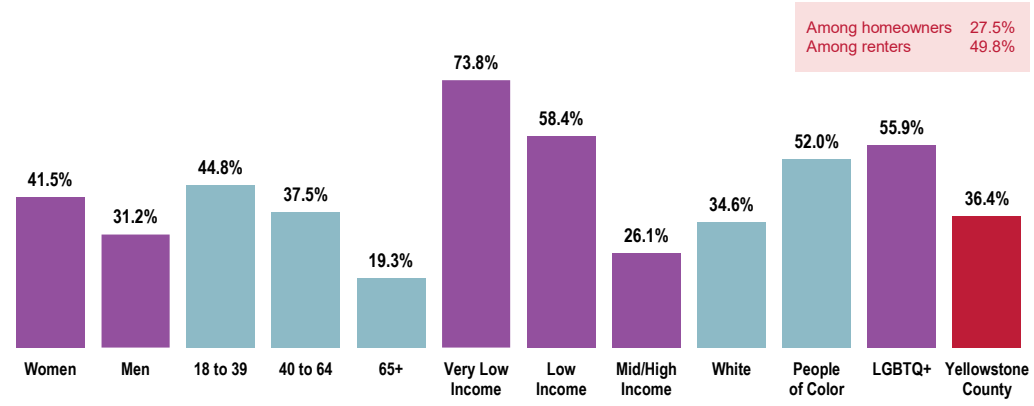
DISPARITY ► Reported more often among women, adults under age 65, lower income residents (especially those below the poverty level), People of Color, LGBTQ+ respondents, and those who rent their homes.

"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
(Yellowstone County, 2026)



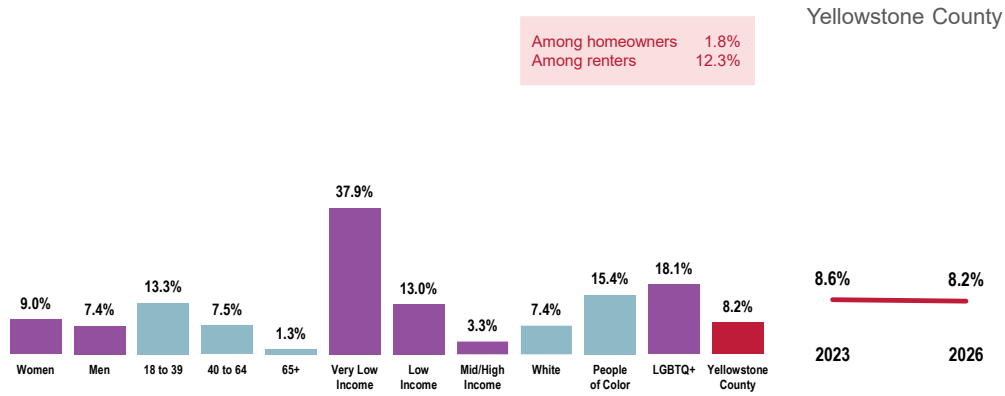
Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 56]
Notes: ● Asked of all respondents.

Housing Displacement

A total of 8.2% of surveyed respondents report that they have had to live with a friend or relative at some point in the past two years, even if only temporarily, because of an emergency.

DISPARITY ► Housing displacement was reported more often among adults under age 65, lower income residents (especially those below the poverty level), People of Color, and LGBTQ+ respondents, and those who rent their homes.

Unhoused in the Past Two Years Due to an Emergency
(Yellowstone County, 2026)



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 305]
Notes: ● Asked of all respondents.
● This includes having lived on the street, in a car, in a temporary shelter, or with a family member or friend, even if was only temporary.

Unhealthy or Unsafe Housing

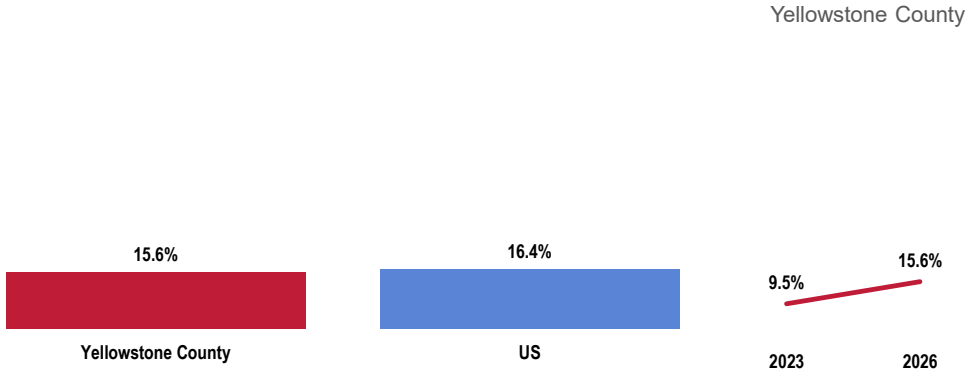
Respondents were asked: "Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe?"

A total of 15.6% of Yellowstone County residents report living in unhealthy or unsafe housing conditions during the past year.

TREND ► A significant increase from the 2023 baseline.

DISPARITY ► Reported more often among women, adults under age 65, residents living at or below poverty level, People of Color, LGBTQ+ respondents, and those who rent their homes.

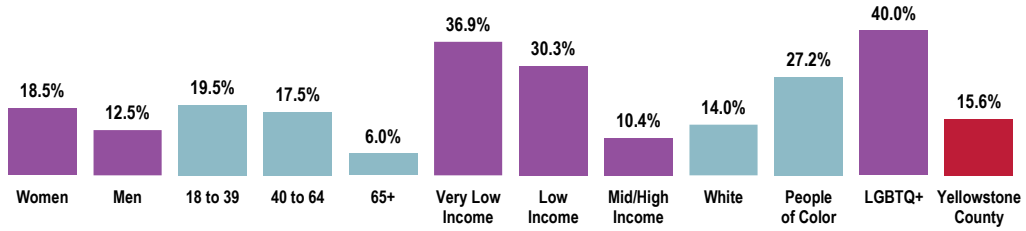
Unhealthy or Unsafe Housing Conditions in the Past Year



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
(Yellowstone County, 2026)

Among homeowners	10.4%
Among renters	23.4%



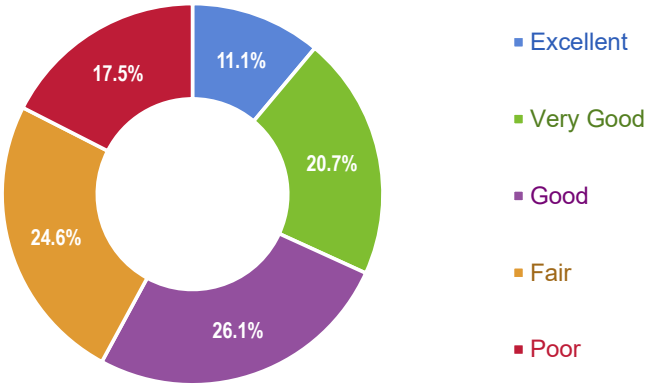
Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 55]
Notes: • Asked of all respondents.
• Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Affordable Child Care

Among area parents of children age 0 to 17, 42.1% rate the availability of affordable child care services in the community as only "fair" or "poor."

Rating of Availability of Affordable Child Care Services in the Community
(Yellowstone County Parents of Children <18, 2026)

"Fair/Poor" response by age of child:	
Age 0 to 4	38.1%
Age 5 to 12	45.8%
Age 13 to 17	40.9%



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 329]
Notes: • Asked of all respondents with a child under 18 at home.

Food Insecurity

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

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

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

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

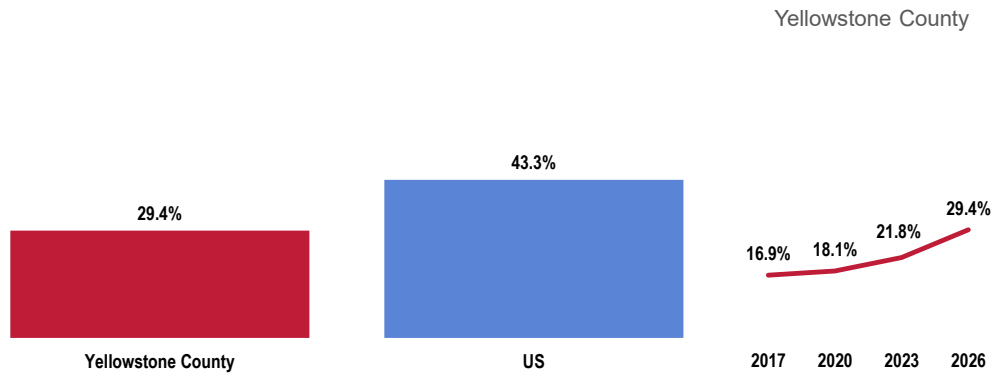
Overall, 29.4% of community residents are determined to be "food insecure," having run out of food in the past year and/or been worried about running out of food.

BENCHMARK ► Lower than the national prevalence.

TREND ► A significant increase from 2017.

DISPARITY ► Reported more often among women, adults under age 65, lower income residents (especially those below the poverty level), People of Color, and LGBTQ+ respondents.

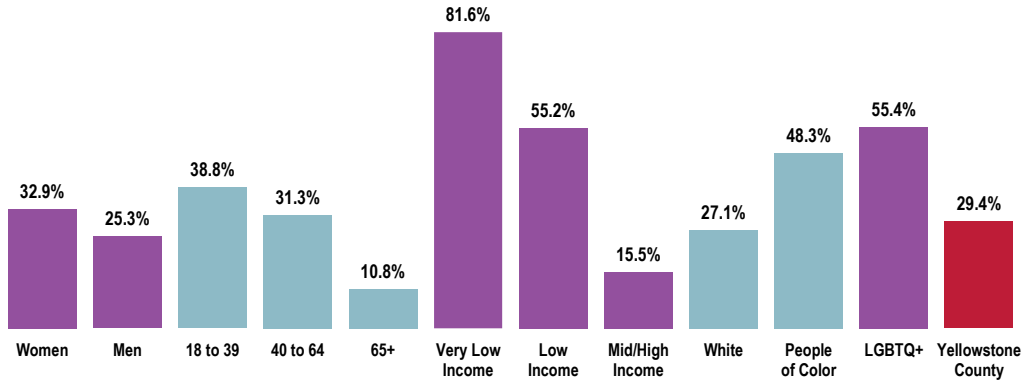
Food Insecurity



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
(Yellowstone County, 2026)



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

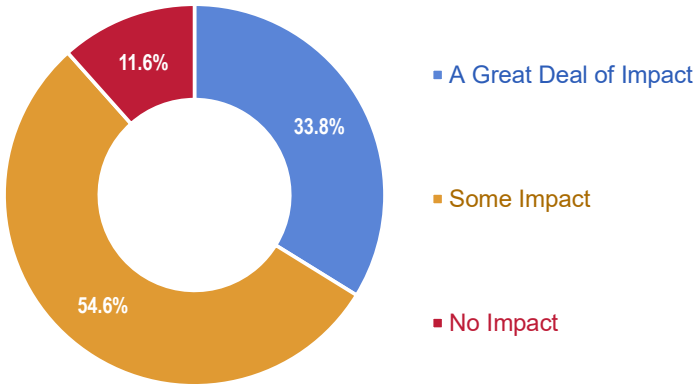
Notes:
- Asked of all respondents.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Community Life

Perceived Ability to Impact Quality of Life

Most surveyed adults feel that they have at least some ability to make their community a better place to live.

Perceived Degree of Impact on
Making the Community a Better Place to Live
(Yellowstone County, 2026)

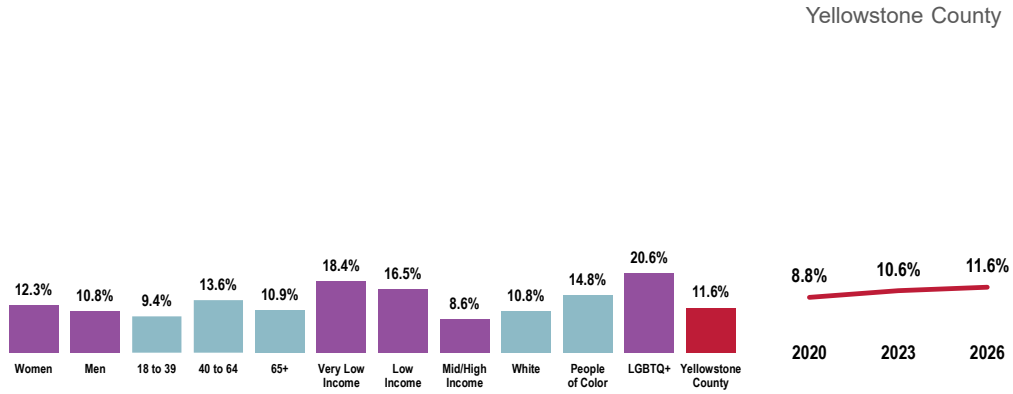


Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 323]
Notes: ● Asked of all respondents.

However, 11.6% perceive that they have "no impact" in the local community.

DISPARITY ► Those at lower income levels are more likely to say they have "no impact" on improving life in their community.

Have "No Impact" on Improving Life in the Community
(Yellowstone County, 2026)



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 323]
Notes: ● Asked of all respondents.

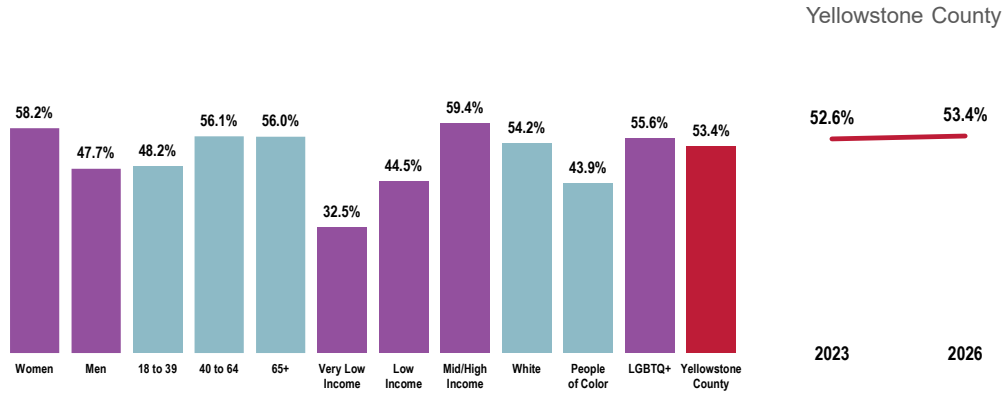
Volunteerism

See also "Social Support" in the Mental Health section of this report.

Among surveyed adults, 53.4% report volunteering time to charitable causes, organizations, or events within the past year.

DISPARITY ► Men and lower income residents are less likely to volunteer.

Volunteered Time to Charitable Causes, Organizations, or Events Within the Past Year
(Yellowstone County, 2026)



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 325]
Notes: ● Asked of all respondents.

Diversity, Equity & Inclusion

Unfair Treatment

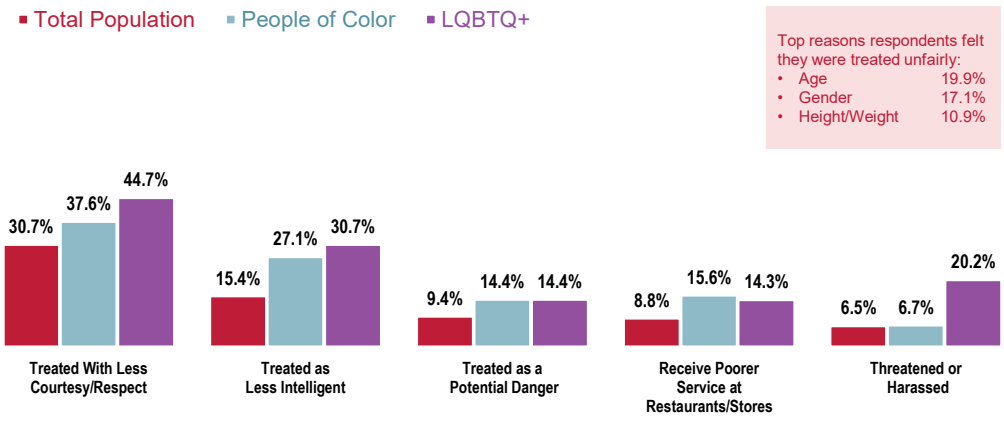
Respondents were asked how often they are treated:

- with less respect than others
- as less intelligent
- with poorer service
- as someone to be afraid of
- with threats or harassment

Many respondents report experiencing unfair treatment "almost every day," "at least once a week," or "a few times a month" in each of five ways, ranging from 30.7% who feel they are treated with less respect or courtesy than others to 6.5% who feel threatened or harassed.

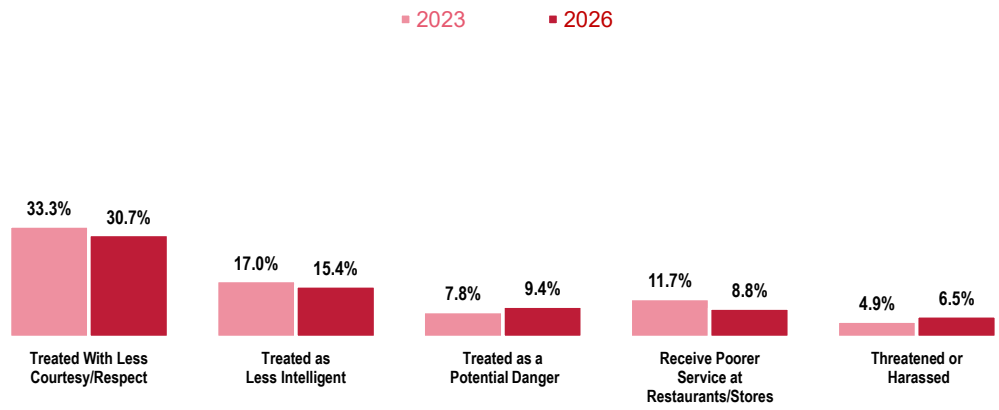
DISPARITY ► A significantly higher percentage of People of Color report being treated as less intelligent than found among the total sample of Yellowstone County adults. LGBTQ+ residents report a significantly higher prevalence of being treated with less courtesy or respect, treated as less intelligent, and being threated or harassed.

Perceptions of Frequent Unfair Treatment in Day-to-Day Life
(Yellowstone County, 2026)



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Items 311-316]
Notes: • Asked of all respondents.
• Percentages represent combined responses of "Almost Every Day," "At Least Once a Week," and "A Few Times a Month."

Perceptions of Frequent Unfair Treatment in Day-to-Day Life
(Total Population, Yellowstone County)



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Items 311-314]
Notes: • Asked of all respondents.
• Percentages represent combined responses of "Almost Every Day," "At Least Once a Week," and "A Few Times a Month."

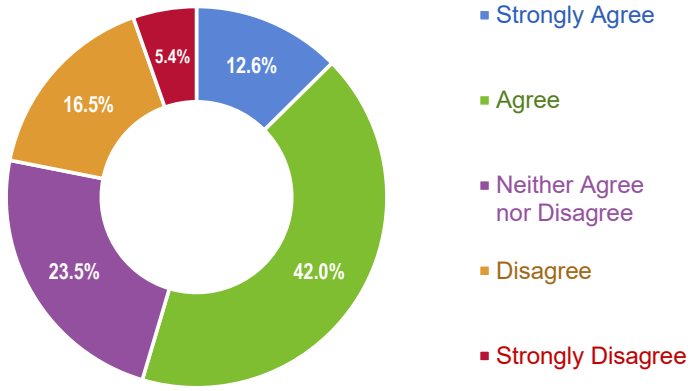
Inclusion

While more than one-half of Yellowstone County adults agree that their community is a welcoming place for people of all races and ethnicities, 21.9% "disagree" or "strongly disagree" that it is welcoming to all.

Respondents were asked to give their level of agreement or disagreement with the statement: "I feel that my community is a welcoming place for people of all races and ethnicities."

Among People of Color, 27.2% "disagree" or "strongly disagree" that the community is welcoming to all.

Level of Agreement About the Community as a Welcoming Place for People of All Races and Ethnicities
(Yellowstone County, 2026)



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 324]
Notes: • Asked of all respondents.

Key Informant Input: Social Determinants of Health

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

Perceptions of Social Determinants of Health as a Problem in the Community
(Among Key Informants; Yellowstone County, 2026)



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

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

Housing

> Affordable housing is limited and larger unhoused population. — Community Leader
>
> Rents are too high; groceries are too expensive. Especially if you want to eat healthy whole foods and there needs to be education for families and care givers that shows how to stretch a food budget to its max. — Community Leader
>
> Increased and high cost of living make housing unaffordable for many people in our community. Every week, we received requests at our church for financial assistance for housing, groceries, cars, etc. — Community Leader

Social determinants of health are a major problem in our community because they significantly impact access to care, health outcomes, and overall quality of life. In Yellowstone County, many residents face unstable housing, limited income, and educational barriers that contribute to chronic health conditions and preventable illnesses. Rural and underserved populations often live far from healthcare providers and lack reliable transportation. Discrimination and systemic inequality also affect access to mental health care, employment, and safe environments. These challenges are compounded by high poverty rates, food insecurity, and limited availability of affordable housing, particularly for vulnerable populations like seniors, Native American families, and those with disabilities. When these basic needs aren't met, people struggle to prioritize health, leading to increased hospitalizations and long-term health disparities that are difficult to break. — Community Leader

Housing and transportation are a huge issue. The access to affordable housing is increasing. — Community Leader

We have a huge affordable housing crisis. We have a large homeless population. Our local business is not paying a living wage. Our largest school district is minimally funded and is always having to make cuts to schools such as Washington Elementary School. We have multiple refineries. Minimal access to recycling. We have a high Indigenous population, and they report the community is not kind to them. — Social Services Provider

We don't have adequate affordable housing. We have a massive wait list for affordable housing. We need Permanent Supportive Housing. Our community doesn't pass school levies. We don't pass park levies nor bonds. — Community Leader

Waitlist for low-income housing is an issue, families in crisis can't wait months to be accepted into these programs for assistance. — Social Services Provider

Housing is so expensive and hard to find. — Community Leader

Housing is an incredible issue right now, with the costs rising and the limited amount of low-income housing, and the wait list being eternally long and people being laid off who help people get into homes. There needs to be money or grants to help these people. — Social Services Provider

We lack affordable housing and adequate transportation to get to and from healthcare appointments. — Health Care Provider

Increased housing costs; loss of health insurance due to Medicaid disenrollment last year and potential long-term impacts on coverage from Congress/Trump administration; climate change impacts vulnerable communities; significant disparities in health outcomes and experience for Indigenous residents. — Health Care Provider

Without housing, specifically, permanent supportive housing, one cannot be consistent with their own physical and mental health. — Community Leader

Housing - priced out of market. Income - lack of livable wages. Education - under attack, censored environment - climate and science deniers', discrimination - overt and covert in our systems. — Community Leader

Housing cost is becoming one of the most important issues individuals are facing in Yellowstone County. Montana is now ranked 5th in the country for cost of housing. The income needed to purchase a home fall far below the average rate of pay of Billings residents. — Social Services Provider

Number one Housing, education. — Community Leader

Lack of affordable housing, lack of affordable childcare. — Social Services Provider

Social determinants of health (SDOH) - including housing, income, education, transportation, and the built environment - are a major concern for veterans in Yellowstone County, Montana, because they directly influence physical and mental health outcomes, access to services, and long-term well-being. Problems include: Limited affordable housing, Veterans exiting incarceration, addiction treatment, or temporary housing (like shelters or couch-surfing situations) often struggle to secure stable long-term housing, Many veterans face challenges finding meaningful or adequately compensated work, particularly those with service-connected disabilities, Veterans waiting for VA disability claims to be approved (a process that can take months or even years) may experience periods without steady income, navigation of complex benefit systems, stigma around mental illness or addiction may discourage veterans from seeking help, and isolation magnified by physical distance. — Social Services Provider

Cost of Housing- costs are going up but wages are not growing to afford increases. — Health Care Provider

Affordable housing is beyond unattainable in this area. Rent is sky high, and I honestly don't know how so many of our program members are managing it! They often will come to us for financial assistance, but with $1,900 monthly rent, there's not a lot we can do. Income for low-skill employment is low, certainly not a living wage, and definitely not enough to cover this kind of rent. — Social Services Provider

With limited Housing resources and income inequality, we see a rise of health issues with a low-income community. — Community Leader

Cost of housing is outpacing wages, which contributes to homelessness or less than ideal housing situations that leave people exposed to the elements. Lack of health education. Environmental pollutants. — Social Services Provider

We have a major lack of affordable housing in our community - families are unable to afford housing, food, and medical expenses with the wages most people make in our community. Social services and the public education system are attempting to fill the gaps but that alone will not make a major difference if something doesn't change. — Social Services Provider

Expensive housing, costs of living, lack of insurance, stagnant wages, barriers to employment for people out of incarceration, stigma, lack of imagination to environmental issues like accessible sidewalks, trails, parks, etc. — Community Leader

Income/Poverty

The most recent census data indicates that approximately 8.5 percent of the Yellowstone County population is living in poverty (by federal definition). While this sounds low, that's still over 14,000 individuals living in poverty. That does not account for what I expect are thousands more living just above the poverty line and making far below the median household income. In addition, Yellowstone County has a growing unhoused population and an enormous waiting list for housing services/subsidized housing. The recent federal cuts to housing programs and other support programs will not assist in this effort. We have a significant population living on the edge of poverty who are able to meet their very basic needs, but unable to access services/resources that would support genuine quality of life. They are surviving but not thriving. This includes lack of income, housing, education, violent/substance addicted environments, and discrimination (especially for Native Americans). — Community Leader

Incomes are not keeping pace with expenses, we have a lack of affordable accessible housing, are facing with state property tax reform and federal budget cuts an even bigger squeeze on our underfunded public schools (although I think Billings School District #2 and the other school districts in our county do a good job with the hand they are dealt). Protections against discrimination and for a clean and healthy environment are being stripped away by this federal government in unprecedented fashion. It is very hard to build anything of quality if the building blocks are substandard or not even there. — Social Services Provider

There is a noticeable increase in the cost-of-living vs the ability to generate wealth. The wealth gap is affecting Gen X, Millennials, Gen Z, and Gen A. There is an increase in education costs to obtain higher degrees and AI will be replacing menial jobs, leading to a larger wider wealth gap. Income is not returning to lower levels in society and therefore limiting the amount of money circulating in the community. — Community Leader

Social determinants of health can largely influence health outcomes. Types of social determinants include socioeconomic stability, education, access to healthcare, living and working environment, social and community. Education access and quality is linked to health outcomes as well. Health education and prevention are key for individuals and families to make informed decisions about their health. Environment includes housing or lack thereof, transportation, access to recreational spaces, and more. People living in a lower-income neighborhood may experience higher rates of chronic diseases due to systemic barriers to healthy living. — Health Care Provider

We have a large gap between those with money and those that do not have enough to make ends meet. People often have to work more than one job to get their needs met and this often also means they do not have health insurance. Our foster care and CPS systems are over-burdened. — Physician

Social determinants of health are a huge problem in community members maintaining good health or the ability to manage diseases and aging. Areas of our community where income levels are low are grocery store deserts, lack green space and safe areas to participate in outdoor recreation. Housing and food costs have risen. Those on Medicaid who need assistance or nursing care have very few options in the state of Montana as those facilities need to balance their Medicaid patients/residents with private pay patients/residents to break even and pay staff a livable wage. — Health Care Provider

Families struggling financially often have to work multiple jobs to get by, leaving little time to pursue healthcare. Cost of healthcare (whether perceived or actual) can deter people from seeking help. Lack of transportation can be a roadblock. — Community Leader

Lower income population and the homeless. — Health Care Provider

We lack sufficient high wage jobs to support families. The quality of education is very subpar. — Community Leader

Unhoused Population

We have a large homeless and poverty-stricken population in our community. Lots of persons with high ACES scores and SDMI. — Health Care Provider

Billings has a high population of homeless youth as seen in the yearly school district homeless youth count. We have people living in rundown motels, cars, on the street, and in homeless shelters. — Community Leader

Billings has a significant increase in the unhoused population, with many health challenges as well as being unable to meet their basic needs. Like other larger communities in our state, there are not enough resources nor at times specific resources to meet the needs of this population. High housing costs and lack of affordable housing/demand and inflation which strains resources are a contributing factor. — Health Care Provider

We have a very large population of homeless students. They often come from single parent homes and the parents have little to no education past high school. They are struggling with low paying jobs with little to no benefits and are unable to pick up their child when they are sick to take them in due to fear of losing their job. — Health Care Provider

Lots of homeless/transients, limited low-income housing, long wait lists for emergency housing, multiple funding cuts this year, high numbers of elderly with limited placement possibilities due to funding/availability, limited programs to assist with utilities, food, etc. — Health Care Provider

> With the recent letter to congress citing major increase in both youth and adult homelessness in our community alone signifies that it is a huge problem. The cost of living is almost impossible for young families to grow and thrive. There is a lack of safe space for family shelters and lack of assistance in teaching people how to rise above circumstances and become self-sufficient. — Community Leader
>
> Some community members are very transient, and they have trouble finding housing and generally without any type of insurance or medical coverage. Many community members have large extended families which creates its own domestic challenges to the home environment, health care, and economic challenges. Stereotyping and generalizing are at times a problem, when each individual seeking services should be seen as unique person with individualized treatment or obtaining service needs. — Social Services Provider
>
> Billings has a high unhoused population with no visible strategy to address it. It is compounded by several reservation communities that are also systemically under resourced being so close. We need to develop a community plan to provide a pathway to house and integrate relatives into the community. Other major cities are innovating, and we need to as well. It is also clear that mental health contributes to the unhoused population. It would be powerful to develop a regional housing strategy that encompassed reservation communities and that was holistically developed and that aligned with addressing mental health needs. — Social Services Provider

Access to Care/Services

> Services and accessible programs tend to be clustered in single areas, making it difficult for those in other parts of the city to access these resources. — Community Leader
>
> Because of health disparities, a lack of access to necessary resources to meet the basic needs of an individual leads to chronic illness and lower life expectancy. — Community Leader
>
> Lack of access and opportunities. — Community Leader
>
> Because lack of access to these things prevents people from being able to focus on their health and wellness. We have a housing crisis, there are lack of educational opportunities for all, there is no shelter available for people with high barriers, and we have extractive industry all around us, but again, refuse to discuss the impacts. — Community Leader

Educational Attainment

> Health inequalities resulting from education disparities, discrimination, food insecurity for vulnerable groups, lack of affordable housing, unhealthy air, lack of affordable transportation. — Community Leader
>
> Educational opportunities, particularly if federal funding becomes an issue. Lack of affordable housing, lack of diversity, it takes a lot of money to live here because things are far apart, travel in the winter can be challenging, nutrition information/good wellness and eating habits are lacking across the country, exercise opportunities can be expensive, the west end needs a YMCA for childcare, wellness, etc. — Community Leader
>
> Lack of education and access to resources. — Health Care Provider

Denial/Stigma

> Lack of acceptance and recognition that this is a problem. — Community Leader
>
> Because of the current substance use and mental health climate, my experience with physicians, is a prejudice and misconceptions of the client in the room. I have had several doctors walk in, look at me and decide I am drug seeking or unintelligent and dismiss my concerns about my health problems. I use no substances and have no mental health concerns. I am also very well educated. — Community Leader
>
> Discrimination is a major problem in Billings limiting housing rentals and employment opportunities. The working class, even if two incomes, can't make enough money to support a home and family because the costs of living are higher than the wages in Billings. Today's students don't want to be in debt for higher education like the generation before them. — Community Leader

Government/Politics

> The Federal Government is destroying all programs, health, housing and education opportunities for the entire population of the US. This was already a problem in Billings, and it will get worse as all of the funding and support is terminated. I really don't know how this will be fixed without serious illness, loss of life and other negative impacts directly on people so they wake up and start voting to support these critical programs and support tools. No one seems to care that is in any elected office right now. — Community Leader
>
> Administrative problems within the Medicaid system. Program cuts. — Public Health Representative

Childcare

> Lack of good childcare affects families' ability to afford housing, healthcare, insurance, further education, and healthy family recreation. Lack of childcare impacts a person's ability to work and reasonable work hours. Without work, there is limited income and limited purchasing power. There is also the gap where families make too much for various assistance programs, but insurance deductibles are so high that healthcare and wellness services are beyond them. — Social Services Provider

Nutrition

> Challenges around nutrition, physical activity, and weight are deeply tied to social determinants of health like income, housing, education, and access to resources. Many families face unstable housing conditions, limited access to fresh food, and neighborhoods that aren't walkable or safe, which makes healthy choices harder to maintain. Even with decent incomes, people may struggle with high healthcare costs, lack of time due to multiple jobs, or limited insurance coverage for preventive care. Education gaps also play a role - those with less education often have fewer opportunities to learn about nutrition or access wellness programs. And for some, discrimination or cultural barriers can make it harder to seek help or feel supported. — Social Services Provider

Collaboration

> The inability for this community, organizations and groups to come together to address all of these issues instead of things being siloed. Nothing is going to change without adequate funding, accountability for things actually getting done and the ability for folks to work together. Same issues have been at the top and nothing changes because innovation is shunned and the absolute inability to actually work together. People claim they do, but their actions speak otherwise, and it is very disappointing for our community. The people that pay the price are the people that need us the most. — Health Care Provider

Suicide

> Suicide. This is very much related to all issues regarding the social determinates of health with specific focus on mental health and substance abuse issues related to things like trauma, depression, hopelessness, etc.
> — Social Services Provider

Vulnerable Populations

> Tribal communities in particular suffer within Yellowstone County both from differences in culture but also social detriments due to this. Large population of homelessness in Billings but a lack of network and population to support them properly. — Community Leader

Discrimination

> Billings and Montana are very discriminatory against Native Americans, African Americans, Hispanics and the LGBTQ+ community. I see it and I hear about it. — Community Leader

Trash

> Billings is a dirty city, trash everywhere, used needles and condoms found around town. Trash and litter all over town. — Community Leader

Impact on Quality of Life

> All of the above have a negative impact on people's health. — Social Services Provider

Lack of Providers

> Doctor wait times are long, lack of rentals for those who are low income. — Social Services Provider

Incidence/Prevalence

> That's everywhere. — Community Leader

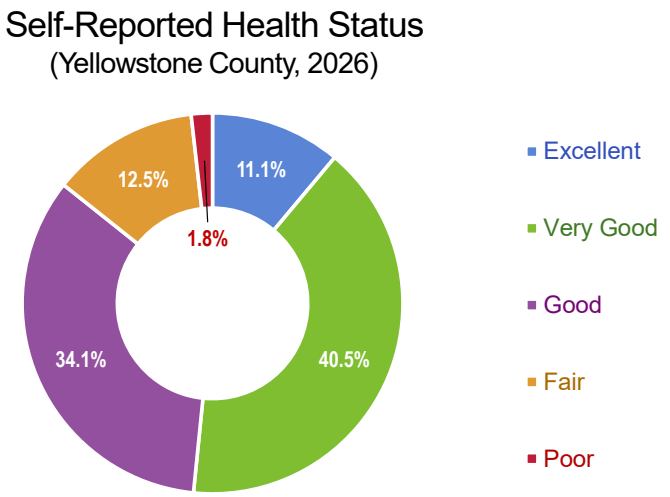


HEALTH STATUS

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

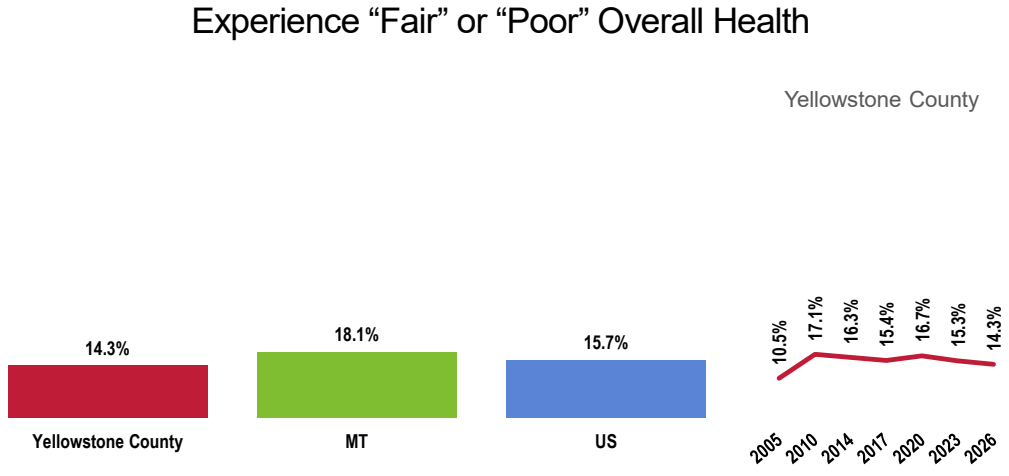


Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: ● Asked of all respondents.

However, 14.3% of Yellowstone County adults believe that their overall health is "fair" or "poor."

BENCHMARK ► Lower than the statewide prevalence.

DISPARITY ► Reported more often among lower income residents.



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
(Yellowstone County, 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.

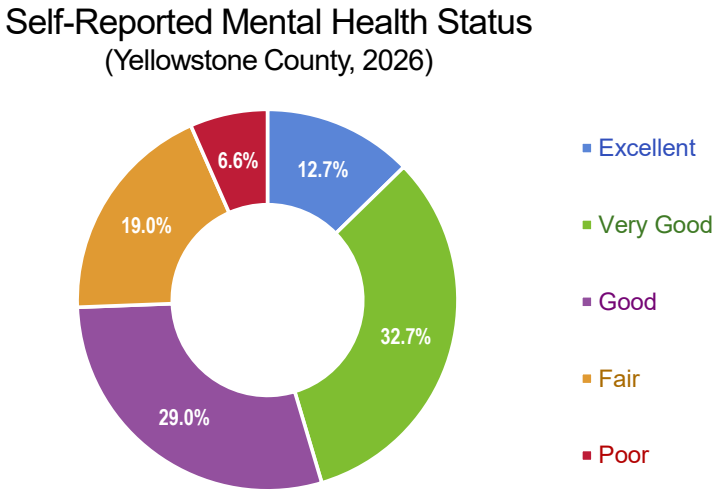
In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening 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 Yellowstone County adults rate their overall mental health favorably ("excellent," "very good," or "good").



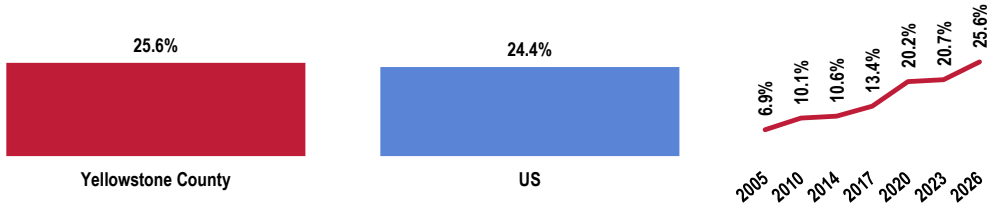
Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 77]
Notes: • Asked of all respondents.

However, 25.6% believe that their overall mental health is "fair" or "poor."

TREND ► A significant increase over the past two decades.

Experience "Fair" or "Poor" Mental Health

Yellowstone County



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

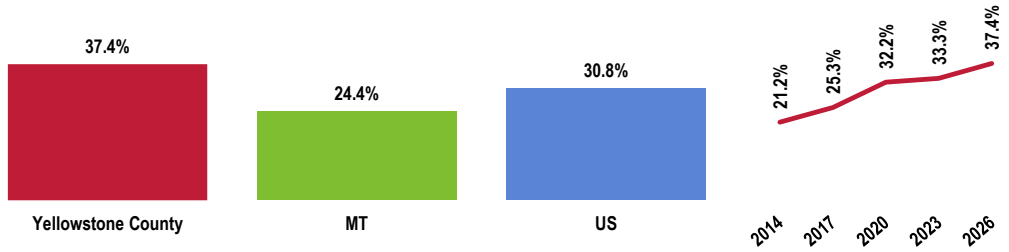
A total of 37.4% of Yellowstone County adults have been diagnosed by a physician or other health professional as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

BENCHMARK ► Higher than Montana and US percentages of diagnosed depression.

