



2020 COMMUNITY HEALTH NEEDS ASSESSMENT

Butte-Silver Bow County, Montana

Sponsored by
**St. James Healthcare &
The City-County of Butte-Silver Bow Health Department**



TABLE OF CONTENTS

INTRODUCTION	6
PROJECT OVERVIEW	7
Project Goals	7
Methodology	7
IRS FORM 990, SCHEDULE H COMPLIANCE	16
SUMMARY OF FINDINGS	17
Significant Health Needs of the Community	17
Summary Tables: Comparisons With Benchmark Data	20
Summary of Key Informant Perceptions	32
COMMUNITY DESCRIPTION	33
POPULATION CHARACTERISTICS	34
Total Population	34
Urban/Rural Population	35
Age	37
Race & Ethnicity	38
Linguistic Isolation	40
SOCIAL DETERMINANTS OF HEALTH	41
Poverty	41
Education	43
Food Access	46
Health Literacy	48
HEALTH STATUS	50
OVERALL HEALTH STATUS	51
MENTAL HEALTH	53
Mental Health Status	53
Depression	54
Stress	56
Suicide	57
Mental Health Treatment	59
Key Informant Input: Mental Health	62
DEATH, DISEASE & CHRONIC CONDITIONS	68
LEADING CAUSES OF DEATH	69
Distribution of Deaths by Cause	69
Age-Adjusted Death Rates for Selected Causes	69
CARDIOVASCULAR DISEASE	71
Age-Adjusted Heart Disease & Stroke Deaths	71
Prevalence of Heart Disease & Stroke	74
Cardiovascular Risk Factors	75
Key Informant Input: Heart Disease & Stroke	78
CANCER	80
Age-Adjusted Cancer Deaths	80
Cancer Incidence	82
Prevalence of Cancer	83
Cancer Screenings	85



Key Informant Input: Cancer	87
RESPIRATORY DISEASE	90
Age-Adjusted Respiratory Disease Deaths	90
Prevalence of Respiratory Disease	93
Key Informant Input: Respiratory Disease	95
INJURY & VIOLENCE	97
Unintentional Injury	97
Intentional Injury (Violence)	101
Key Informant Input: Injury & Violence	105
DIABETES	107
Age-Adjusted Diabetes Deaths	107
Prevalence of Diabetes	109
Key Informant Input: Diabetes	110
KIDNEY DISEASE	112
Age-Adjusted Kidney Disease Deaths	112
Prevalence of Kidney Disease	113
Key Informant Input: Kidney Disease	114
POTENTIALLY DISABLING CONDITIONS	115
Multiple Chronic Conditions	115
Activity Limitations	116
Key Informant Input: Disability & Chronic Pain	117
Arthritis, Osteoporosis & Chronic Back Conditions	119
Alzheimer's Disease	120
Caregiving	123
ENVIRONMENTAL HEALTH	124
ENVIRONMENTAL QUALITY	125
Air	125
Drinking Water	127
Soil	128
COMMUNITY CONCERN	130
Key Informant Input: Environmental Health	131
BIRTHS	132
BIRTH OUTCOMES & RISKS	133
Low-Weight Births	133
Infant Mortality	134
FAMILY PLANNING	135
Births to Adolescent Mothers	135
Key Informant Input: Infant Health & Family Planning	136
MODIFIABLE HEALTH RISKS	138
NUTRITION	139
Daily Recommendation of Fruits/Vegetables	139
Difficulty Accessing Fresh Produce	141
Sugar-Sweetened Beverages	142
PHYSICAL ACTIVITY	144
Leisure-Time Physical Activity	144
Activity Levels	145
Access to Physical Activity	147



WEIGHT STATUS	148
Adult Weight Status	148
Children’s Weight Status	151
Key Informant Input: Nutrition, Physical Activity & Weight	152
SLEEP	156
SUBSTANCE ABUSE	158
Age-Adjusted Cirrhosis/Liver Disease Deaths	159
Alcohol Use	159
Age-Adjusted Unintentional Drug-Related Deaths	161
Illicit Drug Use	162
Alcohol & Drug Treatment	163
Personal Impact From Substance Abuse	163
Key Informant Input: Substance Abuse	165
TOBACCO USE	170
Cigarette Smoking	170
Other Tobacco Use	172
Key Informant Input: Tobacco Use	174
SEXUAL HEALTH	177
HIV	177
Sexually Transmitted Diseases	179
Key Informant Input: Sexual Health	180
ACCESS TO HEALTH CARE	182
HEALTH INSURANCE COVERAGE	183
Type of Health Care Coverage	183
Lack of Health Insurance Coverage	183
DIFFICULTIES ACCESSING HEALTH CARE	185
Difficulties Accessing Services	185
Barriers to Health Care Access	186
Accessing Health Care for Children	187
Key Informant Input: Access to Health Care Services	187
PRIMARY CARE SERVICES	189
Access to Primary Care	189
Specific Source of Ongoing Care	190
Utilization of Primary Care Services	190
EMERGENCY ROOM UTILIZATION	193
ADVANCE DIRECTIVES	194
ORAL HEALTH	195
Dental Insurance	195
Dental Care	196
Key Informant Input: Oral Health	197
LOCAL RESOURCES	199
PERCEPTIONS OF LOCAL HEALTH CARE SERVICES	200
HEALTH CARE RESOURCES & FACILITIES	202
Federally Qualified Health Centers (FQHCs)	202
Resources Available to Address the Significant Health Needs	203







INTRODUCTION

PROJECT OVERVIEW

Project Goals

This Community Health Needs Assessment, a follow-up to similar studies conducted in 2014 and 2017, is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Butte-Silver Bow County in Montana, the service area of St. James Healthcare and The City-County of Butte-Silver Bow Health Department. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

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

- To improve residents' health status, increase their life spans, and elevate their overall quality of life. A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- To reduce the health disparities among residents. By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors that historically have had a negative impact on residents' health.
- To increase accessibility to preventive services for all community residents. More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of St. James Healthcare and The City-County of Butte-Silver Bow Health Department by PRC, a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

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

PRC Community Health Survey

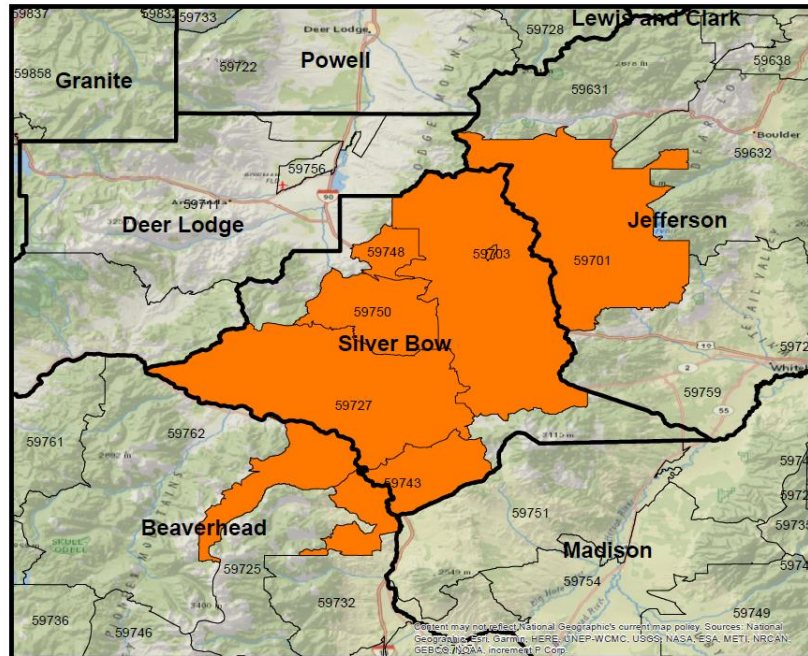
Survey Instrument

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



Community Defined for This Assessment

The study area for the survey effort (referred to as “Butte-Silver Bow” in this report) is defined as each of the residential ZIP Codes comprising the service area, including 59701, 59702, 59703, 59737, 59743, 59748, and 59750. This community definition, determined based on the ZIP Codes of residence of recent patients of St. James Healthcare and the jurisdiction of The City-County of Butte-Silver Bow Health Department, is illustrated in the following map.



Sample Approach & Design

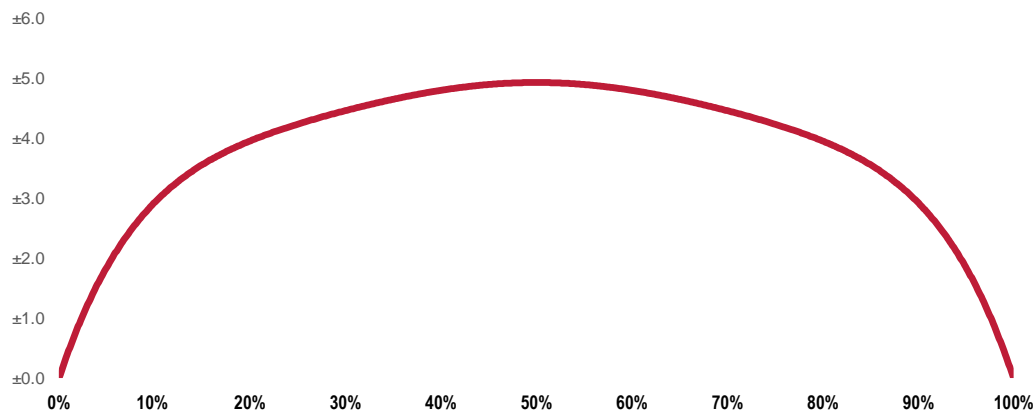
A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews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

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

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



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



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

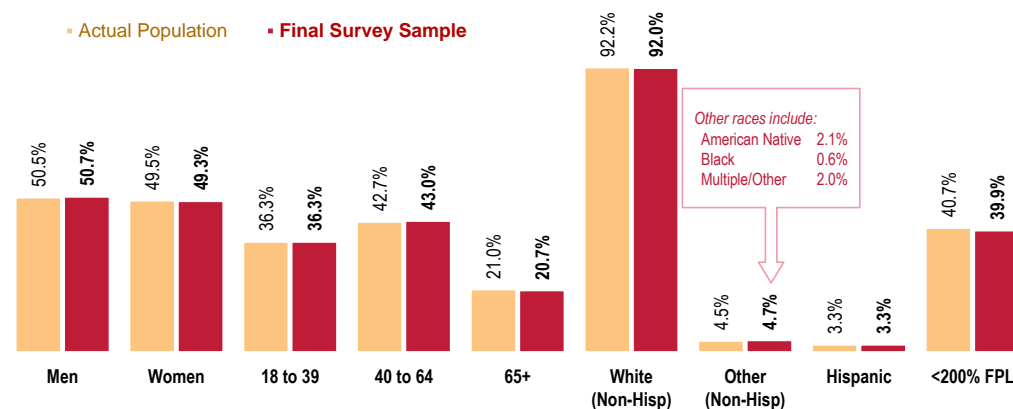
Sample Characteristics

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

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



Population & Survey Sample Characteristics (Butte-Silver Bow, 2020)



Sources: • US Census Bureau, 2011-2015 American Community Survey.
 • 2020 PRC Community Health Survey, PRC, Inc.
 Notes: • FPL is federal poverty level, based on guidelines established by the US Department of Health & Human Services.

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

INCOME & RACE/ETHNICITY

INCOME ► Poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2019 guidelines place the poverty threshold for a family of four at \$25,750 annual household income or lower). In sample segmentation: “low income” refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; “mid/high income” refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

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

Online Key Informant Survey

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



Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 167 community stakeholders took part in the Online Key Informant Survey, as outlined below:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	10
Public Health Representatives	22
Other Health Providers	23
Social Services Providers	27
Other Community Leaders	85

Final participation included representatives of the organizations outlined below.

- Action, Inc.
- AWARE, Inc.
- Big Sky Senior Living
- Butte 4-C's
- Butte Cares
- Butte Catholic Community North
- Butte Chamber of Commerce
- Butte City Court
- Butte Convention/Visitors Bureau
- Butte District Court
- Butte Justice Court
- Butte Literacy Program
- Butte Local Development Corp.
- Butte Ministerial Association
- Butte Public Housing Authority
- Butte School District No. 1
- Butte YMCA
- Butte-Silver Bow Archives
- Butte-Silver Bow Board of Health
- Butte-Silver Bow Community Development
- Butte-Silver Bow Community Enrichment
- Butte-Silver Bow Council of Commissioners
- Butte-Silver Bow County Attorney's Office
- Butte-Silver Bow Drug Court
- Butte-Silver Bow Economic Development
- Butte-Silver Bow Finance/Budget Department
- Butte-Silver Bow Fire Department
- Butte-Silver Bow Health Department
- Butte-Silver Bow Law Enforcement Division
- Butte-Silver Bow Parks & Recreation
- Butte-Silver Bow Planning Department
- Butte-Silver Bow Public Library
- Butte-Silver Bow Superfund Office
- Career Futures
- CCCS Corp./SMART Program
- Clark Chateau
- Copper Ridge
- Crest Nursing Home
- Highlands College
- KECI/NBC Affiliate
- Mental Health Local Advisory Council
- Mercury Street Medical
- Montana Highway Patrol/DUI Task Force



- Montana Independent Living Project
- Montana Orthopedics
- Montana State Legislature
- Montana State University Extension Office
- Montana Tech
- Montana Tech Student Services
- National Center for Appropriate Technology
- New Hope Pregnancy Clinic
- Northwestern Energy
- Poore, Roth & Robinson Law Firm
- Praxis Center
- Public Housing Authority of Butte
- Rampart Solutions, LLC
- REC Silicon
- Rocky Mountain Clinic
- Safe Space
- SCL Health Medical Group
- Southwest Montana Aging and Disability Service
- Southwest Montana Community Health Center
- Southwest Montana Community Health Center
- St. James Cancer Center
- St. James Emergency Department
- St. James Healthcare
- St. James Obstetrical and Gynecology
- State Farm
- SWMT Community Health Dental Clinic
- The Furniture Bank
- The Springs Assisted Living
- Tim Dick Law
- United Way
- Western Montana Mental Health Center
- Youth Connections Coalition
- Youth Court Probation
- Youth Dynamics

Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

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.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area.