TREND ► A significant increase since first asked in 2014.

Have Been Diagnosed With a Depressive Disorder

Yellowstone County



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.

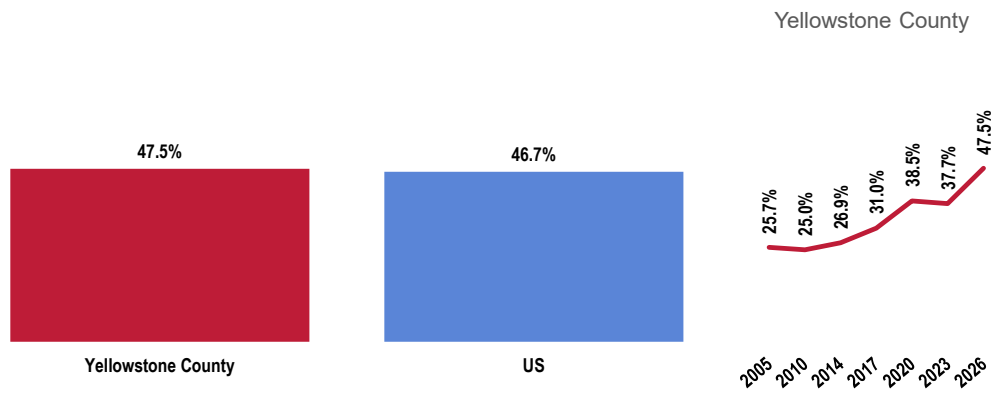
Symptoms of Chronic Depression

A total of 47.5% of Yellowstone County 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 ► A significant increase over time.

DISPARITY ► Reported more often among women, adults under age 65, lower income residents (especially those below the poverty level), People of Color, and LGBTQ+ respondents.

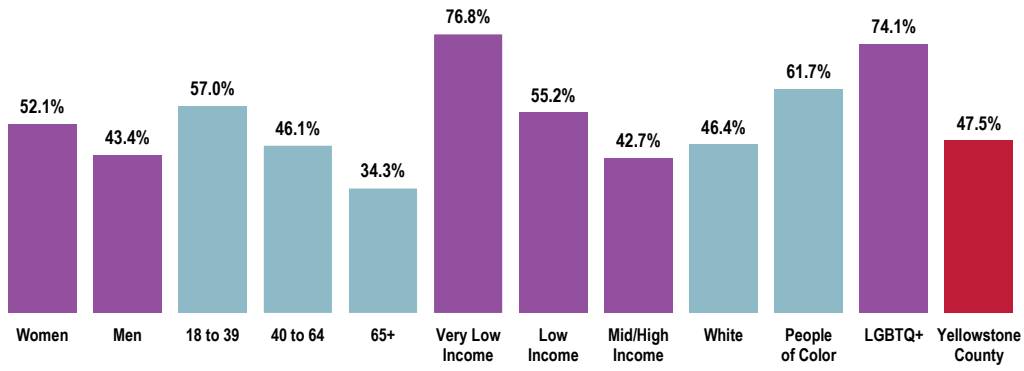
Have Experienced Symptoms of Chronic Depression



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
(Yellowstone County, 2026)



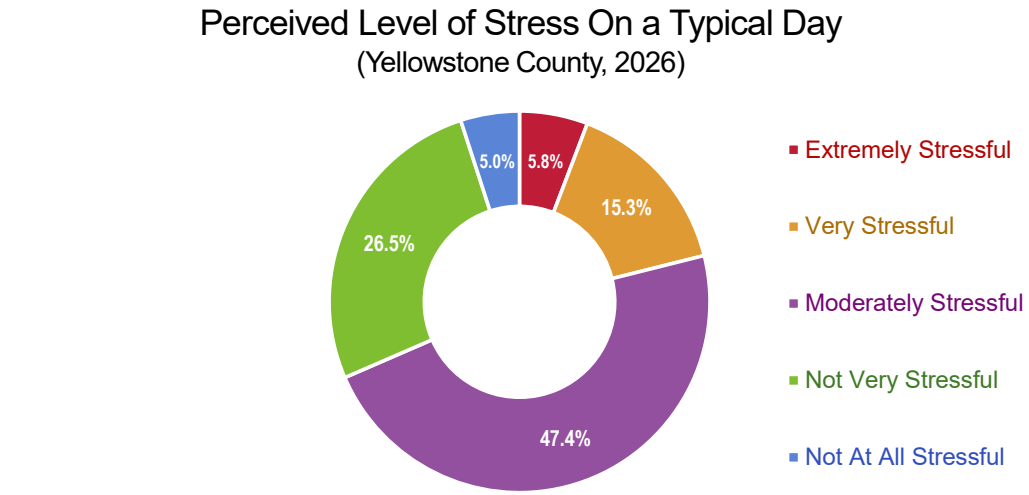
Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 78]

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

Daily Stress

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

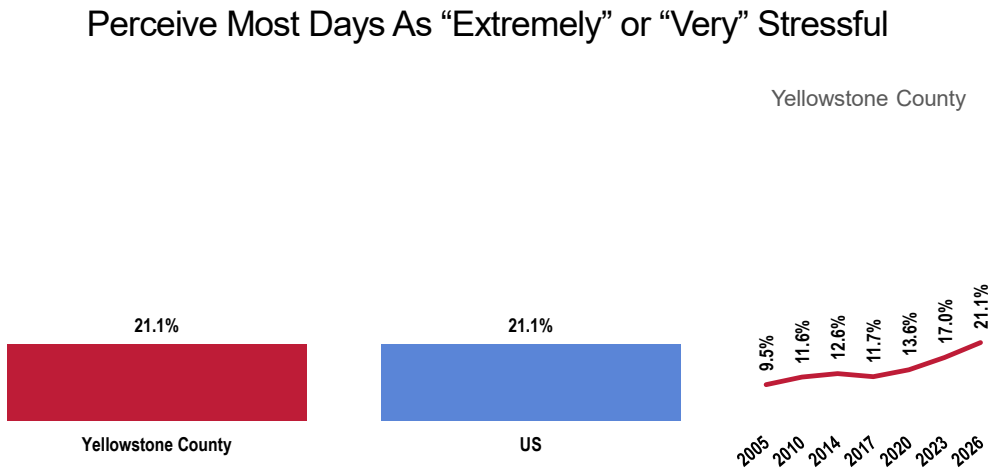


Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: • Asked of all respondents.

In contrast, 21.1% of Yellowstone County adults feel that most days for them are "very" or "extremely" stressful.

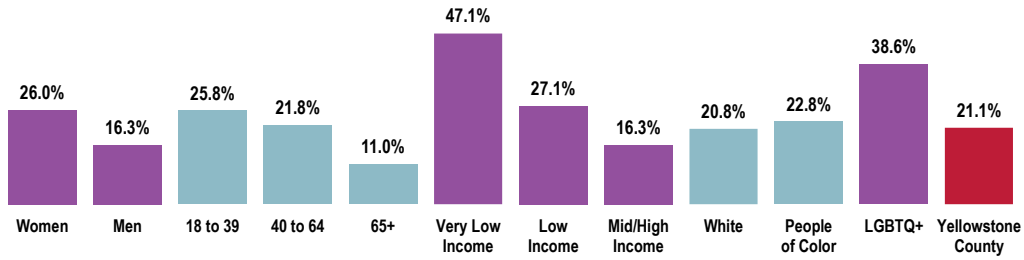
TREND ► Increasing over the years.

DISPARITY ► Reported more often among women, adults under age 65, lower income residents (especially those below the poverty level), and LGBTQ+ respondents.



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
(Yellowstone County, 2026)

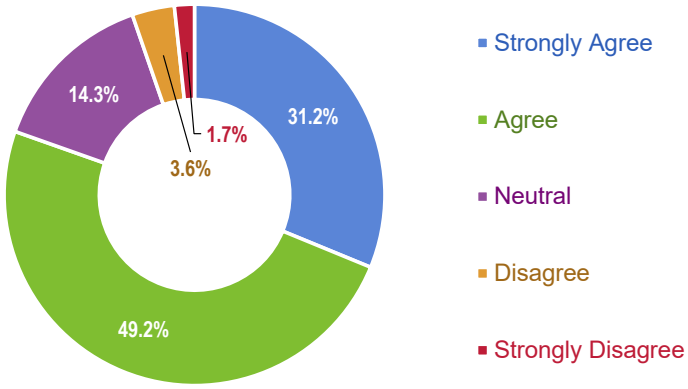


Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: • Asked of all respondents.

Stress Management

The majority of area adults believe that they can manage the stress in their lives.

Level of Agreement With the Statement: "I am confident in my ability to manage stress and work through life's difficulties."
(Yellowstone County, 2026)

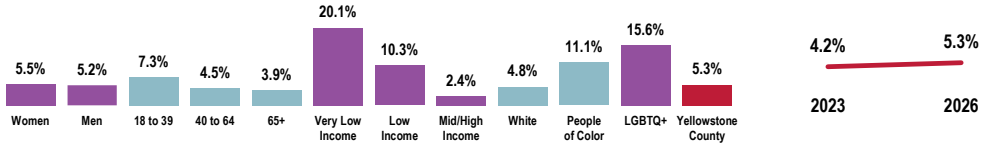


Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 310]
Notes: • Asked of all respondents.

However, 5.3% "disagree" or "strongly disagree" that they can handle life's difficulties.

DISPARITY ► Reported more often among lower income residents (especially those below the poverty level) and LGBTQ+ residents.

Disagree That *"I am confident in my ability to manage stress and work through life's difficulties."*
(Yellowstone County, 2026)



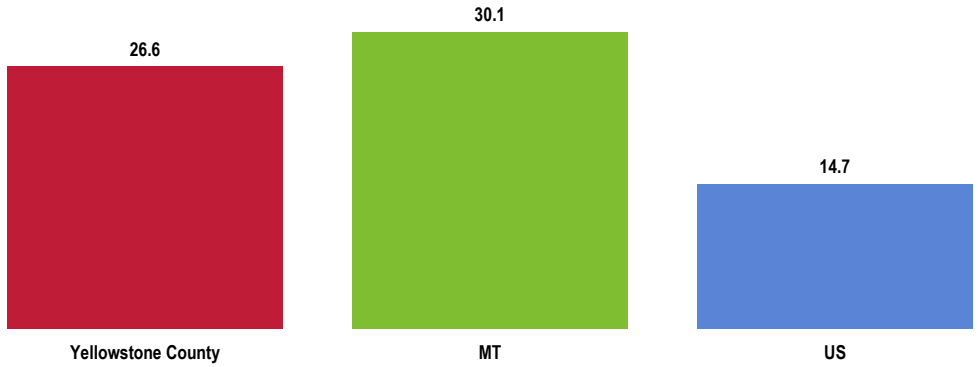
Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 310]
Notes: ● Asked of all respondents.
● Reflects "disagree" or "strongly disagree" responses.

Suicide

In Yellowstone County, there were 26.6 suicides per 100,000 population (2021-2023 annual average rate).

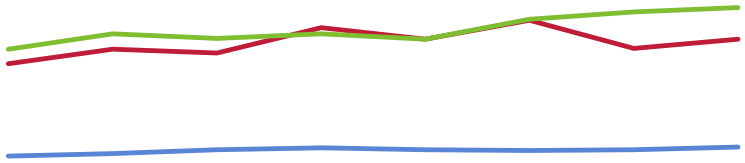
BENCHMARK ► Nearly double the national suicide mortality rate. Fails to satisfy the Healthy People 2030 objective.

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 October 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
Yellowstone County	23.9	25.5	25.1	27.9	26.6	28.7	25.6	26.6
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 October 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

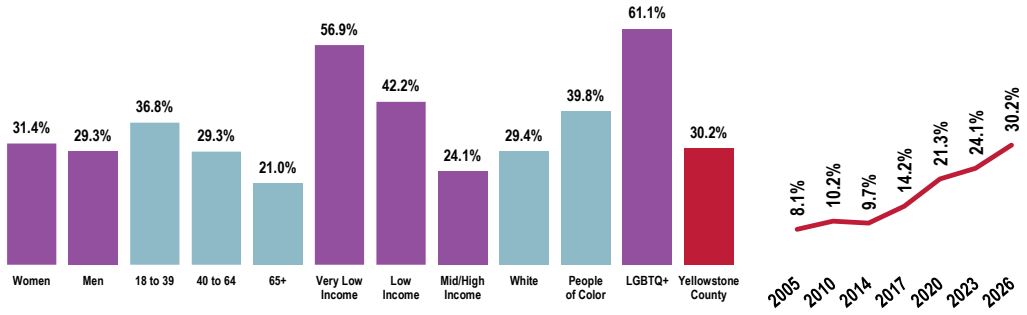
Nearly one-third (30.2%) of area adults have ever considered attempting suicide.

TREND ► A considerable increase over the past decade.

DISPARITY ► Reported more often among adults age 18 to 39, low-income residents, and (especially) LGBTQ+ respondents.

Have Ever Considered Attempting Suicide
(Yellowstone County, 2026)

Among respondents, 64.0% are aware of Montana's *Suicide Prevention and Mental Health Crisis Lifeline 988.*



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Items 319-320]
Notes: ● Asked of all respondents.

Mental Health Treatment

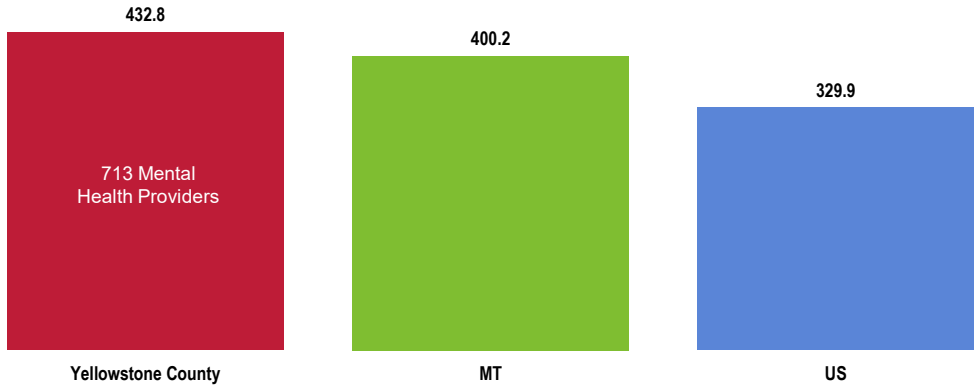
Mental Health Providers

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

There are currently 713 mental health providers in Yellowstone County (including psychiatrists, psychologists, clinical social workers, and counselors who specialize in mental health care), translating to a rate of 432.8 per 100,000 population.

BENCHMARK ► Yellowstone County has a higher ratio of mental health providers than the US.

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



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 October 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.

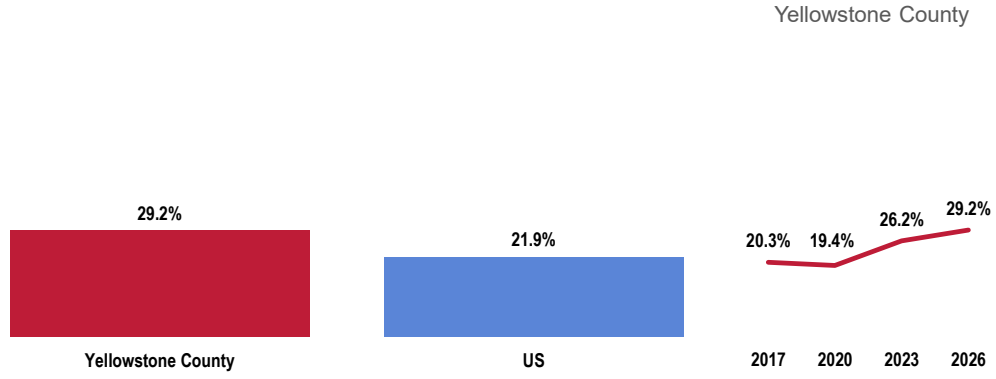
Currently Receiving Treatment

A total of 29.2% Yellowstone County residents are currently taking medication or otherwise receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

BENCHMARK ► Higher than the national prevalence.

TREND ► A statistically significant increase from earlier findings.

Currently Receiving Mental Health Treatment



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

Adults

A total of 10.0% of Yellowstone County adults report a time in the past year when they needed mental health services but were not able to get them.

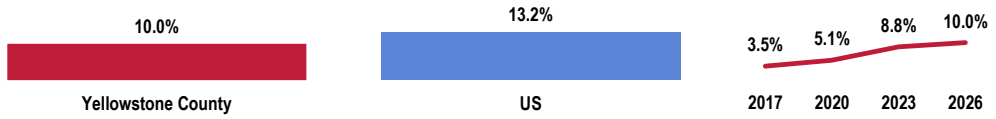
BENCHMARK ► Lower than the US percentage.

TREND ► A significant increase over time.

DISPARITY ► Reported more often among adults under age 65, lower income residents, People of Color, and LGBTQ+ respondents.

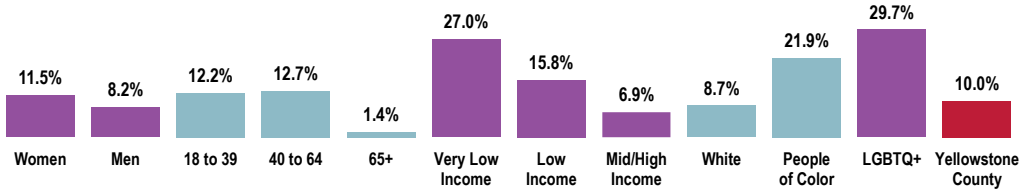
Unable to Get Mental Health Services When Needed in the Past Year

Yellowstone County



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
(Yellowstone County, 2026)

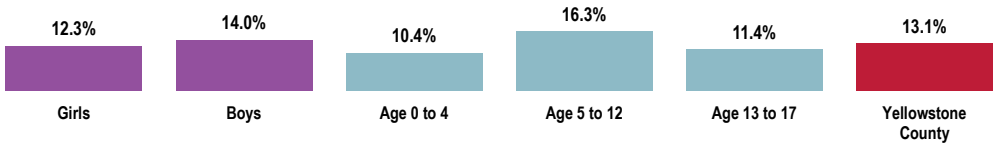


Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 82]
Notes: ● Asked of all respondents.

Children

A total of 13.1% of Yellowstone County parents report a time in the past year when their child needed mental health services but were not able to get them.

Unable to Get Mental Health Services for a Child When Needed in the Past Year
(Parents of Children <18, Yellowstone County, 2026)



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 328]
Notes: ● Asked of all respondents with a child under 18 at home.

Social Support

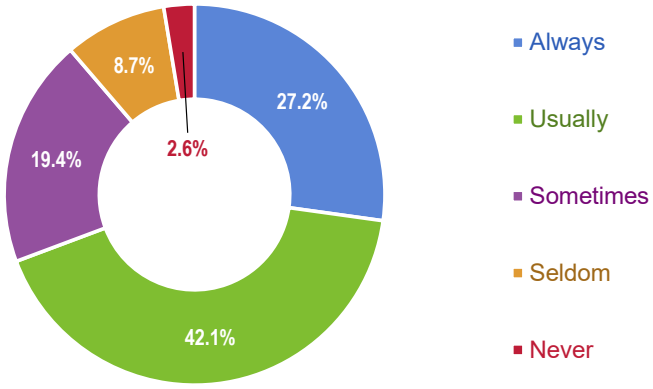
Social & Emotional Support

While most survey respondents report "always" or "usually" having enough social and emotional support, 11.3% feel they "seldom" or "never" have such support.

TREND ► "Seldom/never" responses are significantly higher than the 2020 baseline.

DISPARITY ► "Seldom/never" responses are reported more often by those living below poverty level and among People of Color.

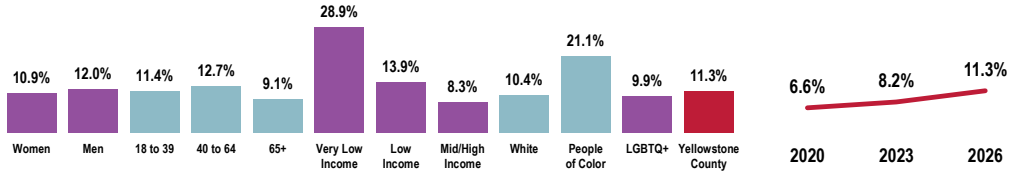
Frequency of Having Enough Social and Emotional Support
(Yellowstone County, 2026)



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

“Seldom/Never” Have Enough Social and Emotional Support

Yellowstone County



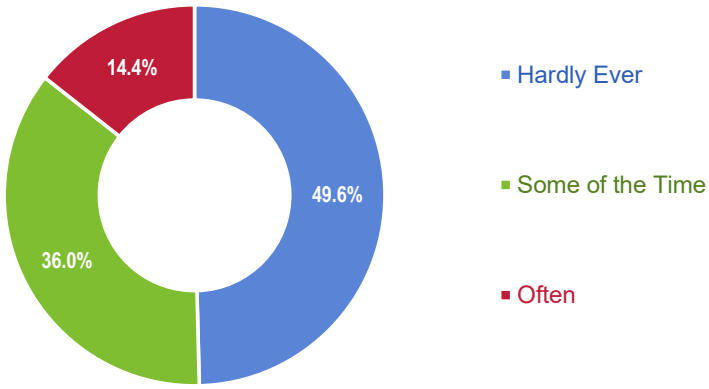
Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 317]
Notes: ● Asked of all respondents.

Isolation

While half of area adults reports they “hardly ever” feel isolated from others, 14.4% say they “often” do.

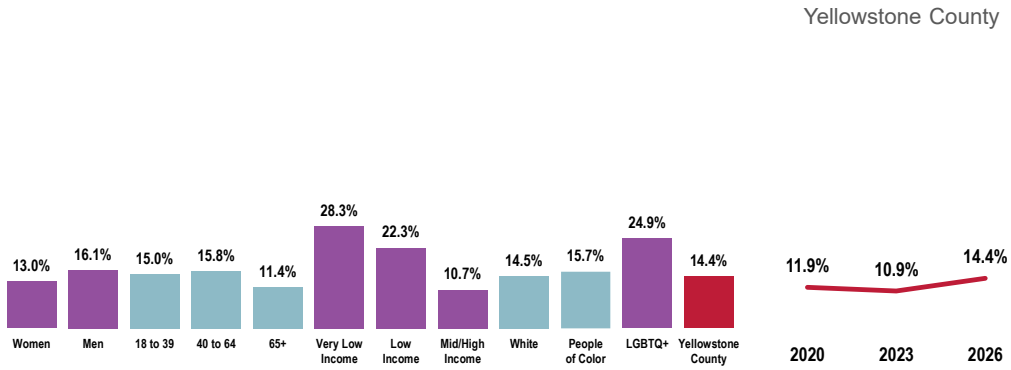
DISPARITY ► Feelings of isolation are reported more often among low-income residents and LGBTQ+ respondents.

Frequency of Feeling Isolated
(Yellowstone County, 2026)



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

"Often" Experience Feelings of Isolation
(Yellowstone County, 2026)

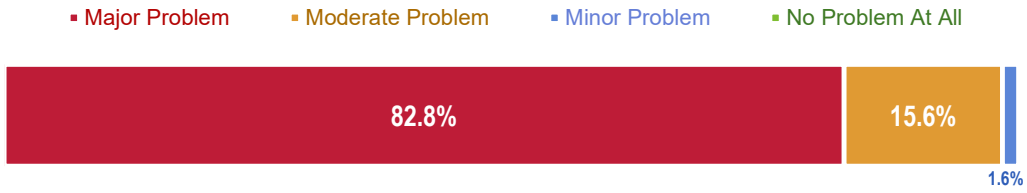


Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 318]
Notes: ● Asked of all respondents.

Key Informant Input: Mental Health

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

Perceptions of Mental & Emotional Health as a Problem in the Community
(Among Key Informants; Yellowstone County, 2026)



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

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

Access to Care/Services

> The complexity of the referral process and navigating getting care. Ideally, a person could go to one caregiver and get a diagnosis and continue to see that practitioner for a treatment plan. In reality, a person must see a practitioner for diagnosis, another practitioner for treatment plans and potentially others depending on the intricacy of care. The challenge this creates is a lack of trust in the communication between practitioners, redundance in care, multiple appointments for minimal progress, and the cost of care for multiple appointments. — Social Services Provider
>
> People who have mental health issues have challenges being seen by mental health caregivers both in hospitals and as outpatients. Mental health issues in youth and young adults that result in death by suicide appear to be increasing and community members are often either without options for support or aren't able to be seen rapidly (sometimes waiting weeks to be seen) or placed in in-treatment care when they need help. — Health Care Provider
>
> Access to care. — Community Leader
>
> Limited resources, when someone is dealing with an issue, they have to wait for months to see a provider. — Social Services Provider

While Billings is generally resource rich, there is not adequate service capacity/providers to serve the growing need. Additionally, there continues to be significant stigma surrounding mental health and related diagnosis and treatment. Lastly, good mental health services and corresponding medications are necessary long term and are expensive. Finding both a consistent and available provider and being able to afford these services long term is a barrier. — Community Leader

There are not enough mental health resources both for medication management and therapy. Lack of insurance effects services offered and long wait times for appointments. — Social Services Provider

Little to no access to psychiatric care for adults. Long waiting lists for therapy services for children. Few therapists available to treat young children. Not enough professionals working in the field to meet the demand. — Community Leader

Lack of resources and providers of care for mental health. Lack of knowledge about mental health leads to stigmas in the community. Increased violence and crime in the community due to mental health. Homelessness from mental health without enough facilities to take care of people. — Community Leader

Access and affordability, both in a timely manner. — Social Services Provider

Intensive case management and access to wraparound services that are client centered. — Community Leader

Access to resources and long term follow up to address the ongoing needs. — Community Leader

Timely access to care, follow up, ensuring people continue to come to services, adequate range of modalities, access to youth therapists. — Community Leader

Absolutely the biggest challenge is simply access and support. Having one Inpatient psychiatric center for a city this large is completely inadequate. — Community Leader

Lack of access and resources are a challenge. Due to Medicaid cuts in the past and limited increases for mental health services, expansion of services has not occurred to meet the needs of the community and other area in MT who seek those services in our community. — Health Care Provider

The biggest challenge for mental health issues is access to services especially when there are immediate escalating needs that could lead to injury and violence. The wait time to see a mental health provider should not take months. Law enforcement needs assistance in dealing with drug, alcohol, and mental health when a crisis is blowing up. Access to addiction treatment, detoxing, and ongoing maintenance needs to available immediately. — Community Leader

Knowing my organization is not equipped to serve those suffering from debilitating mental illness, we can only simply refer the individuals to other organizations. But when they do stop here first, they clearly do not have a support system in place, as gauged by their unkempt appearance/hygiene. Their limitations inhibit their ability to maintain employment and cannot support themselves. We visit with them, and they clearly feel alone and without direction. We visit with 4-5 different individuals/month and know this is just a drop in the bucket. — Social Services Provider

There are a lot of people in our community who struggle with mental health issues, but there are not enough easily accessible resources to help them. We need to have more services available, meet people where they are, and reduce the stigma associated with mental health so more people can and will access these needed services. — Community Leader

Child mental health resources are lacking, especially emergency resources that do not involve an Emergency Room. — Social Services Provider

Largest issue is access to therapists. I have repeatedly been told by families seeking therapeutic services for their child that there is a waiting list that is months long. — Community Leader

Huge access issues with often months long waits for appropriate counselors, often as long to get into psychiatry, the limited number of psychiatry visits available for Medicaid patients, and the limit options for support for patients that have more acute needs than outpatient primary care can provide but whom Billings Clinic psychiatry does not deem appropriate for inpatient admission. — Health Care Provider

It seems there is limited access to Mental Health services. There seems to be enough counselors/MSW's/psych D's/ or other workers, although there could be more. The main issue is funding through insurance or government to get the right services into the right places at the right time for the right people. Unfortunately, many LCPC's/LCSW's are incentive to open their own single shops to increase their salary. However, this leads to a desperate system of mental healthcare for those who are mentally competent enough to seek out services through this fractured system. For those low-income and mentally struggling, there are fewer resources (time, money, barriers) to seek out services - meaning the most in-need of services are the least likely to get them. — Community Leader

Access to care, especially specialized care. — Community Leader

Lack of availability of services. — Social Services Provider

Access to appropriate services, supportive case management, relationship, culturally centered care, safe shelter/housing, access to medication, stigma, ineffective services on street level, social media, bullying. — Community Leader

Access to proper care and follow through with hospitals rather than discharging right away. — Community Leader

Accessibility and sustainable care. — Community Leader

No easy access to mental health services. — Health Care Provider

No/very limited services, long wait lists for inpatient mental health treatment, lack of understanding of treatment options. — Health Care Provider

This has been a problem in Billings for several years. Not enough programs to help those who need it, coupled with financial restraints, either by the person needing help, i.e., no insurance, or funding cuts at the state/federal levels. — Community Leader

Access. — Health Care Provider

Access to care can be challenging. Insurers making people jump through hoops is shameful. Lack of resources for families with children with neuro diversity issues are often left in violent situations. DMDD, IED, etc. — Community Leader

Lack of adequate services. While payment can be an issue, even greater is access. There aren't enough high caliber resources that are easy to find especially when navigating complex issues such as depression, addiction, schizophrenia, etc. As we build Billings as a regional health care destination, we are most lacking in our mental health facilities. We need to invest as deeply as we have in our other state of the art care. — Social Services Provider

Mental health issues are pervasive across the country. In Montana, finding a good provider is a challenge, the requirements for LCPC licensing are a lot which often dissuades, and insurance reimbursements are lower than in my previous state. We have excellent resources in Billings, but definitely a great number of homelessness, due to a lack of affordable housing, access to care for mental health issues for low income, homelessness, school supports. — Community Leader

Access to services, including SUD services both in and outpatient, limited providers. Stigma and culture make it hard for folks to talk about mental health. — Health Care Provider

Limited availability of complete services for mental health. Not easy to find without help. — Community Leader

Getting help and getting an appointment. — Community Leader

Depression and acute issues are difficult to get help for quickly. Long term mental health services are expensive, and most health plans only allow for a few paid visits. — Community Leader

Finding a place that can receive treatment. — Community Leader

Lack of Providers

Lack of qualified providers. Appears to be a mish mash of opportunities. — Community Leader

Access to providers. Early intervention services including access. Overall awareness of mental and behavioral health in our community. Support at the K-12 level is needed - This is where great impacts can be made when focusing on working upstream and address concerns. We must invest in the K-12 education portion of mental health. — Community Leader

Access to counseling, psychiatry, and medical management. — Social Services Provider

Access to services; there are not enough providers (outside of individual counselors in private practice...but they do not always have adequate resources or skills to make an impact) to make systemic changes...not just a band-aid. We need to better fund (Medicaid, grants) the ability to treat and prevent mental health issues (and the substance use problems that accompany mental health problems). — Physician

Access to available, credentialed providers for counseling and/or referral. Wait lists are long and how to find "the right" provider for a particular issue relies on word of mouth. Available appointments require flexible work schedule, transportation, and money. — Community Leader

Access to therapy, especially child, adolescent and elderly; access to psychiatry level services for all ages; poor access between inpatient and mild/moderate support in the outpatient setting; lack of community/group support for families who have a member with mental health challenges. — Physician

The biggest challenge people with mental health issues face in our community is lack and access to mental health providers. Many providers have long waitlists or don't provide specific services (e.g. play therapy, LGBTQ+). Also, mental health services are typically only available during the day so people that work need to take time off of work to receive services. — Social Services Provider

Getting into see a counselor can sometimes be difficult and the cost of seeing a counselor is very high. I know people who would go to counseling but do not because their insurance does not cover it, so they do not go. — Community Leader

Connecting with a provider that they like and can get to and pay for. — Social Services Provider

Yellowstone County, like much of Montana, suffers from a shortage of licensed mental health professionals, particularly those trained in veteran-specific care such as PTSD, traumatic brain injury (TBI), and military sexual trauma (MST). Even when services are available, wait times for appointments with psychologists or psychiatrists (especially at the VA or through community care) can be significant. Many veterans live in rural or semi-rural areas surrounding Billings. Traveling long distances for care is a barrier - especially for those without reliable transportation or with physical disabilities. Stigma, fear of appearing weak cause vets not to seek help. Civilian providers may not understand military culture, leading to a disconnect between veterans and their possible provider. Many veterans are unaware of available programs or struggle to complete complex applications and referral processes (this is where VNN can assist). — Social Services Provider

Lack of competent and higher educated psychologists. Dire need. I am retiring and have no one whom to send my more vulnerable patients. — Health Care Provider

Lack of professionals to treat. — Health Care Provider

We do not have nearly enough licensed clinical social workers nor therapists. We don't prioritize mental health regarding public safety. We fund jails not proactive programs. — Community Leader

The lack of qualified mental health professionals to serve those wishing to receive treatment and the lack of resources to help many cover the costs associated with that treatment means that efforts are being expended in destigmatizing the need for mental health treatment and encouraging people to seek help in a manner that is counterproductive. If people are convinced by those efforts to seek help only to be placed on a waiting list, they will communicate that to others, which will make them less likely to seek the assistance they need. Public information campaigns to destigmatize seeking mental health treatment and reaching out for help are very important. I don't doubt that, in some cases, they save lives. Still, before we bombard people with TV, Radio, and Web ads, we need to have the capital and personnel resources available to make sure they can get some help in place relatively quickly. — Social Services Provider

In the past, these statistics show that a lot of people in this community struggle with mental health. There are not a lot of mental health workers, or there's not a lot that people know about. People need to be advertising more for mental health assistance. There is no access to health insurance or health insurance that allows multiple sessions with a therapist. And then in Montana, there's a huge stigma against people with mental health issues, and people don't want to identify them or help their problems. I feel like the more education that is out there, the more accepting for this type of health, for people to go and help themselves. The more education and resources that can be out for this, the better I feel. I feel like our community will get and, if anything, the more understanding there will be. — Social Services Provider

In Yellowstone County, Montana, people with mental health issues face major challenges including a severe shortage of providers, leading to long wait times for services. Rates of poor mental health and suicide are rising, with many turning to drugs or alcohol to self-medicate due to lack of treatment access. Stigma and cultural attitudes, such as the belief to “tough it out,” prevent individuals from seeking help. Mental health crises often result in jail time, as the county lacks adequate local crisis care, forcing long waits for state facility evaluations. Additionally, many struggle with housing, isolation, and limited social support, making it difficult to maintain treatment. These barriers leave vulnerable individuals without the help they need. — Community Leader

Denial/Stigma

Willingness to seek treatment, stigma. Lack of providers. — Health Care Provider

It is important for people with mental health issues to admit it is an issue for them and they need to learn how to deal or adjust their circumstances in dealing with it. Many people in our community see it as an external cause and not a physical/mental internal issue with our bodies. — Social Services Provider

People are afraid to talk about. Seen as taboo. — Social Services Provider

Stigma, cost of care. — Public Health Representative

Stigma related to it, even within the community health systems, the lack of access to services, and the failure to follow through or follow up with clients. — Community Leader

Stigma and Discrimination of mental health challenges, accessing care for mental health. Montana is severely underserved when it comes to mental health professionals. There is a lack of awareness and education surrounding mental health, especially in the workplace, at schools and certain socio-economic groups. Montanans face several co-occurring issues, which exacerbates mental health issues. Substance use disorders, chronic illness and trauma can complicate underlying health issues, including mental health.
— Health Care Provider

Overcoming stigma and finding access to affordable and effective treatment options. — Community Leader

Moving past the stigma regarding the type of people needing mental health services and finding services which are readily available, affordable, and/or covered by insurance. — Community Leader

Judgement. Unwillingness to admit that mental health being an issue or being vulnerable to accepting help in the first place. — Community Leader

If someone is having a mental health crisis, they have to consent to going to treatment/psych ward, but if they don't, they don't have to go. They remain a danger to themselves and others. Patients don't always get seen at the psych ward because they don't always have beds available. People are turned away from care. There is a long wait to see providers for their mental health needs. People do not always follow their treatment plan.
— Social Services Provider

Realizing you have an issue. Access to a psychiatrist when needed. — Health Care Provider

Wanting to get help and then accessing it. Stigma by the older demographic. — Health Care Provider

Affordable Care/Services

The cost and many insurance companies do not cover expenses for mental health. Montana consistently ranks number two in the USA for the most suicides. — Health Care Provider

Eligible for Medicaid, housing and transportation. — Health Care Provider

> Affordable accesses for people with mental health struggles and the family members. Communities' viewpoint on mental health. How health care providers seem to overlook how mental health can affect a person's health and focusing on the other problems. — Social Services Provider
>
> A lack of affordable options and options available to young people. — Community Leader

Diagnosis/Treatment

> Lack of early intervention, resources. — Community Leader
>
> Total lack of consistent and pervasive care for those who are struggling and a lack of support groups or educational groups to help folks navigate everyday struggles. — Community Leader
>
> Lack of diagnosis and treatment resources. — Community Leader

Unhoused Population

> The number of people who are houseless as well as the violence reported or not reported challenges social services, hospitals and schools. Though work to respond and relieve this continues to be offered, many fall through the cracks. I also believe much happens behind closed doors that only comes to light much later. — Health Care Provider
>
> Under housed or unhoused. Lack of care and medication. Lack of permanent supportive housing to include stability and managed care. — Community Leader

Incidence/Prevalence

> Billings and Montana have large populations of mental health problems within the community. The Mental Health Center, Rimrock Treatment Center, and private practices can only see a fraction of those in need. Private insurance drives the issue. — Community Leader
>
> Lots of mental health issues among all age groups and populations. Suicide attempts, relationships spirals, substance misuse. Fear of how the system will treat you. — Community Leader

Happiness

> Happiness. It is a health issue and should be considered and measured. Factors that contribute to happiness are community connection, physical activity, nature, Vitamin D, etc. The preceding issues: mental health and substance abuse, can be the result of a person's/community's overall happiness. If we don't address overall happiness, we can treat for substance abuse and/or mental health, and recovery may make that person happier, but promoting resources that contribute to overall happiness can be a way to prevent the disease in the first place. According to Chat GPT, factors that communities worldwide identify as keys to collective happiness and well-being: Close personal bonds; shared meals; volunteering; trust. Parks & nature; walkable streets; public spaces. Accessible health & transportation; diversity; civic voice. Cultural identity; community programs; shared values. Education; health care; fiscal support; decent jobs. — Community Leader

Comorbidities

> Comorbidity with SUD. Lack of resources that are willing to deal with both chronic issues as 1 treatment plan. Unhoused population having access to shelter to maintain medication adherence. Resources to provide meds to unhoused population to maintain medication adherence. Lack of trust with medical community with SUD so people do not engage into primary care and use emergent care as primary care. Bias and stigma from community-based organizations that offer services but are not educated in working with un medicated mental health issues, so they create an unsafe space for our populations with mental health diagnosis. — Public Health Representative

Awareness/Education

> There is a lack of education on mental health recovery and maintenance in the community. I believe there are resources to diagnose the issue but the individuals being diagnosed, and their families, are not being educated on maintaining their mental health and finding ways to recovery. — Social Services Provider

Access to Care for Uninsured/Underinsured

> I would assume access to help when they can't afford it due to lack of insurance. Many times, convincing someone to get help is the biggest obstacle. — Community Leader

Isolation

> Lack of human connection and community. Isolationism due to technology reliance, the aftermath of COVID, political disagreement, etc. has had a negative effect on our community's health. — Community Leader

Social Media

> Social media including addiction to cellphones. Cellphones are a wonderful tool, however, individuals of all ages struggle to exist without a cellphone in their hand. — Community Leader

Disease Management

> Medication management and affordable long-term care. — Social Services Provider

Follow-Up/Support

> Lack of long-term supportive housing, shortage of psychiatrists and case managers, Medicaid cuts. — Community Leader

Relationships

> Relationships, conflict management, coping mechanisms, education. — Community Leader

Lack of Collaboration

> Access through a collaborating system. We are siloed. — Community Leader

Political Divisiveness

> Mental health specifically linked to political divisiveness. — Health Care Provider

Trauma and Access

> Trauma and access. — Public Health Representative

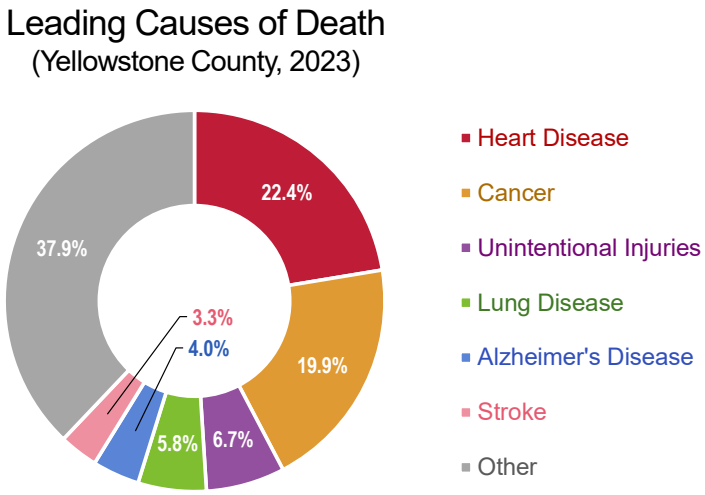


DEATH, DISEASE & CHRONIC CONDITIONS

LEADING CAUSES OF DEATH

Distribution of Deaths by Cause

Together, heart disease and cancer accounted for over 40% of all 2023 deaths in Yellowstone County.