Public Health, Vital Statistics & Other Data

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

- Center for Applied Research and Engagement Systems (CARES) Engagement Network, University of Missouri Extension
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Benchmark Data

Trending

Similar surveys were administered in Butte-Silver Bow in 2014 and 2017 by PRC on behalf of St. James Healthcare. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

Montana Risk Factor Data

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



Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2017 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:



- Encourage collaborations across communities and sectors.
- Empower individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

Determining Significance

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

Information Gaps

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

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/ transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

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



Public Comment

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



IRS FORM 990, SCHEDULE H COMPLIANCE

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

IRS FORM 990, SCHEDULE H (2019)		See Report Page
Part V Section B Line 3a	A definition of the community served by the hospital facility	8
Part V Section B Line 3b	Demographics of the community	34
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	202
Part V Section B Line 3d	How data was obtained	7
Part V Section B Line 3e	The significant health needs of the community	17
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	18
Part V Section B Line 3h	The process for consulting with persons representing the community's interests	10
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)	208



SUMMARY OF FINDINGS

Significant Health Needs of the Community

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

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

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	<ul style="list-style-type: none"> ▪ Routine Checkups [Adults] ▪ Emergency Room Utilization ▪ Ratings of Local Health Care
CANCER	<ul style="list-style-type: none"> ▪ Leading Cause of Death ▪ Lung Cancer Deaths ▪ Female Breast Cancer Deaths
ENVIRONMENTAL HEALTH	<ul style="list-style-type: none"> ▪ Soil Quality ▪ Community Concern
HEART DISEASE & STROKE	<ul style="list-style-type: none"> ▪ Leading Cause of Death ▪ Heart Disease Deaths ▪ High Blood Pressure Prevalence ▪ Overall Cardiovascular Risk
INFANT HEALTH & FAMILY PLANNING	<ul style="list-style-type: none"> ▪ Low-Weight Births ▪ Teen Births
INJURY & VIOLENCE	<ul style="list-style-type: none"> ▪ Motor Vehicle Crash Deaths ▪ Firearm-Related Deaths ▪ Firearm Storage
MENTAL HEALTH	<ul style="list-style-type: none"> ▪ Diagnosed Depression ▪ Suicide Deaths ▪ Key Informants: Mental health ranked as a top concern.
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	<ul style="list-style-type: none"> ▪ Fruit/Vegetable Consumption ▪ Overweight & Obesity [Adults] ▪ Weight Loss Attempts ▪ Overweight & Obesity [Children] ▪ Key Informants: Nutrition, physical activity, and weight ranked as a top concern.

—continued on the following page—



AREAS OF OPPORTUNITY (continued)

POTENTIALLY DISABLING CONDITIONS	<ul style="list-style-type: none"> ▪ Multiple Chronic Conditions ▪ Sciatica/Chronic Back Pain ▪ Alzheimer’s Disease Deaths ▪ Caregiving
RESPIRATORY DISEASE	<ul style="list-style-type: none"> ▪ Lung Disease Deaths ▪ COPD Prevalence ▪ Flu Vaccination [Age 65+]
SUBSTANCE ABUSE	<ul style="list-style-type: none"> ▪ Cirrhosis/Liver Disease Deaths ▪ Unintentional Drug-Related Deaths ▪ Personally Impacted by Substance Abuse (Self or Other’s) ▪ Key Informants: Substance abuse ranked as a top concern.
TOBACCO USE	<ul style="list-style-type: none"> ▪ Use of Smokeless Tobacco ▪ Use of Vaping Products ▪ Key Informants: Tobacco use ranked as a top concern.

Community Feedback on Prioritization of Health Needs

On June 26, 2020, St. James Healthcare and the Butte-Silver Bow Health Department hosted an online meeting with community stakeholders (representing a cross-section of community-based agencies and organizations) to evaluate, discuss and prioritize health issues for community, based on findings of this Community Health Needs Assessment (CHNA). PRC began the virtual meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above). Following the data review, PRC answered any questions. Finally, participants were provided an overview of the prioritization exercise that followed.

In order to assign priority to the identified health needs (i.e., Areas of Opportunity), an online voting application was used in which each participant was able to register his/her ratings using a web-based platform. The participants were asked to evaluate each health issue along two criteria:

- **SCOPE & SEVERITY** — The first rating was to gauge the magnitude of the problem in consideration of the following:
 - *How many people are affected?*
 - *How does the local community data compare to state or national levels, or Healthy People 2020 targets?*
 - *To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?*

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

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

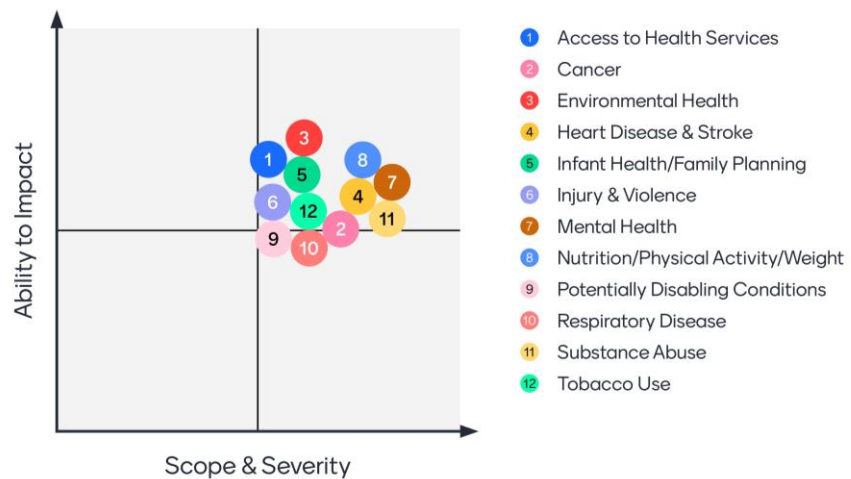


Individuals' ratings for each criteria were averaged for each tested health issue, and then these composite criteria scores were averaged to produce an overall score. This process yielded the following prioritized list of community health needs:

1. Mental Health
2. Nutrition/Physical Activity/Weight
3. Heart Disease & Stroke
4. Substance Abuse
5. Environmental Health
6. Infant Health/Family Planning
7. Access to Health Services
8. Cancer
9. Tobacco use
10. Respiratory Disease
11. Injury & Violence
12. Potentially Disabling Conditions

Plotting these overall scores in a matrix illustrates the intersection of the Scope & Severity and the Ability to Impact scores. Below, those issues placing in the upper right quadrant represent health needs rated as most severe, with the greatest ability to impact.

Areas of Opportunity



Hospital Implementation Strategy

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

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

Summary Tables: Comparisons With Benchmark Data

Reading the Summary Tables

- In the following tables, Butte-Silver Bow results are shown in the larger, gray column.
- The columns to the right of the Butte-Silver Bow column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2020 objectives. Symbols indicate whether Butte-Silver Bow compares favorably (☀️), unfavorably (🌧️), or comparably (☁️) to these external data.

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

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

TREND SUMMARY

(Current vs. Baseline Data)

SURVEY DATA INDICATORS:














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




OTHER (SECONDARY) DATA INDICATORS:




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




Note that secondary data reflect county-level data.












































SOCIAL DETERMINANTS	Butte-Silver Bow	B-SB vs. BENCHMARKS			TREND
		vs. MT	vs. US	vs. HP2020	
Linguistically Isolated Population (Percent)	0.2	 0.3	 4.4		
Population in Poverty (Percent)	19.1	 13.7	 14.1		
Children in Poverty (Percent)	22.8	 16.4	 19.5		
No High School Diploma (Age 25+, Percent)	8.2	 6.8	 12.3		
% Worry/Stress Over Rent/Mortgage in Past Year	20.3		 32.2		 24.7
% Unhealthy/Unsafe Housing Conditions	8.1		 12.2		
% Food Insecure	19.5		 34.1		 23.0




 better
  similar
  worse





























OVERALL HEALTH	Butte-Silver Bow	B-SB vs. BENCHMARKS			TREND
		vs. MT	vs. US	vs. HP2020	
% "Fair/Poor" Overall Health	12.7	 15.1	 12.6		 22.3

 better
  similar
  worse

ACCESS TO HEALTH CARE	Butte-Silver Bow	B-SB vs. BENCHMARKS			TREND
		vs. MT	vs. US	vs. HP2020	
% [Age 18-64] Lack Health Insurance	11.0	 13.2	 8.7	 0.0	 15.6
% Difficulty Accessing Health Care in Past Year (Composite)	30.7		 35.0		 39.2
% Cost Prevented Physician Visit in Past Year	9.5	 10.1	 12.9		 18.8
% Cost Prevented Getting Prescription in Past Year	6.3		 12.8		 13.3
% Difficulty Getting Appointment in Past Year	14.0		 14.5		 11.3
% Inconvenient Hrs Prevented Dr Visit in Past Year	7.1		 12.5		 9.1
% Difficulty Finding Physician in Past Year	11.4		 9.4		 10.2
% Transportation Hindered Dr Visit in Past Year	4.6		 8.9		 7.8
% Language/Culture Prevented Care in Past Year	0.0		 2.8		 0.0
% Low Health Literacy	17.7		 27.7		 17.4
% Skipped Prescription Doses to Save Costs	11.4		 12.7		 11.6
% Difficulty Getting Child's Health Care in Past Year	2.4		 8.0		 3.5
Primary Care Doctors per 100,000	71.6	 80.0	 76.6		 75.5
% Have a Specific Source of Ongoing Care	75.7		 74.2	 95.0	 78.0
% Have Had Routine Checkup in Past Year	66.5	 73.0	 70.5		 64.2
% Child Has Had Checkup in Past Year	95.2		 77.4		 94.1

ACCESS TO HEALTH CARE (continued)	Butte-Silver Bow	B-SB vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2020	TREND
% Two or More ER Visits in Past Year	9.3		 10.1		 3.9
% Rate Local Health Care "Fair/Poor"	12.0		 8.0		 25.4

 better
  similar
  worse

CANCER	Butte-Silver Bow	B-SB vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2020	TREND
Cancer (Age-Adjusted Death Rate)	159.5	 146.4	 152.5	 161.4	 175.8
Lung Cancer (Age-Adjusted Death Rate)	40.2	 32.6	 36.6	 45.5	
Prostate Cancer (Age-Adjusted Death Rate)	20.8	 23.0	 18.9	 21.8	
Female Breast Cancer (Age-Adjusted Death Rate)	26.5	 17.9	 19.9	 20.7	
Colorectal Cancer (Age-Adjusted Death Rate)	14.3	 12.7	 13.7	 14.5	
Cancer Incidence Rate (All Sites)	452.3	 454.4	 448.0		
Female Breast Cancer Incidence Rate	108.4	 124.0	 125.2		
Prostate Cancer Incidence Rate	91.1	 113.0	 104.1		
Lung Cancer Incidence Rate	58.9	 54.8	 59.2		
Colorectal Cancer Incidence Rate	38.5	 38.0	 38.7		
% Cancer	8.1	 13.8	 10.0		