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

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)

	Yellowstone County	MT	US	Healthy People 2030
Diseases of the Heart	223.3	227.0	209.5	127.4*
Malignant Neoplasms (Cancers)	196.3	196.9	182.5	122.7
Unintentional Injuries	76.3	74.4	67.8	43.2
Chronic Lower Respiratory Disease (CLRD)	57.3	54.3	43.5	—
Cerebrovascular Disease (Stroke)	35.7	37.5	49.3	33.4
Alcohol-Induced	33.3	31.5	15.7	—
Alzheimer's Disease	30.7	30.4	35.8	—
Intentional Self-Harm (Suicide)	26.6	30.1	14.7	12.8
Diabetes Mellitus	24.6	29.0	30.5	—
Drug-Induced	22.1	16.3	29.7	—
Motor Vehicle Deaths	16.7	19.7	13.3	10.1
Kidney Diseases	13.0	15.0	16.9	—
Pneumonia/Influenza	8.3	9.9	13.4	—
Homicide	6.5	4.6	7.6	5.5

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

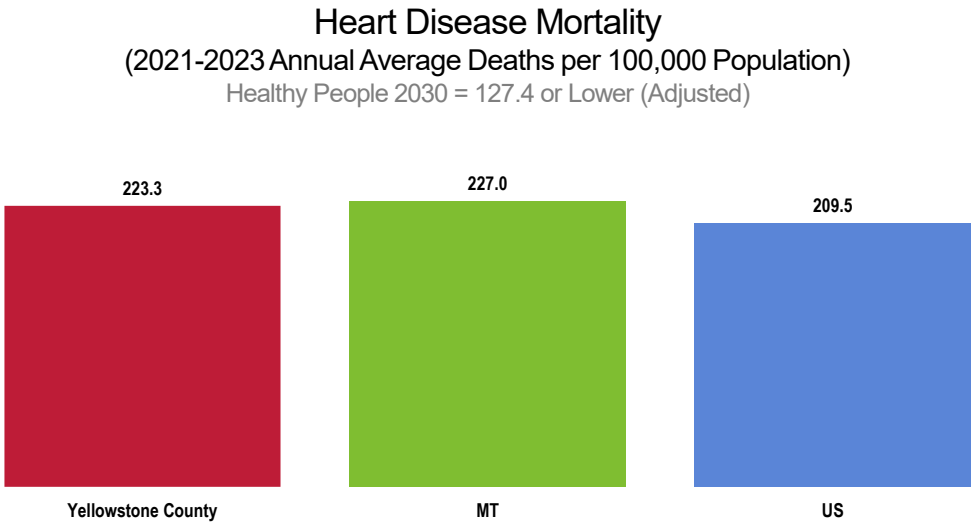
Heart Disease & Stroke Deaths

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 223.3 deaths per 100,000 population in Yellowstone County.

BENCHMARK ► 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 October 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
Yellowstone County	191.4	202.7	216.0	219.0	223.6	221.3	221.3	223.3
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 October 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 35.7 deaths per 100,000 population in Yellowstone County.

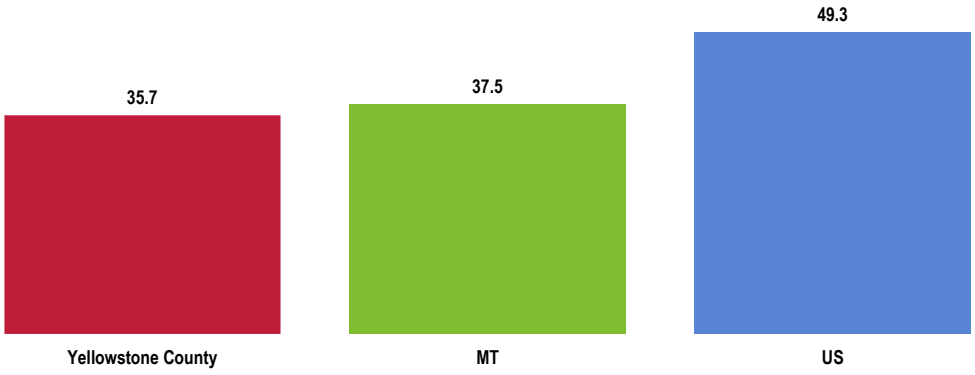
BENCHMARK ► Lower than the national stroke mortality rate.

TREND ► Decreasing over the past decade.

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 October 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
Yellowstone County	46.5	48.0	49.6	48.5	47.7	45.2	41.1	35.7
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

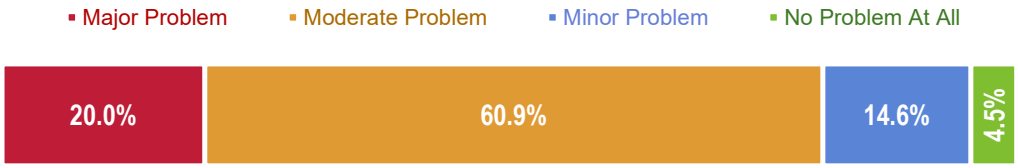
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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.

Key Informant Input: Heart Disease & Stroke

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

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



Sources:
- 2026 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

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

Incidence/Prevalence

> Heart disease and stroke are major public health concerns in Yellowstone County, Montana, because of their significant impact on our community's well-being and healthcare system. With a relatively high prevalence of risk factors such as hypertension, obesity, diabetes, and smoking among residents, these conditions contribute to elevated morbidity and mortality rates compared to national averages. The rural nature of much of the county also plays a role: limited access to specialty care, long travel distances for emergency services, and lower rates of preventive screenings exacerbate outcomes for those with cardiovascular issues. In addition, socioeconomic challenges—like lower income and education levels in certain areas—can hinder efforts to adopt heart-healthy lifestyles. Altogether, this creates a situation where heart disease and stroke quietly but profoundly affect families, strain local hospitals, and underscore the urgent need for targeted prevention, education, and treatment. — Community Leader
>
> I spent time in the Emergency Room and saw lots of men in 40-50s in there with heart issues. I also feel like these issues impact women in their 60s and beyond. I don't know much about this issue but feel like it is happening in plain sight. — Community Leader

> I hear about people with these issues nearly every day. — Community Leader
>
> Very common. High severity. Inadequate screening. Manageable risk factors. — Community Leader
>
> Heart disease and stroke are major issues in the US - and in our community. Due to a variety of risk factors like high blood pressure, obesity and diabetes. There is a greater likelihood of someone developing heart disease or stroke with these risk factors. We also have a high rate of unhealthy lifestyle factors like poor diet, physical inactivity and smoking. — Health Care Provider
>
> Lots of people are affected. — Community Leader

Lifestyle

> Our community is not very active and don't eat well. Our older population is doing more sitting at home and eating poorly. — Social Services Provider
>
> There appears to be high rates of smoking and obesity. Also, it is much easier and less expensive to access fast food, with relatively limited sources of healthy food. The lack of a connected trail system is an issue for those who want to get outdoors in a safe environment with children or older adults. Further, when governing officials do not see the importance of community access to trails and trail systems, the general population loses opportunities. When people have to wait months or even a year for an appointment with a healthcare provider, it is very difficult to address heart disease, high cholesterol, etc. — Community Leader
>
> Smoking, drinking, obesity etc. — Community Leader

Obesity

> Lack of self-care. Obesity is very prevalent. — Health Care Provider
>
> Our obesity rates are high, stress is high, and people are working far more hours than they are resting. — Community Leader
>
> We have the two hospitals that are leading in the region in stroke recovery and heart disease. With obesity being a major concern in our community, both would be an issue. We also have an aging population that is facing more and more health concerns. — Social Services Provider

Access to Affordable Healthy Food

> Food insecurity, poverty, lack of access to wholesome foods, stress. — Community Leader
>
> Non healthy foods, alcohol and lack of exercise. — Health Care Provider

Access to Care/Services

For patients with heart disease/stroke health issues it can take months to get an appointment with a certified physician in Billings. For your such a vital organ, waiting months for an appointment is unacceptable, let alone need for surgery. — Community Leader

Awareness/Education

> I think the main reason they are such a problem is lack of education, access to healthy nutrition and continual use of pharmaceutical medications versus working on the root of the problem. While I do believe there is a place for medication, very little merit is given to prevention and making a healthy lifestyle accessible to all. — Community Leader

Aging Population

> An aging population is driving an increase in 911 medical calls, an unhealthy population with obesity issues. Weather permitting, exercise windows for outside activities. — Community Leader

Impact on Quality of Life

> Have disabling effects and little done in the way of prevention. — Physician

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.

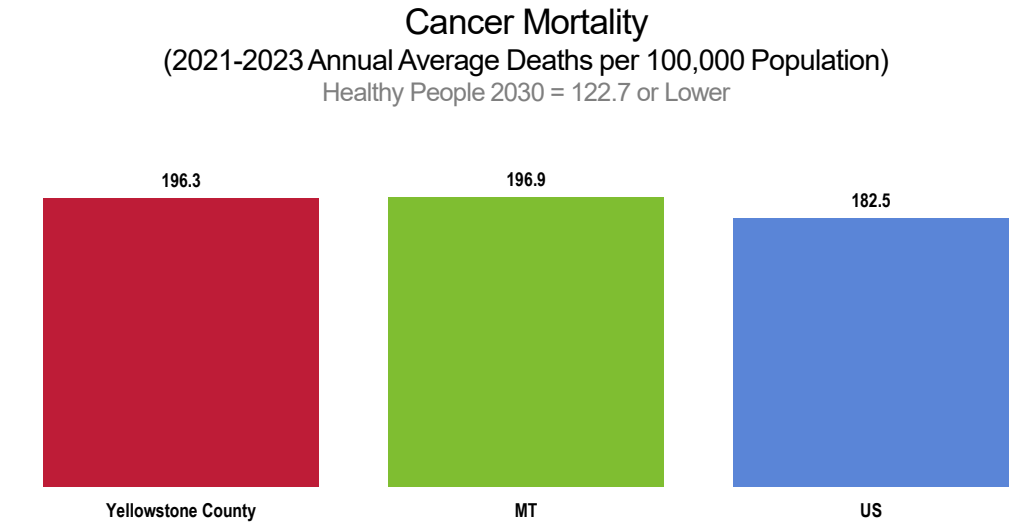
– Healthy People 2030 (https://health.gov/healthypeople)

Cancer Deaths

All Cancer Deaths

Between 2021 and 2023, there was an annual average cancer mortality rate of 196.3 deaths per 100,000 population in Yellowstone County.

BENCHMARK ▶ 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 October 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
Yellowstone County	187.4	198.3	196.0	196.7	192.8	190.9	192.8	196.3
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 October 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 Yellowstone County.

Other leading sites include female breast cancer, prostate cancer, and colorectal cancer (both sexes).

BENCHMARK

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

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

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

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

Cancer Death Rates by Site
(2021-2023 Annual Average Deaths per 100,000 Population)

	Yellowstone County	Montana	US	Healthy People 2030
ALL CANCERS	**196.3**	**196.9**	**182.5**	**122.7**
Lung Cancer	**39.2**	**38.7**	**39.8**	**25.1**
Female Breast Cancer	**33.2**	**25.0**	**25.1**	**15.3**
Prostate Cancer	**23.4**	**26.4**	**20.1**	**16.9**
Colorectal Cancer	**17.5**	**17.6**	**16.3**	**8.9**

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

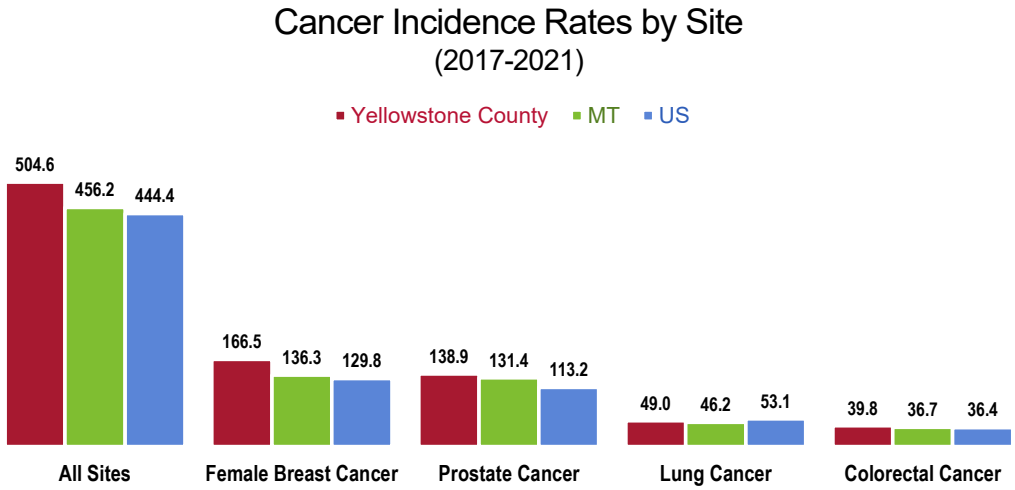
"Incidence rate" or "case rate" is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. It is usually expressed as cases per 100,000 population per year.

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

BENCHMARK

Female Breast Cancer ▶ Higher than both state and national incidence rates.

Prostate Cancer ▶ Higher than the national incidence rate.



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

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

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.

Among women age 40 to 74, 75.8% have had a mammogram within the past 2 years.

BENCHMARK ► Higher than the national percentage.

TREND ► Lower than the 2005 baseline.

"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.

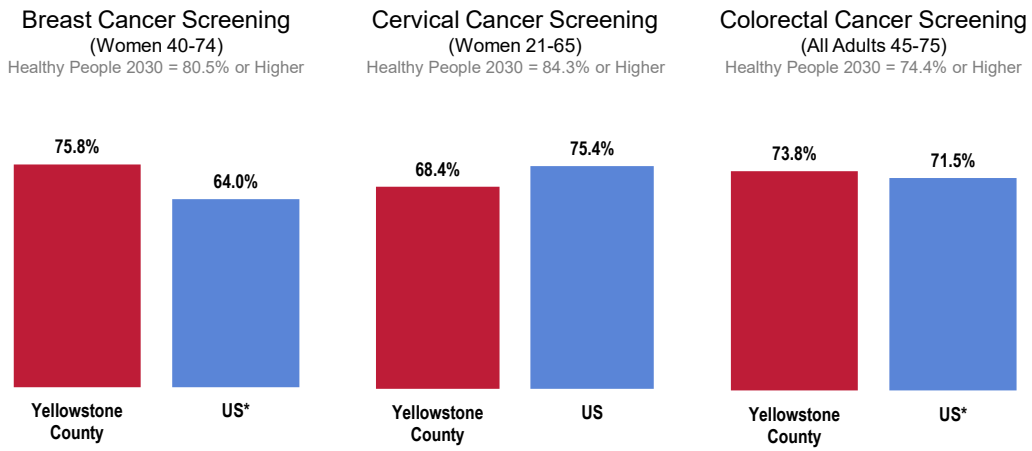
Among Yellowstone County women age 21 to 65, 68.4% have had appropriate cervical cancer screening.

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

TREND ► Lower than the 2005 baseline.

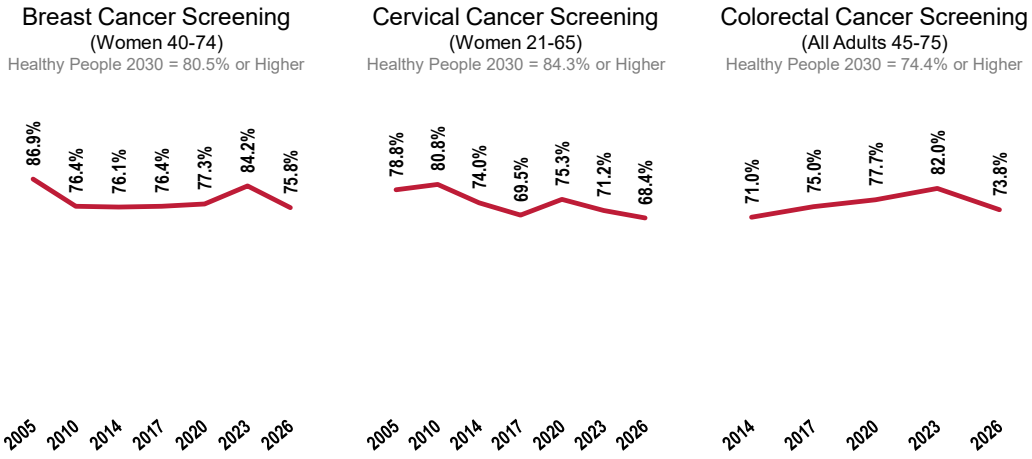
"Appropriate colorectal cancer screening" includes a fecal occult blood test within the past year and/or lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

Among all adults age 45 to 75, 73.8% have had appropriate colorectal cancer screening.



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.

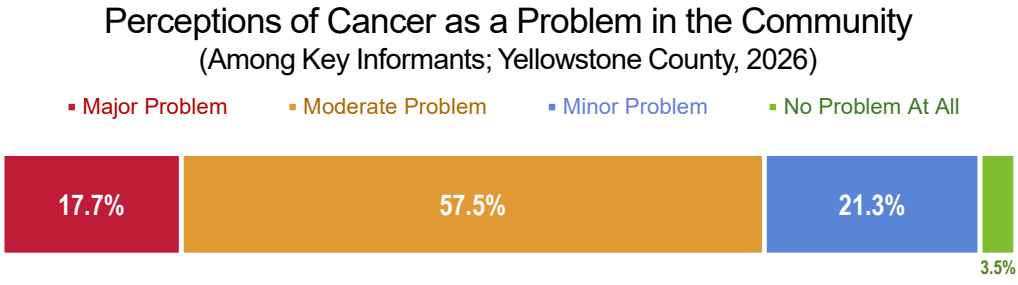


Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Items 101-103]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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

> There seems to be a significant number of new cancer cases in our community every year. We have plenty of open spaces around our community, but we also have a refinery and rail yard in the area that emit pollutants into the air around us. — Community Leader
>
> It seems to be a growing problem in Billings with more and more cases, and the capacity to handle it seems to be a growing problem also. — Community Leader
>
> The incidence of cancer continues to grow and has far reaching implications for patients and families. — Community Leader
>
> It is a major problem everywhere. — Community Leader
>
> There seems to be a lot of it. — Community Leader
>
> Large numbers. Severe outcomes. Inadequate early screening. — Community Leader
>
> I have what I perceive as a large number of people in my limited social circle that have or have had cancer. — Community Leader
>
> It seems like I personally know several people right now with very serious life-threatening cancer. — Community Leader
>
> Very high prevalence. — Health Care Provider
>
> Cancer seems to be an ever-increasing disease in terms of the number of people affected. I'm thankful there are treatment facilities and options in Yellowstone County, but it's frustrating the number of people affected by this horrible disease. — Community Leader

Access to Care/Services

> People have a hard time getting timely appointments and affording care. — Community Leader
>
> Residence living in the service area often wait too long to schedule preventative care appointments regarding cancer and as a result their potential cancer risks is increased or if they have cancer it has progressed to a more difficult level to treat. Transportation has created somewhat of a challenge for some clients. — Social Services Provider

Diagnosis/Treatment

> Necessary tests to determine diagnosis are scheduled out weeks/months. The process is painful and there should be more continuity of care between primary providers, diagnostics and oncology. — Health Care Provider

Income/Poverty

> It is just much too common. We see a prevalence in underserved and impoverished communities where access to food and healthcare is limited. We live in a polluted environment due to refineries. Fresh food is costly too, and processed food is not part of a healthy diet. — Community Leader

Prevention/Screenings

> Cancer detection and prevention are extremely important. The life-threatening nature of the disease and the financial ramifications of treatment make this a priority issue. — Social Services Provider

Access to Care for Uninsured/Underinsured

> Uninsured and no access to prevention services. — Health Care Provider

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

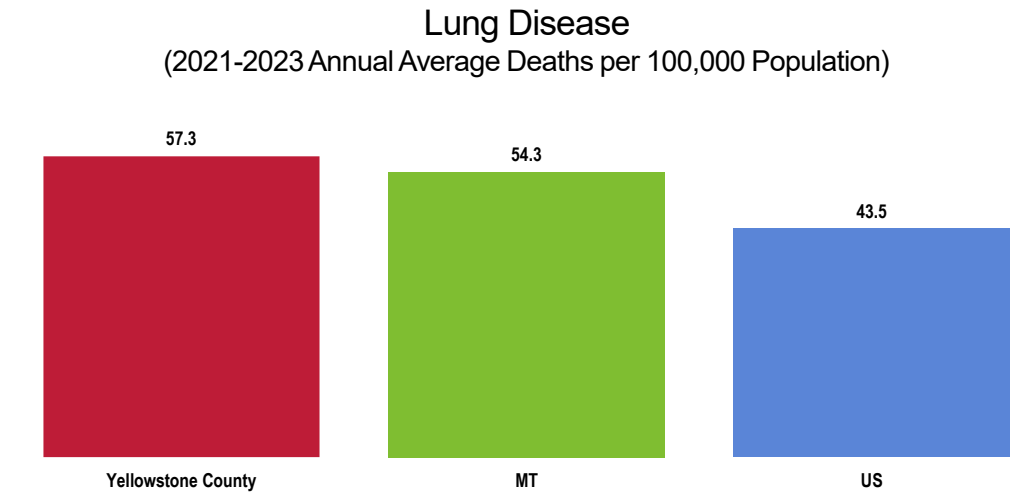
Lung Disease Deaths

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, Yellowstone County reported an annual average lung disease mortality rate of 57.3 deaths per 100,000 population.

BENCHMARK ► Higher than the US lung disease mortality rate.

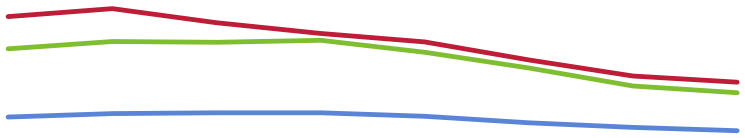
TREND ► A decrease over the past decade, echoing the state trend.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 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
Yellowstone County	75.9	78.2	74.2	71.2	68.7	63.6	59.0	57.3
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 October 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.

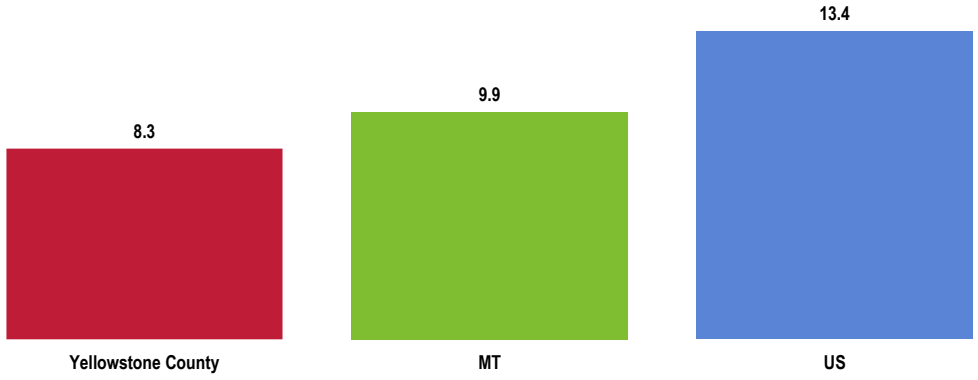
Pneumonia/Influenza Deaths

Between 2021 and 2023, Yellowstone County reported an annual average pneumonia/influenza mortality rate of 8.3 deaths per 100,000 population.

BENCHMARK ► Lower than state and US pneumonia/influenza mortality rates.

TREND ► Decreasing over the past decade.

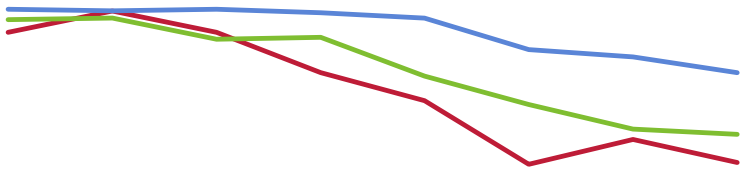
Pneumonia/Influenza Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)



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



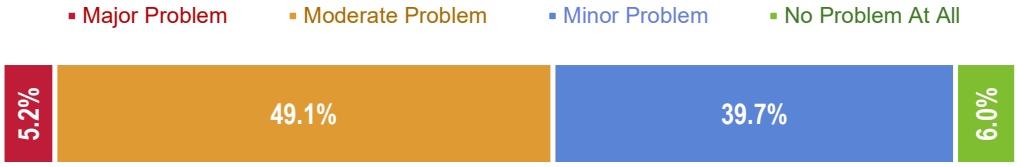
	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Yellowstone County	15.7	16.9	15.7	13.4	11.8	8.2	9.6	8.3
MT	16.4	16.5	15.3	15.4	13.2	11.6	10.2	9.9
US	17.0	16.9	17.0	16.8	16.5	14.7	14.3	13.4

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

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

Perceptions of Respiratory Disease as a Problem in the Community
(Among Key Informants; Yellowstone County, 2026)



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

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

Environmental Contributors

> I see a very large population of students with asthma. Particularly down on the Southside by the sugar beet factory. — Health Care Provider
>
> Northwestern Energy and the refineries. — Community Leader
>
> We live in a polluted area due to the refineries, very low humidity, fires. — Community Leader

Incidence/Prevalence

> We continue to experience patients with respiratory disease in a non-typical season. Many patients are masking for preventative measure or are experiencing symptoms or illness themselves. We have seen a decrease in people utilizing well hygiene practices post Covid, even though we still have a prevalence of respiratory illness in our community. — Health Care Provider

Awareness/Education

> I feel like this is an issue that is under the radar. Would be interested in seeing a comprehensive data report on the issue for Yellowstone County. — Community Leader

Prevention/Screenings

> People do not take preventative measures causing community health concerns. — Community Leader

COVID-19

> Long haul Covid. Chronic pain. — Community Leader

INJURY & VIOLENCE

ABOUT INJURY & VIOLENCE

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

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

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

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

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

Unintentional Injury

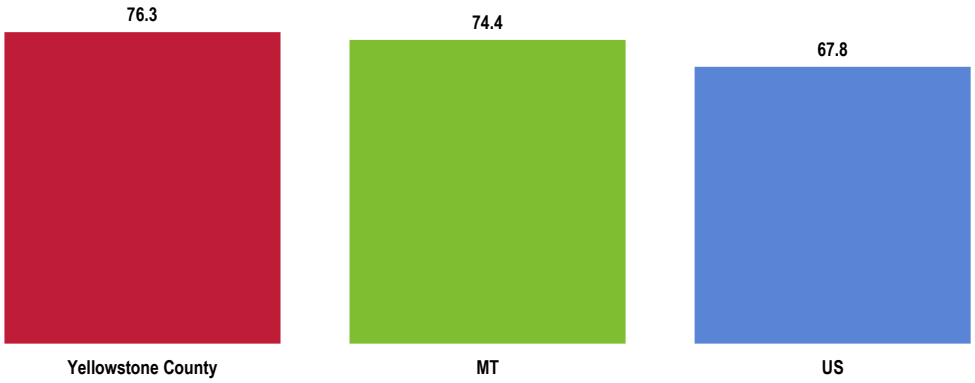
Unintentional Injury Deaths

Between 2021 and 2023, there was an annual average unintentional injury mortality rate of 76.3 deaths per 100,000 population in Yellowstone County.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

TREND ► Increasing over the past decade, in keeping with the national trend.

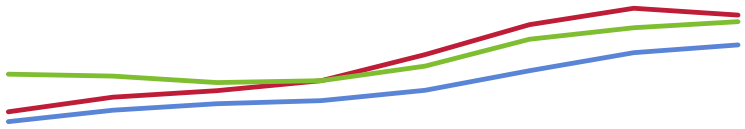
Unintentional Injury Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 43.2 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 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
Yellowstone County	48.8	52.9	54.8	57.6	65.0	73.5	78.2	76.3
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

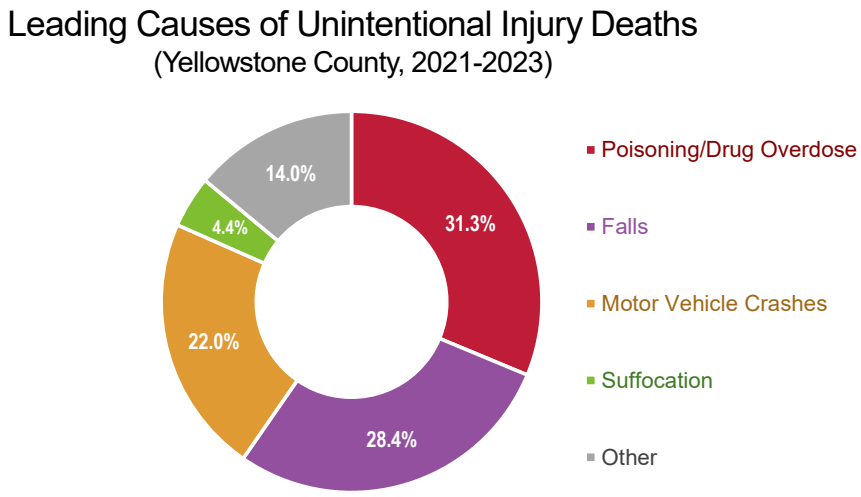
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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 Yellowstone County 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 October 2025.

Falls

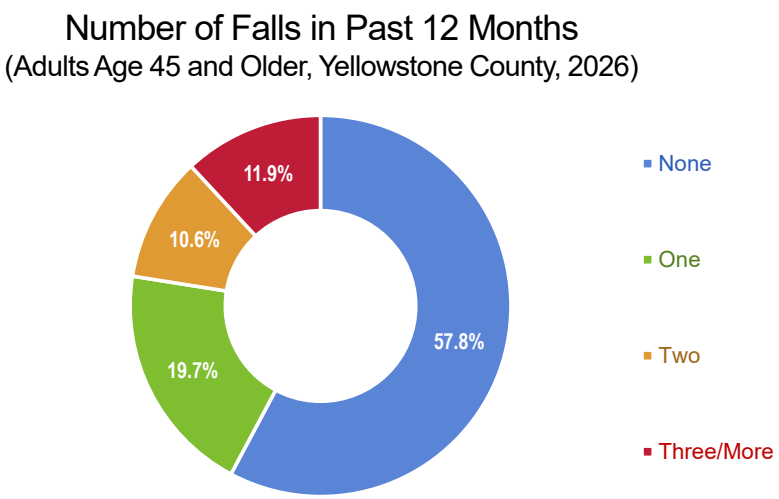
ABOUT FALLS

Falls are the leading cause of fatal and nonfatal injuries for persons age 65 and older …. Even when those injuries are minor, they can seriously affect older adults' quality of life by inducing a fear of falling, which can lead to self-imposed activity restrictions, social isolation, and depression.

Modifiable fall risk factors include muscle weakness, gait and balance problems, poor vision, use of psychoactive medications, and home hazards. Falls among older adults can be reduced through evidence-based fall-prevention programs that address these modifiable risk factors. Most effective interventions focus on exercise, alone or as part of a multifaceted approach that includes medication management, vision correction, and home modifications.

– Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, CDC

Among surveyed Yellowstone County adults age 45 and older, most have not fallen in the past year.

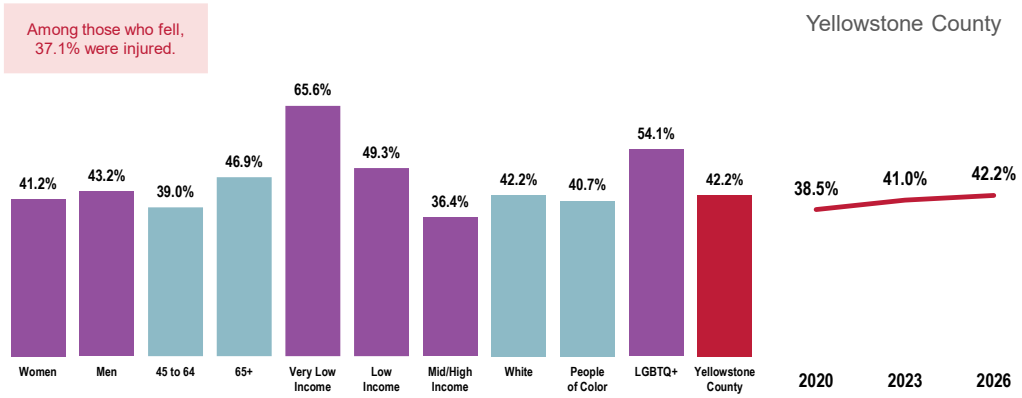


Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 321]
Notes: • Asked of respondents age 45 and older.

However, 42.2% have experienced a fall at least once in the past year.

DISPARITY ► Falls were reported more often among lower income residents.

Fell One or More Times in the Past Year
(Adults Age 45 and Older, Yellowstone County, 2026)



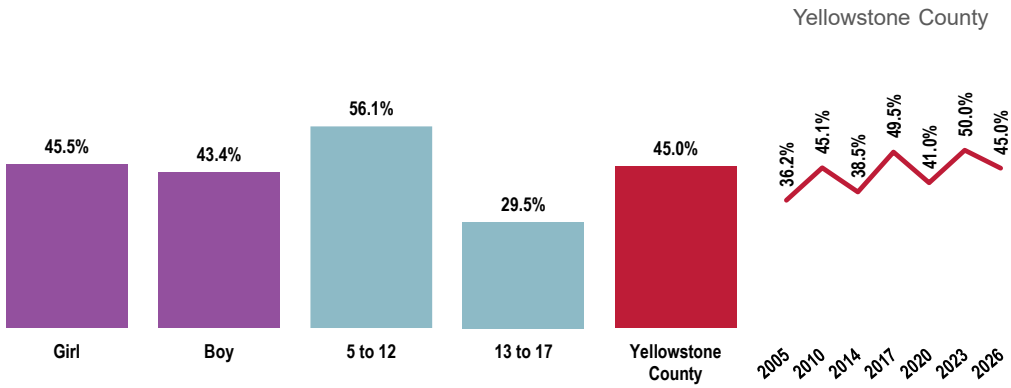
Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Items 321-322]
Notes: ● Asked of all respondents age 45 and older.

Bicycle Safety

Nearly one-half (45.0%) of Yellowstone County children age 5 to 17 are reported to "always" wear a helmet when riding a bicycle.

DISPARITY ► Reported less often for teenagers.

Child "Always" Wears a Helmet When Riding a Bicycle
(Parents of Children Age 5-17, Yellowstone County, 2026)



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 327]
Notes: ● Asked of respondents with children age 5 to 17 at home.

Intentional Injury (Violence)

Homicide Deaths

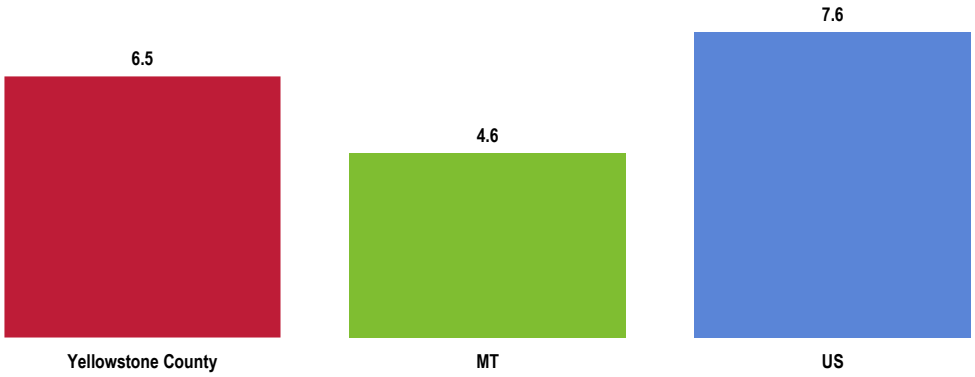
RELATED ISSUE
See also *Mental Health (Suicide)* in the **General Health Status** section of this report.

In Yellowstone County, there were 6.5 homicides per 100,000 population (2021-2023 annual average rate).

BENCHMARK ► Yellowstone County has a higher homicide rate than Montana. Fails to satisfy the Healthy People 2030 objective.

TREND ► The homicide rate has fluctuated over the past decade, but has overall increased.

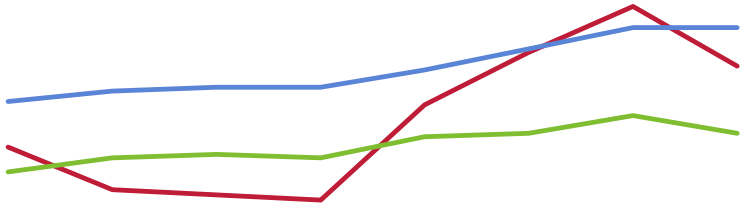
Homicide Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 5.5 or Lower



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

Homicide Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 5.5 or Lower



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Yellowstone County	4.2	3.0		2.7	5.4	6.9	8.2	6.5
MT	3.5	3.9	4.0	3.9	4.5	4.6	5.1	4.6
US	5.5	5.8	5.9	5.9	6.4	7.0	7.6	7.6

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

Violence

Community Violence

A total of 6.0% of surveyed adults acknowledge being the victim of a violent crime in the area in the past five years.

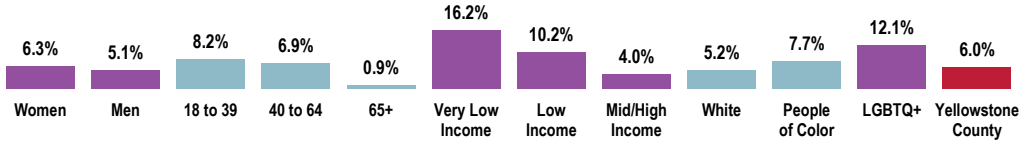
DISPARITY ► Reported more often among adults under age 65 and lower income residents.