CANCER (continued)	Butte-Silver Bow	B-SB vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2020	TREND
% [Women 50-74] Mammogram in Past 2 Years	74.0	74.3	76.1	81.1	63.7
% [Women 21-65] Cervical Cancer Screening	78.5	77.1	73.8	93.0	75.8
% [Age 50-75] Colorectal Cancer Screening	70.9	64.8	77.4	70.5	55.0
























better similar worse

DIABETES	Butte-Silver Bow	B-SB vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2020	TREND
Diabetes (Age-Adjusted Death Rate)	21.2	21.4	21.3	20.5	33.2
% Diabetes/High Blood Sugar	10.6	9.4	13.8		11.2
% Borderline/Pre-Diabetes	8.2		9.7		10.7
% [Non-Diabetics] Blood Sugar Tested in Past 3 Years	50.2		43.3		52.3











better similar worse

ENVIRONMENTAL HEALTH	Butte-Silver Bow	B-SB vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2020	TREND
% Environmental Concerns Are a "Major" Problem	22.5				
% Access to Clean Drinking Water is "Fair/Poor"	7.1				
% Local Air Quality is "Fair/Poor"	15.6				
% Local Soil Quality is "Fair/Poor"	48.3				


























better similar worse

HEART DISEASE & STROKE	Butte-Silver Bow	B-SB vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2020	TREND
Diseases of the Heart (Age-Adjusted Death Rate)	217.8	 157.5	 164.7	 156.9	 230.8
% Heart Disease (Heart Attack, Angina, Coronary Disease)	4.3	 6.8	 6.1		 7.8
Stroke (Age-Adjusted Death Rate)	32.7	 32.7	 37.3	 34.8	 31.6
% Stroke	3.0	 3.5	 4.3		 4.4
% Told Have High Blood Pressure	35.3	 29.0	 36.9	 26.9	 44.7
% Told Have High Cholesterol	28.0		 32.7	 13.5	 37.7
% 1+ Cardiovascular Risk Factor	88.7		 84.6		 89.8






 better
  similar
  worse

INFANT HEALTH & FAMILY PLANNING	Butte-Silver Bow	B-SB vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2020	TREND
Low Birthweight Births (Percent)	9.5	 7.3	 8.2	 7.8	 7.4
Infant Death Rate	4.8	 5.6	 6.0	 6.0	
Births to Adolescents Age 15 to 19 (Rate per 1,000)	41.6	 34.8	 36.6		 41.5






















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  worse

INJURY & VIOLENCE	Butte-Silver Bow	B-SB vs. BENCHMARKS			TREND
		vs. MT	vs. US	vs. HP2020	
Unintentional Injury (Age-Adjusted Death Rate)	45.6	 51.8	 48.3	 36.4	 62.6
Motor Vehicle Crashes (Age-Adjusted Death Rate)	15.2	 17.5	 11.1	 12.4	
[65+] Falls (Age-Adjusted Death Rate)	48.5	 78.3	 58.3	 47.0	
% [Age 45+] Fell in the Past Year	32.9		 27.5		 36.0
Firearm-Related Deaths (Age-Adjusted Death Rate)	30.4	 19.6	 11.9		
% Unlocked Firearm at Home	25.2		 15.7		 28.3
% [Homes With Children] Unlocked Firearm at Home	13.0		 8.1		 3.7
Violent Crime Rate	423.0	 393.7	 416.0		
% Victim of Violent Crime in Past 5 Years	1.2		 6.2		 1.7
% Perceive Neighborhood as "Slightly/Not At All Safe"	15.5		 15.6		 16.7
% Victim of Intimate Partner Violence	13.4		 13.7		 12.4









































 better
 similar
 worse

KIDNEY DISEASE	Butte-Silver Bow	B-SB vs. BENCHMARKS			TREND
		vs. MT	vs. US	vs. HP2020	
Kidney Disease (Age-Adjusted Death Rate)	12.4	 10.0	 13.5		
% Kidney Disease	1.9	 2.0	 5.0		 3.0










 better
 similar
 worse




MENTAL HEALTH	Butte-Silver Bow	B-SB vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2020	TREND
% "Fair/Poor" Mental Health	11.4		 13.4		 14.9
% Diagnosed Depression	26.3	 21.9	 20.6		 23.3
% Symptoms of Chronic Depression (2+ Years)	31.8		 30.3		 34.1
% Typical Day Is "Extremely/Very" Stressful	9.6		 16.1		 11.9
% Average <7 Hours of Sleep per Night	33.6		 36.7		 39.7
% "Always/Usually" Have Emotional Support	77.7				
% "Often" Feel Isolated from Others	12.1				
Suicide (Age-Adjusted Death Rate)	38.0	 26.6	 13.9	 10.2	 23.4
% Have Considered Suicide	17.6				
Mental Health Providers per 100,000	540.1	 303.0	 202.8		
% [Those With Diagnosed Depression] Receiving Treatment	93.5		 85.4		 89.8
% Unable to Get Mental Health Svcs in Past Yr	1.4		 7.8		 2.8
% [Child Age 5-17] Sought Professional Mental Health Svcs	14.8				

















 better
 similar
 worse




NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Butte-Silver Bow	B-SB vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2020	TREND
Population With Low Food Access (Percent)	13.0	 24.3	 22.4		
% "Very/Somewhat" Difficult to Buy Fresh Produce	17.2		 21.1		 31.8
% 5+ Servings of Fruits/Vegetables per Day	22.7		 32.7		 34.6
% 7+ Sugar-Sweetened Drinks in Past Week	30.3		 29.0		 26.2
% No Leisure-Time Physical Activity	19.9	 22.7	 31.3	 32.6	 21.6
% Meeting Physical Activity Guidelines	23.8	 21.1	 21.4	 20.1	 27.5
% Child [Age 2-17] Physically Active 1+ Hours per Day	57.2		 33.0		 46.3
Recreation/Fitness Facilities per 100,000	17.5	 17.4	 11.0		
% Healthy Weight (BMI 18.5-24.9)	23.7	 34.7	 34.5	 33.9	 31.6
% Overweight (BMI 25+)	75.1	 63.2	 61.0		 67.1
% Obese (BMI 30+)	33.9	 26.9	 31.3	 30.5	 31.6
% [Overweights] Trying to Lose Weight	45.3		 53.7		 38.9
% [Overweights] Counseled About Weight in Past Year	21.9		 24.7		 26.7
% Children [Age 5-17] Healthy Weight	52.9		 47.6		 65.4
% Children [Age 5-17] Overweight (85th Percentile)	44.4		 32.3		 25.6
% Children [Age 5-17] Obese (95th Percentile)	24.3		 16.0	 14.5	 15.7



















 better
 similar
 worse




ORAL HEALTH	Butte-Silver Bow	B-SB vs. BENCHMARKS			TREND
		vs. MT	vs. US	vs. HP2020	
% Have Dental Insurance	71.3		 68.7	 62.6	
% [Age 18+] Dental Visit in Past Year	71.0	 66.4	 62.0	 49.0	 65.4
% Child [Age 2-17] Dental Visit in Past Year	96.8		 72.1	 49.0	 85.7










 better
  similar
  worse




POTENTIALLY DISABLING CONDITIONS	Butte-Silver Bow	B-SB vs. BENCHMARKS			TREND
		vs. MT	vs. US	vs. HP2020	
% 3+ Chronic Conditions	39.3		 32.5		
% Activity Limitations	22.0		 24.0	 31.5	
% [50+] Arthritis/Rheumatism	33.1		 33.1	 44.1	
% [50+] Osteoporosis	9.9		 10.5	 13.4	
% Sciatica/Chronic Back Pain	24.5		 16.5	 27.8	
Alzheimer's Disease (Age-Adjusted Death Rate)	41.1	 21.7	 30.6	 17.3	
% Caregiver to a Friend/Family Member	29.3		 22.6	 20.3	
% Have Completed Advance Directive Documents	31.4		 34.6	 29.3	




















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  worse

RESPIRATORY DISEASE	Butte-Silver Bow	B-SB vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2020	TREND
CLRD (Age-Adjusted Death Rate)	63.7	 50.8	 40.4		 87.0
Pneumonia/Influenza (Age-Adjusted Death Rate)	10.8	 11.7	 14.2		 13.5
% [Age 65+] Flu Vaccine in Past Year	59.5	 57.4	 71.0	 70.0	 62.9
% [Adult] Asthma	13.0	 10.0	 12.9		 10.9
% [Child 0-17] Asthma	10.9		 7.8		 4.6
% COPD (Lung Disease)	9.5	 6.0	 6.4		 12.6















 better
 similar
 worse

SEXUAL HEALTH	Butte-Silver Bow	B-SB vs. BENCHMARKS			
		vs. MT	vs. US	vs. HP2020	TREND
HIV Prevalence Rate	64.5	 66.1	 362.3		 66.7
% [Age 18-44] HIV Test in the Past Year	26.8		 22.0		 17.4
Chlamydia Incidence Rate	413.0	 427.5	 497.3		
Gonorrhea Incidence Rate	46.2	 83.9	 145.8		

 better
 similar
 worse

SUBSTANCE ABUSE	Butte-Silver Bow	B-SB vs. BENCHMARKS			TREND
		vs. MT	vs. US	vs. HP2020	
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	16.3	 13.0	 10.3	 8.2	
% Excessive Drinker	21.0	 20.1	 27.2	 25.4	 26.1
% Drinking & Driving in Past Month	1.3	 3.7			 3.0
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)	16.5	 8.5	 13.2	 11.3	
% Illicit Drug Use in Past Month	3.7		 2.0	 7.1	 2.9
% Ever Sought Help for Alcohol or Drug Problem	4.3		 5.4		 3.4
% Personally Impacted by Substance Abuse	43.0		 35.8		 47.3

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  worse

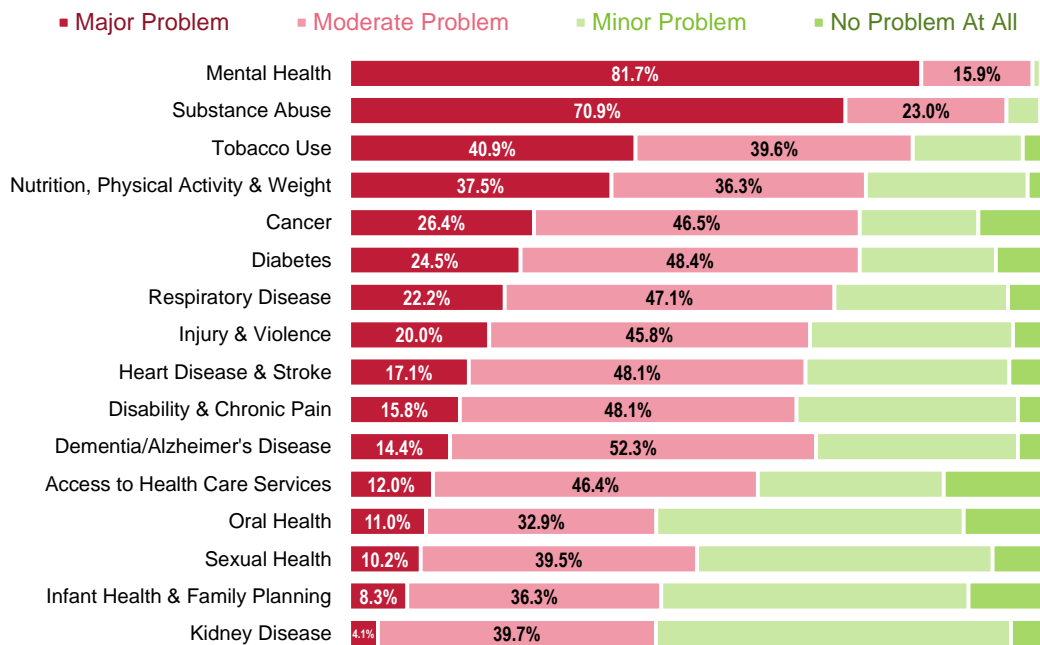
TOBACCO USE	Butte-Silver Bow	B-SB vs. BENCHMARKS			TREND
		vs. MT	vs. US	vs. HP2020	
% Current Smoker	13.7	 18.0	 17.4	 12.0	 20.9
% Someone Smokes at Home	8.1		 14.6		 16.0
% [Household With Children] Someone Smokes in the Home	3.1		 17.4		 17.9
% Currently Use Vaping Products	4.5	 3.9	 8.9		 1.4
% Use Smokeless Tobacco	10.9	 4.4	 6.6		 7.9

 better
  similar
  worse

Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 16 health issues is a problem in their own community, using a scale of “major problem,” “moderate problem,” “minor problem,” or “no problem at all.” The following chart summarizes their responses; these findings also are outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment; rather, they are one of several data inputs considered for the prioritization process described earlier.)

Key Informants: Relative Position of Health Topics as Problems in the Community





COMMUNITY DESCRIPTION

POPULATION CHARACTERISTICS

Total Population

Butte-Silver Bow, the focus of this Community Health Needs Assessment, is predominantly associated with Silver Bow County, which encompasses about 718 square miles and houses a total population of 34,814 residents, according to latest census estimates.

Total Population
(Estimated Population, 2014-2018)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Butte-Silver Bow	34,814	717.98	48.49
Montana	1,041,732	145,546.98	7.16
United States	322,903,030	3,532,068.58	91.42

Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2020 from CARES Engagement Network at <https://engagementnetwork.org>.

Population Change 2000-2010

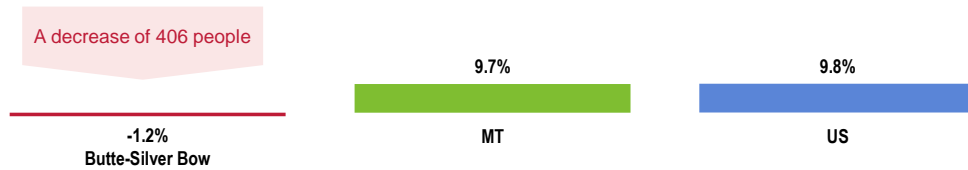
A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources.