Victim of a Violent Crime in the Past Five Years



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 32]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Victim of a Violent Crime in the Past Five Years
(Yellowstone County, 2026)



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 32]
Notes: ● Asked of all respondents.

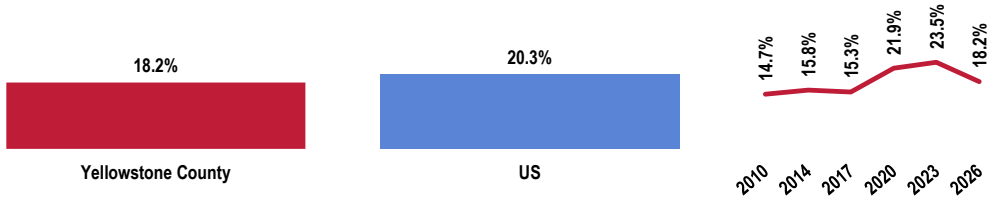
Intimate Partner Violence

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 18.2% of Yellowstone County adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

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

Yellowstone County



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

Gun Safety

In this case, "unlocked" means that a key or combination is not needed to get to the gun or fire it. The safety is not counted as a lock.

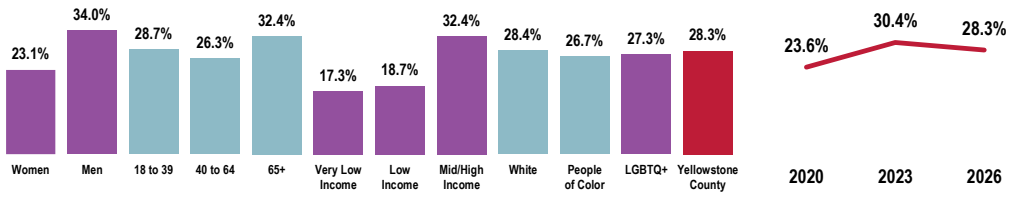
A total of 28.3% of survey respondents have at least one unlocked firearm in or around their home or vehicles.

DISPARITY ► Reported more often among men and residents living at higher incomes.

Currently Have an Unlocked Firearm in or Around the Home or Vehicle
(Yellowstone County, 2026)

Among respondents with children, 24.8% have an unlocked firearm in the home.

Yellowstone County



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 303]
Notes: ● Asked of all respondents.
● In this case, the safety is not considered to be a lock.

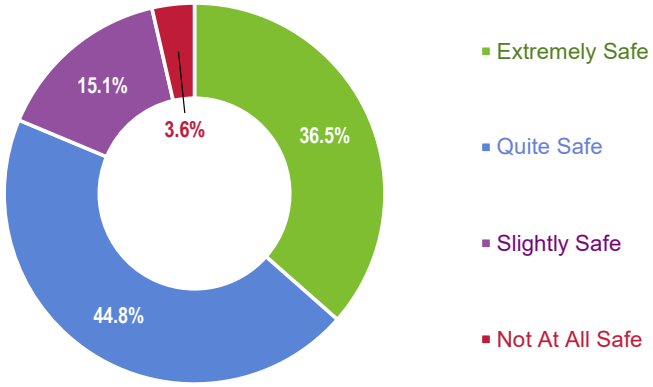
Perceived Neighborhood Safety

In Yellowstone County, 18.7% of respondents indicate they feel "slightly safe" or "not at all safe" walking alone in their neighborhood.

TREND ► A statistically significant increase since 2020.

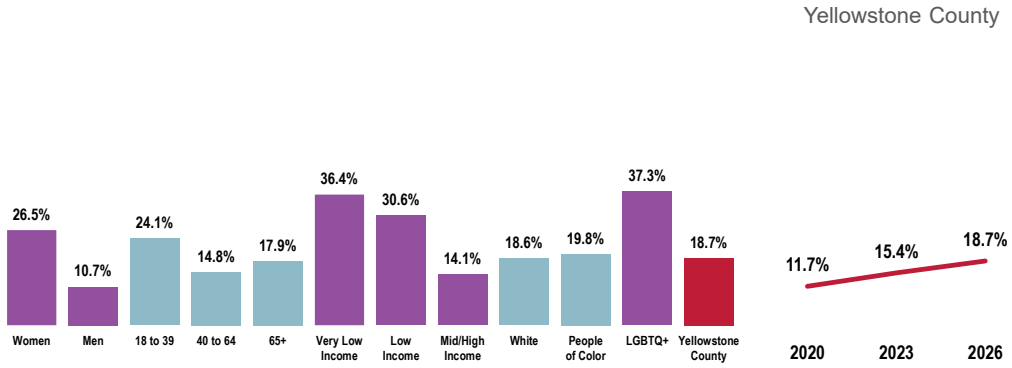
DISPARITY ► Women, adults under age 40, lower income residents, and LGBTQ+ respondents are more likely to perceive that it is unsafe to walk alone in their neighborhoods.

Perceived Safety of Walking Alone in the Neighborhood
(Yellowstone County, 2026)



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

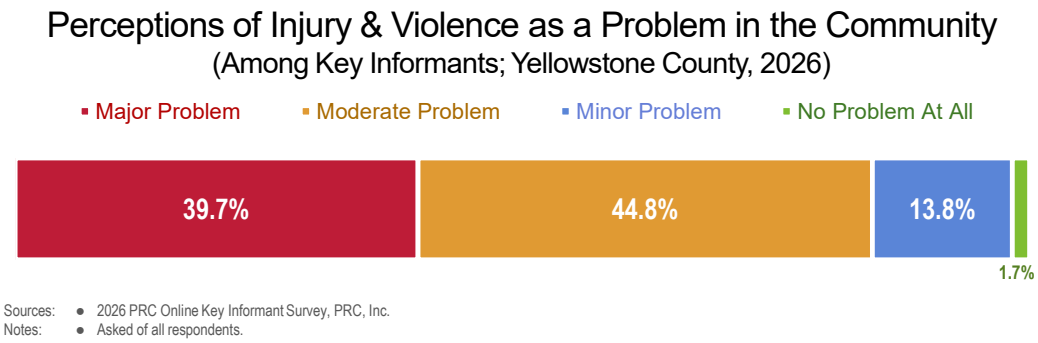
Feel "Slightly/Not At All Safe" Walking Alone in the Neighborhood
(Yellowstone County, 2026)



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 302]
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

I see it, I read about it. — Community Leader

The stories reported on the news and what are patients report seeing/experiencing. — Community Leader

There is a lot of community violence, beating, shootings, break-ins, etc. — Social Services Provider

There is a higher crime rate in Billings than previously experienced, and being in a mental health treatment setting, the prevalence of violence, including domestic incidents is increasing. Gun violence has increased, and we have a drug utilization issue with limited resources for treatment. — Health Care Provider

Violence in Billings continues to be a major problem, always hear in the news of someone being attacked, shot, etc. — Social Services Provider

In Yellowstone County, injury and violence represent significant public health threats with far-reaching consequences. Unintentional injury death rates-driven by factors like falls, drug overdoses, and vehicle crashes - have steadily increased over the past decade, now exceeding both state and national averages, with an age-adjusted unintentional injury rate of 60.1 per 100,000. Firearm-related deaths are also notably high, and the county shows concerning rates of falls among older adults and low rates of preventive safety measures like emergency planning and seat belt use. Additionally, violent crime - encompassing assaults, robberies, shootings, weapon-involved incidents, and domestic violence - occurs at a rate higher than national averages, with residents facing roughly a 1 in 112 chance of experiencing violent crimes in Billings. — Community Leader

Missing and murdered indigenous people, suicide, and depression. We rank highest in the nation on these issues. — Community Leader

According to both the BPD and YSCO, sexual assaults and family offenses, which include PFMAs, are up. — Community Leader

Look at the police report and our data. — Health Care Provider

The local news is full of stories related to violence. I have to believe they are true. — Health Care Provider

There have been so many violent crimes and deaths in our community lately. I have seen multiple students I have known in the past killed either from car accidents due to drug impairments or gang violence. — Health Care Provider

There has been an increase in criminal and violent activity over the past few years. — Social Services Provider

Crime reports, news, social media. Personal experience through intervention services. — Social Services Provider

Domestic/Family Violence

We have seen over the past year that violence has increased, with domestic and gun related violence. — Community Leader

Billings has a high rate of domestic violence and aggravated assaults as documented by the Billings PD 2024 yearly report. — Community Leader

Domestic violence is a major issue, the city is doing a great job of tackling this, but a coordinated effort on public relations on how to support neighbors and family in the situation would be great to see. — Social Services Provider

Domestic violence, economic instability, poverty, addiction, housing instability. — Community Leader

Domestic violence continues to be a massive problem in the community. We need systemic solutions - that includes better evidence collecting, better training for health care and behavioral health providers, and broader community awareness about family violence issues, so that people understand the complexity - whether they are volunteering at a shelter or serving on a jury. — Community Leader

Domestic violence is a huge issue in our community. Increasing drug cartel involvement also increases injury/violence. — Community Leader

I hear this in the news and among law enforcement and health care professionals that we have a huge domestic violence problem. — Community Leader

I used to work in the domestic violence unit at the City Attorney's office. Generally, in correlation with substance addiction and co-occurring mental health issues, violence, especially family violence, was a significant issue. — Community Leader

As a service provider to domestic violence survivors, we are seeing more and more violence escalating to strangulation. We have more survivors at this time than ever, who have been strangled by their partner. Research tells us that strangulation is the final phase in escalation before he will attempt/commit homicide. — Social Services Provider

Violence

Violent crime continues to plague this community. Big steps forward with both hospitals becoming Level 1 Trauma facilities. Getting into schools with preventative programs and messaging to deter them from crime and criminal activity is something that needs to get stronger. — Community Leader

The number of violent crimes. The number of persons presenting to my agency that have been attacked and the need for the Criminal Justice Center. — Health Care Provider

As much as I do not want to admit it, there is a lot of crime in Billings that tends to be very violent. Even if that violence is mental and emotional abuse. — Community Leader

Crime in our area has increased in the past few years and the crime has included more violence. — Social Services Provider

Violent crime, often resulting in injury or death, are commonplace in cities of our size. Billings is no exception. Domestic violence is an issue that needs continued attention. Motor vehicle injury is also an issue with drivers consistently exceeding speed limits and running red lights. — Community Leader

The street violence right now is at a high among young adults. — Social Services Provider

Alcohol/Drug Use

Anywhere drugs have established a strong customer base, sex trafficking is an associated impact on a community. Anywhere mental health needs are not being adequately met; there will be an increase of injury and violence. Anywhere that guns are easily accessible will see greater acts of injury and violence. Our community has all of these issues in play 24/7. The news is full of local violence, missing and murdered people (especially Indigenous people). The law enforcement in Billings is understaffed, lack mental health skill sets, lack the ability to investigate and solve small issues to the point they appear useless, and often treat minorities horribly. — Community Leader

With substance use, this is hard to control. The increase in crime is a direct reflection of the problem. It seems to be happening more and more with younger people too. — Community Leader

There appears to be a large amount of criminal activity throughout the community and the individual’s committing crimes vary in age but are usually substance users of some type. — Social Services Provider

Aggressive Driving

Aggressive driving, think about running red lights. Guns and drugs. — Health Care Provider

Driving feels scarier with faster and more aggressive drivers. Always hearing sirens. I don't know the violence stats, but it does seem scary to walk by yourself in many places. — Community Leader

Access to Care/Services

I believe they are major problems because of the lack of access to mental health services and/or faith based Biblical counseling services. I also think we have a major problem with substance abuse and addiction. Having lived in Billings now for 23 years, the face of the homeless has changed drastically with the increase of access to illegal substances and drug/alcohol use. In addition, we do not have adequate funding for our local police. The city needs the Crisis Response Unit and a team that can appropriately de-escalate situations. Also, we need additional jail/prison space and tougher punishment for breaking the law. I also feel the human trafficking issue is a large contributor to this as well - again, we need incredibly tough laws and punishment around these heinous acts. — Community Leader

Youth Violence

> We have had a significant increase in youth violence. An example occurred during two weeks in the fall of 2023, marked by six separate shootings resulting in five fatalities, with youth frequently identified as the perpetrators. This surge in youth violence, particularly in the Billings area, is largely attributed to heightened youth involvement in gang activities. Many of the young individuals implicated in these incidents had dropped out of school, were runaways, or had prior or ongoing interactions with the child welfare system. This is specific to youth but in the adult population, incarceration and Substance Use remains high. — Social Services Provider

Gun Violence

> It seems like every night on the news there is another story about gun violence, indigenous women disappearing, human trafficking. As someone who works in behavioral health, I also see many people struggling with domestic violence and trafficking. — Physician

Diagnosis/Treatment

> Untreated MH, SUD, and financial problems largely access to housing. — Public Health Representative

Family Support

> Family dysfunction, drug and alcohol addiction, broken families, gang influences, all contribute to this problem. — Social Services Provider

Fear

> Injury and violence are creating fear and deepening racial disparities in our community. — Community Leader

Homicide

> Increased crime including high profile IPC cases resulting in homicide, police involved shootings. — Health Care Provider

Housing

> Inadequate or lack of housing. — Health Care Provider

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.

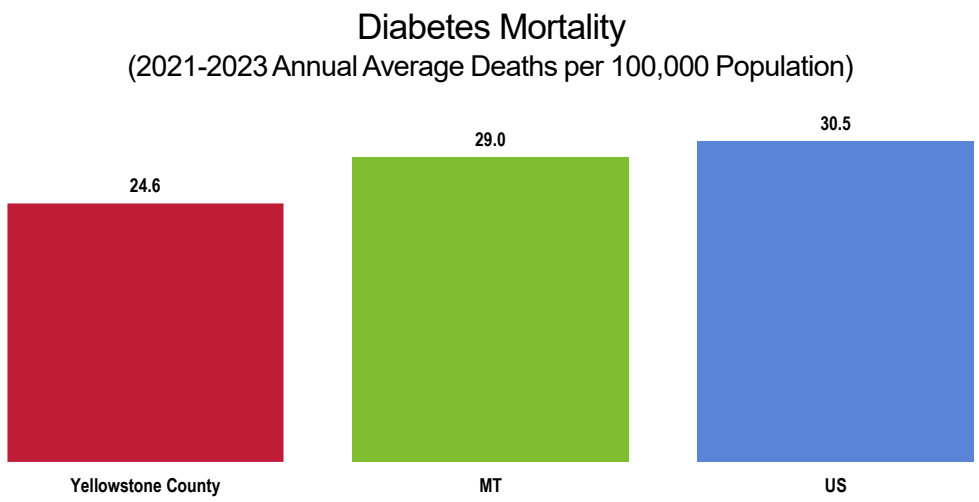
Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, 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 24.6 deaths per 100,000 population in Yellowstone County.

BENCHMARK ► The Yellowstone County diabetes mortality rate is lower than both Montana and the US.



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 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
Yellowstone County	27.4	24.5	24.3	25.0	27.4	27.4	28.2	24.6
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 October 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

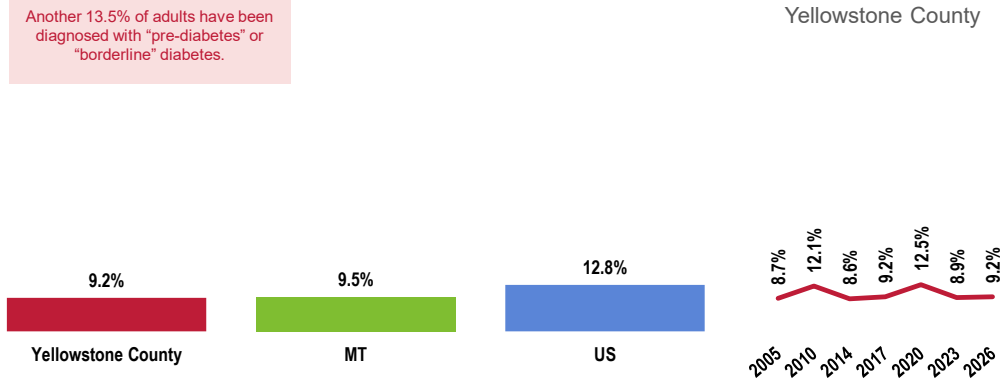
A total of 9.2% of Yellowstone County adults report having been diagnosed with diabetes.

BENCHMARK ► Lower than the national prevalence.

DISPARITY ► Diabetes is reported more often among adults age 40+.

Prevalence of Diabetes

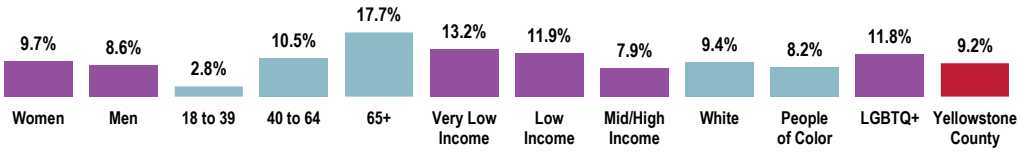
Another 13.5% of adults have been diagnosed with "pre-diabetes" or "borderline" diabetes.



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
(Yellowstone County, 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

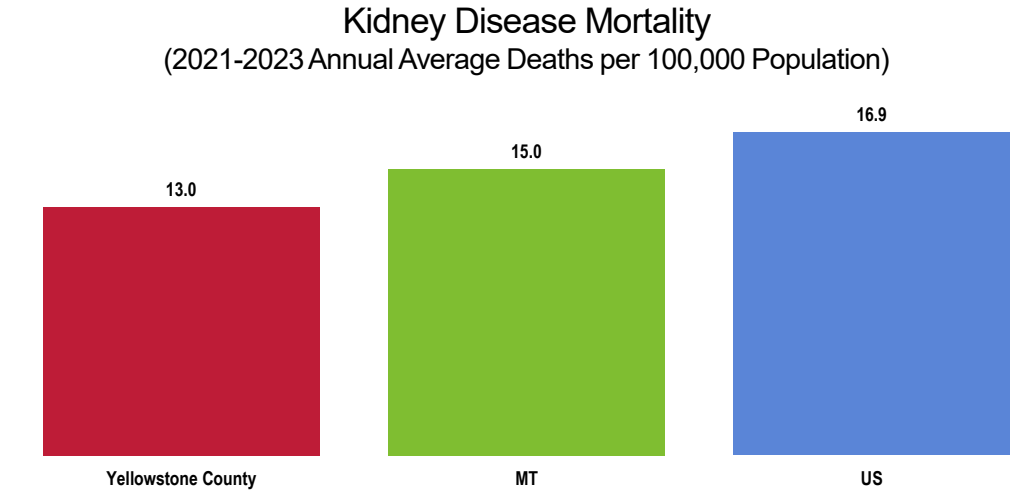
Chronic kidney disease (CKD) is common in people with diabetes. Approximately one in three adults with diabetes has CKD. Both type 1 and type 2 diabetes can cause kidney disease. CKD often develops slowly and with few symptoms. Many people don't realize they have CKD until it's advanced and they need 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

Between 2021 and 2023, there was an annual average kidney disease mortality rate of 13.0 deaths per 100,000 population in Yellowstone County.

BENCHMARK ► A lower kidney disease mortality rate than the state and US.

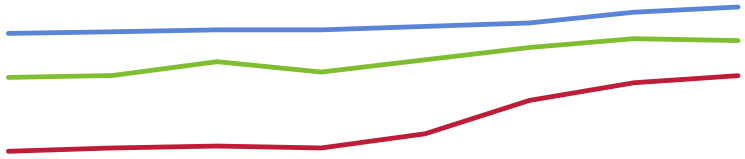
TREND ► Increasing over the past decade.



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

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



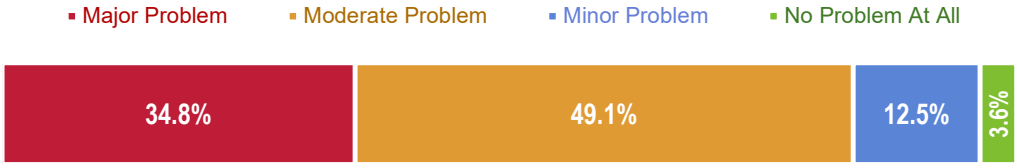
	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Yellowstone County	8.7	8.9	9.0	8.9	9.7	11.6	12.6	13.0
MT	12.9	13.0	13.8	13.2	13.9	14.6	15.1	15.0
US	15.4	15.5	15.6	15.6	15.8	16.0	16.6	16.9

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

Perceptions of Diabetes as a Problem in the Community
(Among Key Informants; Yellowstone County, 2026)



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

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

Access to Affordable Healthy Food

> Accessing healthy, non-processed foods and education on how health decisions impact blood sugar levels. — Social Services Provider
>
> The access to fast food and the rising cost of healthy food. — Community Leader
>
> Access to fresh food, access to preventative care, cost of medication. — Community Leader
>
> Access to healthy foods that have less sugar content, are affordable, and can be easily prepared. Access to programs that people that are prediabetic can take - I know there is one offered at the YMCA, but this seems like it should be tied closed to medical doctor visits, and maybe even make it a pre-requisite for certain programs or financial support? — Community Leader
>
> Lack of access to whole grains, fresh fruits and vegetables in grocery stores. The food desert on the South Side has no grocery stores. Gyms and health clubs are too expensive for most people, especially for those living with diabetes. Medication price increases. — Health Care Provider

> Access to alternative health and wellness, as well as cost of healthy food. I also believe limited understanding of side effects of medications is a concern, and far too often a medication is used rather than identifying and treating the root of the problem. Having spent almost 25 years as a diabetes care and education specialist, these are areas for concern. We also have a mental health and substance abuse crisis in our community. People need Jesus. — Community Leader

Awareness/Education

> Lack of education or options for education about the disease and nutrition. Youth getting type 2 at a younger age and parents not getting the education to help their children. Doctors do not have enough time to be thorough during their appointment to gain a real grip on how the patients are doing with their life outside the appointment and labs. There is a lack of follow through. — Social Services Provider

> With some of the women I work with, they do not seem to have a full appreciation of the seriousness of diabetes. They're inconsistent in monitoring the blood sugar levels, taking their meds, and seeing their doctor regularly. I think there could be benefits from a home-care service, as in, a professional travels to the homes of the at-risk and diagnosed individuals, to ensure compliance with their medical requirements. A lot of my program members are Native American, and diabetes is extremely common in their families, so this could be a contributing factor as to their flippant attitudes toward the condition. — Social Services Provider

> Lack of education and/or support due to accessibility for the clients. — Social Services Provider

> Knowing what to do when they get diagnosed. Lack of peer support. Mental health and behavioral health. Healthy relationships with food. Having support that is not always about losing weight. Knowing what to do if you are pre-diabetic. Resources by age groups and different populations. — Community Leader

> Education on its effects and affording medication. — Health Care Provider

> Education and awareness about the contributing factors for diabetes and the cost of food for diets associated with a lower risk of diabetes. — Community Leader

Access to Care/Services

> Access to medical help and information. — Social Services Provider

> Access to care with limited endocrinology available. — Health Care Provider

> Access to tools for adherence and management. Classes or peer education. Foot care for the homeless. — Public Health Representative

> Rural and frontier healthcare shortages in Montana, including Yellowstone County, mean many patients rely on primary care providers rather than specialists. Diabetes patients may have to travel long distances to Billings for endocrinology care, which can delay proper disease management. Insulin affordability remains a significant barrier, especially for uninsured or underinsured patients. Lack of reliable transportation affects appointment adherence and prescription pickups. Rural residents may face even longer commutes to healthcare providers, compounding access issues. High consumption of processed foods, sugar-laden snacks, and limited availability of fresh produce affect diabetes control. Depression, anxiety, and substance use disorders-common across Montana's general population-can impair diabetes self-care. Poverty, unemployment, lack of stable housing, and limited health literacy are all contributing factors that exacerbate diabetes outcomes in vulnerable populations. — Social Services Provider

Obesity

> Overweight, bad health practices, and seems like everyone has this. — Community Leader

> Overweight. — Social Services Provider

> Weight control problems along with food deserts in parts of town, predominately lower economically challenged. New construction homes get new grocery store. Southside Billings exists for 100 years and does not have a grocery store with whole foods. Dollar store and convenience store food is all people live off of. — Community Leader

> Obesity seems to be the major contributor to diabetes which is also linked to individual economic considerations which relates to buying or acquiring healthy related food products. Preventive education and getting it to the public is important but also is it effective. — Social Services Provider

Affordable Medications/Supplies

> The ongoing cost of diabetes drugs. Lifestyle choices. Lack of commitment to care plans. — Health Care Provider

> Access to needed medications and following the appropriate nutritional program. — Social Services Provider

> Access to insulin pumps. A majority of our call volume is for those who have coexisting medical issues and are unable to manage multiple illnesses. Insulin pumps help regulate at least one medical issue, decreasing the need for ALS care by a 911 provider. — Community Leader

Nutrition

> Poor eating habits. — Community Leader

> Lack of direction on proper nutrition, and community messages in the mainstream media that are not related to weight loss only. — Social Services Provider

> Not enough emphasis on healthy eating, healthy restaurant options. — Community Leader

Disease Management

> Compliance, limited education, uninsured. — Health Care Provider

> Management of symptoms and resultant serious health issues. — Social Services Provider

Prevention/Screenings

> Access to preventative care early in life. — Community Leader

> Screening, access to medications if uninsured, healthy affordable food. — Public Health Representative

Incidence/Prevalence

> Type I Diabetes diagnosis seems to be growing rapidly. Getting in to see the Endocrinologist can take months and depending on whether we're talking Billings Clinic or Intermountain, the support staff seems to have a large turnover rate. — Health Care Provider

Insurance Issues

> Insurance, transportation, education, access to healthy foods and lifestyles. — Health Care Provider

Affordable Care/Services

> Affording care and getting appointments. — Community Leader

Diagnosis/Treatment

> Consistent care or even a diagnosis. — Community Leader

DISABLING CONDITIONS

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.

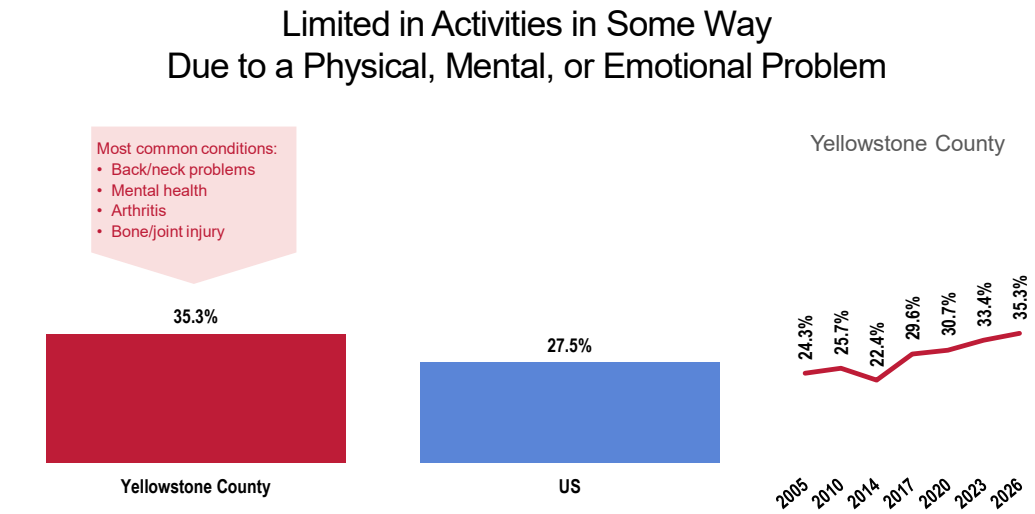
– Healthy People 2030 (https://health.gov/healthypeople)

A total of 35.3% of Yellowstone County adults are limited in some way in some activities due to a physical, mental, or emotional problem.

BENCHMARK ► Higher than the national prevalence.

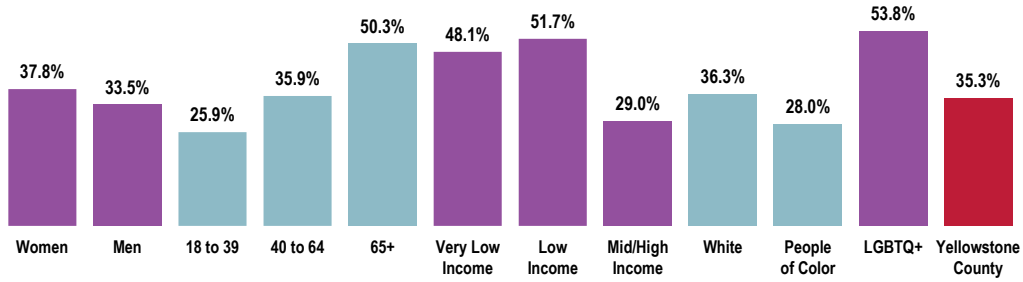
TREND ► A significant increase over the years.

DISPARITY ► Activity limitations were reported more often by adults age 40+, lower income residents, and LGBTQ+ respondents.



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
(Yellowstone County, 2026)



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

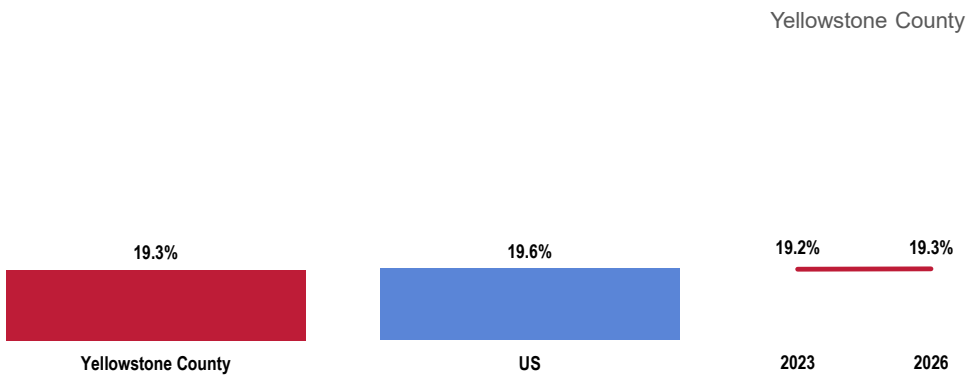
Chronic Pain

A total of 19.3% of Yellowstone County adults experience high-impact chronic pain, meaning physical pain that has limited their life or work activities "every day" or "most days" during the past six months.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

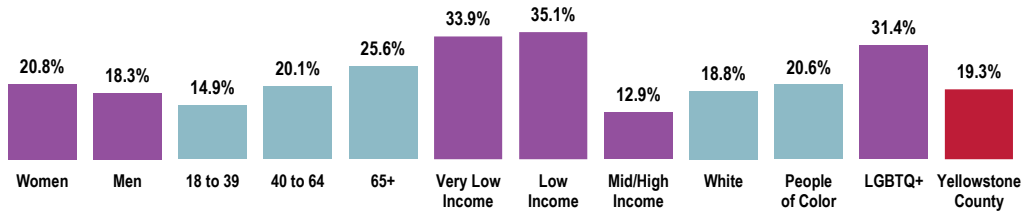
DISPARITY ► High-impact chronic pain was reported more often among adults age 65+, lower income residents, and LGBTQ+ respondents.

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
(Yellowstone County, 2026)
Healthy People 2030 = 6.4% or Lower



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

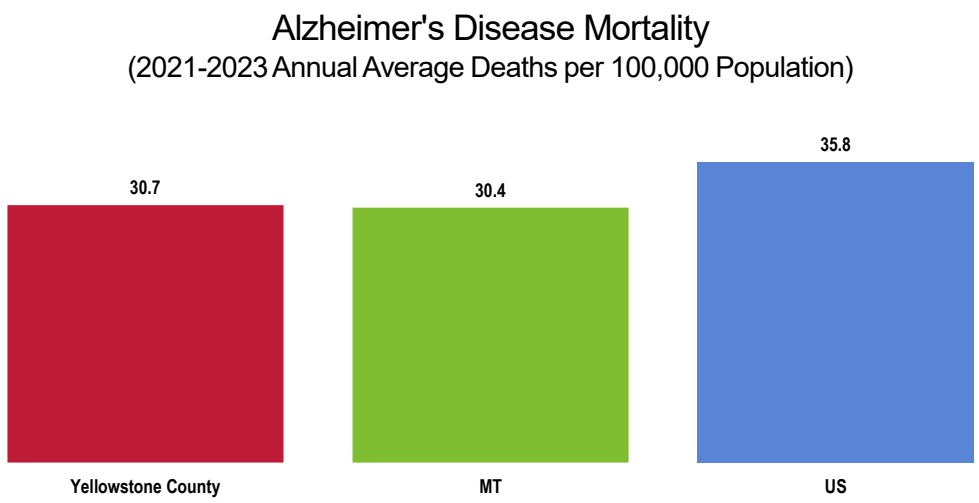
While there's no cure for Alzheimer's disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline — including memory loss — are diagnosed early can help improve health outcomes in people with dementia. Interventions to address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

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

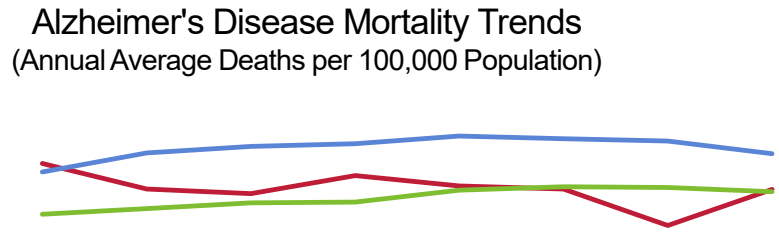
Alzheimer's Disease Deaths

In 2023, the county reported an annual Alzheimer's disease mortality rate of 30.7 deaths per 100,000 population.

BENCHMARK ► A lower mortality rate than reported nationally.



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



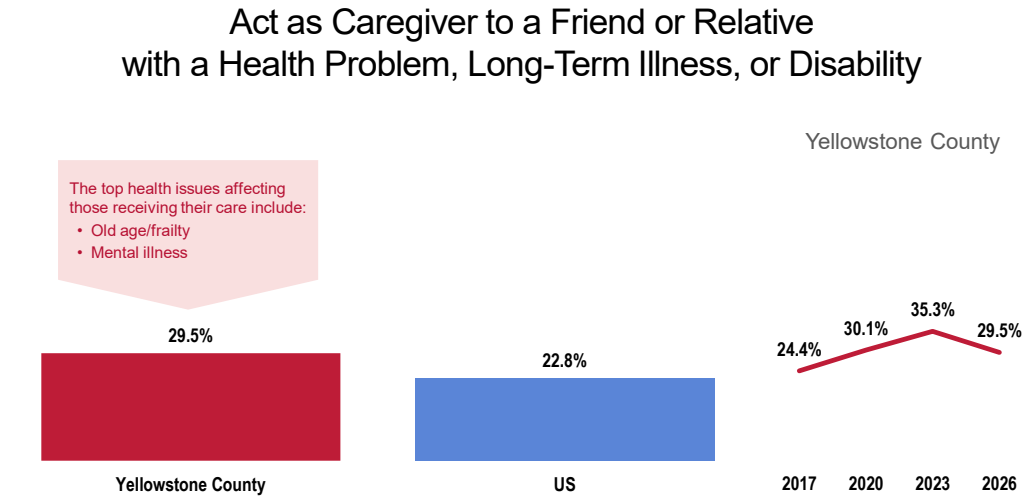
	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Yellowstone County	34.4	30.8	30.1	32.7	31.2	30.8	25.6	30.7
MT	27.2	28.0	28.8	28.9	30.6	31.1	31.0	30.4
US	33.2	35.9	36.8	37.2	38.3	37.9	37.6	35.8

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 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 29.5% of Yellowstone County adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

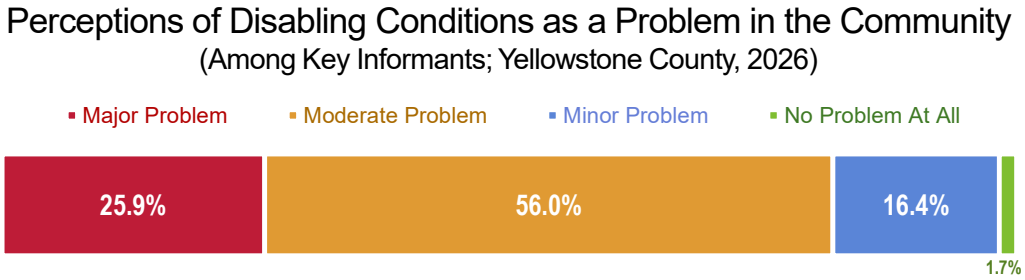
BENCHMARK ▶ Higher than the national prevalence.



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.



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

> Persons struggling with these disorders are put on waiting lists to see specialists and they wait for months for care, as their conditions deteriorate. — Health Care Provider
>
> I have experienced that access to a memory care provider is extremely limited. I also experienced placing my mother in a memory care facility. The lack of access to activities that match the patient's abilities is alarming. Seeing elders in recliners watching TV day in and day out is appalling. — Community Leader

Access for those with disabling conditions is limited. When our church provided overnight shelter with the continuum of care for the city of Billings, it was shocking the lack of care broadly for those with debilitating and disabling conditions, particularly for those with co-occurring disorders. The amount of individuals left unattended with serious disabling conditions was staggering. It was the cohort we most served. — Community Leader

Access to programs and education that empowers individuals to make impactful change, mental health crisis is increasing. — Community Leader

Again, access to providers in a timely manner, facilities to accept those with dementia are very limited and very expensive. Individuals with little income are placed is less than stellar facilities. — Social Services Provider

I think access to help in a timely manner is nonexistent unless you use the Emergency Room.
— Community LeaderPhysical and programmatic accessibility to all kinds of community programs and groups for persons with disabilities. Thirty-five years after the Americans with Disabilities Act, 51 years after the Rehabilitation Act, Yellowstone County is still often a place where people with disabilities find themselves segregated and isolated from the community due to a lack of accessibility on both the physical and programmatic levels. — Social Services Provider

Aging Population

We have an aging population in Billings and a majority of individuals already suffer from one or more disabling conditions. With the increasing number of retiring and geriatric individuals, it's important to provide access to these individuals dealing with dementia, vision and hearing loss. — Health Care Provider

Aging population increases the likelihood of occurrence. Billings has a significant senior population.
— Social Services Provider

Fraud is causing a major detriment to older adults and should be identified as a community health issue.
— Social Services Provider

Working with seniors, they battle conditions and do not always have the proper resources to get the help they need to stay independently in their home. — Social Services Provider

Yellowstone County has a graying population. With aging come several of what are labeled here as disabling conditions which include activity limitations and chronic pain. I also think we have a relatively high rate of dementia/Alzheimer's based on the care facilities serving that population and the waiting lists to access those services. — Community Leader

Affordable Care/Services

Cost of healthcare for managing their conditions. These disabilities make it difficult to work and getting to and from and affording the medical follow up are an issue. — Health Care Provider

Too many people can't afford or find good care. The facilities are limited. Billings has a hard time retaining eye doctors with specialized practices. — Community Leader

Not good affordable facilities for the aging population and cognitive decline. — Health Care Provider

Impact on Quality of Life

We have a number of residents with chronic debilitating problems such as chronic pain. This creates a ripple effect, difficulty to do ADLs, difficult to work, increased health care encounters, etc. — Physician

Disabling conditions represent one of the most serious health and social challenges affecting veterans in Yellowstone County, Montana. These conditions-ranging from physical injuries and chronic illnesses to mental health disorders and cognitive impairments-significantly impact veterans' quality of life, employment status, housing stability, and ability to reintegrate into civilian life. The majority are older adults, and many have served in combat or high-risk operational roles. The intersection of aging and prior military trauma accelerates the onset of multiple chronic conditions such as arthritis, cardiovascular disease, and diabetes-conditions that are highly disabling, particularly when compounded by rural isolation. One of the most persistent challenges in Yellowstone County is the high incidence of mental health and substance use disorders among veterans. Montana as a state has some of the highest suicide rates in the nation, and veterans are disproportionately affected.
— Social Services Provider

Follow-Up/Support

I think people lack support systems at times or have family barriers that interfere with their ability to either prevent or alleviate their disabling condition. I think it would be stressful to navigate transportation in Billings if you had a disabling condition. It is a challenge at times to find places that you feel safe to walk and that are also pretty and natural. The rims used to be better but the huge power lines kind of lessen the experience of being up there. It also can feel scary if you feel vulnerable as a woman or person with disability. It can be difficult to maintain the referrals and appointments if you don't have sufficient support. I do think we have great providers in our community. — Community Leader

There is limited available supportive care for these individuals outside of residential care settings.
— Social Services Provider

Incidence/Prevalence

> The incidence of dementia seems to continue to increase as well and has devastating impacts on people, families, and resources in the community. Many families and friends serve as caregivers for those with dementia, which can be challenging and exhausting. — Community Leader

> When working in the schools, I see a larger population than expected of parents who stay at home due to being on disability for one reason or another. — Health Care Provider

Awareness/Education

> Education and inability to access a healthy lifestyle. — Health Care Provider

> General population is unaware or uninterested in the problem. — Health Care Provider

Lack of Providers

> The billings area has limited doctors that treat chronic pain. There are very few facilities that serve dementia patients. These facilities have waiting lists and are very expensive. There are limited resources for caregivers that take care of their loved ones dealing with dementia such as respite and are very expensive. Our local business will only have helpful resources for people with limited vision and hearing. If they do, most of the staff are not aware of them or have had training on how to deal with someone that has the condition. — Social Services Provider

Diagnosis/Treatment

> There is a lack of direct treatment provision for chronic pain in our community, and patients tend to seek care from various providers as this has become a rare specialty. — Health Care Provider

Family Support

> The clients I work with have been forgotten by their families, so no one is keeping a constant eye on them to see the problems developing. — Social Services Provider

Environmental Contributors

> Depending on environmental or hereditary factors. Many go undiagnosed or untreated. — Social Services Provider



BIRTHS

PRENATAL CARE

ABOUT INFANT HEALTH

Keeping infants healthy starts with making sure women get high-quality care during pregnancy and improving women's health in general. After birth, strategies that focus on increasing breastfeeding rates and promoting vaccinations and developmental screenings are key to improving infants' health. Interventions that encourage safe sleep practices and correct use of car seats can also help keep infants safe.