Between the 2000 and 2010 US Censuses, the population of Butte-Silver Bow decreased by 406 persons, or 1.2%.

BENCHMARK ► In contrast, the state and US populations both increased by nearly 10% during this time.



Change in Total Population (Percentage Change Between 2000 and 2010)



Sources:

- US Census Bureau Decennial Census (2000-2010).
- Retrieved April 2020 from CARES Engagement Network at <https://engagementnetwork.org>.

Notes:

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

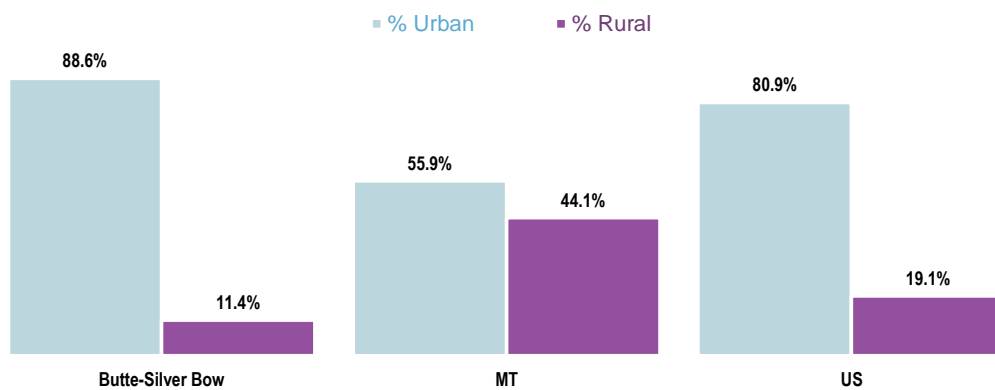
Urban/Rural Population

Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

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

BENCHMARK ▶ The prevalence is higher than the US and especially the state.

Urban and Rural Population (2010)



Sources:

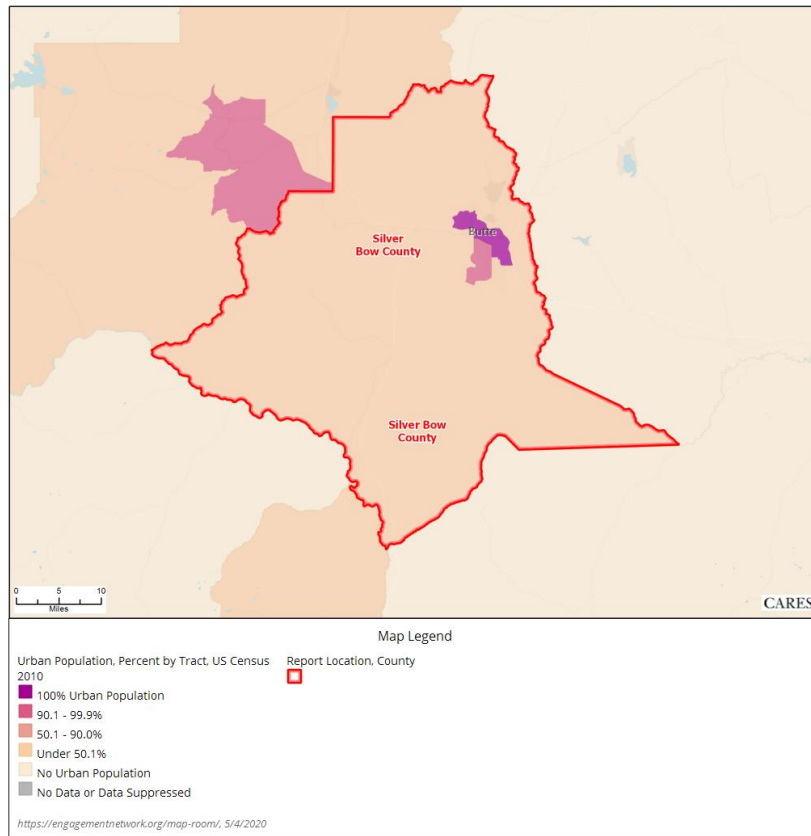
- US Census Bureau Decennial Census.
- Retrieved April 2020 from CARES Engagement Network at <https://engagementnetwork.org>.

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.



Note the following map, outlining the urban population in Butte-Silver Bow census tracts as of 2010.



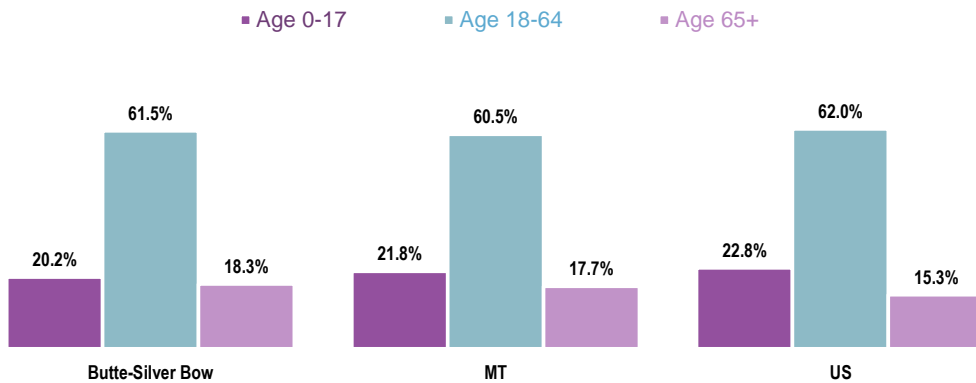
Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

In Butte-Silver Bow, 20.2% of the population are children age 0-17; another 61.5% are age 18 to 64, while 18.3% are age 65 and older.

BENCHMARK ▶ The proportion of seniors is higher than the US proportion.

Total Population by Age Groups, Percent (2014-2018)



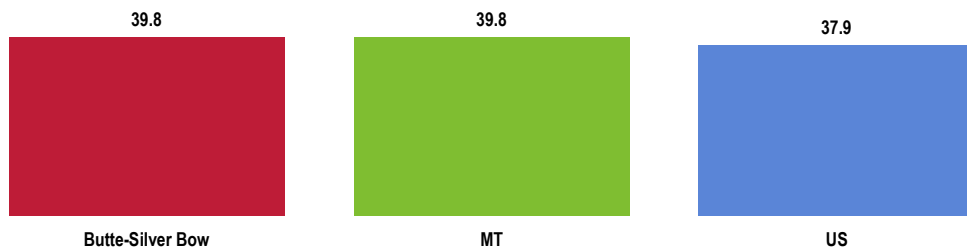
Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2020 from CARES Engagement Network at <https://engagementnetwork.org>.

Median Age

Butte-Silver Bow is slightly “older” than the nation in that the median age is higher.

Median Age (2014-2018)

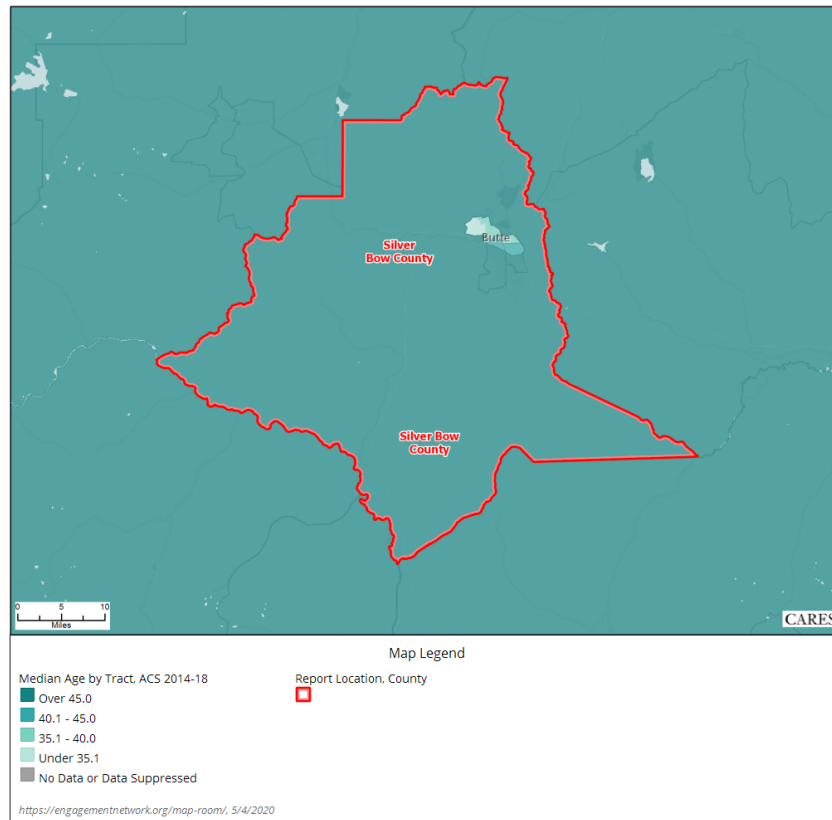


Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2020 from CARES Engagement Network at <https://engagementnetwork.org>.



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



Race & Ethnicity

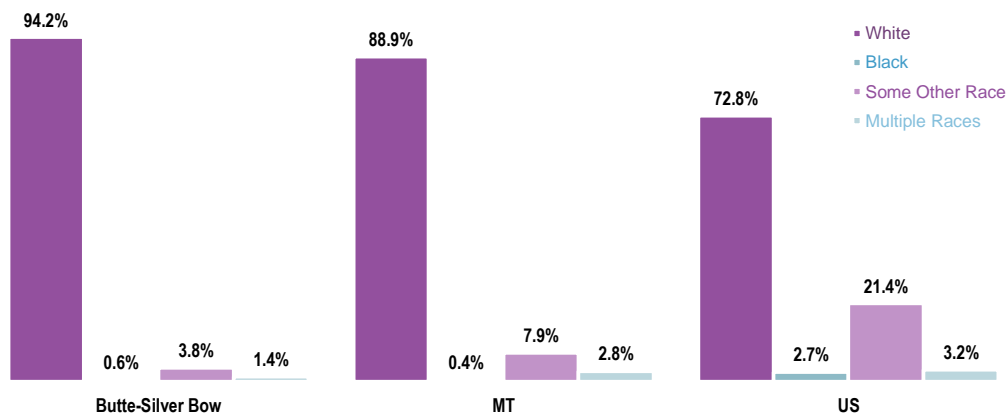
Race

In looking at race independent of ethnicity (Hispanic or Latino origin), most (94.2%) residents of Butte-Silver Bow are White.

BENCHMARK ► The population breakout is less diverse than the state and especially the US.



Total Population by Race Alone, Percent (2014-2018)



Sources:

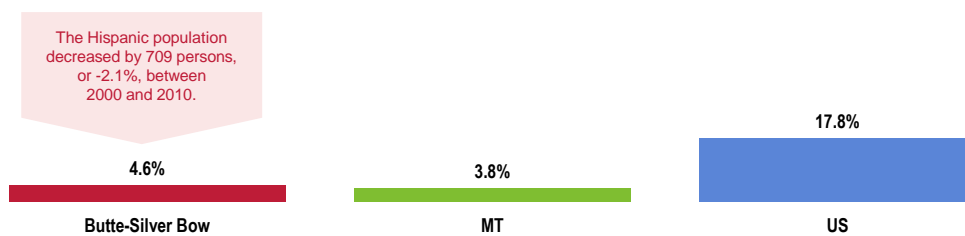
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2020 from CARES Engagement Network at <https://engagementnetwork.org>.

Ethnicity

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

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

Hispanic Population (2014-2018)



Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2020 from CARES Engagement Network at <https://engagementnetwork.org>.

Notes:

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

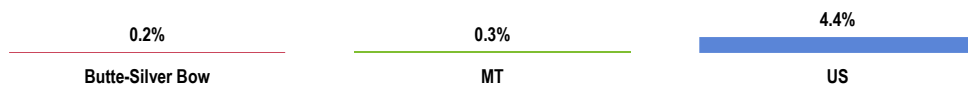


Linguistic Isolation

Just 0.2% of the Butte-Silver Bow population age 5 and older live in a home in which no person age 14 or older is proficient in English (speaking only English or speaking English “very well”).

BENCHMARK ► Well below the national figure.

Linguistically Isolated Population (2014-2018)



- Sources:
- US Census Bureau American Community Survey 5-year estimates.
 - Retrieved April 2020 from CARES Engagement Network at <https://engagementnetwork.org>.
- Notes:
- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English "very well."



SOCIAL DETERMINANTS OF HEALTH

ABOUT SOCIAL DETERMINANTS

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

– Healthy People 2020 (www.healthypeople.gov)

Poverty

The latest census estimate shows **19.1%** of Butte-Silver Bow total population living below the federal poverty level.

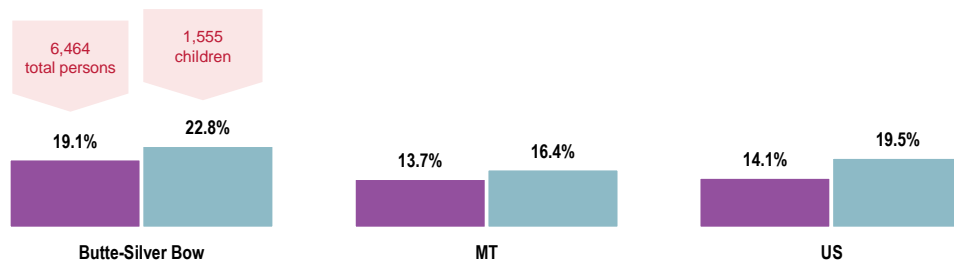
BENCHMARK ▶ Worse than the Montana and US percentages.

Among just children (ages 0 to 17), this percentage in Butte-Silver Bow is **22.8%** (representing an estimated 1,555 children).

BENCHMARK ▶ Above the US and especially the Montana proportion.

Population in Poverty (Populations Living Below the Poverty Level; 2014-2018)

■ Total Population ■ Children



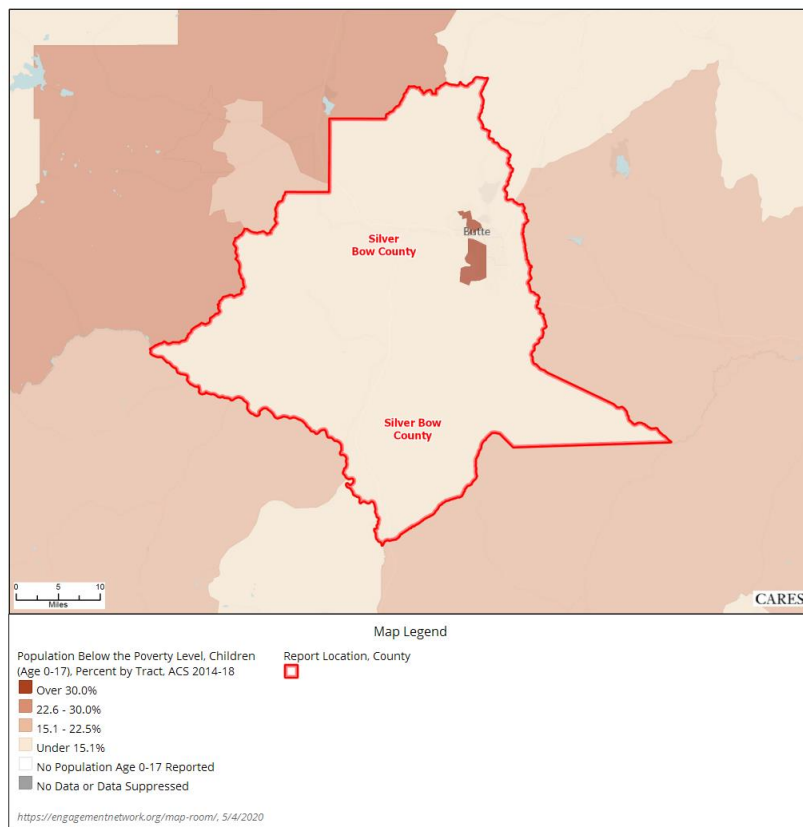
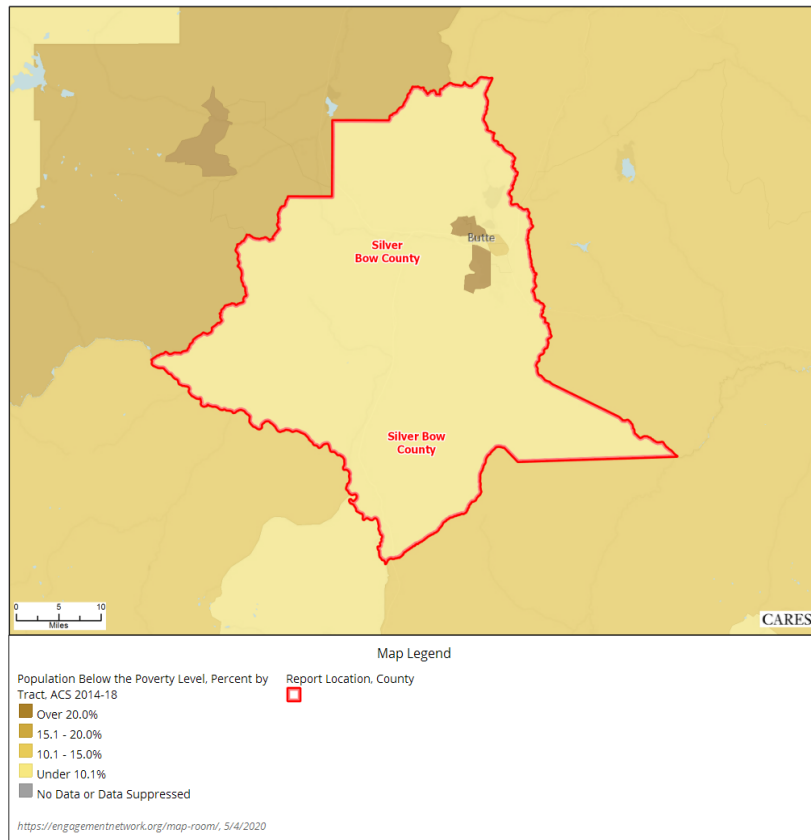
Sources: • US Census Bureau American Community Survey 5-year estimates.

• Retrieved April 2020 from CARES Engagement Network at <https://engagementnetwork.org>.

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



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

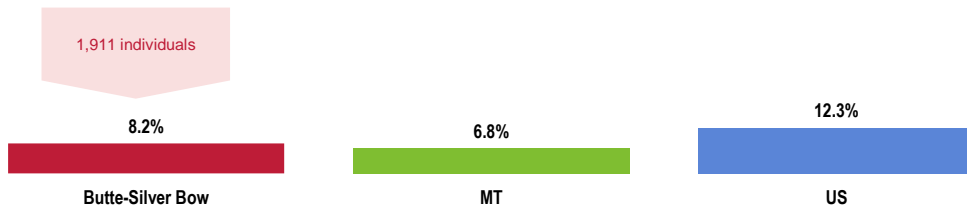


Education

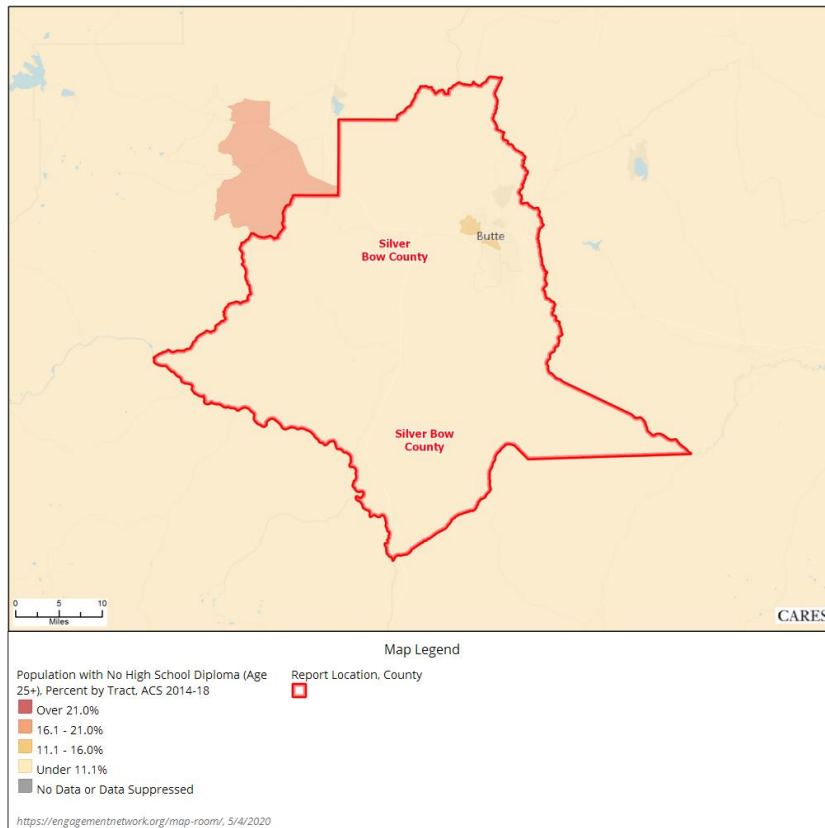
Among the Butte-Silver Bow population age 25 and older, an estimated 8.2% (over 1,900 people) do not have a high school diploma.

BENCHMARK ▶ Above the state figure but below the US percentage.

Population With No High School Diploma
(Population Age 25+ Without a High School Diploma or Equivalent, 2014-2018)



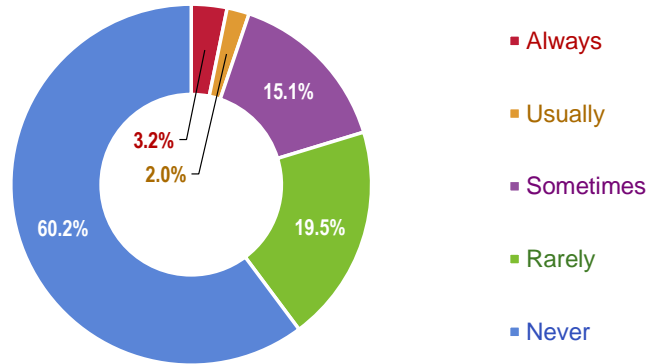
- Sources:
- US Census Bureau American Community Survey 5-year estimates.
 - Retrieved April 2020 from CARES Engagement Network at <https://engagementnetwork.org>.
- Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.



Housing Insecurity

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

Frequency of Worry or Stress
Over Paying Rent or Mortgage in the Past Year
(Butte-Silver Bow, 2020)



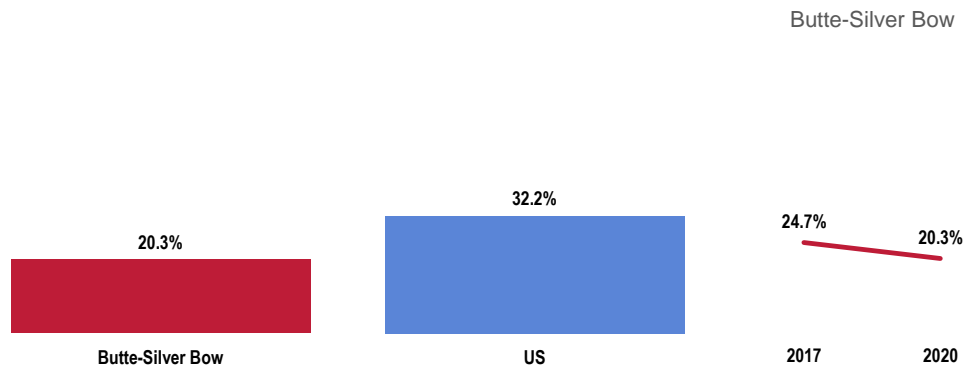
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 71]
Notes: • Asked of all respondents.

However, a considerable share (20.3%) 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 ► Better than the US proportion.

DISPARITY ► Less favorable among women, young adults, and especially low-income residents.

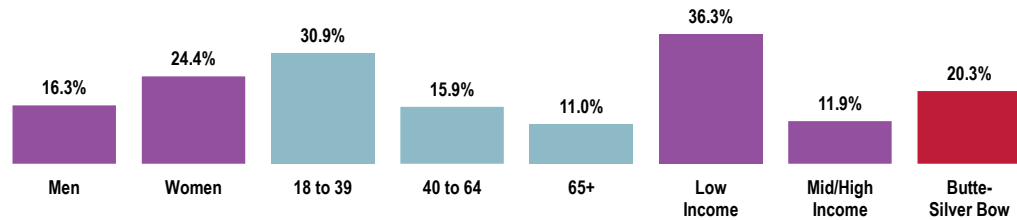
“Always/Usually/Sometimes” Worried
About Paying Rent/Mortgage in the Past Year



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 196]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



“Always/Usually/Sometimes” Worried About Paying Rent/Mortgage in the Past Year (Butte-Silver Bow, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 196]
Notes: • Asked of all respondents.

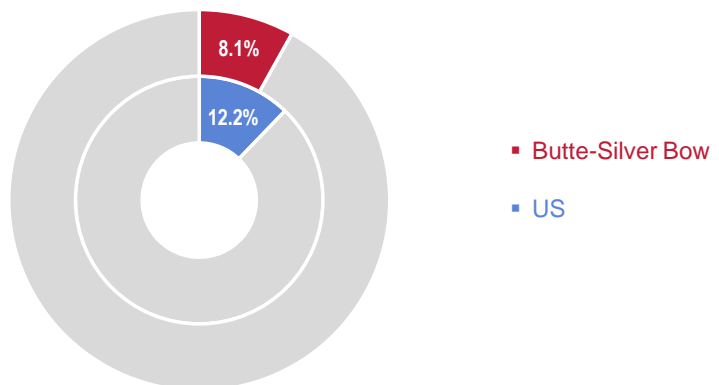
Unhealthy or Unsafe Housing

A total of 8.1% of Butte-Silver Bow residents report living in unhealthy or unsafe housing conditions during the past year.