The infant mortality rate in the United States is higher than in other high-income countries, and there are major disparities by race/ethnicity. Addressing social determinants of health is critical for reducing these disparities.

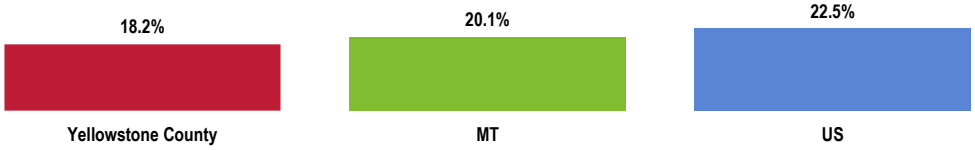
– Healthy People 2030 (https://health.gov/healthypeople)

Between 2021 and 2023, 18.2% of all Yellowstone County births did <u>not</u> receive prenatal care in the first trimester of pregnancy.

BENCHMARK ► Lower than the national percentage.

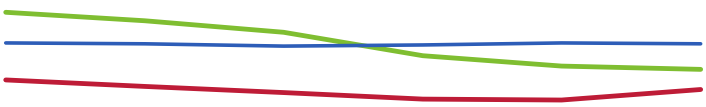
Early and continuous prenatal care is the best assurance of infant health.

Lack of Prenatal Care in the First Trimester
(Percentage of Live Births, 2021-2023)



Sources: ● Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
Note: ● This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy.

Lack of Prenatal Care in the First Trimester
(Percentage of Live Births)



	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Yellowstone County	19.1%	18.5%	17.9%	17.3%	17.2%	18.2%
MT	25.5%	24.7%	23.6%	21.4%	20.4%	20.1%
US	22.6%	22.5%	22.3%	22.4%	22.6%	22.5%

Sources: ● Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
Note: ● This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy.

BIRTH OUTCOMES & RISKS

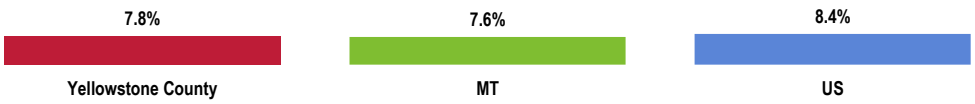
Low-Weight Births

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 7.8% of 2021-2023 Yellowstone County births were low-weight babies.

Low-Weight Births
(Percent of Live Births, 2021-2023)



Sources:
- University of Wisconsin Population Health Institute, County Health Rankings.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 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.

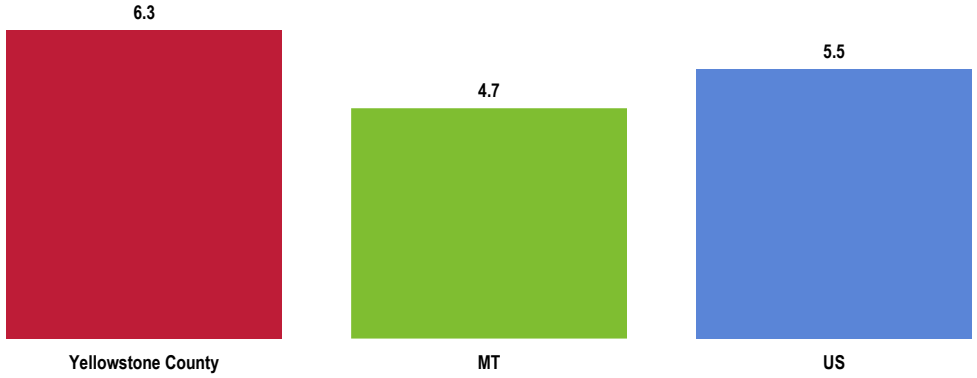
Between 2021 and 2023, there was an annual average of 6.3 infant deaths per 1,000 live births.

BENCHMARK ► Higher than the statewide rate. Fails to satisfy the Healthy People 2030 objective.

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births, 2021-2023)

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 October 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.

Infant Mortality Trends

(Annual Average Infant Deaths per 1,000 Live Births)

Healthy People 2030 = 5.0 or Lower



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Yellowstone County	7.0	7.1	5.6	4.9	6.3
MT	5.7	5.6	5.1	4.8	4.7
US	5.9	5.8	5.7	5.6	5.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted October 2025.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

FAMILY PLANNING

ABOUT FAMILY PLANNING

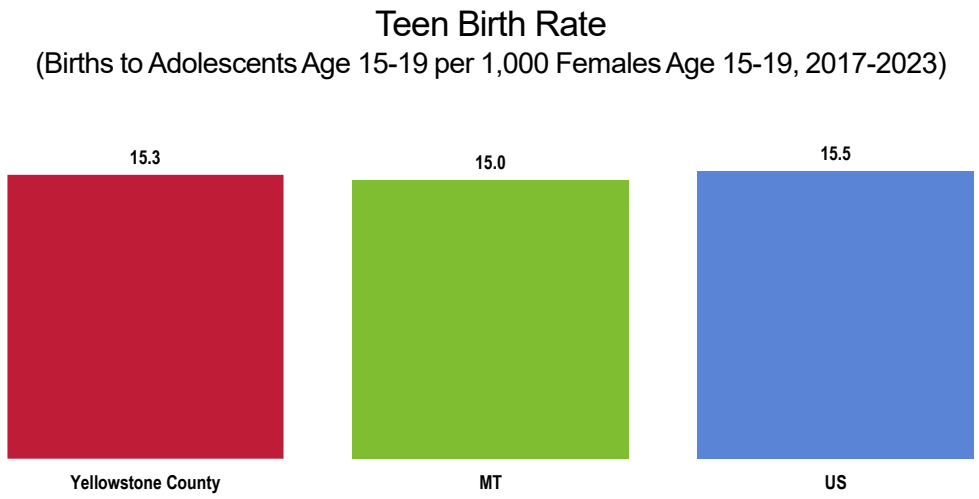
Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. …Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical 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 15.3 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in Yellowstone County.

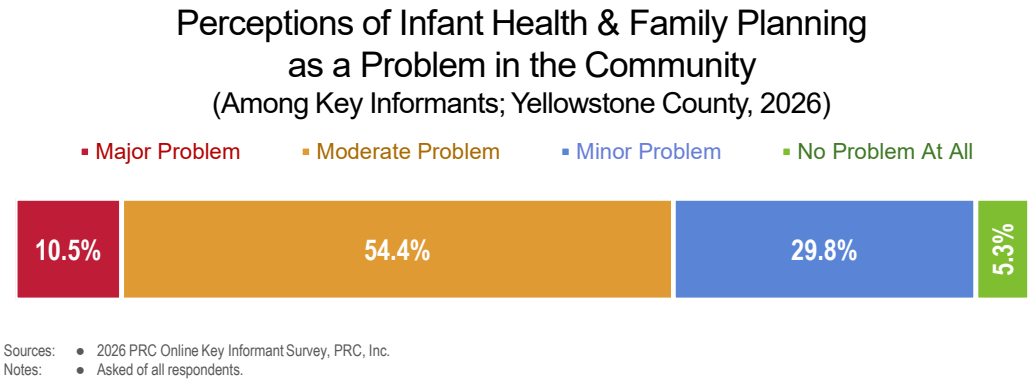


Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved October 2025 via SparkMap (sparkmap.org).

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.

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.



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 have terrific OB/Family Practice but sometimes getting appointments can be a challenge. Also, opportunities to train medical students in this area has proven to be challenging as offices are too busy to take them on, so growing the profession can be a challenge. — Community Leader
>
> Yellowstone County has very limited access to adequate and affordable childcare. — Community Leader
>
> Healthcare services such as speech therapy, occupational therapy, and physical therapy are not readily available due to shortages of therapists. Vision and hearing screens are not easily accessed at low or no cost. Vision and hearing services for those in need face the barrier of limited pediatric providers. Family planning could be enhanced through more prenatal care and paired with more mental health supports for both parents before and after delivery. While services are in the area, good transportation creates yet another barrier to accessing those services for routine and preventive care. The area could benefit from the return of more specialty clinics for children with disabilities, including autism. More genetic testing could be encouraged. — Social Services Provider
>
> Lack of integrated maternal infant health programs, lack of focus on well-being of moms and babies. Too little focus on developmental milestones. — Community Leader
>
> There is a general lack of convenient and reasonable access to providers across the county. Downsides of a larger, rural county. — Community Leader
>
> The Children's Clinic is so busy pediatricians are not the primary providers. Nurse practitioners are seeing patients and flying through appointments just to get them down, potentially missing health issues. — Community Leader

Awareness/Education

> Lack of information and services, especially screening for STD and HIV. Parents or family members that smoke. Economic constraints. Political climate. — Community Leader
>
> I believe there is a lot of misinformation with the resources competing over abortion or no abortion. Hospitals and Riverstone do great, but I think we need a more concerted community efforts on family support postpartum. — Social Services Provider

Income/Poverty

> I see more families living in poverty with infants and young children. It can be a difficult time and lots of supports are needed. I feel like the issue has been politicized which makes it even harder. I think we are lucky to have access to hospitals and mid-wives in our community. — Community Leader

Teen Pregnancy

> Too many of our young women are becoming pregnant and their children are not being provided the appropriate health care. — Social Services Provider

Access to Care for Uninsured/Underinsured

> Too many do not have health insurance. — Community Leader



MODIFIABLE HEALTH RISKS

NUTRITION

ABOUT NUTRITION & HEALTHY EATING

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

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

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

Daily Recommendation of Fruits/Vegetables

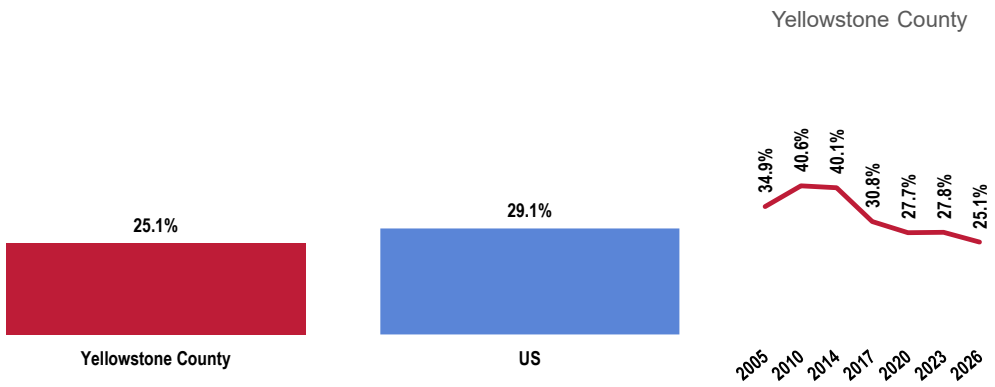
To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

A total of 25.1% of Yellowstone County adults report eating five or more servings of fruits and/or vegetables per day.

TREND ► Decreasing over the past several years.

DISPARITY ► Men are less likely than women to report eating five or more servings of fruits and vegetables per day.

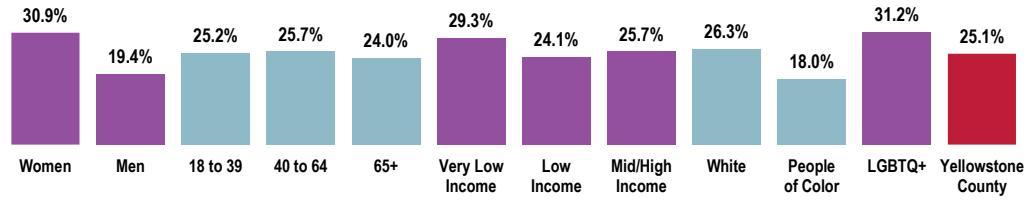
Consume Five or More Servings of Fruits/Vegetables Per Day
(Yellowstone County, 2026)



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
(Yellowstone County, 2026)



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.

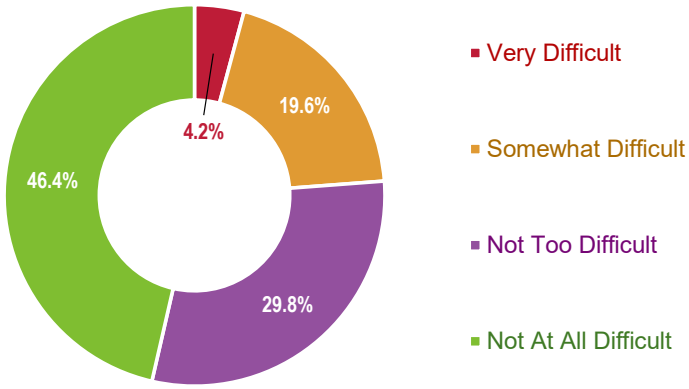
Difficulty Accessing Fresh Produce

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

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

RELATED ISSUE
See also *Food Access* in the **Social Determinants of Health** section of this report.

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



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 66]

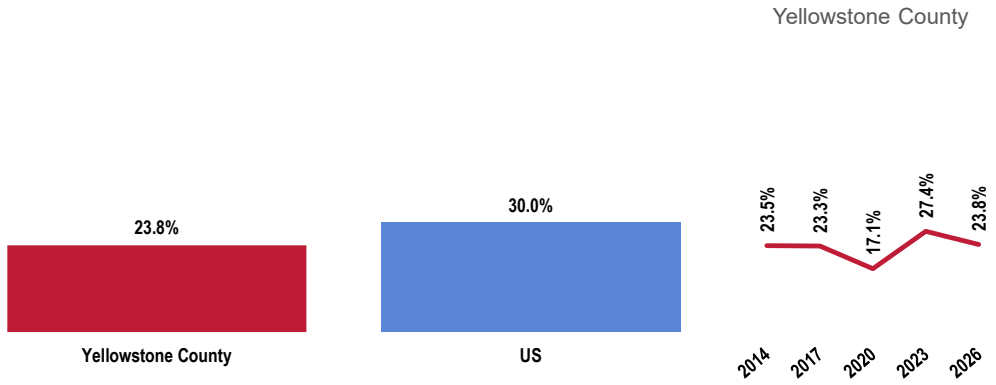
Notes:
- Asked of all respondents.

However, 23.8% of Yellowstone County adults find it "very" or "somewhat" difficult to access affordable fresh fruits and vegetables.

BENCHMARK ► Lower than the national prevalence.

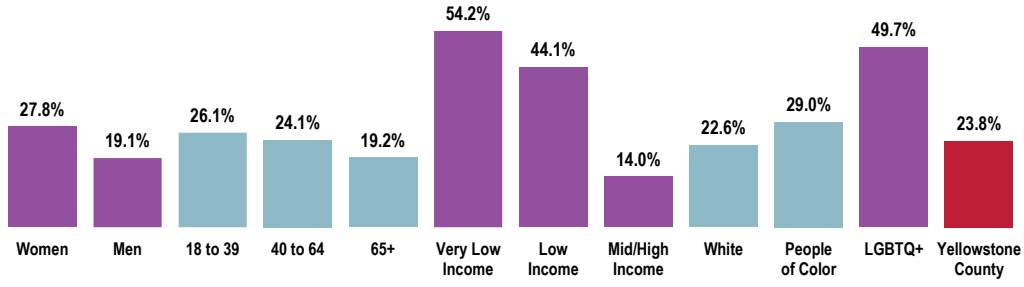
DISPARITY ► Reported more often among women, lower income residents, and LGBTQ+ respondents.

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



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 66]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: ● Asked of all respondents.

PHYSICAL ACTIVITY

ABOUT PHYSICAL ACTIVITY

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

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

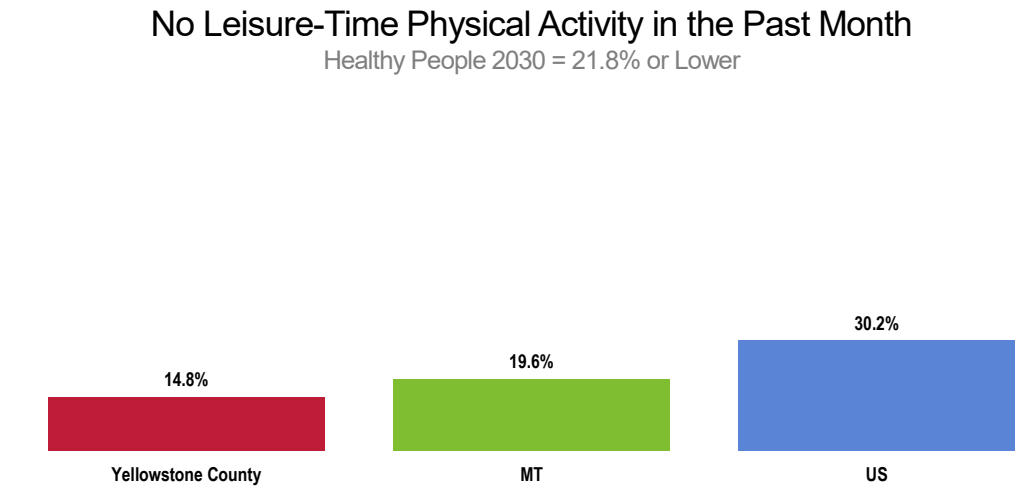
– Healthy People 2030 (https://health.gov/healthypeople)

Leisure-Time Physical Activity

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 14.8% of Yellowstone County adults report no leisure-time physical activity in the past month.

BENCHMARK ► Lower (more favorable) than state and national percentages. Satisfies the Healthy People 2030 objective.



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:

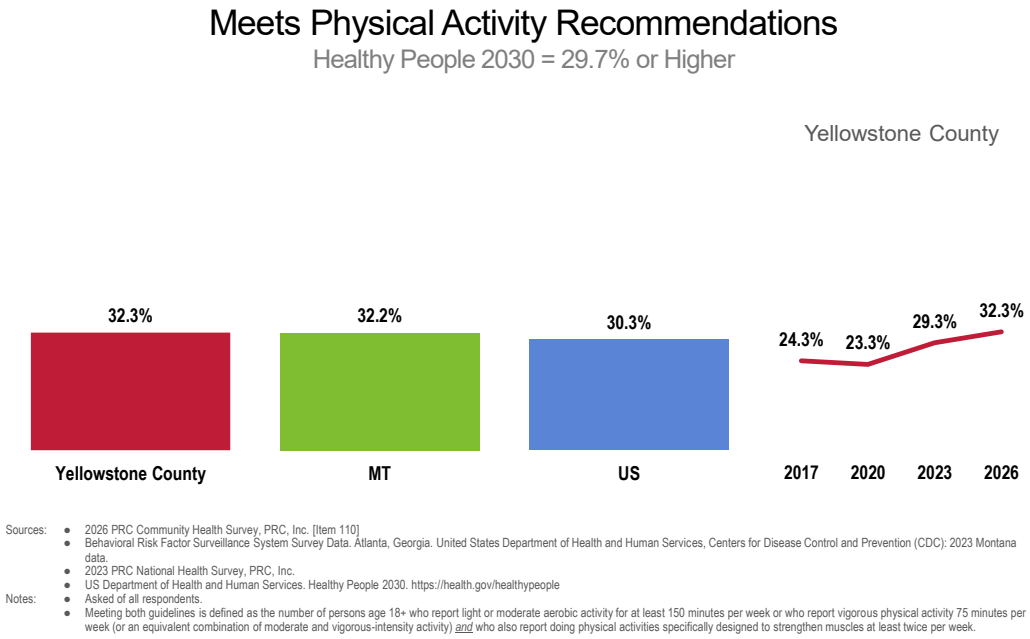
- **Aerobic activity** is one of the following: at least 150 minutes per week of light to moderate activity (such as walking), 75 minutes per week of vigorous activity (such as jogging), or an equivalent combination of both.
- **Strengthening activity** is at least two sessions per week of exercise designed 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 32.3% of Yellowstone County adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

TREND ► Increasing significantly in recent years.

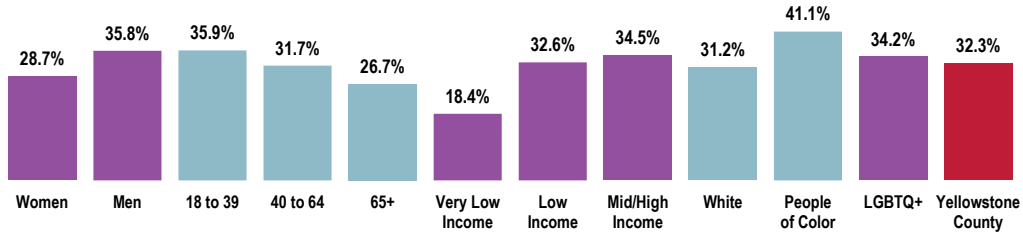
DISPARITY ► Particularly low among those living below the poverty level.



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
(Yellowstone County, 2026)
Healthy People 2030 = 29.7% or Higher



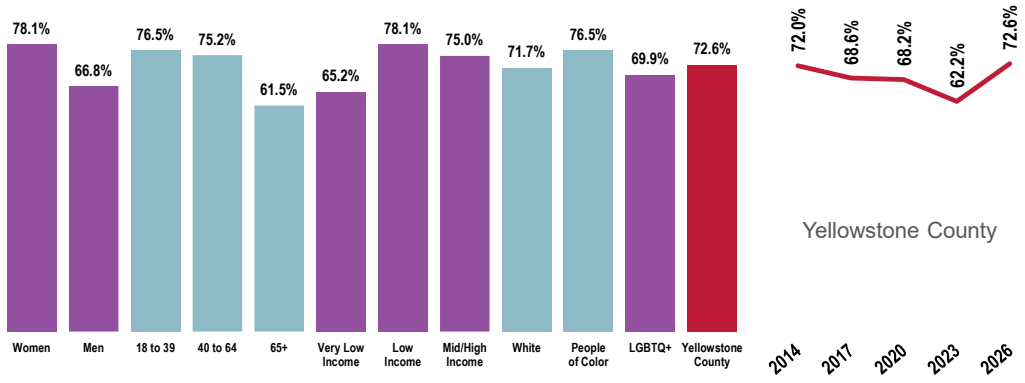
Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 110]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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.

Among survey respondents, 72.6% made an attempt in the past year to increase their physical activity through changes to everyday behavior, such as taking the stairs, parking further from destinations, walking or biking instead of driving, or making housework and errands more active.

DISPARITY ► Men and adults age 65 and older were less likely to report making an attempt to increase activity.

Made an Attempt in the Past Year to Increase Activity Through Changes to Everyday Behavior
(Yellowstone County, 2026)



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 308]

Notes:
- Asked of all respondents.
- In this case, everyday behaviors might include taking the stairs instead of the elevator, parking farther from a destination, walking or biking instead of driving, or making housework and errands more active.

Children

CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

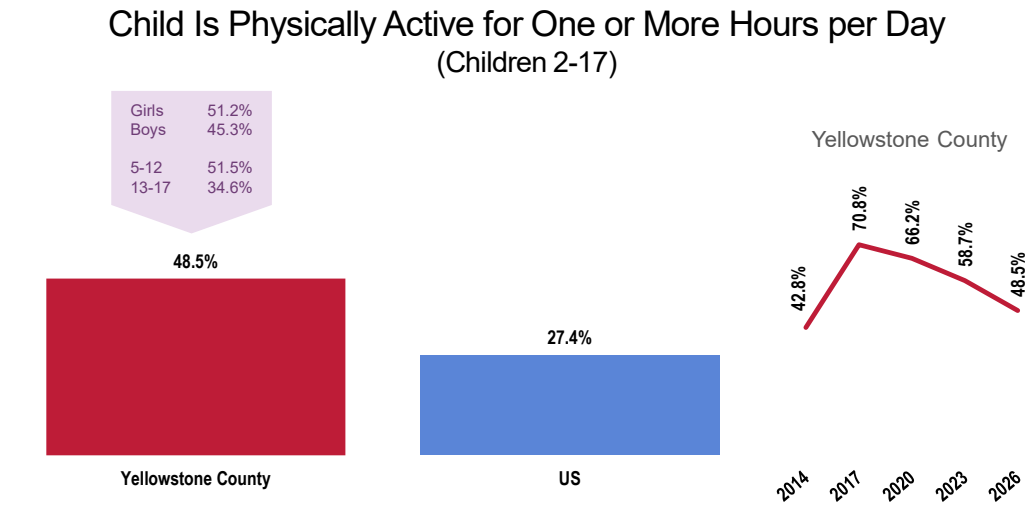
Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

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

Among Yellowstone County children age 2 to 17, 48.5% 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 ► Considerably higher than the US percentage.

DISPARITY ► Lower among adolescents age 13 to 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.

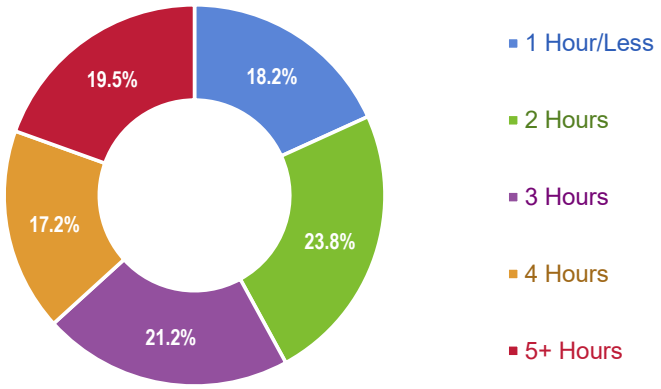
Screen Time

Adults

Among Yellowstone County adults, 57.9% report spending three or more hours on screen time for entertainment (whether television or computer, internet, or video games) on an average day.

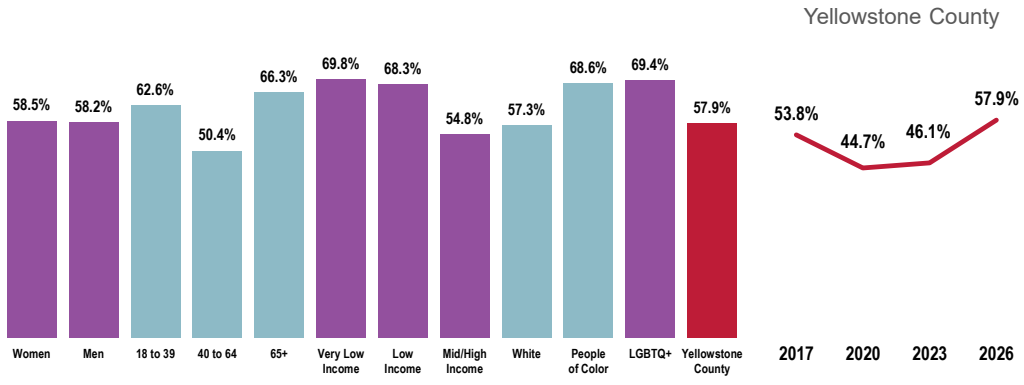
DISPARITY ► Reported more often among adults age 18 to 39, adults age 65+, lower income residents, People of Color, and LGBTQ+ respondents.

Daily Screen Time for Entertainment
(Yellowstone County Adults, 2026)



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 309]
Notes: ● Asked of all respondents.
● Includes watching TV, playing video games, and using a computer or the internet.

3+ Hours of Daily Screen Time for Entertainment
(Yellowstone County Adults, 2026)



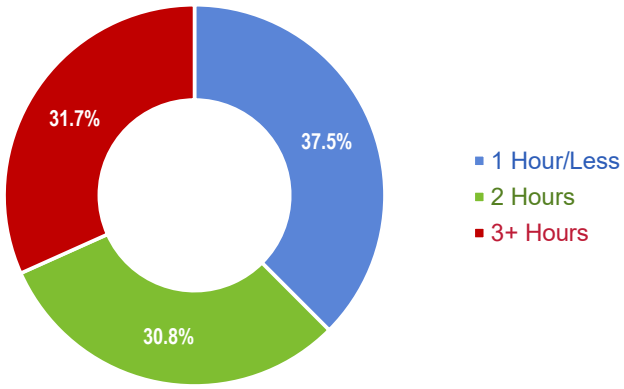
Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 332]
Notes: ● Asked of all respondents.
● Includes watching TV, playing video games, and using a computer or the internet.
● "3+ hours" includes reported screen time of 180 minutes or more per day.

Children

Among Yellowstone County children age 5 to 17, 31.7% are reported to spend three or more hours on screen time for entertainment (whether television or computer, internet, or video games) on an average school day.

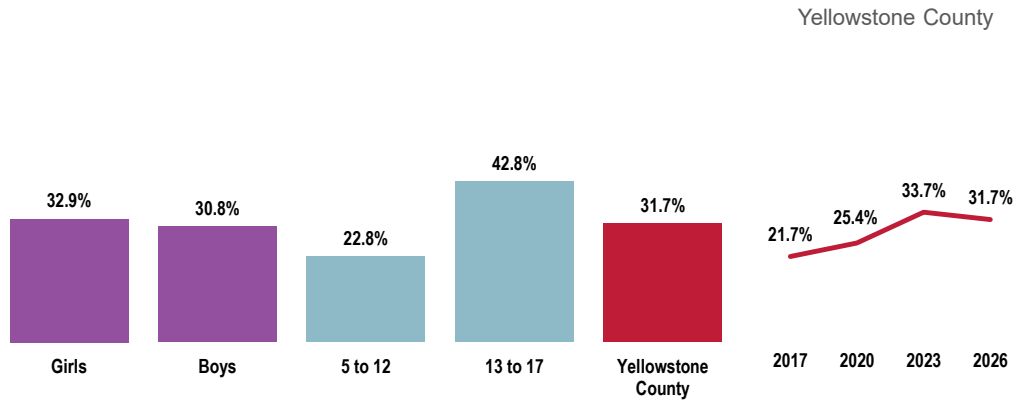
DISPARITY ► Higher screen time is reported for teens.

Child's Screen Time for Entertainment on an Average School Day
(Parents of Children Age 5-17; Yellowstone County, 2026)



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 326]
Notes: ● Asked of respondents with a child age 5 to 17 in the household.
● Includes watching TV, playing video games, and using a computer or the internet.

Child Spends 3+ Hours on Screen Time for Entertainment on an Average School Day
(Parents of Children Age 5-17; Yellowstone County, 2026)



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 331]
Notes: ● Asked of respondents with a child age 5 to 17 in the household.
● Includes watching TV, playing video games, and using a computer or the internet.

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

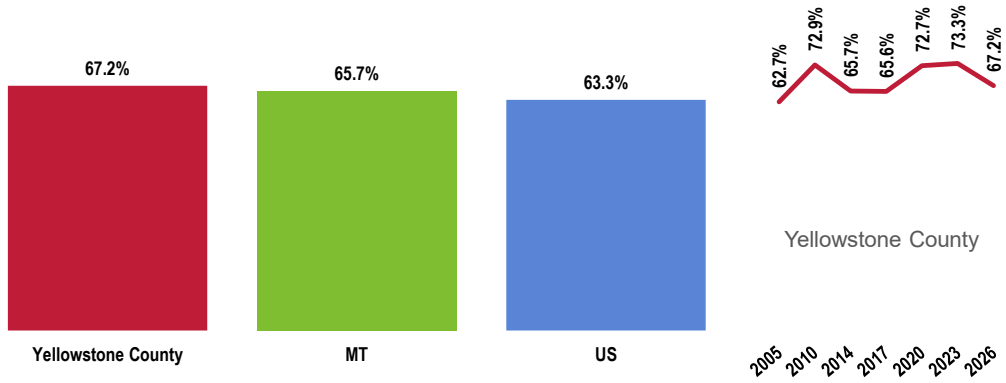
Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September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

Overweight Status

Here, "overweight" includes those respondents with a BMI value ≥25.

Two in three Yellowstone County adults (67.2%) are overweight.

Prevalence of Total Overweight (Overweight and Obese)



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.

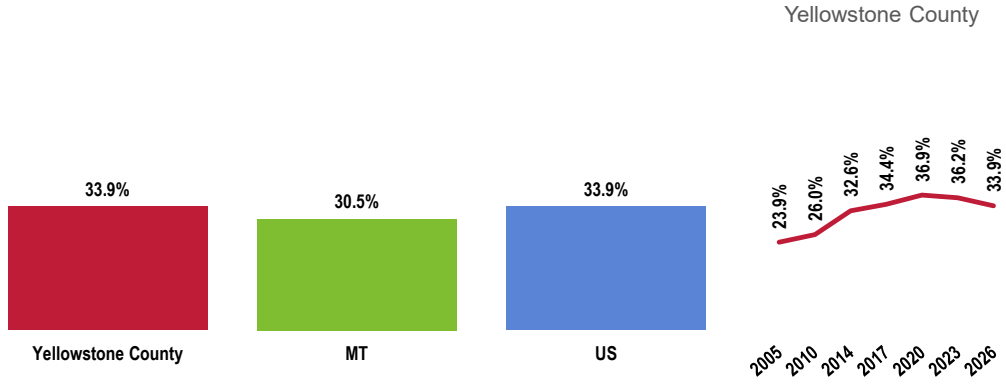
The overweight prevalence above includes 33.9% of Yellowstone County adults who are obese.

TREND ► Remains significantly above baseline 2005 findings.

DISPARITY ► Obesity is more often reported by women and low-income residents.

Prevalence of Obesity

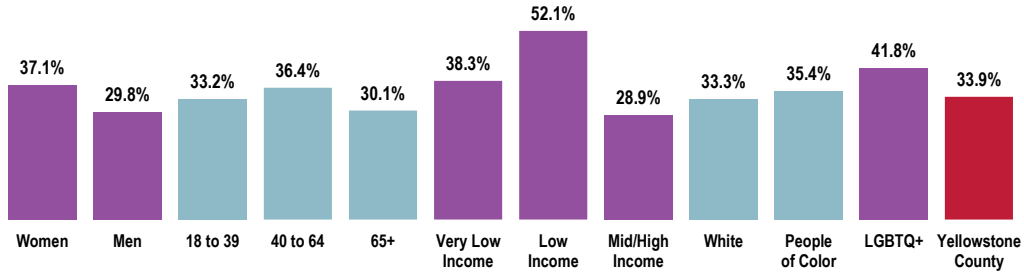
Healthy People 2030 = 36.0% or Lower



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
(Yellowstone County, 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

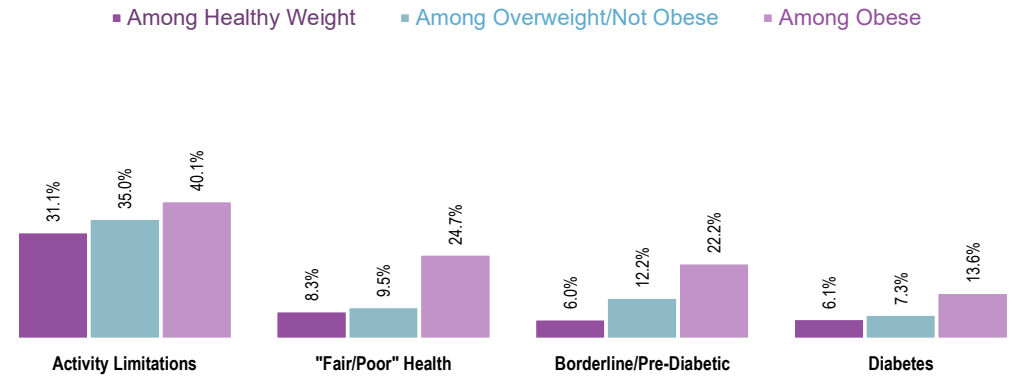
Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Relationship of Overweight with Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions, as outlined in the following chart.

The correlation between overweight and various health issues cannot be disputed.

Relationship of Overweight With Other Health Issues
(Yellowstone County, 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

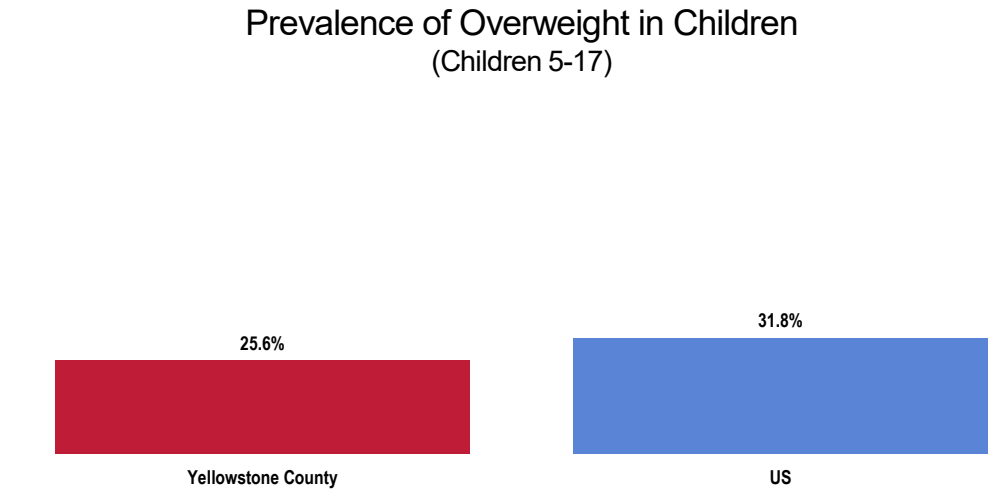
In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles 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, 25.6% of Yellowstone County children age 5 to 17 are overweight or obese (≥85th percentile).