BENCHMARK ► Better than the US figure.

DISPARITY ► Unfavorably high among women, adults under 40, and those in low-income households.

Unhealthy or Unsafe Housing Conditions in the Past Year

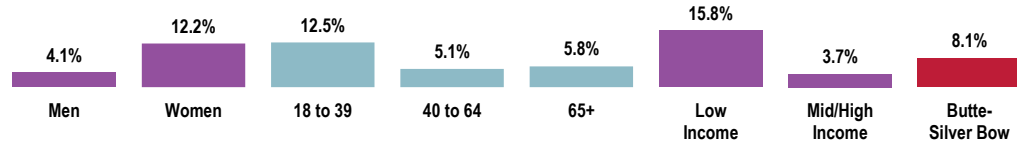


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 310]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

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



Unhealthy or Unsafe Housing Conditions in the Past Year (Butte-Silver Bow, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 310]
 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.

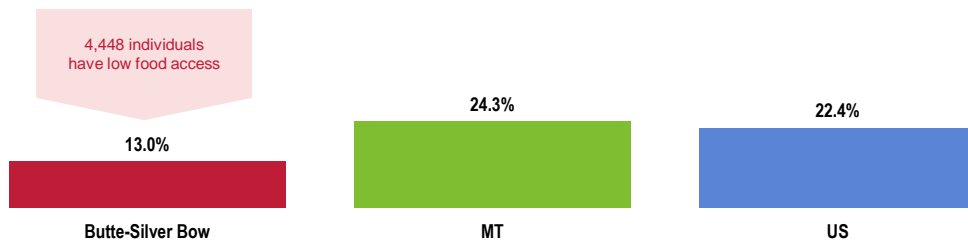
Food Access

Low Food Access

US Department of Agriculture data show that **13.0% of Butte-Silver Bow population (representing nearly 4,500 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.**

BENCHMARK ► Much lower than the state and US percentages.

Population With Low Food Access (Percent of Population that is Far From a Supermarket or Large Grocery Store, 2010)

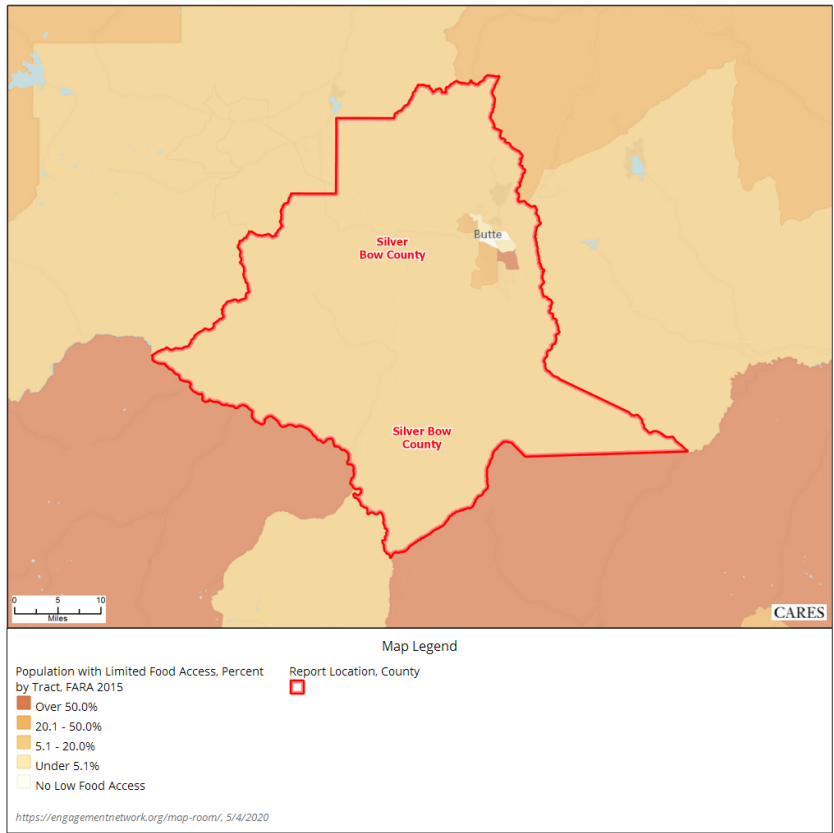


Sources: • US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
 • Retrieved April 2020 from CARES Engagement Network at <https://engagementnetwork.org>.
 Notes: • This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store.

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





Food Insecurity

Overall, 19.5% of community residents are determined to be “food insecure,” having run out of food in the past year and/or worried about running out of food.

BENCHMARK ► Well below the US prevalence.

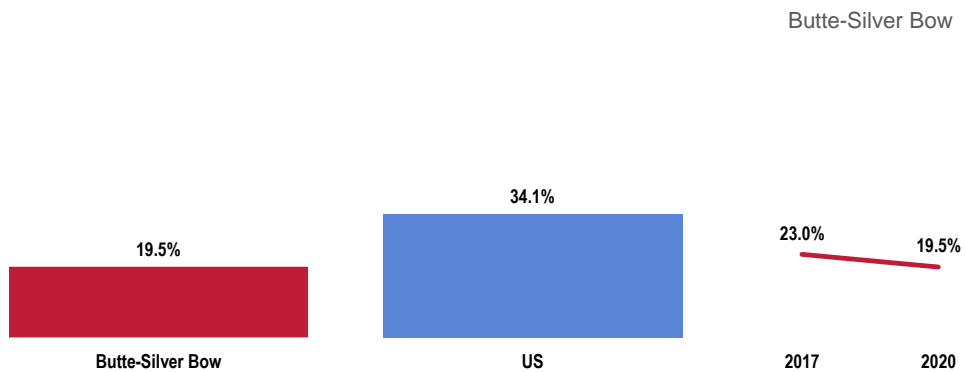
DISPARITY ► Decreases with age and is much higher among women and especially low-income residents.

Surveyed adults were asked: “Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was “Often True,” “Sometimes True,” or “Never True” for you in the past 12 months:

- I worried about whether our food would run out before we got money to buy more.
- The food that we bought just did not last, and we did not have money to get more.”

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

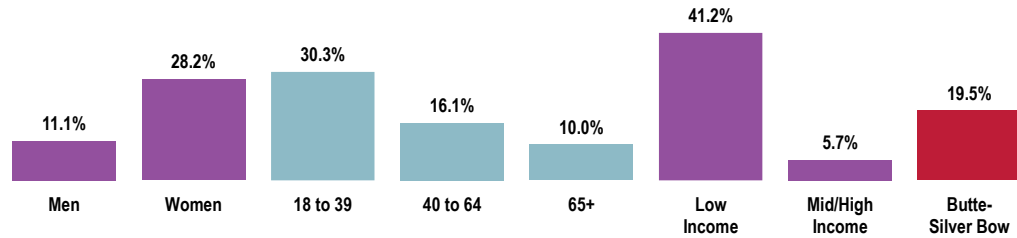
Food Insecurity



- Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 149]
 • 2020 PRC National Health Survey, PRC, Inc.
- Notes: • Asked of all respondents.
 • Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.



Food Insecurity (Butte-Silver Bow, 2020)



Sources:

- 2020 PRC Community Health Survey, PRC, Inc. [Item 149]

 Notes:

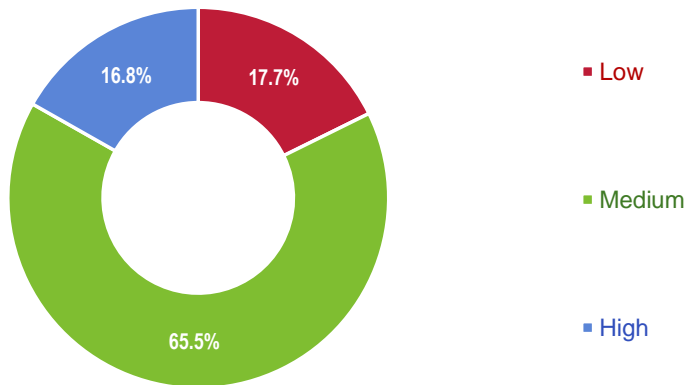
- Asked of all respondents.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Health Literacy

Most surveyed adults in Butte-Silver Bow are found to have a moderate level of health literacy.

Low health literacy is defined as those respondents who "Seldom/Never" find written or spoken health information easy to understand, and/or who "Always/Nearly Always" need help reading health information, and/or who are "Not At All Confident" in filling out health forms.

Level of Health Literacy (Butte-Silver Bow, 2020)



Sources:

- 2020 PRC Community Health Survey, PRC, Inc. [Item 172]

 Notes:

- Asked of all respondents.
- Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

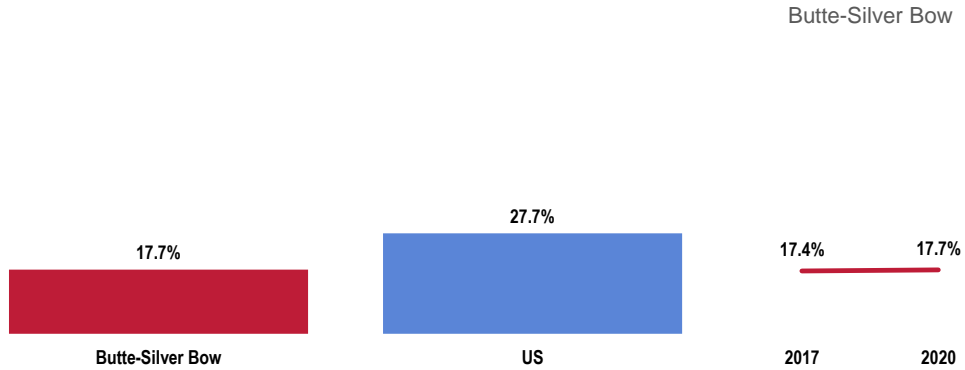


A total of 17.7% are determined to have low health literacy.

BENCHMARK ▶ Lower than the national figure.

DISPARITY ▶ Less favorable among adults age 40 and older.

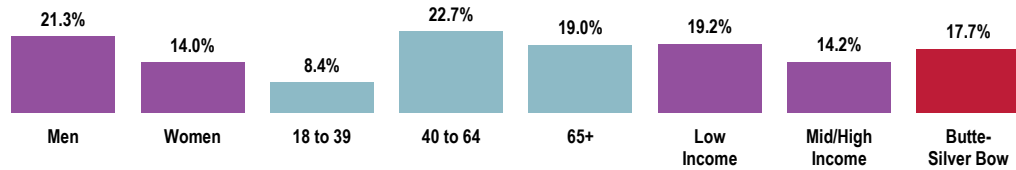
Low Health Literacy



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 172]
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
 • Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

Low Health Literacy (Butte-Silver Bow, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 172]

Notes: • Asked of all respondents.
 • Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.





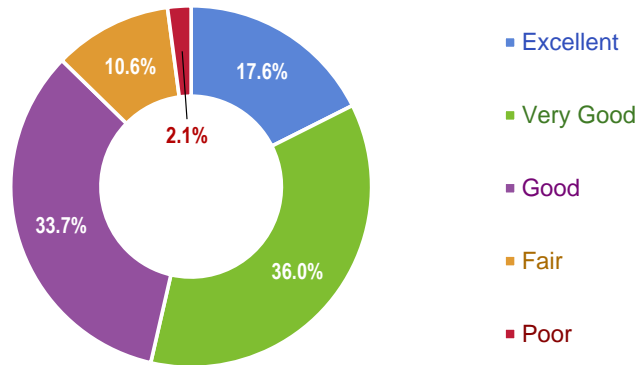
HEALTH STATUS

OVERALL HEALTH STATUS

The initial inquiry of the PRC Community Health Survey asked: "Would you say that in general your health is: Excellent, Very Good, Good, Fair, or Poor?"

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

Self-Reported Health Status
(Butte-Silver Bow, 2020)



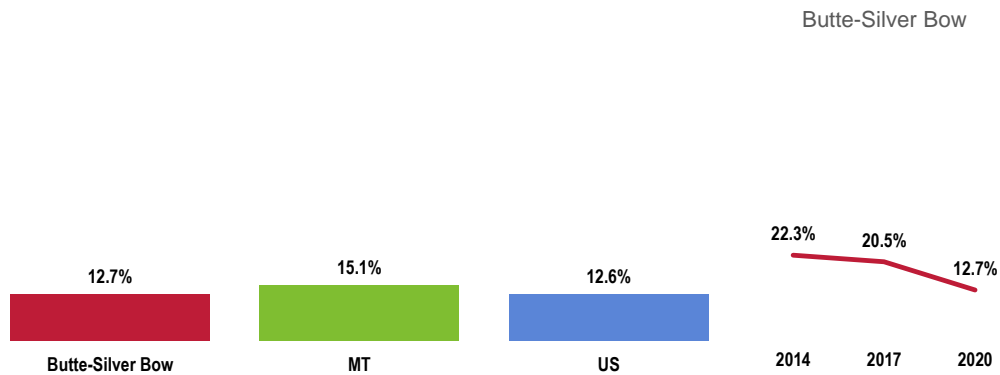
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 12.7% of Butte-Silver Bow adults believe that their overall health is "fair" or "poor."

TREND ▶ Denotes a statistically significant decrease (improvement) from previous survey findings.

DISPARITY ▶ Increases with age and is unfavorably high among women and especially low-income adults.

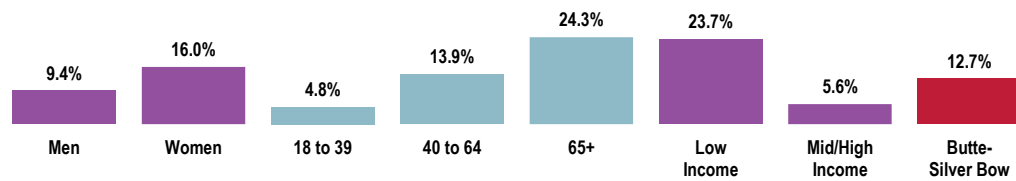
Experience "Fair" or "Poor" Overall Health



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 5]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Montana data.
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Experience “Fair” or “Poor” Overall Health (Butte-Silver Bow, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.



MENTAL HEALTH

ABOUT MENTAL HEALTH & MENTAL DISORDERS

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

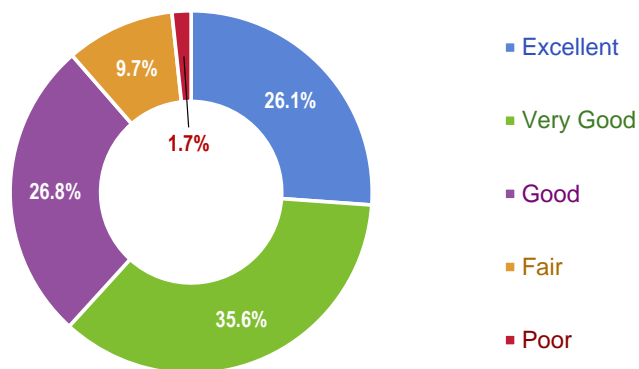
The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: risk factors, which predispose individuals to mental illness; and protective factors, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies.

– Healthy People 2020 (www.healthypeople.gov)

Mental Health Status

Most respondents rate their mental health favorably (“excellent,” “very good,” or “good”).

Self-Reported Mental Health Status
(Butte-Silver Bow, 2020)



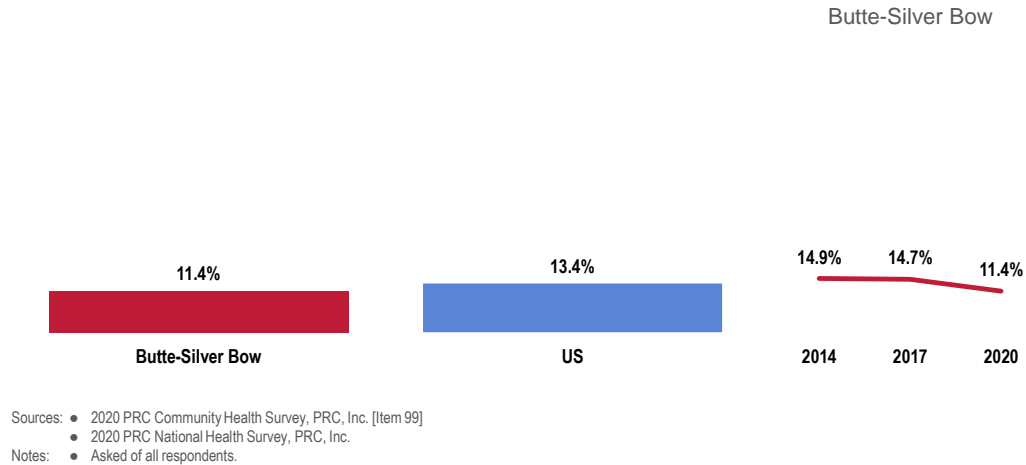
“Now thinking about your mental health, which includes stress, depression, and problems with emotions, would you say that, in general, your mental health is: Excellent, Very Good, Good, Fair, or Poor?”



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 99]
Notes: • Asked of all respondents.

However, 11.4% believe that their overall mental health is “fair” or “poor.”

Experience “Fair” or “Poor” Mental Health



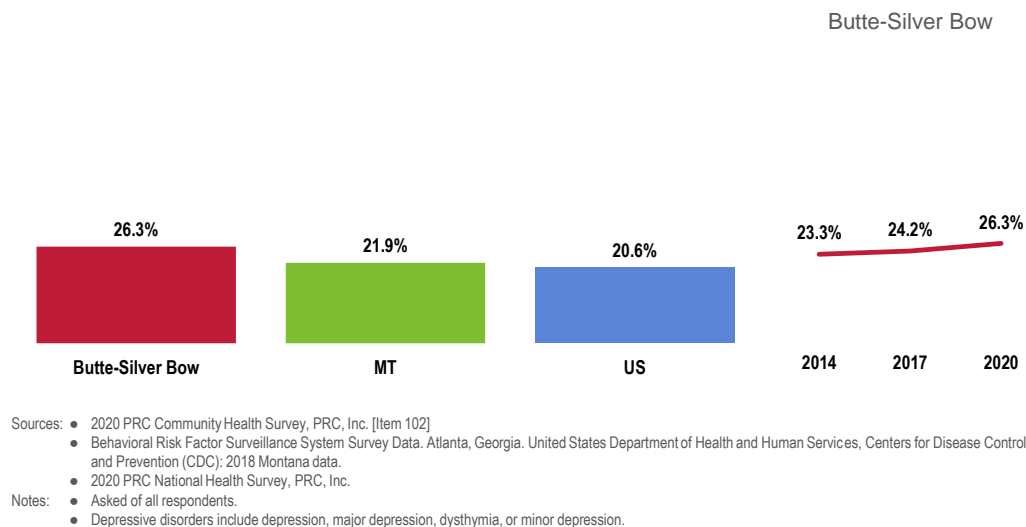
Depression

Diagnosed Depression

A total of 26.3% of Butte-Silver Bow adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

BENCHMARK ► Higher than the US prevalence.

Have Been Diagnosed With a Depressive Disorder

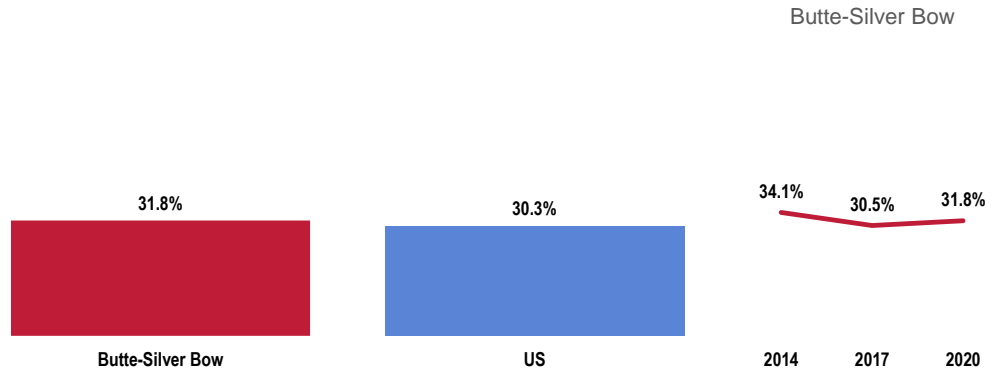


Symptoms of Chronic Depression

A total of 31.8% of Butte-Silver Bow adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

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

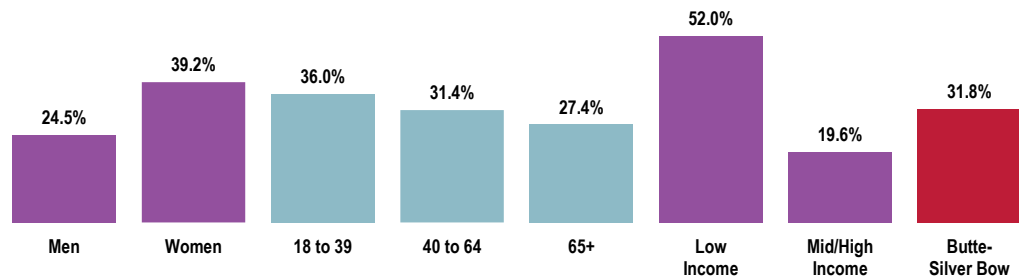
Have Experienced Symptoms of Chronic Depression



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 100]
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Have Experienced Symptoms of Chronic Depression (Butte-Silver Bow, 2020)



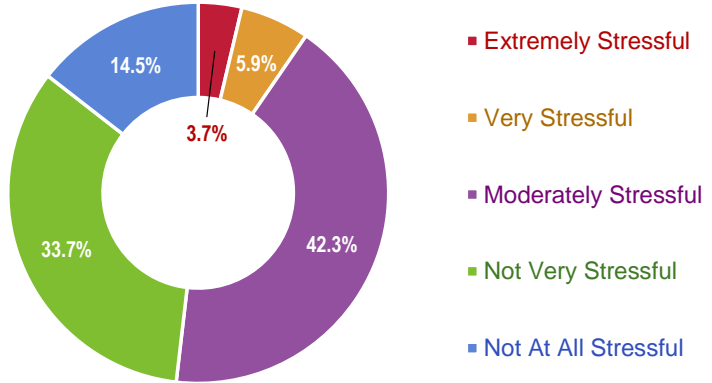
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 100]
 Notes: • Asked of all respondents.
 • Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.



Stress

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

Perceived Level of Stress On a Typical Day
(Butte-Silver Bow, 2020)



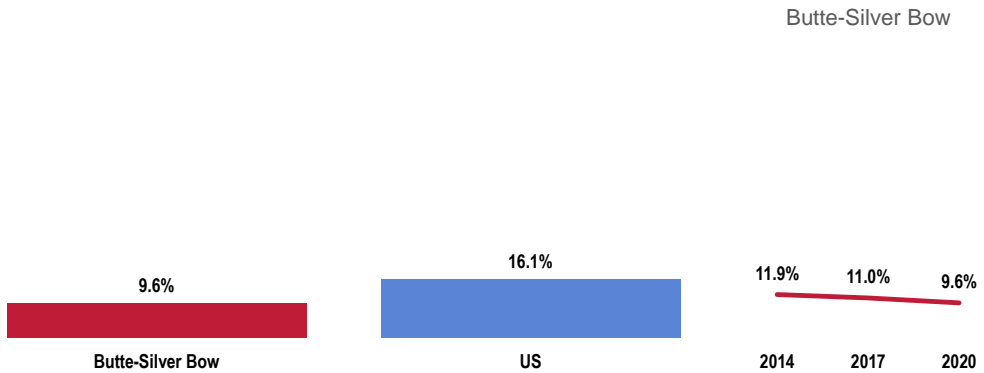
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 101]
Notes: • Asked of all respondents.

In contrast, 9.6% of Butte-Silver Bow adults feel that most days for them are “very” or “extremely” stressful.

BENCHMARK ► Well below the US prevalence.

DISPARITY ► Decreases with age and is higher among low-income residents.

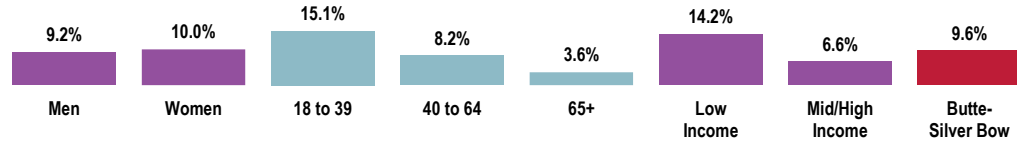
Perceive Most Days As “Extremely” or “Very” Stressful



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 101]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Perceive Most Days as “Extremely” or “Very” Stressful (Butte-Silver Bow, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 190]
Notes: • Asked of all respondents.

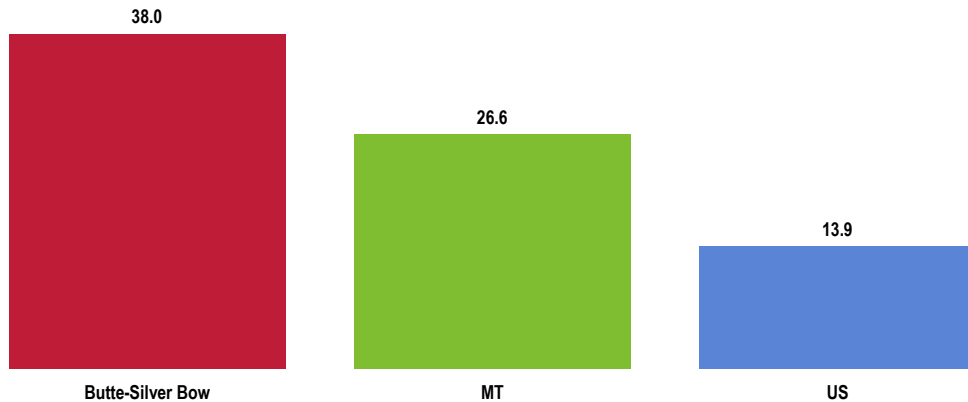
Suicide

In Butte-Silver Bow, there were 38.0 suicides per 100,000 population (2016-2018 annual average age-adjusted rate).