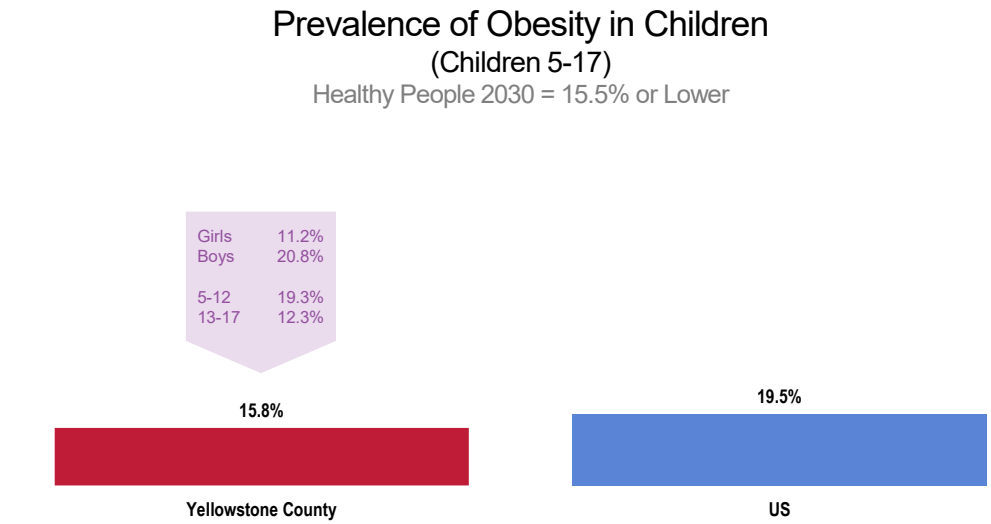


Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 113]
- 2023 PRC National Health Survey, PRC, Inc.

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 15.8% of area children age 5 to 17 who are obese (≥95th percentile).

DISPARITY ▶ Childhood obesity was reported more often for boys.

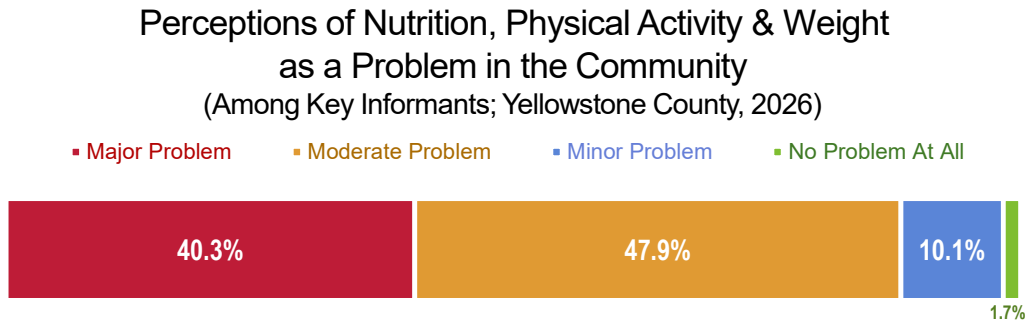


Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 113]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

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:

Obesity

> I see this as a major concern because there is such a large proportion of our population who are overweight and obese, generating all the additional problems associated with excess weight. It is self-perpetuating problem - we eat crappy food and live a sedentary lifestyle beginning in childhood where kids spend their time on screens instead of physically active with people; this leads to excess weight which makes people less physically active, and the situation snowballs from there. — Community Leader

When you look around today, most people are overweight. Twenty years ago, very few people were overweight. This is a disease that Americans should be concerned about. — Community Leader

Obesity is extreme. Social media is full of scams promising easy and fast weight loss. What do we know about services in Billings? Athletic club memberships are expensive and intimidating. Where is it safe to be outside for physical activity? I would never go out alone. My neighborhood doesn't have streetlights so walking alone is challenging. The new injectable drugs seem like the answer, but they are expensive, and the weight comes back when the use of the injections end. — Community Leader

While Montana and Yellowstone County often draw a group of people who come for the copious outdoor recreation opportunities, the community continues to be part of the national health crisis of obesity. We still have several food deserts even within Billings and certainly in the surrounding areas. Fast food is much cheaper and easier to access than healthy and nutritious food, and we continue to neglect good education around overall health and how nutrition, physical activity and weight are directly related to other health issues and overall quality of life. In short, it is still easier and less expensive financially to be obese and unwell than to live with general overall health. — Community Leader

Unhealthy weight and obesity are a significant problem in our community, which leads to chronic diseases. This is caused by limited access to healthy foods, sedentary lifestyles and lack of education and awareness. Like many Americans, we are faced with quick access to processed foods, larger portion sizes and unbalanced diets. Physical activity can be hard in Montana due to our changes in weather. Typically, there is only 4-4.5 months of nice weather, the rest is cold, snowy and unpleasant to be outside, causing a decrease in physical activity. Gyms and health clubs are too expensive for the middle-class individual to obtain, not to mention our low-income community. — Health Care Provider

In all of these surveys, obesity is listed as a major issue - but the hospitals do nothing to make it better. Change the way that doctors treat people with weight issues and there would be a dramatic change. The disdain in the medical community for people with weight issues prevents access to primary care. That lack of primary care for issues that don't have anything to do with weight prevents people from building the kind of trust needed to discuss weight issues. Frankly, if clinics would stop weighing people first, and only do it when necessary for treatment, a huge number of people would begin seeking access to regular care - creating the opportunity for relationship building necessary to address weight issues. If doctors would stop attributing weight as the cause of everything and start by assuming that all issues can be addressed by weight loss, more people would establish care with a regular doctor and overall community health would increase. — Community Leader

Obesity and associated health impacts. — Community Leader

Access to Affordable Healthy Food

Limited choices and less of a focus on healthy eating and available choices. Eating healthy can be more expensive, and we have many financially challenged people in our community. Seasonality can be an issue, as outdoor activity is limited to our weather, as many do not have the resources to join a program with expense. — Health Care Provider

Access to affordable, healthy food choices and access to affordable physical recreation. For example, there is no grocery store on the Southside. — Community Leader

Lack of access to fresh, quality groceries in the Southside. — Social Services Provider

Lack of access and the cost for healthier options. — Social Services Provider

It would be helpful to limit food stamps to be used on healthy foods. — Community Leader

The rising cost of food appears to be affecting healthy foods, such as fresh fruits and vegetables, which are already more expensive to begin with, and if we see the proposed tariff policies put into place, bananas, for instance, will go even higher as there is no large-scale domestic source. We have portions of our communities, in Billings and throughout Yellowstone County, that qualify as food deserts. — Social Services Provider

Winters are long. Food prices affect fresh produce purchases. Busy schedules and fast food are too often paired. — Social Services Provider

Awareness/Education

A lot of people are told to do this, but they don't know how to actually do it. There's not a lot of education out there on what different avenues there are. They need consistent and sustainable options, and they also need mental health counseling to have internal motivation, not external motivation for this process. And to start, there are a lot of health conditions in the way, so they need to consider speaking to someone who specializes in their condition to see where to start at. — Social Services Provider

Education coupled with follow up encouragement. — Social Services Provider

As someone who works in healthcare and lives here in Billings, I've noticed that issues like diet, exercise, and weight affect almost everyone - and not just in obvious ways. People are dealing with conditions like diabetes, high blood pressure, and joint pain, often without realizing how connected they are to everyday habits and stress. Even families that seem financially stable struggle to find time for healthy meals or exercise, and things like nutrition counseling or weight support aren't always covered by insurance. — Social Services Provider

> I'm not sure of the education being done in grade school and above but it has to start someplace. Relating to nutrition has to be education and ease of accessing quality products. Finally, nobody in the community outside of providers talks about what a healthy community is. — Community Leader

> I see one of the biggest challenges as simply access to education and healthy food/gym memberships, etc. And, again, overuse of medications that may help with symptoms, but do not treat the root of the problem. We need more functional medicine providers. — Community Leader

> Not just teaching people to eat right but how do you get them to care about eating right and exercising. Also making healthy foods more affordable than the processed garbage. — Health Care Provider

> Early education. Lack of personal engagement. — Health Care Provider

> Lack of knowledge and discipline to manage nutrition. — Community Leader

Insufficient Physical Activity

> Lack of physical activity. Reason brings lack of culture and infrastructure that emphasizes bike riding, walkability, and fitness. — Community Leader

> Culture of inactivity. Relatively low income and food desserts encourage poor nutritional habits. — Community Leader

> People are lazy, they don't want to exercise. They'd rather stuff their faces with Fritos and Doritos. — Community Leader

> They are not active, and children are not active. People do not choose to eat well. There is a mindset that it is more like other cities and make those cities sound awful. — Social Services Provider

Nutrition

> Not enough nutrition education. Healthy food costs more. People on fixed incomes have to prioritize quantity over quality. Depression affects all of these and is a major health/mental health concern. — Social Services Provider

> Billings has a food desert in the south side of town. We have an entire section of town without a grocery store for it. People go to the Dollar Store or convenience stores with highly processed foods. — Community Leader

Incidence/Prevalence

> All you have to do is look at the people walking around Billings. — Community Leader

> Becoming a huge issue, even among youth, the field I work in. We need a more comprehensive approach. — Health Care Provider

Access to Care/Services

> No access to resources. — Health Care Provider

> Access to resources, education about the importance of nutrition and physical activities. High poverty youth need extra support. — Community Leader

Affordable Care/Services

> Expense of activities and rising food costs. — Community Leader

> Too expensive to join a gym, purchase medication and/or get counselling for any eating disorders. — Community Leader

Lifestyle

> Motivation of individuals to seek access to community resources, lack of time and resources. — Social Services Provider

> Need to make community health a priority. — Community Leader

Aging Population

> Senior’s struggle getting groceries and having the ability to make and eat healthier meals. Many eat microwave meals and shelf stable snacks. — Social Services Provider

Cultural/Personal Beliefs

> Our culture that prioritizes work and production over quality of life, aging park infrastructure, low walkability in the city and in consistent bike lanes, access to affordable, fresh food, poverty. — Community Leader

Denial/Stigma

> Admitting there is a problem. — Health Care Provider

SUBSTANCE USE

ABOUT DRUG & ALCOHOL USE

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

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

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

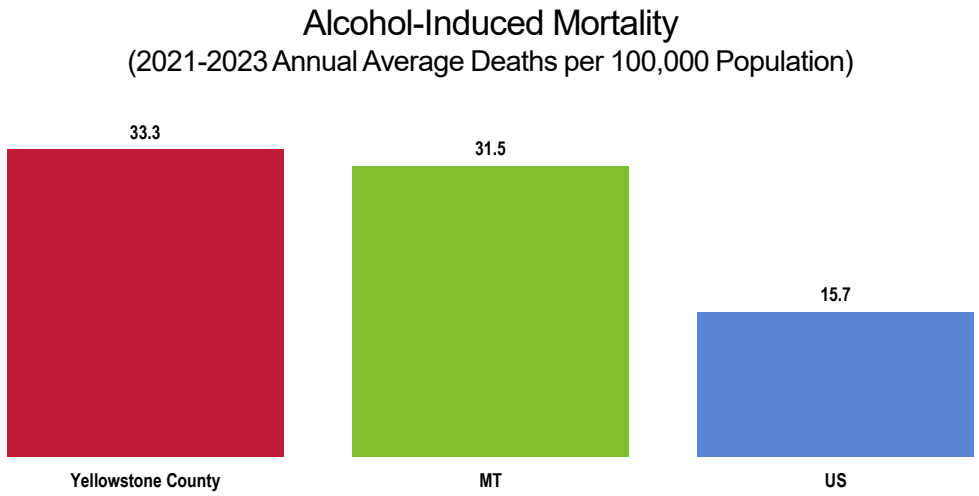
Alcohol Use

Alcohol-Induced Deaths

Between 2021 and 2023, Yellowstone County reported an annual average mortality rate of 33.3 alcohol-induced deaths per 100,000 population.

BENCHMARK ► More than twice the US rate.

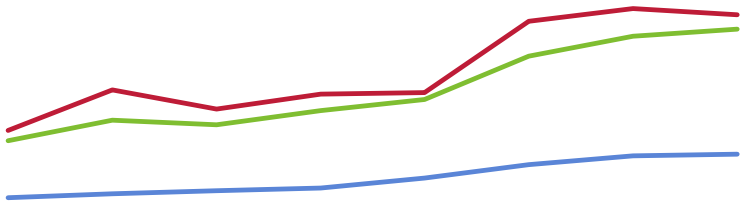
TREND ► Increasing over the past decade.



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 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
Yellowstone County	18.7	23.8	21.4	23.3	23.5	32.5	34.1	33.3
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 October 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.

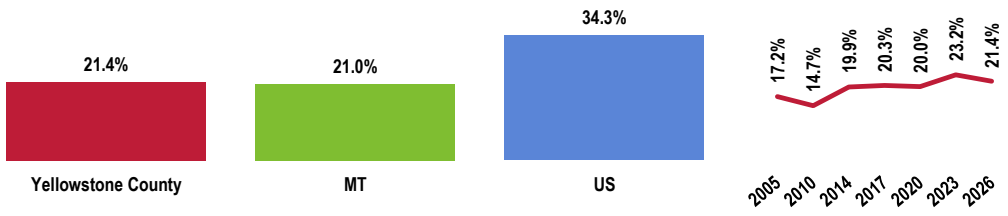
A total of 21.4% of area adults engage in excessive drinking (heavy and/or binge drinking).

BENCHMARK ► Lower than the national percentage.

DISPARITY ► Excessive drinking is more often reported among adults under the age of 40.

Engage in Excessive Drinking

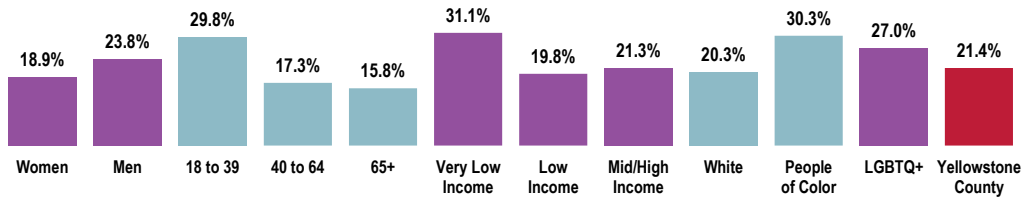
Yellowstone County



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
(Yellowstone County, 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

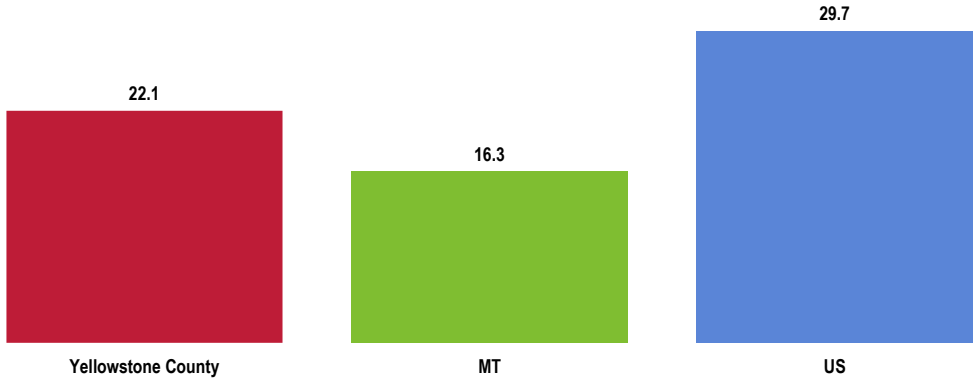
Unintentional Drug-Induced Deaths

Between 2021 and 2023, there was an annual average mortality rate of 22.1 unintentional drug-induced deaths per 100,000 population in Yellowstone County.

BENCHMARK ► Well above the Montana rate.

TREND ► A sharp increase over the past decade (although leveling out in recent years).

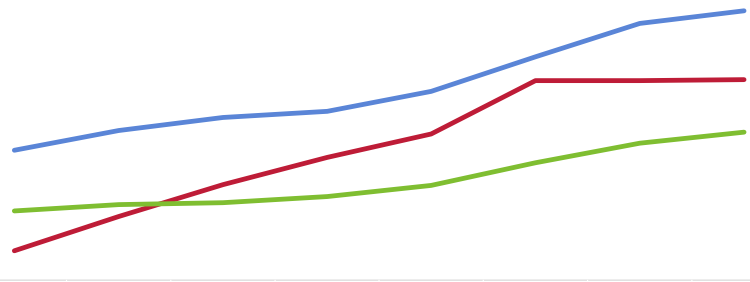
Unintentional Drug-Induced Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted October 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
Yellowstone County	3.2	7.0	10.5	13.5	16.1	22.0	22.0	22.1
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 October 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 3.0% of Yellowstone County adults acknowledge using an illicit drug in the past month.

BENCHMARK ► Significantly lower than the national prevalence.

DISPARITY ► Illicit drug use was reported more often among men and residents living below the poverty level.

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.

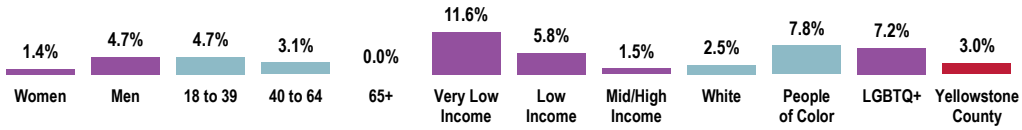
Illicit Drug Use in the Past Month



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 40]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

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



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

Alcohol & Drug Treatment

A total of 8.1% of Yellowstone County 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



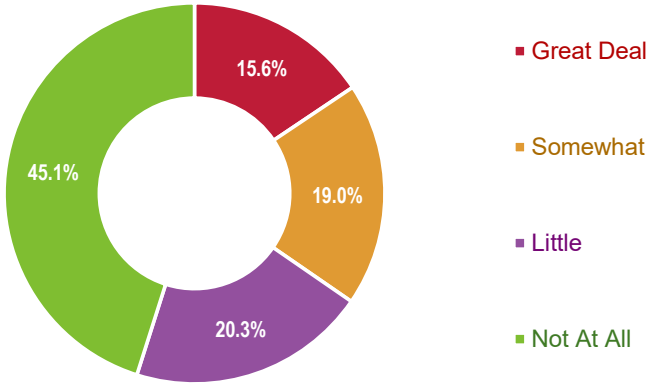
Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 42]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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).

Many Yellowstone County residents' lives have <u>not</u> been negatively affected by substance use (either their own or someone else's).

Degree to Which Life Has Been Negatively Affected by Substance Use (Self or Other's)
(Yellowstone County, 2026)



Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 43]
Notes: • Asked of all respondents.

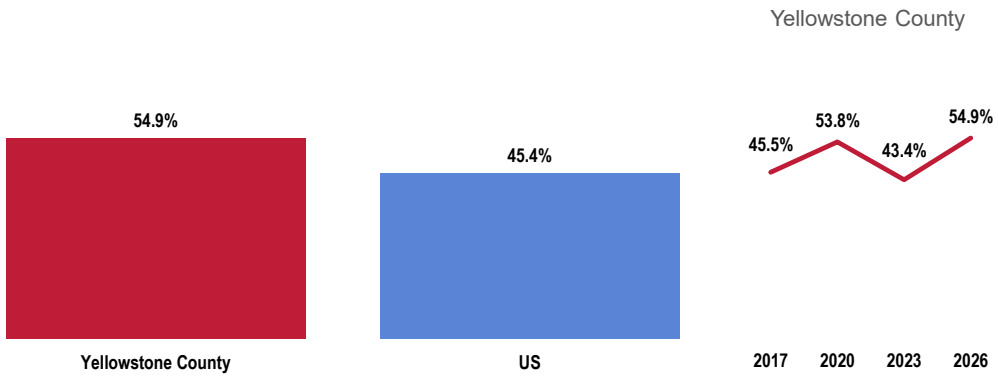
However, most (54.9%) have felt a personal impact to some degree ("a little," "somewhat," or "a great deal").

BENCHMARK ► Higher than the national prevalence.

TREND ► Fluctuation, but higher than baseline 2017 findings.

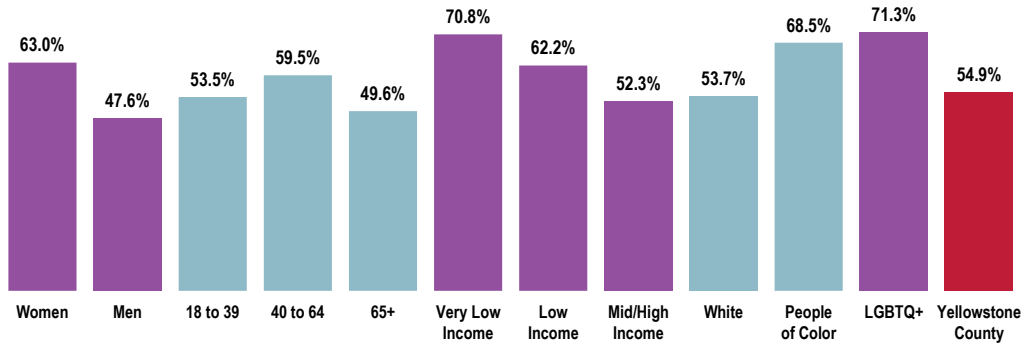
DISPARITY ► Reported more often among women, those living below the poverty level, People of Color, and LGBTQ+ respondents.

Life Has Been Negatively Affected by Substance Use (by Self or Someone Else)



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)
(Yellowstone County, 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

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

Perceptions of Substance Use as a Problem in the Community
(Among Key Informants; Yellowstone County, 2026)



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

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

Access to Care/Services

> The greatest barriers to accessing substance use treatment in our community are options for treatment, inpatient and outpatient, and substance use caregivers and therapists to support addicted community members. — Health Care Provider
>
> It takes too long to get addiction treatment, especially residential treatment. Thirty-day programs are not long enough for people addicted to meth. There isn't a detox program/center in Billings. — Community Leader
>
> Not enough resources, not easily available. Need to reach out to the people who need it rather than expecting them to come of their own accord. — Community Leader
>
> Not enough beds, long waiting list, no insurance/monies to pay for treatment. — Community Leader
>
> Substance use is rampant in Billings, and we have very few treatment facilities with even fewer detox bed opportunities. This leads to private insurance coming first with state Medicaid second. Numerous people have been taken to Billings Clinic or St. Vincent asking for help with treatment or detox only to be kicked out at the ER. — Community Leader

Lack of options, lack of funding and limited access. Higher need than the community can provide for treatment. — Health Care Provider

Quality care and enough beds. — Health Care Provider

Lack of Inpatient treatment. — Community Leader

Places have waiting lists and are not affordable. — Social Services Provider

Detox beds are not available immediately and neither is treatment. Costs for treatment are a barrier as well. — Community Leader

We have one Inpatient program, a handful of intensive Outpatient programs, and we are a major thoroughfare for drug/human trafficking. — Health Care Provider

Substance abuse services are very similar to mental health services. While Billings/Yellowstone County is resource rich, there is not nearly the capacity needed to meet the need and many of the good substance addiction services are costly or have significant waiting lists to access. In addition, like mental health services, substance addiction/substance use services need to be on a continuum of care and are lifelong. Substance addiction is a chronic disease and cannot be treated "once" or short term. We have a significant lack of in-patient and long-term support services in the community. In addition, and again like mental health issues, there is a significant stigma to substance use/abuse which is often a barrier to people seeking treatment. — Community Leader

Lack of in and outpatient treatment options, stigma. — Health Care Provider

Access. — Health Care Provider

Lack of inpatient treatment options, social stigma relating to seeking help, and cost of treatment. — Community Leader

Lack of access. — Public Health Representative

Access. — Community Leader

Beds. It is difficult to get people, especially kids, into a slot. Cost is another barrier. If it is not court ordered, or court paid for, the cost is prohibitive. — Community Leader

The barriers related to accessing substance abuse treatment in our community is lack of access, stigma around substance use, affordability, and wait times. — Social Services Provider

Rimrock Foundation is about the only place to receive treatment. — Community Leader

Resources for substance abuse for prevention and treatment. Important to start addressing this in the youth population. Looking at tiered approach - Tier 1, Tier 2, and Tier 3. Substance abuse counselors in schools - look at recovery school model - address underlying issues for youth substance abuse. — Community Leader

Access to treatment when needed is a big problem in our community. — Social Services Provider

Affordable Care/Services

Cost. Lack of service providers. Social stigma. — Community Leader

Costs to patients and providers, effective treatment for co-occurring conditions, and structural racism. — Community Leader

An affordable treatment center which provides life skills. Also, people using may graduate from a program, but go back to the environment within which they became addicted. A local program that provides abuse recovery therapy and intensive follow up care would help solve the problem. — Community Leader

Cost and grant money is limited for non-profits. — Health Care Provider

Cost at some facilities. Services may not be geared toward their specific culture and may feel out of place. Stigma is many times a factor for individuals wanting treatment but not wanting anyone to know their needs. — Social Services Provider

Denial/Stigma

Social stigma, accessible services. — Community Leader

The lack of desire for treatment. And the waiting lists to get into treatment are so long. — Health Care Provider

The stigma of needing treatment. — Health Care Provider

Shame. No payment source. Treatment facilities that will not take Medicare. — Health Care Provider

Denial and cost. — Social Services Provider

Awareness/Education

Knowledge of what is available. — Community Leader

No one knows where to go, and the services provided are not sufficient nor what people actually need. We don't adequately fund nor support such services. SACC was on a good roll but then our city council didn't continue to support it as a priority. We need proactive measures in addition to reactive measures (law enforcement). Our county seems to focus solely on jail services/space and not a comprehensive public safety strategy. — Community Leader

> Getting people to know how and what to do with people with substance abuse issues. — Community Leader
>
> Education. Lack of accountability. — Community Leader

Willingness for Treatment

> The individual's willingness to access treatment services, easy access to alcohol, tobacco, vapes, recreational marijuana, and illicit drugs for anyone of any age. — Community Leader
>
> Desire to quit, product accessibility, lack of coping skills. — Community Leader
>
> Unwillingness to seek treatment. Lack of providers. — Health Care Provider
>
> It is not so much the access but the individual's desire for treatment that I find to be the problem. — Community Leader

Funding

> Red tape, lack of funding, lack of boots on the ground. — Community Leader
>
> Funding, lack of bed space and/or treatment programs and lack of ongoing support. I also feel we need to better utilize faith-based programs in addressing this. — Community Leader
>
> There is not enough funding to provide the amount of beds needed for people to receive inpatient treatment for their substance addiction. Secondly, due to the lack of funding, employees are not staying long term to keep these facilities fully staffed. Finally, there is a lack of education and training to support the staff adequately. — Social Services Provider
>
> Funding to support substance abuse treatment. — Community Leader

Income/Poverty

> Socioeconomic disparities, lack of available resources, cost, stigma, and homelessness. — Community Leader
>
> Money and resources. Poorly managed facilities. — Community Leader
>
> Money and healthcare providers. — Community Leader
>
> The individuals are struggling with more than just substance abuse, financial issues, housing issues, mental health, employment. — Social Services Provider

Lack of Providers

> Workforce shortages are causing lack of availability in care for individuals with substance use disorders. We also have limited transitional housing for individuals going through treatment programs. Without a secure and affordable home, a person can fall back into old ways without the support they need like a stable home. In Montana there are large geographic and transportation barriers since we are a large and rural state. Finally, stigma and discrimination are a barrier for individuals getting care. — Health Care Provider
>
> One of the greatest barriers to accessing substance use treatment in my community is the shortage of available providers and treatment facilities, especially those offering inpatient and medically supervised detox services. Many individuals face long wait times or must travel out of the area to receive care, which is not feasible for those without reliable transportation or stable housing. Stigma also plays a major role-fear of judgment prevents people from seeking help until they are in crisis. Additionally, limited insurance coverage and high out-of-pocket costs create financial obstacles. There is also a lack of culturally responsive and trauma-informed care, particularly for youth and Native American populations. These barriers combined make it extremely difficult for individuals struggling with substance use to get the timely, consistent help they need to recover and rebuild their lives. — Community Leader
>
> The number of individuals using drugs and alcohol far exceeds the amount of treatment providers in Billings. — Social Services Provider

Incidence/Prevalence

> Drugs, obesity and smoking which are the root causes of so many health issues. — Health Care Provider
>
> Lack of data to fully understand the issue, but it is consistent in Emergency Rooms to see people dealing with these issues, needing help and not getting any. Expensive to go to treatment. Wait lines are too long. — Community Leader
>
> Overwhelming drug abuse throughout the community. — Social Services Provider

Overdose Deaths

> Opioid and overdose. — Public Health Representative
>
> Overdose deaths. — Social Services Provider

Veterans

> The greatest barrier to veterans receiving substance use treatment in Yellowstone County, Montana is the lack of accessible, integrated, and veteran-specific care that addresses co-occurring mental health conditions and logistical challenges. Many veterans experience both substances use disorders (SUD) and mental health issues (e.g., PTSD, depression, TBI). However, few treatment programs in Yellowstone County are fully equipped to address both simultaneously. VA facilities, including the Billings CBOC, have limited SUD treatment capacity. Inpatient options require referral to facilities outside the area, which may involve long wait times and travel. Navigating between VA, Medicaid, nonprofit, and private systems can be overwhelming, especially for those in crisis or with limited digital or health literacy. Veterans in surrounding rural areas face long travel times to reach addiction treatment services in Billings. — Social Services Provider

Prevention/Screenings

> 1) Not enough prevention models. 2) Stigma. 3) The terrible rate of reimbursement from Medicaid to treat the chronic nature of SUD (substance use disorder, this is directly related to numbers 1 & 2). We do not do a good enough job of ensuring people get timely, comprehensive care.... therefore, the cycles of addiction (and the co-occurring mental health, homelessness, crimes, CPS, etc.) only continue. — Physician

Access for Medicaid Patients

> Medicaid requires you to be using for 30 days straight to get assistance. So, if someone relapses, they have to keep using to get help. Rimrock Foundation is currently the only substance use treatment facility in Billings. Not enough inpatient treatment resources. — Social Services Provider

Transportation

> Trust and transportation to get to a place for SUD treatment. Access and education to affordable medications. Not having a stable residence or job or losing residence or job if you access inpatient treatment. Resources. — Public Health Representative

Lack of Collaboration

> A collaborative approach is necessary, as not all resources track the same patient and are not informed about the treatment plan. We are all doing our own thing. — Community Leader

Lack of Coordination of Care

> Providers are not forced to coordinate to make delivery of services efficient, lots of providers in their silos protecting their funding sources. Some substance abusers and victims do not want help. — Community Leader

Lack of Culturally Sensitive Care

> Access to cultural resources, longer treatment, sending back to the same environment. — Health Care Provider

Lifestyle

> People don't want to help themselves and put in the effort. — 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 by **methamphetamine/other amphetamines.**

SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Use as a “Major Problem”)	
ALCOHOL	54.3%
METHAMPHETAMINE OR OTHER AMPHETAMINES	30.0%
HEROIN OR OTHER OPIOIDS	7.1%
PRESCRIPTION MEDICATIONS	2.9%
MARIJUANA	1.4%
CLUB DRUGS (e.g. MDMA, GHB, Ecstasy, Molly)	1.4%
HALLUCINOGENS OR DISSOCIATIVE DRUGS (e.g. Ketamine, PCP, LSD, DXM)	1.4%
SYNTHETIC DRUGS (e.g. Bath Salts, K2/Spice)	1.4%

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.

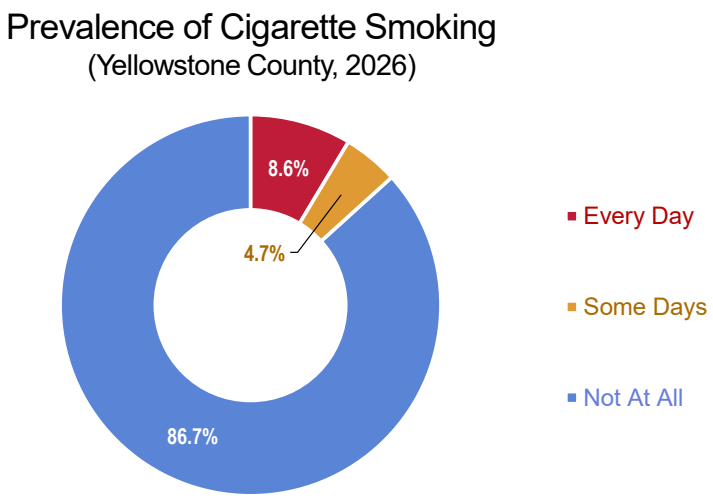
Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

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

Cigarette Smoking

Prevalence of Cigarette Smoking

Most Yellowstone County adults do not smoke cigarettes.



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 34]
Notes: ● Asked of all respondents.

However, 13.3% currently smoke cigarettes either regularly (every day) or occasionally (on some days).

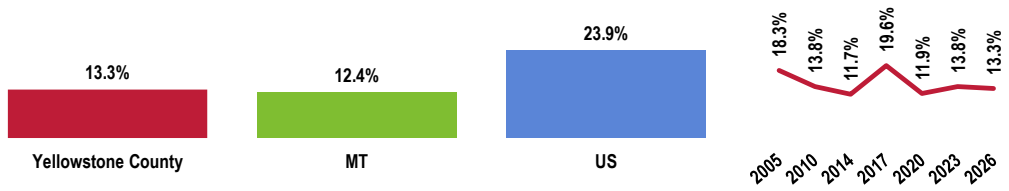
BENCHMARK ► Lower than the national prevalence but twice the Healthy People 2030 objective.

TREND ► A decrease from the 2005 baseline.

DISPARITY ► Reported more often among adults under age 65 and lower income residents.

Currently Smoke Cigarettes

Healthy People 2030 = 6.1% or Lower



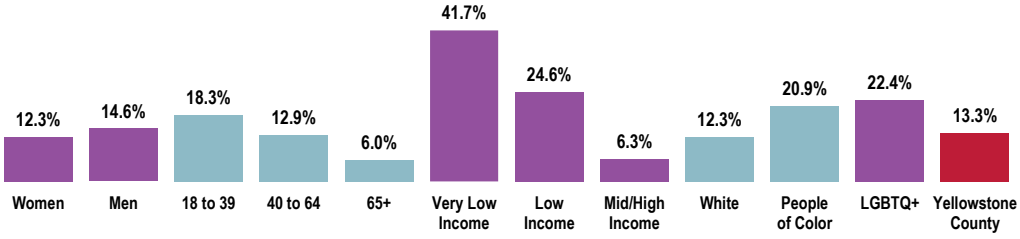
Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 34]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Montana data.
- 2023 PRC National Health Survey, PRC, 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

(Yellowstone County, 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

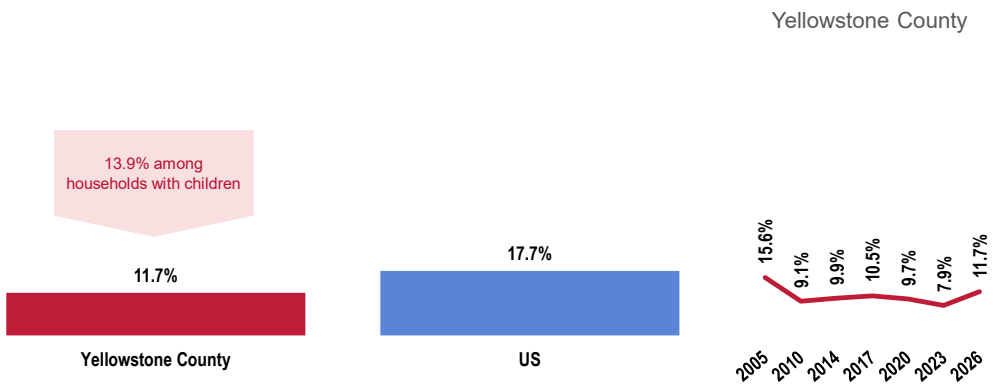
Notes:
- Asked of all respondents.
- Includes those who smoke cigarettes every day or on some days.

Environmental Tobacco Smoke

Among all surveyed households in Yellowstone County, 11.7% 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 ► Lower than the US prevalence.

Member of Household Smokes at Home



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Items 35, 114]
- 2023 PRC National Health Survey, PRC, Inc.

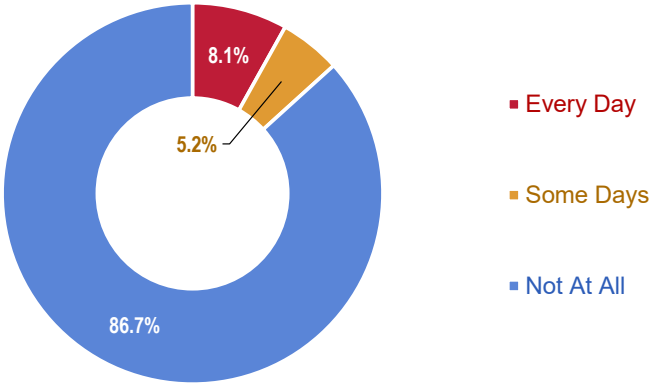
Notes:
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Other Tobacco Use

Use of Vaping Products

Most Yellowstone County adults do not use electronic vaping products.

Use of Vaping Products
(Yellowstone County, 2026)



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 36]

Notes:
- Asked of all respondents.

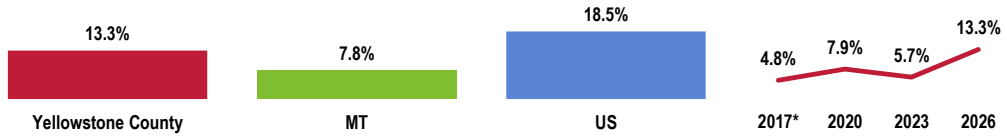
However, 13.3% currently use electronic vaping products either regularly (every day) or occasionally (on some days).

BENCHMARK ► Higher than the statewide prevalence.

TREND ► Denotes a statistically significant increase in recent years.

DISPARITY ► The use of vaping products was reported more often among adults under age 65, lower income residents, People of Color, and LGBTQ+ respondents.

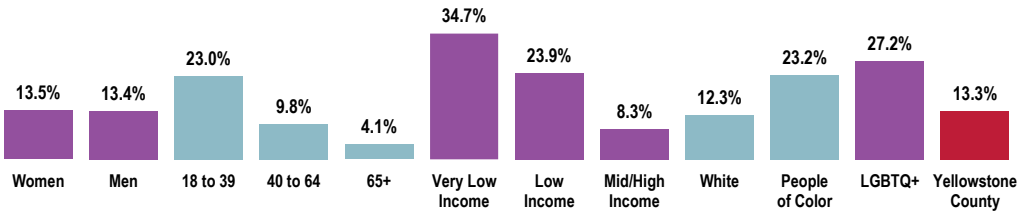
Currently Use Vaping Products
(Every Day or on Some Days)



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.
- *The 2017 survey asked only about the use of e-cigarettes.

Currently Use Vaping Products
(Yellowstone County, 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.

Use of Smokeless Tobacco

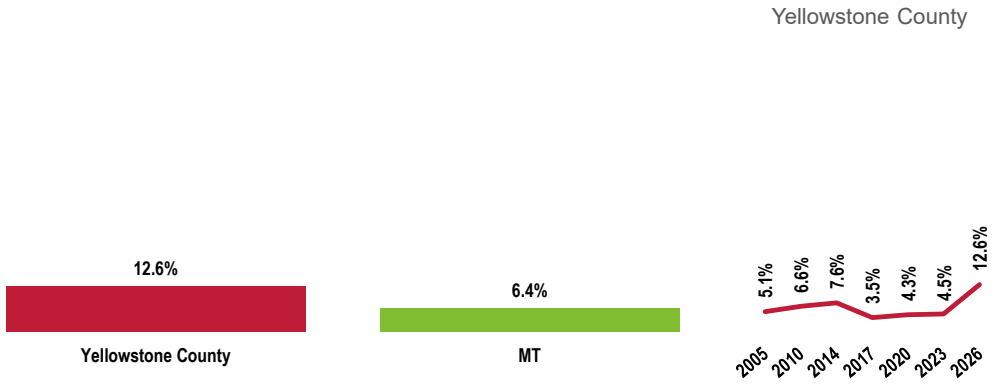
Examples of smokeless tobacco include chewing tobacco, snuff, or "snus."

A total of 12.6% of Yellowstone County adults use some type of smokeless tobacco every day or on some days.

BENCHMARK ▶ Higher than the statewide prevalence.

TREND ▶ Significantly higher than past findings.

Currently Use Smokeless Tobacco
(Yellowstone County, 2026)



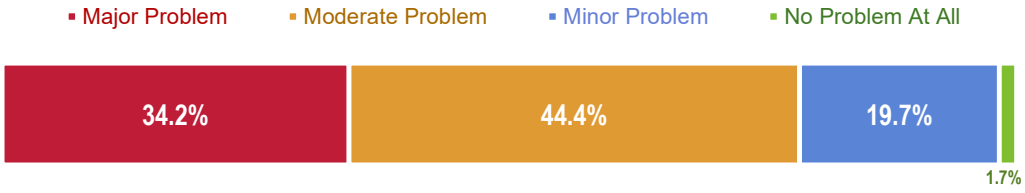
Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 304]
- 2023 PRC National Health Survey, PRC, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Montana data.

Notes:
- Asked of all respondents.
- Smokeless tobacco includes chewing tobacco, snuff, or snus.
- Includes those who use smokeless tobacco products 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 "moderate problem" in the community.

Perceptions of Tobacco Use as a Problem in the Community
(Among Key Informants; Yellowstone County, 2026)



Sources:
- 2026 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

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

E-Cigarettes

> Between vaping and number of people observed smoking. In particular the younger adults vs. older adults. — Community Leader
>
> Tobacco use is a problem with the new vapes. Teenagers are able to access these devices more regularly than cigarettes, I believe. — Health Care Provider
>
> Teen’s use of vapes is increasing. — Social Services Provider
>
> Vapes have become a major problem in our community, specifically for individuals under the age of 25. — Social Services Provider
>
> While I believe overall tobacco use is down, especially in MT, it is still prevalent. Also, while it is not tobacco use, vaping has become a ready substitute with no less risk/harmful effects. The "rugged cowboy" image remains strong in this part of the country and smoking and chewing tobacco are still the cultural norm. — Community Leader
>
> Vaping among our youth. — Community Leader
>
> All nicotine products, including vaping, are the issue. We are seeing big increases in vaping amongst adolescents. — Health Care Provider
>
> Vaping is taking over the under 21 population at a rate not seen in tobacco in recent years. Kids as young as 11 are being caught vaping in schools. New product with unseen consequences. — Community Leader
>
> The amount of teenagers I see vaping at school is ridiculous! We have even found grade schoolers doing it. You go anywhere in the community, and you will always see someone vaping including in nonsmoking establishments. Apparently, they feel this different somehow. — Health Care Provider
>
> Vaping is a huge concern for youth. — Community Leader
>
> Vaping appears to be a big problem in our community. — Social Services Provider

Incidence/Prevalence

> Percent of adult smokers, and industry attempts to engage younger people, especially vaping. — Health Care Provider
>
> This is used in a lot in self-medicating patients. — Community Leader
>
> People are still smoking and vaping. — Community Leader
>
> Based on statistics alone, it is a huge problem. — Community Leader
>
> Prevalence/access. — Health Care Provider
>
> Everyone smokes or inhales secondhand smoke. — Social Services Provider
>
> Because people chew tobacco, smoke it. they are addicted to it. — Community Leader
>
> Ninety percent of our clients smoke or chew. Thirty five percent of our employees smoke, chew or vape. — Health Care Provider

Addiction

> I think any addictive substance is a gateway drug. — Community Leader
>
> Addictive and cancer causing. — Community Leader

Impact on Quality of Life

> It causes cancer. — Community Leader
>
> Tobacco use is never healthy, it connects to a host of other medical conditions. — Physician
>
> Contributes to other long term health conditions. — Public Health Representative

Social Norms/Community Attitude

> It is culturally acceptable. Has been for as long as I can remember. — Health Care Provider
>
> The use of tobacco via smoking or chewing is regarded as the image of masculinity. The threats of injury caused by vaping are known by teens, but adults perpetuate the use regardless of the impressions made on youth. I believe the American Cancer Society lists lung issues as one of the top diseases for Montanans. — Community Leader

Teen/Young Adult Usage

> There are many teenagers smoking and people are smoking in parks and right outside other public areas. This use and the secondhand smoke leads to numerous health problems. At least one study indicated that more than 7% of high school students smoke in MT, compared to a 3.8% national average. — Community Leader

Prevention/Screenings

> Tobacco use is the number one cause of preventable disease and early death. — Community Leader

Awareness/Education

> Lack of knowledge about dangers of vaping. — Public Health Representative

Easy Access

> The ease of access to tobacco and vape products. — Social Services Provider

Gateway Drug

> It is the gateway to so many other drugs. — Community Leader

Diagnosis/Treatment

> Evidenced based medicine. — 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.

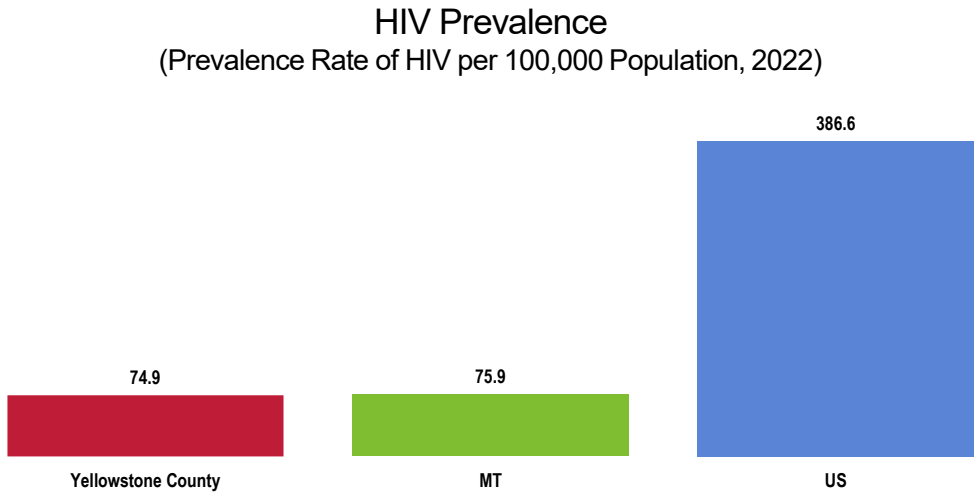
Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

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

HIV

In 2022, there was a prevalence of 74.9 HIV cases per 100,000 population in Yellowstone County.

BENCHMARK ▶ Considerably lower than the national rate (similar to the Montana 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 October 2025 via SparkMap (sparkmap.org).

Sexually Transmitted Infections (STIs)

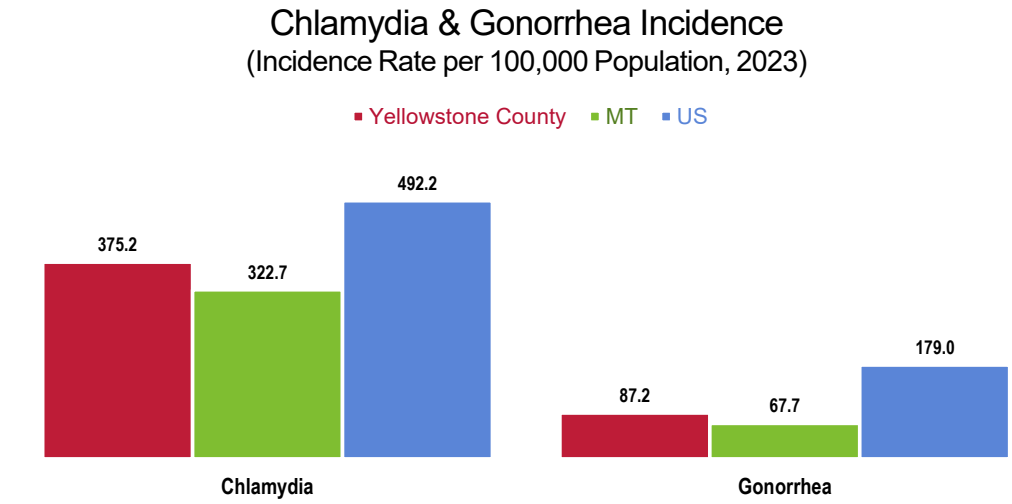
Chlamydia & Gonorrhea

In 2023, the chlamydia incidence rate in Yellowstone County was 375.2 cases per 100,000 population.

BENCHMARK ▶ Lower than the national chlamydia rate.

The Yellowstone County gonorrhea incidence rate in 2023 was 87.2 cases per 100,000 population.

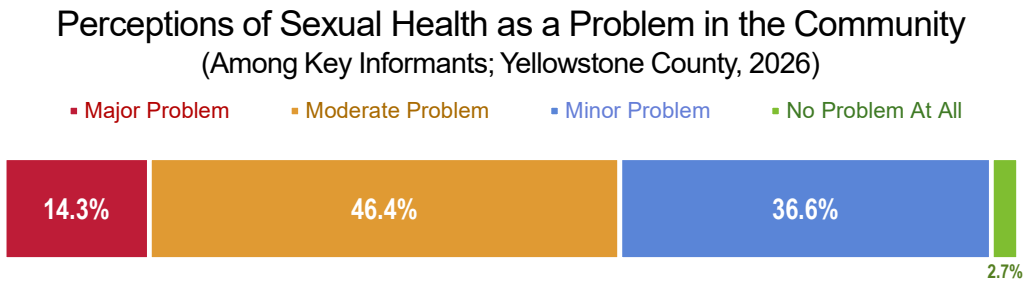
BENCHMARK ▶ Higher than the statewide gonorrhea rate; lower than the national rate.



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 October 2025 via SparkMap (sparkmap.org).

Key Informant Input: Sexual Health

A majority of key informants taking part in an online survey characterized *Sexual Health* 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:

Awareness/Education

> Sexual health among young adults is not addressed. — Social Services Provider
>
> Believing you need to know how to protect yourself and even need the education to do so. — Social Services Provider
>
> We have a high rate of STDs and minimal support such as education for sexual health. — Social Services Provider
>
> Because the transmission of STD’s is rising, not falling and we continue to refuse to talk about this in a way that sparks change. We need to stop deprioritizing this preventable illness. — Community Leader
>
> Lack of education around our bodies and sexuality, lack of free services for preventative care and education, funding cuts to Planned Parenthood. — Community Leader

Incidence/Prevalence

> It's talked about. It hasn't gone away. — Community Leader
>
> STD rates are rising, but not sure the impact in Yellowstone County. — Community Leader
>
> STDs are on the rise again. — Health Care Provider
>
> Syphilis is on the rise across the country. It is fueled by the trifecta of drugs, such as Meth that makes the addicted person hypersexual, and sex trafficking. It seems like services like Planned Parenthood are always under attack while sexual health in a responsible healthy manner is not provided by other organizations. — Community Leader

Co-Occurrences

> Mental Health and SUD plays a key role in STD transmission. Mistrust of the medical field in the drug using crowd so resistance to follow up with sexual health care. Lack of appropriate education in the school system and at home in most instances, sex is still shamed and considered "bad." Lack of normalizing sexual health as part of holistic health care whether in general or in recovery. Parents that have been incarcerated have limited tools in educating their children in sexual health from 1 year old up to teenage years. Teaching kids to say penis and vagina instead of pet names. Normalizing appropriate health care for their penis and vagina as they grow up and reach puberty and helping children to be prepared for the changes that come with puberty. Children should not feel shameful when talking to parents about what is going on with their genitalia as they grow and mature. I think this is where the shame from sex and contracting STD's starts, not being comfortable to talk about it. — Public Health Representative

Parental Influence

> This will be an unpopular opinion, but I believe the lack of parents (particularly two parent homes), coupled with a major moral decline in our country have contributed to this rise. In addition, being 4th in the country for human trafficking is an atrocity that deserves significant funding and attention. — Community Leader

Vulnerable Populations

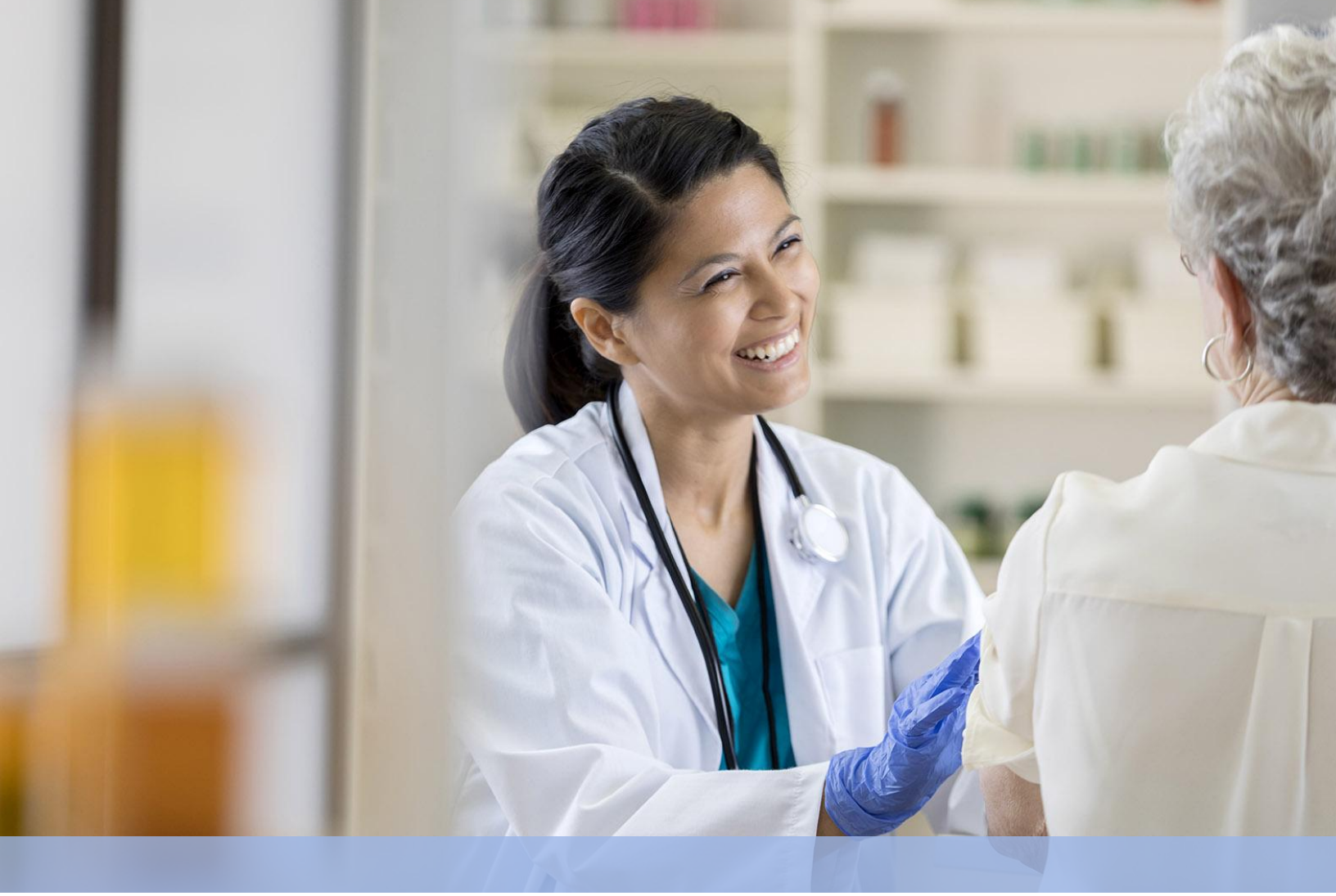
> There is an increase in STDs among our Native American community and young adults. There needs to be more discussion and education surrounding sexual health for our youth and those in low-income areas without education. — Health Care Provider

Impact on Quality of Life

> Rising syphilis rates coupled with chlamydia/gonorrhea rates have long term impacts on fertility, potential for increased treatment resistant infection. — Health Care Provider

Access to Care

> No insurance, lack of education. — Health Care Provider



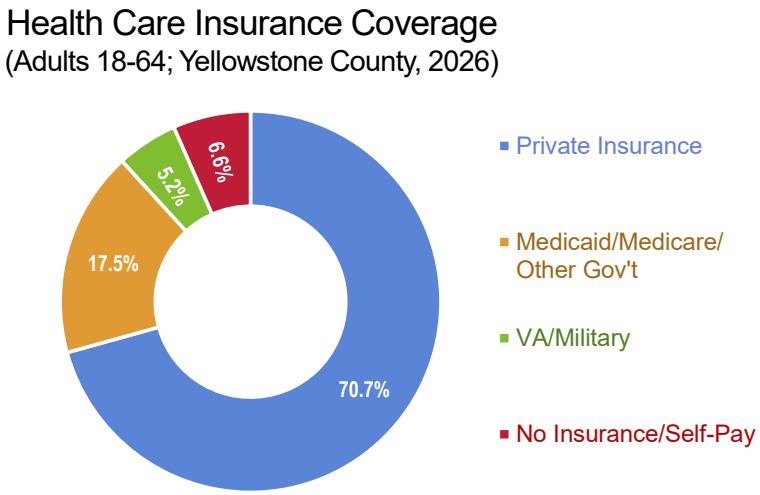
ACCESS TO HEALTH CARE

HEALTH INSURANCE COVERAGE

Type of Health Care Coverage

Survey respondents were asked a series of questions to determine their health care insurance coverage, if any, from either private or government-sponsored sources.

A total of 70.7% of Yellowstone County adults age 18 to 64 report having health care coverage through private insurance. Another 22.7% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).



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, 6.6% report having no insurance coverage for health care expenses.

BENCHMARK ► Lower than the statewide prevalence.

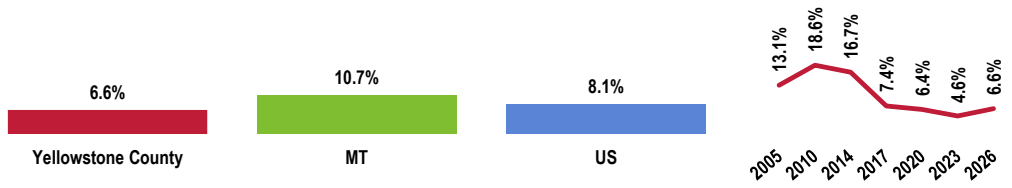
TREND ► Marks a statistically significant decrease since 2005.

DISPARITY ► Lack of insurance is more often reported among lower income residents and People of Color.

Lack of Health Care Insurance Coverage

(Adults 18-64)

Healthy People 2030 = 7.6% or Lower



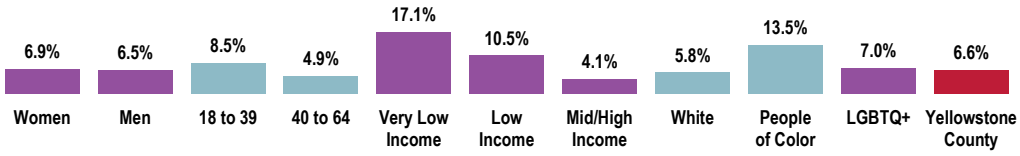
Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 117]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Montana data.
- 2023 PRC National Health Survey, 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; Yellowstone County, 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

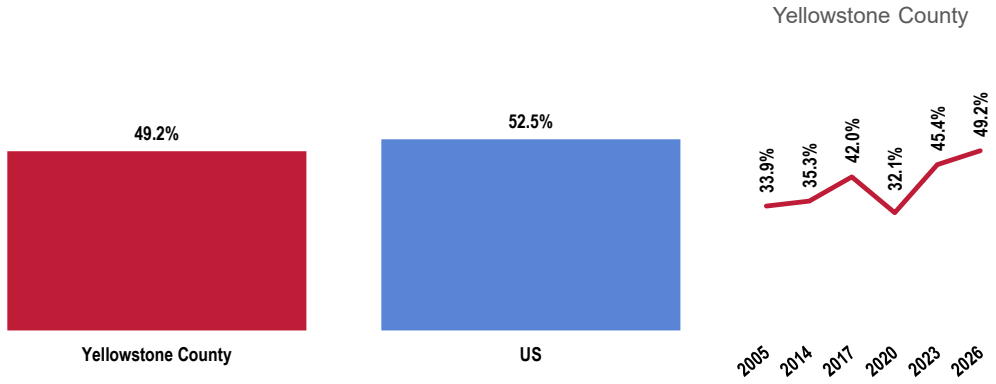
This indicator reflects the percentage of the total population experiencing problems accessing health care in the past year, regardless of whether they needed or sought care. It is based on reports of the barriers outlined in the following section.

A total of 49.2% of Yellowstone County adults report some type of difficulty or delay in obtaining health care services in the past year.

TREND ► An increase over time.

DISPARITY ► Access difficulties were reported more often among women, adults under age 65, residents living below the poverty level, People of Color, and LGBTQ+ respondents.

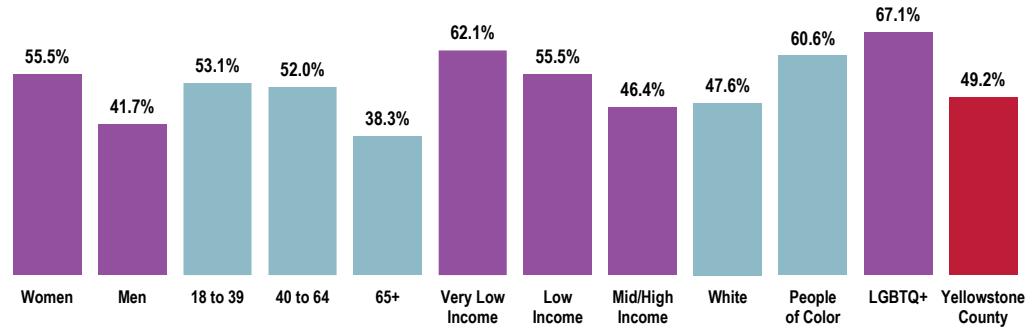
Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



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
(Yellowstone County, 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, appointment availability impacted the greatest share of Yellowstone County adults.

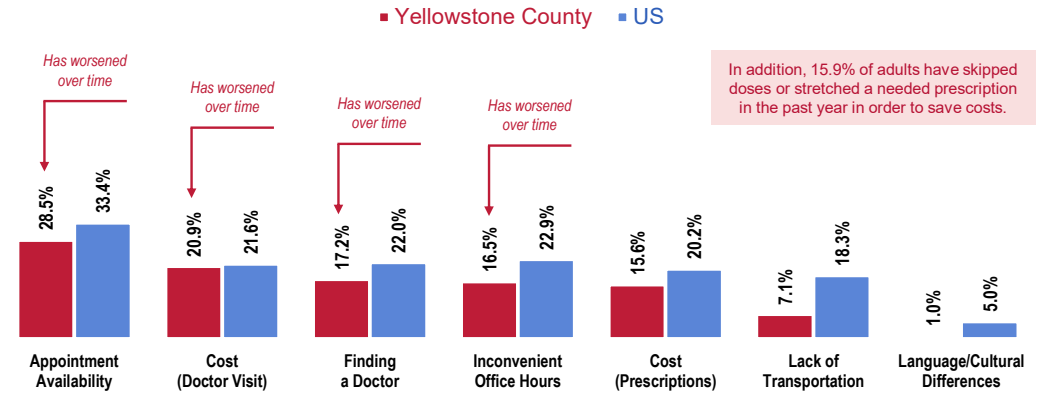
To better understand health care access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

BENCHMARK ► Findings for the potential barriers of appointment availability, finding a doctor, office hours, cost of prescriptions, transportation, and language/cultural barriers were all more favorable than found nationally.

TREND ► Barriers that have worsened significantly over time include: appointment availability, cost of doctor visits, ability to find a doctor, and office hours.

Barriers to Access Have Prevented Medical Care in the Past Year



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Items 6-13]
- 2023 PRC National Health Survey, PRC, Inc.

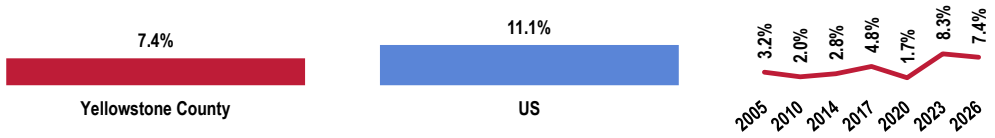
Notes:
- Based on reported heights and weights, asked of all respondents.

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 7.4% of parents say there was a time in the past year when they needed medical care for their child but were unable to get it.

Had Trouble Obtaining Medical Care for Child in the Past Year
(Children 0-17)

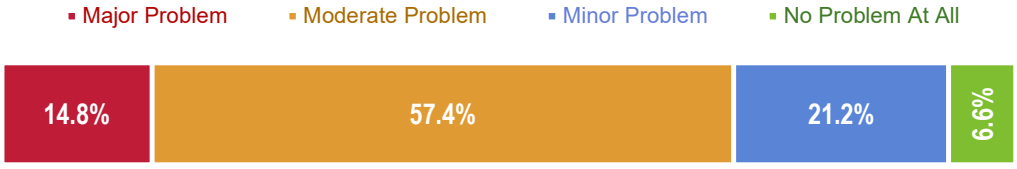


Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 90]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 0 to 17 in the household.

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; Yellowstone County, 2026)



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

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

Lack of Providers

> There is a shortage of providers, especially in the mental health field. Additionally, many people do not have health insurance or if they have insurance, they have a large deductible, that presents financial problems. We have great doctors and a great health care system, but a terrible payment method. There are many, many poor and working families who simply can't afford our healthcare. Additionally, there are many LGBTQ+ young people who have a hard time getting care in Billings - given the discriminatory attitude of the community and the laws that our state keeps adopting. — Community Leader
>
> There are not enough specialists in Billings to address health concerns in a timely manner. Getting an appointment with a specialist can take months while the disease continues to progress. I have experienced this not only personally but have heard this from countless members of the Billings community. We need more doctors! The hospitals need to be positive places to work.— Community Leader

> I work in mental health, and there is limited access to youth and adult services due to lack of providers to meet the needs of the population. Part of the issue is that MT does not have enough providers in the state in general, so smaller areas with far fewer resources for specialty care gravitate to the larger areas to meet their needs. Also, due to limited funding and lack of fully comprehensive services, adults with mental health issues typically do not have enough of a service network to get them well or keep them stable. — Health Care Provider
>
> There is a lack, or absence of trained mental and behavior health professionals, especially for those living in smaller, rural communities. Additionally, care often requires multiple appointments so parents and caregivers must take time off of work to transport their loved one to visits. Many families lack the work flexibility to be able to miss that much work. The cost of services can be prohibitive for a large group of families who exist in a financial space between those with jobs that have "good" insurance and those whose income is low enough to qualify for government funded coverage. — Social Services Provider

Access to Care/Services

> Delays in appointment availability. — Community Leader
>
> It is hard for working individuals to get an appointment with a healthcare provider. Many times, you often have to wait months to get in. — Community Leader
>
> Long waits for appointment availability. — Social Services Provider
>
> Individuals seeking access to specialists is a challenge, often having to wait months to see a provider. Even being referred to out of the area and state to seek medical help. — Social Services Provider
>
> Excruciatingly long wait times, even for those with referrals and significant health concerns. — Community Leader
>
> Access to commitment health care, especially at the clinic. — Health Care Provider
>
> Availability of health care providers to provide the services and the cost associated with health care. Many people wait almost a year to get into a physician. — Community Leader
>
> Appointment times, access to mental health, education on mental health. — Community Leader

Affordable Care

> Lack of affordable care. Lack of preventative care. Lack of a community that cares that many people have no or limited insurance and are financially limited. — Community Leader
>
> Health care for the needy. — Community Leader

Disability Services

> Services for those with disabilities of all ages (including the elderly and infirmed - with cognitive loss and without). In Billings, there's a growing need for more accessible and inclusive services for people with disabilities - especially older adults and those experiencing cognitive decline. Many families are caring for loved ones who struggle with mobility, memory, or developmental challenges, and they often face limited options for support. Whether it's finding safe housing, reliable transportation, or programs that promote independence and dignity, the gaps are noticeable. Organizations like Eagle Mount Billings and Living Independently for Today & Tomorrow (LIFTT) are doing great work, but demand far outweighs availability. As our population ages, and more people live with chronic conditions, it's crucial that we expand services that help individuals of all abilities stay connected, active, and cared for in their own communities. — Social Services Provider

Government/Politics

> Cuts to Medicaid, transportation, rising insurance costs, underserved communities struggle with access, lack of comprehensive plans for those experiencing life on the streets, stigma. — Community Leader

Transportation

> Many of my clients do not drive and are unable to access the MET Plus routes because of where they live. The service area needs to be expanded to allow for others to have access. — Social Services Provider

Access to Care for Uninsured/Underinsured

> Multiple self-pay or underinsured, a lot of Medicaid with limited services, a lot of Medicare Advantage plans (Humana & United) that don't pay/approve appropriate next level of care, limited services on the reservation, no direct communication person with the native tribes, far distances between services, many areas without home health/hospice. — Health Care Provider

Domestic/Family Violence

> Victims of DV/SA, etc., need to have better access to services. If the abuser is with them, they will not disclose when asked the standard intake questions, have you been abused or being abused. — 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.

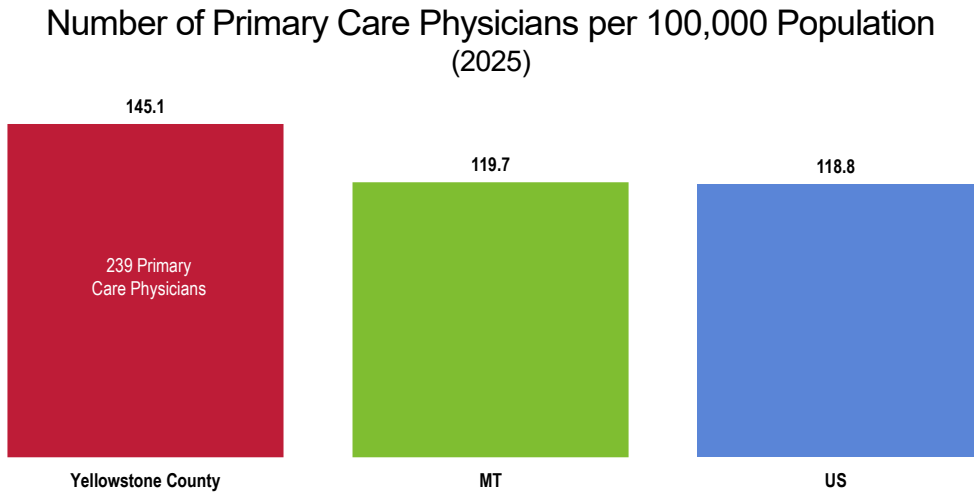
– Healthy People 2030 (https://health.gov/healthypeople)

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.

In 2025, there were 239 primary care physicians in Yellowstone County, translating to a rate of 145.1 primary care physicians per 100,000 population.

BENCHMARK ► Higher than the state and national rates.



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 October 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

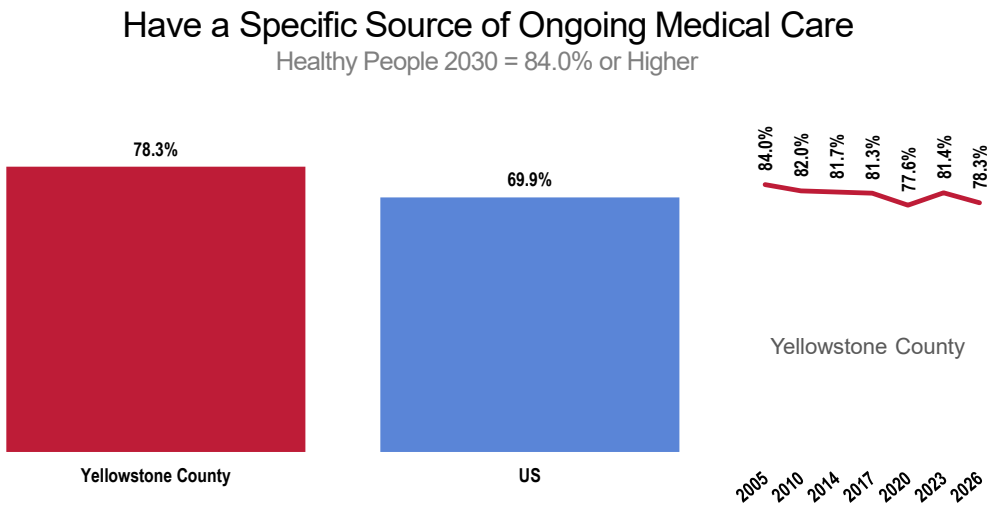
Having a specific source of ongoing care includes having a doctor's office, public health clinic, community health center, urgent care or walk-in clinic, military/VA facility, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept 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 78.3% of Yellowstone County adults were determined to have a specific source of ongoing medical care.

BENCHMARK ► Higher than the national prevalence. Fails to satisfy the Healthy People 2030 objective.

TREND ► Decreasing significantly since 2005.



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

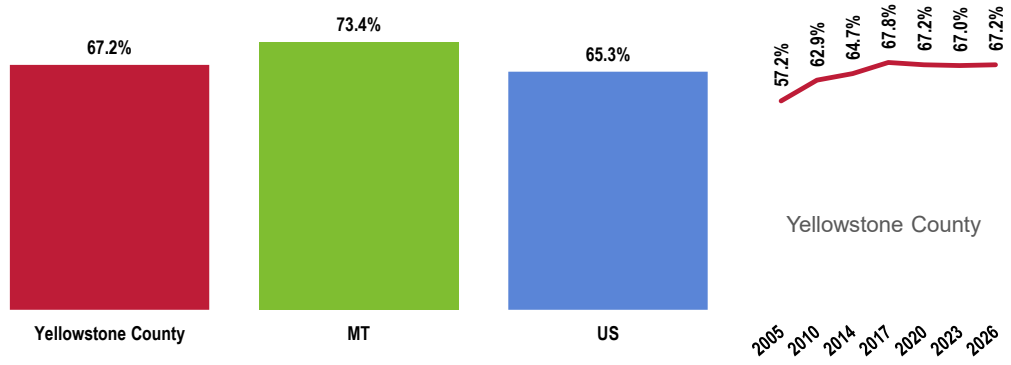
Two-thirds of adults (67.2%) visited a physician for a routine checkup in the past year.

BENCHMARK ► Lower than the statewide percentage.

TREND ► Marks a statistically significant increase since 2005, although stable for the past several years.

DISPARITY ► Reported less often among adults under age 65 and those living below poverty.

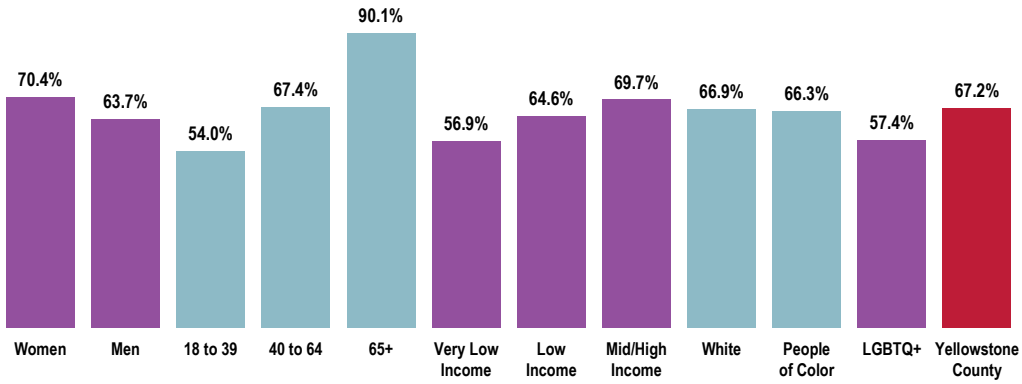
Have Visited a Physician for a Checkup in the Past Year



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 16]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 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
(Yellowstone County, 2026)



Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 16]

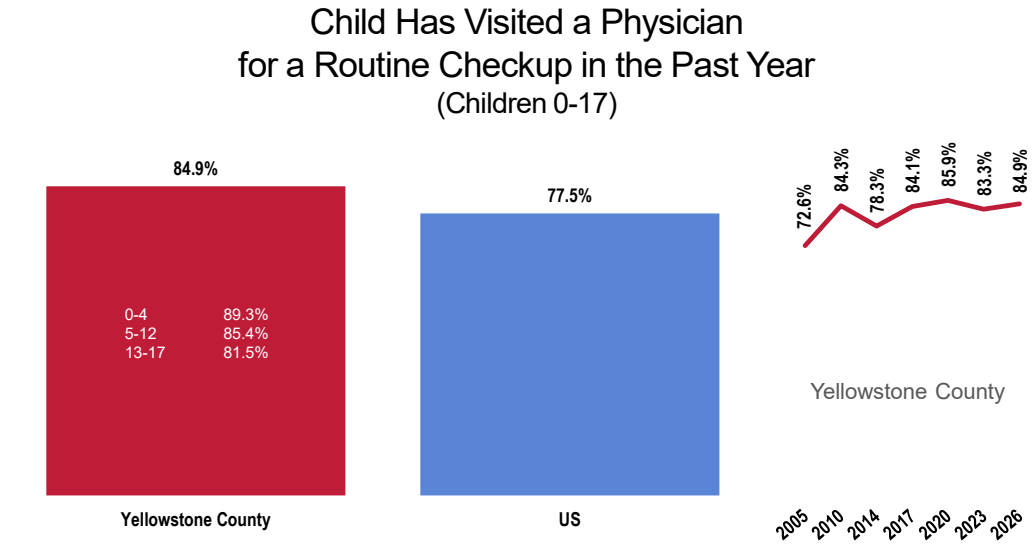
Notes:
- Asked of all respondents.

Children

Among surveyed parents, 84.9% report that their child has had a routine checkup in the past year.

BENCHMARK ► Higher than the nationwide prevalence.

TREND ► An increase from the 2005 baseline.



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.

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

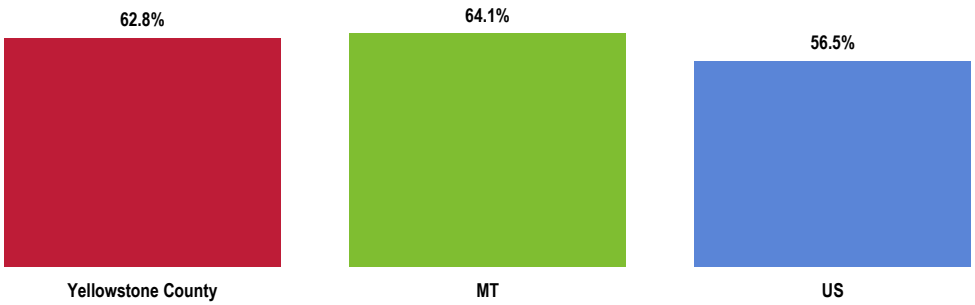
A total of 62.8% of Yellowstone County adults have visited a dentist or dental clinic (for any reason) in the past year.

BENCHMARK ► Higher than the US percentage. Satisfies the Healthy People 2030 objective.

DISPARITY ► Reported less often among men, adults under the age of 40, and lower income residents.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2030 = 45.0% or Higher



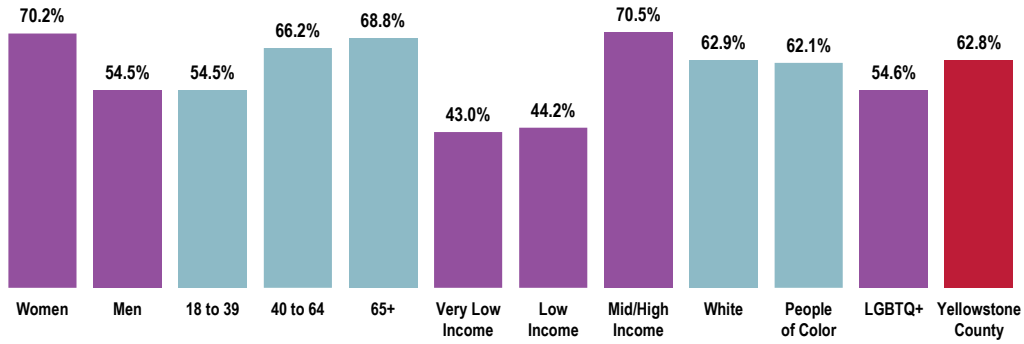
Sources:
- 2026 PRC Community Health Survey, PRC, Inc. [Item 17]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 Montana data.
- 2023 PRC National Health Survey, PRC, 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

(Yellowstone County, 2026)

Healthy People 2030 = 45.0% or Higher



Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 17]
● US Department of Health and Human Services. Healthy People 2030. 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; Yellowstone County, 2026)



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

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

Affordable Care/Services

> Is a major problem in our community because no one can afford the dentist and there are not a lot of dentists that we can go to in. There's not a lot of education on how to properly take care of your teeth. If you're going to be outside of the dentist where an extended amount of time. — Social Services Provider
>
> Dental insurance is very expensive. Often more than going to the dentist without. — Community Leader
>
> There is very little help with dental problems financially or availability of supplies for homeless/ trauma people. — Community Leader
>
> So many people don't have access to affordable dental care. Even the working class can hardly afford the proper 4dental care. — Community Leader
>
> Limited access to dental care for rural and low-income areas. Financial barriers for those that do not have health insurance that covers dental care. Lack of knowledge and education in the preventative care of oral health. — Health Care Provider

Access to Care for Uninsured/Underinsured

> Lack of dental coverage. Lack of providers for people without insurance. Long lists and lack of opportunities to get teeth cleaned and filled. Cosmetic stuff is out of reach for most people. — Community Leader
>
> No insurance coverage. — Health Care Provider
>
> Too many people with limited or no dental insurance, as well as education on oral health. — Social Services Provider

Access to Care/Services

> Lack of access. — Community Leader
>
> Access to proper dental health support is extremely limited. Too often my program members mention having recently lost a tooth or needs to have some pulled, etc. Even if they do have Medicaid coverage, finding a dentist for adults who take it is extremely limited in Billings, according to my program members. There just aren't enough providers to meet the need. — Social Services Provider

Access for Medicaid Patients

> Too many dentists refuse to see Medicaid patients. — Health Care Provider

Impact on Quality of Life

> Overall health and personal confidence, etc. — Community Leader

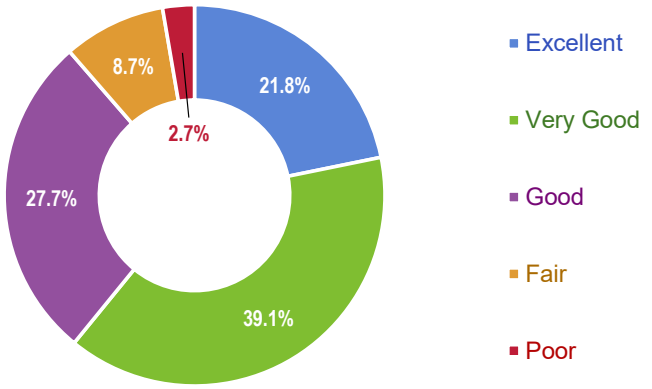


LOCAL RESOURCES

PERCEPTIONS OF LOCAL HEALTH CARE SERVICES

Most Yellowstone County adults rate the overall health care services available in their community as "excellent" or "very good."

Rating of Overall Health Care Services Available in the Community
(Yellowstone County, 2026)

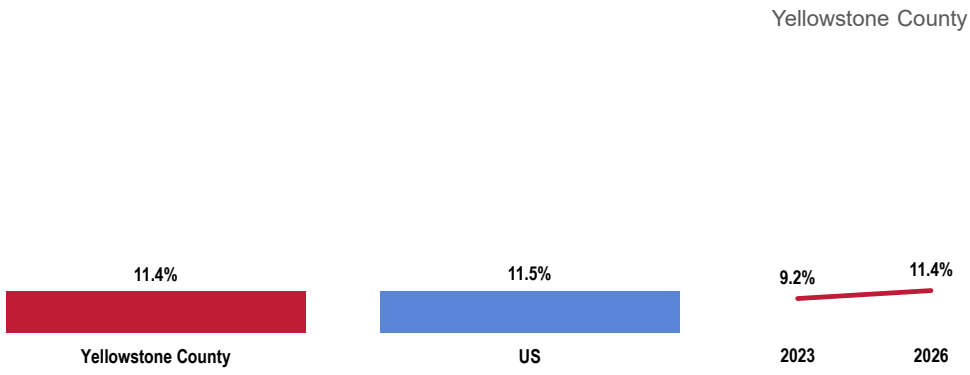


Sources: ● 2026 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: ● Asked of all respondents.

However, 11.4% of residents characterize local health care services as "fair" or "poor."

DISPARITY ► Higher among adults under age 65, lower income residents, LGBTQ+ respondents, and 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”
(Yellowstone County, 2026)

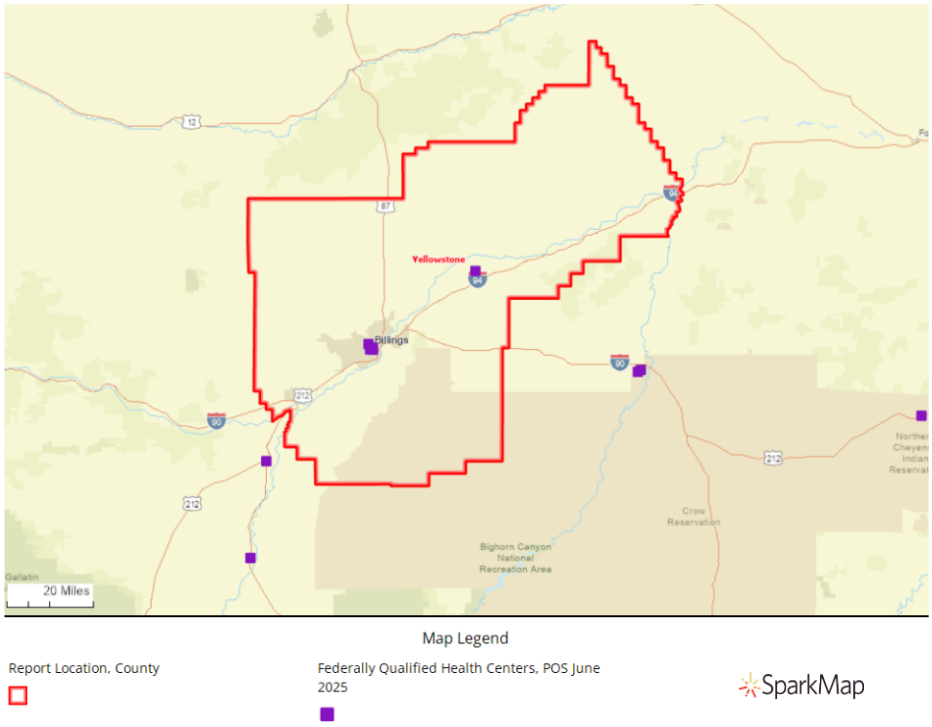


Sources: • 2026 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.

HEALTH CARE RESOURCES & FACILITIES

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within Yellowstone County 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 includes 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

- Big Sky Psychiatry
- Billings Clinic
- Billings Clinic Psychiatric Center
- Billings Urban Indian Health and Wellness Center
- Local Governing Bodies
- Community Crisis Center
- County Commissioners
- Doctors' Offices
- Financial Assistance
- Healthcare for the Homeless
- Intermountain Health St. Vincent Regional Hospital
- Legislature
- Bridgemont (Mental Health Center)
- MET Transit
- Montana Psychiatry
- Planned Parenthood
- RiverStone Health
- School System (various)
- Social Services
- Urgent Care
- Veterans Affairs

Cancer

- American Cancer Society
- Billings Clinic
- Billings Urban Indian Health and Wellness Center
- Care Coordinators
- Doctors' Offices
- Insurance Coverage
- Intermountain Health St. Vincent Regional Hospital
- RiverStone Health
- Rocky Mountain Cancer Center
- Ronald McDonald House
- St. Vincent Regional Hospital Cancer Centers of Montana
- Veterans Affairs

Diabetes

- American Diabetes Association
- Billings Chamber
- Billings Clinic
- Billings Urban Indian Health and Wellness Center
- Billings VA Clinic
- Bridgemont (Mental Health Center)
- Diabetes Prevention Programs
- Doctors' Offices
- Fitness Centers/Gyms
- Healthcare for the Homeless
- Indian Health Services
- Insurance Coverage
- Intermountain Health St. Vincent Regional Hospital
- Joy in Healthy Living
- Living Independently for Today and Tomorrow
- Medication Assistance Program
- Montana Diabetes Program
- Native American Development Corporation
- RiverStone Health
- School System (various)
- Special Olympics
- Veterans Affairs
- Weight Loss Clinics
- YMCA

Disabling Conditions

- 24/7 Alzheimer's Association Helpline - 800-272-3900
- Allies in Aging
- Billings Clinic
- Billings Community and Senior Center
- Billings First Community Church
- Billings Public Library Memory Care Cafe
- Billings Urban Indian Health and Wellness Center
- Billings VA Clinic
- Blind and Low Vision Services Caregiver Support Groups
- Churches
- Community Crisis Center

- Community Health Workers
- Community Medical Services
- Dementia Friendly Training
- Easterseals
- Goodwill Northern Rocky Mountain, Inc.
- Healthcare for the Homeless
- Home Visitation Programs
- Intermountain Health St. Vincent Regional Hospital
- Job Services
- Living Independently for Today and Tomorrow
- Medicare/Medicaid
- MET Transit
- Mountain Land Physical Therapy
- Pain Care Centers
- Billings Parks and Recreation
- Right at Home
- RiverStone Health
- Senior Centers
- Skilled Nursing/Nursing Homes
- Social Security Disability Income
- St. John's United
- Veterans Navigation Network
- Vision Matters
- Vocational Rehab

Heart Diseases & Stroke

- Allies in Aging
- American Heart Association
- Billings Clinic
- Billings Urban Indian Health and Wellness Center
- Cardiac Health Education
- Counseling Services
- Montana Department of Health and Human Services
- Doctors' Offices
- Functional Health and Wellness Program
- Healthy By Design
- Insurance Coverage
- Intermountain Health St. Vincent Regional Hospital
- Montana Cardiovascular Health Program
- Montana Stroke Initiative
- Nutrition Counseling
- Physical Rehabilitation
- RiverStone Health
- Veterans Affairs
- YMCA
- YWCA

Infant Health & Family Planning

- Billings Clinic
- Billings OBGYN
- Catholic Social Services of Montana
- Children's Clinic
- Churches
- Family Promise
- Family Services
- Family Tree Nurturing Center
- Home Visitation Programs
- InfantSEE
- Insurance Coverage
- Intermountain Health St. Vincent Regional Hospital
- LaVie Health
- Montana Developmental Specialty Clinic
- Montana Hearing Conservation
- Project Montana
- Rescue Mission
- Nurse Family Partnership
- Planned Parenthood
- RiverStone Health
- Text/Phone Help Lines
- Zero to Five Montana

Injury & Violence

- Alternatives
- Angela's Piazza
- Big Brothers/Big Sisters
- Billings Adult Municipal Treatment Center
- Billings Area Family Violence Task Force
- Billings Clinic
- Billings Clinic Psychiatric Center
- Billings Parks and Recreation
- Billings Urban Indian Health and Wellness Center
- Boys and Girls Club
- Bridgemont (Mental Health Center)
- Churches
- City County Attorney's Office Victim/Witness Coordinators
- Community Crisis Center
- Community Health Workers
- County Commissioners
- Court Appointed Special Advocates
- Criminal Justice Center
- Diversion Programs
- Doctors' Offices
- Downtown Billings Association
- Eagle Vision
- Family Violence Task Force
- Friends of the Children

- Gateway House
- HER Campaign
- Home Visitation Programs
- HRDC District 7
- Law Enforcement
- Montana Coalition Against Domestic and Sexual Violence
- Montana Legal Services Association
- Montana Rescue Mission
- Native Empowerment Program
- Northern Lights Family Justice Center
- Nurse Family Partnership
- Parks and Recreation
- Rimrock Foundation
- RiverStone Health
- Safe Kids Yellowstone County
- Sexual Assault Nurse Examiner Nurses
- School System (various)
- SK Security
- Therapists
- Tumbleweed
- Victims Witness Advocacy
- Yellowstone County Self Help Law Center
- Yellowstone Valley Human Trafficking Network
- YMCA
- YWCA

Mental Health

- 211
- 988
- Adult and Youth Mental Health First Aid Training
- Allies in Aging
- AWARE
- Beautiful Directions Counseling
- Behavioral Health Associates
- Big Sky Behavioral Health
- Billings Clinic
- Billings Clinic Psychiatric Center
- Billings Urban Indian Health and Wellness Center
- Billings VA Clinic
- Boys and Girls Club
- Bridgemont (Mental Health Center)
- Brighter Sky Counseling
- Catholic Social Services of Montana
- Charlie Health
- Churches
- Community Crisis Center
- Continuum of Care
- Doctors' Offices
- Dog Tag Buddies
- Employee Assistance Programs
- Equine Assisted Growth and Learning Association Providers
- Family Promise Yellowstone Valley
- Family Tree Nurturing Center
- Frontier Psychiatry
- Hannah House
- Healing Rocky Recovery
- Healthcare for the Homeless
- Integrative Mental Health Services
- Intermountain Health St. Vincent Regional Hospital
- Love, INC
- Mental Health Center
- Montana Psychiatry & Brain Health Center
- Montana Rescue Mission
- National Alliance on Mental Illness
- New Day Inc
- Off-the-Streets
- Psychology Today
- Rimrock Foundation
- RiverStone Health
- School-Based Health Center
- School System (various)
- Sentinel Mental Health Inc.
- South Central Montana Regional Mental Health Center
- St. Vincent de Paul
- United Way
- Veterans Affairs
- Veterans Navigation Network
- Walla Walla University
- Billings Mental Health Clinic
- Yellowstone Boys and Girls Ranch
- Yellowstone County Veterans Treatment Court
- YMCA
- YWCA

Nutrition, Physical Activity & Weight

- Allies In Aging
- Billings Clinic
- Billings Food Bank
- Billings Last Diet
- Billings Parks and Recreation
- Billings Trailnet
- Billings Urban Indian Health and Wellness Center
- Community Gardens
- Doctors' Offices
- Eagle Mount
- Family Services
- Fitness Centers/Gyms
- Healthy By Design

- Ideal Protein
- Intermountain Health St. Vincent Regional Hospital
- Living Independently for Today and Tomorrow
- Montana State University Billings
- Montana State University Extension Office
- RiverStone Health
- School System (various)
- Special Olympics
- Supplemental Nutrition Assistance Program
- Temporary Assistance for Needy Families
- Total Nutrition Billings
- Walk With a Doc
- Women, Infants and Children
- YMCA
- YWCA

Oral Health

- Billings Urban Indian Health and Wellness Center
- Dental Offices
- RiverStone Health
- Special Olympics
- Turley

Respiratory Diseases

- Billings Clinic
- Billings Urban Health and Wellness Center
- Intermountain Health St. Vincent Regional Hospital
- Montana State Asthma Control Program
- RiverStone Health
- Walk-In Clinics

Sexual Health

- Billings Urban Indian Health and Wellness Center
- Churches
- Department of Public Health and Human Services
- Doctors' Offices
- Family Tree Nurturing Center
- HER Campaign
- Intermountain Health St. Vincent Regional Hospital
- LaVie Health
- Love and SONshine Ministries
- Planned Parenthood
- RiverStone Health
- School System (various)
- Tumbleweed

Social Determinants of Health

- Adult Education Programs
- Allies in Aging
- American Civil Liberties Union
- AWARE
- Best Beginnings Scholarships
- Billings Clinic
- Billings Community and Senior Center
- Billings First Community Church
- Billings Urban Indian Health and Wellness Center
- Billings VA Clinic
- Bridgemont (Mental Health Center)
- Churches
- City of Billings
- CLDI
- Community Crisis Center
- Community Health Partners
- Continuum of Care
- Cover Montana
- Disability Rights Montana
- Doctors' Offices
- Eagle Seeker
- Early Childhood Intervention
- Education Foundation
- Employment Office
- Family Promise
- Family Services
- Family Tree Nurturing Center
- Food Bank
- Head Start
- Healthcare for the Homeless
- HomeFront
- Housing and Urban Development
- HRDC District 7
- Intermountain Health St. Vincent Regional Hospital
- Job Services
- Lincoln Center Educational Services
- Living Independently for Today and Tomorrow
- Love and SONshine Ministries
- Love, INC
- Meals on Wheels
- Montana Department of Commerce Housing Division
- Montana Healthcare Foundation
- Montana Legal Services Association
- Montana Rescue Mission
- Montana State University Billings
- Munch Machine: Mobile Food Program New Day
- Northern Plains Resource Council
- Office of Public Assistance

- Parks and Recreation
- Plenty Doors CDC
- Rimrock Foundation
- River Ridge Rehab and Nursing
- RiverStone Health
- Salvation Army
- School System (various)
- Shelters
- Social Services
- Special Olympics
- St. Vincent de Paul
- Tumbleweed
- United Way
- Upward Bound
- Veterans Navigation Network
- Volunteers of America Northern Rockies
- Women, Infants, and Children
- Women and Family Shelter
- Yellowstone Boys and Girls Ranch
- YMCA
- YWCA
- Young Families Early Head Start

Substance Use

- 211
- 406 Recovery
- Alcoholics Anonymous
- Adult and Teen Challenge Alternatives
- AWARE
- Billings Adult Municipal Treatment Court
- Billings Clinic
- Billings Urban Indian Health and Wellness Center
- Billings VA Clinic
- Bridgemont (Mental Health Center)
- Celebrate Recovery
- ChoicePoint
- City of Billings
- Community Crisis Center
- Community Medical Services Community Solutions
- Counseling Services
- Damascus House
- Doctors' Offices
- Downtown Billings Association
- Gratitude In Action
- Healing Rock Recovery
- Homeless Outreach Team
- HOPE Coalition
- Ideal Options
- Intermountain Health St. Vincent Regional Hospital
- Montana Rescue Mission
- Montana State University Billings
- Narcotics Anonymous
- New Day
- Off-the-Streets
- Power of Abundant Recovery
- Recovery Community
- Rimrock Foundation
- RiverStone Health
- Rocky Mountain Tribal Leaders
- School System (various)
- Sentinel Mental Health Inc.
- St. Vincent de Paul
- Substance Abuse Connect
- Teen and Adult Challenge
- Veterans Affairs
- Veterans Navigation Network
- Yellowstone Boys and Girls Ranch
- YMCA
- YWCA

Tobacco Use

- Acupuncture
- American Cancer Society
- Billings Clinic
- Billings Urban Indian Health and Wellness Center
- Doctors' Offices
- Ideal Options
- Intermountain Health St. Vincent Regional Hospital
- Montana Tobacco Use Prevention Program
- Rimrock Foundation
- RiverStone Health
- Rocky Mountain Tribal Leaders
- School System (various)



APPENDICES

EVALUATIONS OF PAST ACTIVITIES

Intermountain Health St. Vincent Regional Hospital

The 2023 CHNA identified access to healthcare services, behavioral health, healthy weight status, and violence and injury prevention 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*
 **Access to Healthcare Services**	• Increase opportunities to access health services, both in person and virtually • Increase workforce capacity to provide healthcare services	• Provided 4,280 mobile mammogram services at 236 sites • Offered outreach care in 16 specialties to 15 outlying communities • Conducted 32,474 virtual health visits • Offered 6 neighborhood walk-in care clinics through Intermountain Health Medical Group • Supported clinical rotations for 206 students in the following fields of study: nursing, physicians, pharmacy, paramedic, clinical pastoral, physician assistant, nurse practitioner, physical therapy, occupational therapy, dietary, respiratory therapy, 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 5 primary care clinics • Distributed 1,025 gunlocks for suicide prevention with resource brochures promoting 988 and MT 211 • Contributed 38,208 mentoring hours to at-risk youth through the Foster Grandparent Program • Provided financial or in-kind support to 16 organizations that are addressing behavioral health
 **Health Weight Status**	• Increase access to physical activity opportunities and healthier food choices • Increase access to individual interventions for obesity prevention	• Supported Healthy by Design in its creation of playbooks and fact sheets for creative placemaking • Supported the inspection and repairs for 190 students' bicycles at 9 locations through Kids in Motion • Provided financial or in-kind support for 8 organizations that are addressing physical activity and/or nutrition • Provided diabetes and heart disease prevention program, which resulted in 59% of participants achieving a 5% weight loss
 **Violence and Injury Prevention**	• Increase access to injury prevention education and outreach • Improve supports for violence and injury prevention	• Trained 1,109 residents during 18 Stop the Bleed events • Offered Impact Education to 1,573 local students and Safe Passenger Education to 1,391 youth • Provided financial or in-kind support to 7 organizations that are addressing injury and violence

* Totals as of September 2025

The Rehabilitation Hospital of Montana

The 2023 CHNA identified access to healthcare services, behavioral health, nutrition, physical activity and healthy weight as significant health needs. Notable outcomes from those activities are below.

2024 – 2026 Implementation strategies and outcomes

Significant Health Need	Strategies	Outcomes 2024-2026*
 **Access to Healthcare Services**	• Increase access to rehabilitation services, both in person and virtually • Increase workforce capacity to provide rehabilitation services •	• Provided outreach to rural residents in Hardin, Miles City, Roundup, Livingston, Harlowton, Red Lodge, Columbus, Lewistown, Big Timber, Dillon, Sidney, Glendive, Forsyth, Baker, Terry and Jordan • Offered one amputation support group beginning in May 2025 • Provided clinical rotations for 6 therapy students
 **Mental Health**	• Promote mental health resources • Supports community mental health collaborations and organizations •	• Offered monthly mental health focused messages on social media • Due to staffing capacity, we were unable to provide in-kind support for community mental health collaborations and organizations •
 **Nutrition, Physical Activity and Healthy Weight**	• Support healthy lifestyle messaging • Support community collaborations and organizations addressing nutrition, physical activity and healthy weight •	• Offered monthly nutrition classes beginning in 2025 • Supported the Adaptive 1K race for patients with disabilities • Provided monthly nutrition, physical activity and healthy weight messages on social media • Due to staffing capacity, we were unable to participate in the Healthy by Design Coalition initiatives

* Totals as of September 2025

Billings Clinic

Community Benefit

Over the past three years, Billings Clinic has invested in improving the health of our community's most vulnerable populations. Our commitment to this goal is reflected in:

- Over $224.4 million in community benefit, excluding uncompensated Medicare.
- More than $58.6 million in charity care and other financial assistance programs.
- Almost $50 million in subsidized health care services.

Our work also reflects a focus on community health improvement, as described below.

Addressing Significant Health Needs

Billings Clinic conducted its last CHNA in 2023 in collaboration with Healthy by Design and reviewed the health priorities identified through that assessment. Taking into account the top-identified needs — as well as hospital resources and overall alignment with the hospital's mission, goals and strategic priorities — it was determined at that time that Billings Clinic would focus on developing and/or supporting strategies and initiatives to improve:

- Access to Health Care Services
- Trauma, Injury and Violence
- Mental Health and Substance Abuse
- Nutrition, Physical Activity, and Weight

Strategies for addressing these needs were outlined in Billings Clinic's Implementation Strategy. Pursuant to IRS requirements, the following sections provide an evaluation of the impact of the actions taken by Billings Clinic to address these significant health needs in our community.

Evaluation of Impact

Priority Area: Access to Health Care Services	
Community Health Need	Improve access to health care services.
Goal(s)	• Provide care services that are accessible to patients across a broad geographic region. • Reducing transportation as a barrier to accessing health care services. • Decreased wait time and increased attendance at primary care appointments

Strategy 1: Increase regional availability of primary, preventative and specialty health care services.	
Strategy Was Implemented?	Yes
Target Population(s)	Rural and low-income residents in Yellowstone and surrounding counties, and northern Wyoming
Partnering Organization(s)	Internal: Primary Care, specialty departments, External: 18+ hospital and clinic partners in Montana and Wyoming
Results/Impact	• 100+ Billings Clinic providers in 28 specialties traveled more than 260,000 in FY24 to provide specialty care in communities across Montana and Wyoming. • Hospital appointment adherence increased by 26%.

Strategy 2: Increase access to primary care services in primary service area	
Strategy Was Implemented?	Yes
Target Population(s)	Residents in and around Yellowstone County
Partnering Organization(s)	Internal: Primary Care, HR, Physician Recruitment External: MET Transit, Uber, Lyft
Results/Impact	• 8+ new primary care providers hired, enhancing access and availability • $10,000+ dedicated toward patient transportation services annually • Decreased wait time for appointments • Increased “Likely to recommend” scores in patient surveys

Strategy 3: Enhance telehealth services to improve access to care	
Strategy Was Implemented?	Yes
Target Population(s)	Low income, elderly or disabled patients
Partnering Organization(s)	Internal: Telehealth services, specialty and primary care, care management External: 40+ partner sites for telehealth services, Eastern Montana Telemedicine Network
Results/Impact	• Provided 10,000+ telemedicine appointments through the Eastern Montana Telemedicine Network

Priority Area: Trauma, Injury and Violence	
Community Health Need	Trauma, Injury and Violence services and little or no cost
Goal(s)	• Enhance trauma services • Expand Sexual Assault and domestic violence prevention services • Promote trauma prevention, awareness and education

Strategy 1: Increase community trauma prevention, awareness and education	
Strategy Was Implemented?	Yes
Target Population(s)	General community
Partnering Organization(s)	Internal: Trauma Services, Emergency Department External: Billings Public Schools, RiverStone Health, Intermountain Health, Billings Fire Department
Results/Impact	• All Billings Public Schools sophomores trained in CPR annually by Billings Clinic staff • Stop the Bleed education provided at 5+ community events annually • Car seat education and free youth bicycle helmets provided throughout the year • Annual community CPR training trained 40-50 community members each year at CPR Saturday

Strategy 2: Provide SANE/domestic violence services to a broader population	
Strategy Was Implemented?	Yes
Target Population(s)	Sexual assault and domestic abuse victims in Yellowstone and surrounding counties
Partnering Organization(s)	Internal: Emergency Department, Women's and Children's Services External: Billings Police Department, Yellowstone County Attorney's Office, CASA, YWCA
Results/Impact	• More than $330,000 dedicated annually to provide subsidized medical treatment, emotional support and physician oversight to victims of sexual assault or domestic violence • Secured grant funding to provide specialized strangulation training to 20+ Billings Clinic, local law enforcement and other health care organization staff.

Priority Area: Mental Health and Substance Abuse	
Community Health Need	Widely available and accessible mental health and substance abuse services
Goal(s)	• Increase availability of mental health services in Yellowstone County • Support external community mental health and substance abuse services • Decrease number of Yellowstone County residents reporting poor mental health state

Strategy 1: Enhance access to mental health services	
Strategy Was Implemented?	Yes
Target Population(s)	Residents of Yellowstone County needing acute mental health services
Partnering Organization(s)	Internal: Psychiatric Services, Inpatient Psychiatric Center, Emergency Department External: Local law enforcement, Community Crisis Center, Substance Abuse Connect, the Mental Health Center, Montana DPHHS, Warm Springs
Results/Impact	• Streamlined access from Emergency Department to inpatient psychiatric services • Provided nearly $20 million in subsidized psychiatric care services over 3 years

Strategy 2: Increase the number of psychiatrists in Montana	
Strategy Was Implemented?	Yes
Target Population(s)	Residents seeking mental health services
Partnering Organization(s)	Internal: Psychiatric Services, Emergency Department, Office of Medical Education External: Helmsley Charitable Trust, local law enforcement, University of Washington
Results/Impact	• Training and graduating three resident psychiatrists from the Billings Clinic Psychiatry Residency each year, with 2/3 staying in Montana and Wyoming. • More trained psychiatrists working at Billings Clinic

Strategy 3: Support community mental health and substance abuse services	
Strategy Was Implemented?	Yes
Target Population(s)	Residents seeking mental health or substance abuse services
Partnering Organization(s)	Internal: Psychiatric Services, Emergency Department, Care Management External: Local law enforcement, Substance Abuse Connect, Community Crisis Center, the Mental Health Center, Rimrock Foundation
Results/Impact	• Provided financial and leadership support to multiple local organizations to support operations and growth • Continued dedicated partnership to maintain, staff and support the Community Crisis Center, serving thousands of people with co-occurring mental health and substance abuse disorders.

Priority Area: Physical Activity, Nutrition and Weight	
Community Health Need	A healthy, active Yellowstone County
Goal(s)	• Reduce community obesity rates • Increase activity reported by community members

Strategy 1: Improve community health for all	
Strategy Was Implemented?	Yes
Target Population(s)	Low-income residents
Partnering Organization(s)	Internal: Diabetes and Endocrinology, Food and Nutrition Services, Primary Care, Care Management, Community Relations, Volunteer and Guest Services External: RiverStone Health, YMCA, YWCA, Montana Marathon, Billings Public Schools, Healthy by Design, Big Sky State Games
Results/Impact	• 10,000+ Montanans participated in Billings-based runs, walks and physical activity-focused events sponsored, supported by or involving Billings Clinic • Work with partners coordinating the Healthy by Design Gardeners' market to increase access to fresh, healthy food in a designated food desert by accepting WIC and SNAP for payment.

Strategy 2: Enhance nutrition/food awareness for residents	
Strategy Was Implemented?	Yes
Target Population(s)	General population
Partnering Organization(s)	Internal: Diabetes and Endocrinology, Food and Nutrition Services External:
Results/Impact	• 1,000+ patients and residents received free or low-cost nutrition education from trained Billings Clinic dieticians • Heart Month social media campaigns involving a local chef and educator sharing healthy recipes and tips shared broadly • Work with partners coordinating the Healthy by Design Gardeners' market to increase access to fresh, healthy food in a designated food desert by accepting WIC and SNAP for payment.

PUBLIC HEALTH ACCREDITATION/ CHIP PROGRESS REPORT

RiverStone Health – 2022 Public Health Re-Accreditation

The CHNA addresses myriad accreditation domains set forth by the national Public Health Accreditation Board (PHAB) and serves as an important point-in-time statistically valid survey of the health status of Yellowstone County residents. In addition, the CHNA is a foundational step for additional public health activities such as the community health improvement plan, service delivery, policy work, and more, that further meet PHAB requirements. The CHNA and associated staffing are collaboratively sponsored by Billings Clinic, Intermountain Health St. Vincent Regional Hospital, and RiverStone Health. This assessment meets both the IRS community benefit criteria for hospitals and the requirements to maintain public health accreditation. Primary data from this assessment is supported by other national, state, and regional datasets such as the Montana Youth Risk Behavior Surveillance System (BRFSS) survey, County Health Rankings, and Healthy People 2030. A public forum centered on the data from the CHNA helped to prioritize areas of opportunity according to 1) ability to impact and 2) scope and severity. The CHNA becomes the galvanizing data source from which the Community Health Improvement Plan is developed, implemented, and evaluated.

CHNA Adherence to Public Health Accreditation Standards, version 2022

Domain 1. Assess and monitor population health status, factors that influence health, and community needs and assets.

- ✓ Standard 1.1. Participate in or lead a collaborative process resulting in a comprehensive community health assessment.
- ✓ Standard 1.2. Collect and share data that provide information on conditions of public health importance and on the health status of the population.
- ✓ Standard 1.3. Analyze public health data, share findings, and use results to improve population health.

Domain 3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.

- ✓ Standard 3.1. Provide Information on public health issues and public health functions through multiple methods to a variety of audiences.
- ✓ Standard 3.2. Use health communication strategies to support prevention, health, and well-being.

Domain 4. Strengthen, support, and mobilize communities and partnerships to improve health.

- ✓ Standard 4.1. Engage with the public health system and the community in promoting health through collaborative processes.

Domain 7. Contribute to an effective system that enables equitable access to the individual services and care needed to be healthy.

- ✓ Standard 7.1. Engage with partners in the health care system to assess and improve health service availability.
- ✓ Standard 7.2. Connect the population to services that support the whole person.

Domain 9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.

- ✓ Standard 9.2. Use and contribute to developing research, evidence, practice-based insights, and other forms of information for decision-making.

Source: Public Health Accreditation Standards. Version 2022. Public Health Accreditation Board. Accessed December 17, 2025. Available: https://phaboard.org/accreditation-recognition/version-2022/

A Longstanding Partnership to Improve Community Health in Yellowstone County, Montana

Billings Clinic | RiverStone Health | Intermountain Health St. Vincent Regional Hospital

Leading the Way for Collective Action

2023 - 2026 Yellowstone County Community Health Improvement Plan

- Reviewed and adopted by the Alliance of Billings Clinic, Intermountain Health St. Vincent Regional Hospital, and RiverStone Health
- Founded Age Friendly Billings initiative, hosted the 13th - 15th annual Gardeners' Markets at South Park, and recruited, trained, and deployed Community Health Workers in partnership with 8 area partner agencies to support populations most impacted by the pandemic
- Comprehensive, collaborative community health strategies that focus on upstream, policy, system, and built environment approaches to improve health
- Implemented by members of the Healthy By Design Coalition, created and sponsored by the Alliance
- Coalition membership includes more than 50 individuals and organizations working to ***make the healthy choice, the easy choice*** in Yellowstone County



Strategic Partnerships

Examples:
Age Friendly Billings
Grown in Billings
Best Beginnings Council of Yellowstone County
BillingsWorks – Workforce Development Council
Community Crisis Center
SD2 School Health Advisory Committee
Continuum of Care Coalition to Address Homelessness
MET Transit Coordination Committee
Trails Committee
Montana Family Medicine Residency Program
Resilient Yellowstone Initiative Partners
Yellowstone County Behavioral Health Coalition
Suicide Prevention Coalition

For more information on these activities, visit the Appendices

Mutually Reinforcing Activities

Examples:
Advocacy for Medicaid Expansion in Montana
Medication Assistance Programs
Integrated Behavioral Health in Primary Care
Kids in Motion Bicycle Repair and Curriculum
Yellowstone County Safe Routes to Schools Committee

Yellowstone County Community Health Improvement Plan

Progress to Date

Leading the Way for Collective Action: 2023 – 2026 Community Health Improvement Plan (CHIP) Overview

The Healthy By Design Coalition (HBD) is a diverse, cross sector collaboration of local organizations and advocates committed to making the healthy choice, the easy choice in Yellowstone County. Our Coalition works together to identify policy, systems, and built environment opportunities to address our community's most complex community health needs which are identified through the triennial Community Health Needs Assessment (CHNA).

For more information on the Coalition, visit: www.hbdyc.org

Vision – A vibrant Yellowstone County where the healthy choice is the easy choice	
Overall Approach - Healthy By Design, through policy, systems and environmental change efforts that are collectively established, equitable, and community informed, will see a positive effect in Yellowstone County residents' physical, behavioral and social wellbeing related to mental health, nutrition, physical activity and weight, and substance abuse.	
Long Term Measurement Goal - Increase proportion of Yellowstone County residents who self-report good or better overall health from 84.7% to 88.9%.	**2026: 85.7%**

CHIP Objectives (in no particular order)		
Increase the proportion of Yellowstone County residents who self-report good or better mental health from 79.3% to 83.3%	Decrease the proportion of Yellowstone County residents who find it very/somewhat difficult to buy fresh produce from 27.4% to 26.0%	Decrease the proportion of Yellowstone County residents whose lives have been negatively affected by substance abuse (their own or someone else's) from 43.4% to 41.2%
2005: 93.1% 2010: 89.9% 2014: 89.4% 2017: 86.6% 2020: 79.8% 2023: 79.3% 2026: 74.4%	2005: N/A 2010: N/A 2014: 23.5% 2017: 23.3% 2020: 17.1% 2023: 27.4% 2026: 23.8%	2005: N/A 2010: N/A 2014: N/A 2017: 45.5% 2020: 53.8% 2023: 43.4% 2026: 54.9%
Increase the proportion of Yellowstone County residents who are meeting physical activity guidelines from 29.3% to 30.8%	Decrease the proportion of Yellowstone County residents who experience difficulty accessing health care from 45.4% to 43.1%	Increase the proportion of Yellowstone County residents who are at a healthy weight from 26.7% to 28.0%
2005: N/A 2010: N/A 2014: N/A 2017: 24.3% 2020: 23.3% 2023: 29.3% **2026: 32.3%**	2005: 33.9% 2010: N/A 2014: 35.3% 2017: 42.0% 2020: 32.1% 2023: 45.4% 2026: 49.2%	2005: 35.8% 2010: 25.4% 2014: 31.9% 2017: 32.1% 2020: 26.9% 2023: 26.7% 2026: 32.8%

Adopted Healthy By Design Strategies for the 2023 – 2026 CHIP Cycle

1. Healthy Neighborhoods
2. Healthy Connections
3. Healthy Investments
4. Strengthening Partnerships

Yellowstone County Healthy By Design Coalition Update
2023 – 2026 Community Health Improvement (CHIP) Efforts

The Healthy By Design Coalition, which consists of diverse stakeholders from various sectors and walks of life, uses a collective impact model to make the healthy choice, the easy choice throughout Yellowstone County. Members seek innovative and cross-cutting policy, systems and environmental strategies to measurably improve the health of area residents.



Healthy Neighborhoods

- Hosted the 13th - 15th annual Gardeners' Market at South Park and implemented another USDA grant in spring 2025 to improve vendor recruitment, vendor retention and customer reach
- Developed and published the Bright Side Neighborhood Clean Up playbook to support neighborhood-driven beautification efforts
- Collaborated with Mobilize the MAGIC City to place 3 creative placemaking hubs, develop a placemaking playbook, launch a local public art mapping effort, and present a proposed public art policy to City Council which was ultimately adopted
- Coordinated with Age Friendly Billings coalition to publish fact sheets for the five Domains of Livability and begin the creation of a social marketing campaign to counteract ageism in Yellowstone County
- Relaunched Healthy Worksite recognition efforts
- Launched a Good Neighbor Toolkit in partnership with Grown in Billings and Billings Public Library to encourage family friendly neighborhood connections
- Wrapped up a 2nd season of Billings Beets on the Streets – a creative placemaking project that promotes civic pride, engagement, and walkability



Healthy Connections

- Multi-year CDC grant award was completed and supported eight organizations part of the *Resilient Yellowstone* initiative to recruit, train, and deploy community health workers to identify and address health disparities exacerbated by the pandemic
- Finalized community plan fact sheets to increase civic literacy and understanding of community plans
- Developed and disseminated topic-specific data packets to help decision makers, community partners, and residents better utilize the Yellowstone County CHNA



Healthy Investments

- Partnered with Collective Impact Core Leaders Collaborative with local collective impact coalition staff to align efforts and resources and hold collective impact trainings for local coalitions
- Assisted the City of Billings, the Triia program of the Native American Development Corporation, and Billings Arts Association in successful National Endowment of the Arts grant award $50,000 to support walkable, vibrant neighborhoods through creative placemaking
- Participated in Grown in Billings, an emerging community effort that aims to ensure families are connected to resources to raise their children in a stable, safe, supportive, and caring environment
- Informed health in all policies, including supporting the emerging 2025 Complete Streets Progress Report, Project Re:Code



Strengthening Partnerships

To learn more about the CHIP or Healthy By Design Coalition, contact:
(406) 247.3276 | info@hbdyc.org | www.hbdyc.org