BENCHMARK ► Considerably higher than the state rate and nearly three times the US rate.

TREND ► Marks an overall increasing trend, consistently above state and US rates throughout the past decade.

Suicide: Age-Adjusted Mortality (2016-2018 Annual Average Deaths per 100,000 Population) Healthy People 2020 = 10.2 or Lower

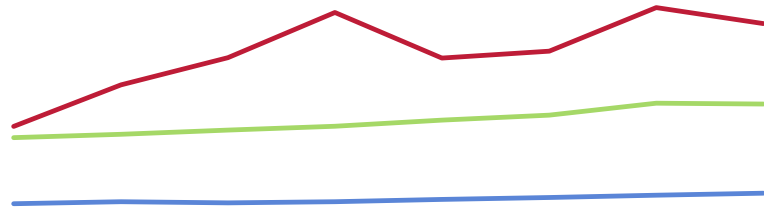


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2020.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]



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

Healthy People 2020 = 10.2 or Lower



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Butte-Silver Bow	23.4	29.3	33.2	39.6	33.1	34.1	40.3	38.0
MT	21.8	22.3	22.9	23.4	24.3	25.0	26.7	26.6
US	12.4	12.7	12.5	12.7	13.0	13.3	13.6	13.9

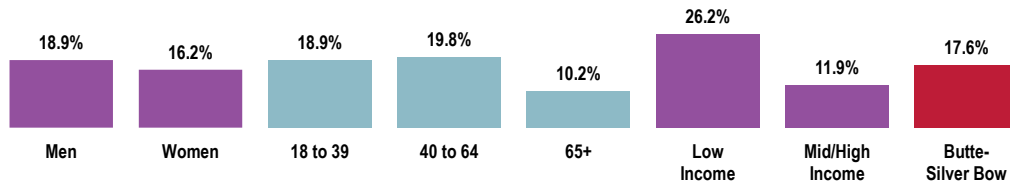
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2020.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]

Suicide Ideation

Among Butte-Silver Bow respondents, 17.6% have ever considered suicide.

DISPARITY ► Higher among adults under 65 and particularly those in low-income households.

Have Considered Suicide (Butte-Silver Bow, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 319]
Notes: • Asked of all respondents.



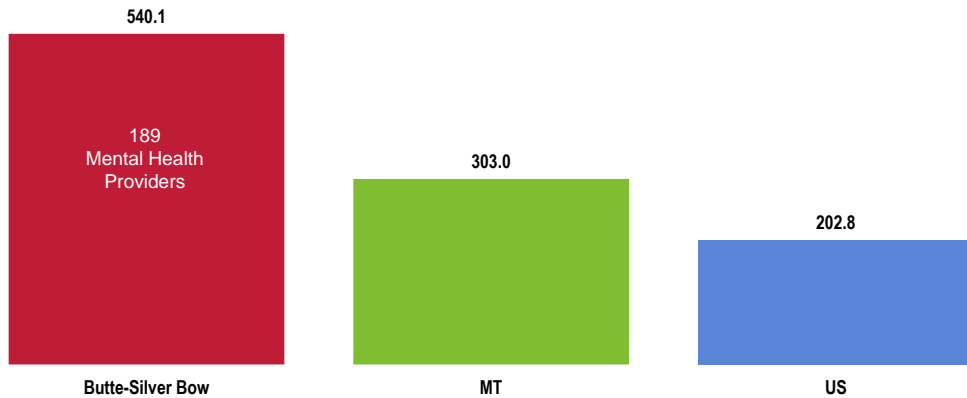
Mental Health Treatment

Mental Health Providers

In Butte-Silver Bow in 2019, there were 540.1 mental health providers for every 100,000 population.

BENCHMARK ▶ Well above the state and US ratios.

Access to Mental Health Providers
(Number of Mental Health Providers per 100,000 Population, 2019)



Sources: • University of Wisconsin Population Health Institute, County Health Rankings.
• Retrieved April 2020 from CARES Engagement Network at <https://engagementnetwork.org>.
Notes: • This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

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

Mental Health Treatment

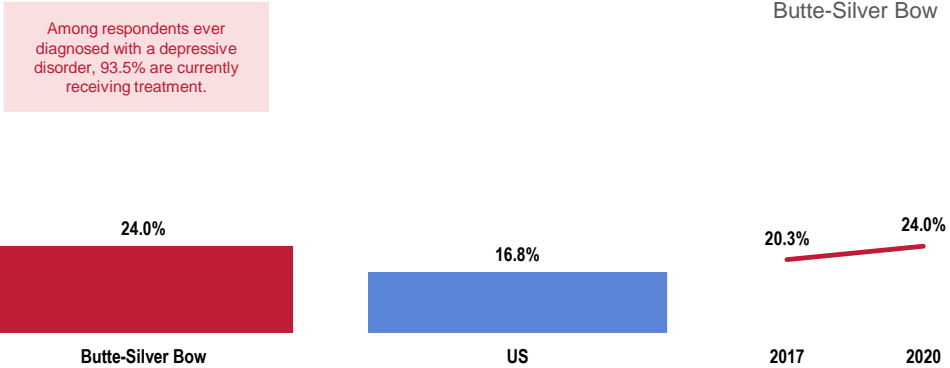
Adults

A total of 24.0% of adults are currently taking medication or otherwise receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

BENCHMARK ▶ Higher than the US figure.



Currently Receiving Mental Health Treatment

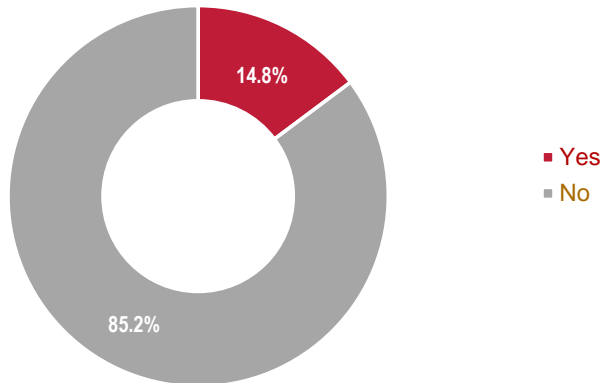


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 103-104]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • "Treatment" can include taking medications for mental health.

Children

Among parents of children age 5 to 17, 14.8% have ever sought professional services for their child's mental health.

Sought Professional Services for Child's Mental Health (Butte-Silver Bow Children Age 5-17, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 325]
 Notes: • Asked of all respondents about a child age 5 to 17.



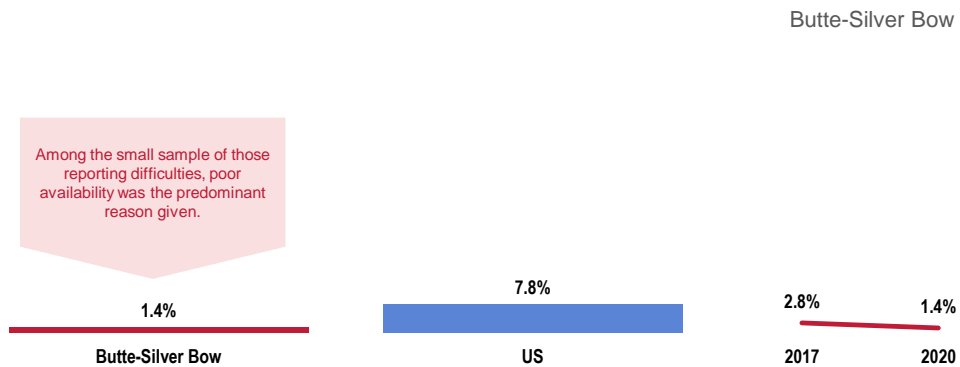
Difficulty Accessing Mental Health Services

A total of 1.4% of Butte-Silver Bow adults report a time in the past year when they needed mental health services but were not able to get them.

BENCHMARK ▶ Notably lower than the US prevalence.

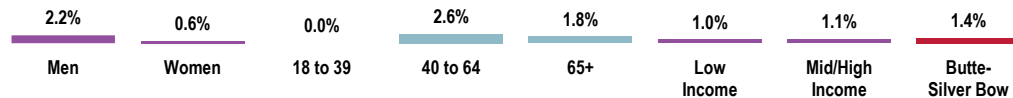
DISPARITY ▶ Highest among adults age 40 to 64.

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



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 105, 106]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Unable to Get Mental Health Services When Needed in the Past Year (Butte-Silver Bow, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 105]
 Notes: • Asked of all respondents.



Key Informant Input: Mental Health

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

Perceptions of Mental Health as a Problem in the Community (Key Informants, 2020)

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



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

Top Concerns

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

Access to Care/Services

- Huge problem in Butte. Not enough resources and the system is broken and disjointed. – Other Health Provider
- I have seen firsthand from clients and folks around me that there is a tremendous lack of mental health resources for those looking for a therapist or counselor. In particular, with the lack mental health providers available it makes it difficult for people to seek out help. Oftentimes they have trouble finding who offers services or they may have to wait for weeks to get in. – Public Health Representative
- Access for higher acuity mental health patients who need consistency in prescribing providers and consistency in mental health teams for stability. Access for patients in crisis with co-occurring substance use issues to have a safe place for hold until placement. Need to understand services and appropriate roles in the community. – Other Health Provider
- There is nowhere for these people to go. Lack of services after discharge from mental health facilities. Lack of counselors and psychiatric help. – Other Health Provider
- Difficult access to psychiatric care and very limited, if any, full time psychiatrists. – Other Health Provider
- Services, dual diagnosis programs, assistance for children, lack of overall kindness in schools. – Other Health Provider
- Little to no resources and it takes a long time to get placement for people presenting to the hospital. – Other Health Provider
- Available programs and providers for those in need. This population is known to self-medicate, which involves abuse of alcohol and illegal substances. This population is typically low income and has no resources for expense associated with treatment. – Community Leader
- Tremendous lack of resources to address this need. Limited beds for placement. Overburdening the ER with mentally ill people is taxing on their staff and creates extensively long waits due to lack of available resources to respond. This problem is especially prevalent with pediatric population ... no crisis beds and even more limited beds in the state than adults. – Other Health Provider
- Lack of access and/or funding for treatment. Limited community-based services to help people in their homes. – Community Leader
- There is not a real place for these people to go. We have Western Montana mental health, but they are not really a great resource because they are not the best help. They seem to always be short of help and not getting the funding from the government that they need to provide services. – Other Health Provider
- Access to services and a lot of youth suicides. – Physician
- Access to psychiatric care is a huge problem in our community. We have a very limited number of counselors and providers who will do med management. We have no formal/physician inpatient options. This is a huge deficit in the services available to our community. – Physician



Access for acute emergent care. Total number of providers. – Physician

Limited services available, lack of continuity of care. – Public Health Representative

Access to services, continuum of care, financial assistance. – Public Health Representative

There are not a lot of resources for mental health. Trying to get people appointments regarding mental health is extremely difficult. – Other Health Provider

Lack of access to mental health providers. – Community Leader

Lack of services. – Community Leader

Getting the professional help that is needed, the Butte Tough Attitude has been a deterrent. There are many providers, I've even been a part to preparing a resource for the community, however the cost is a factor and the effort to reach out is just too much for some of the people that need help. We need to reduce the stigma and provide avenues to connect without shame. – Community Leader

Lack of resources, such as treatment and case managers. – Community Leader

We are faced with a wide spectrum of mental-health needs in the community, and no community in the state having sufficient resources. Mental-health acute-care beds are woefully inadequate statewide. We are also faced with a significant suicide incidence including pediatric suicide. The county has done a wonderful job of responding to this given resources, including involvement by the state. The community network that the Department of Health has played such a big role in facilitating is clearly making a difference. We also have substance abuse-related mental-health issues greater than those of many communities. – Community Leader

Crisis response team has to be located in Butte and available on a 24-hour basis. Cutbacks to case management has been a huge problem. Mental health needs are more than Western Montana Mental Health can handle. – Community Leader

Resources are very limited and the local hospital does not provide mental health services. – Community Leader

Services for the mental health, such as inpatient and outpatient facilities, provider access, etc. – Other Health Provider

Lack of openings with licensed mental health care providers, lack of understanding in the community of mental health issues, stigma of mental health, high suicide completion and attempt rates. – Community Leader

Limited, almost non-existent mental health services in Butte, only one psychiatrist who recently started in town, limited access to case management and therapy services, Hays Morris House recently closed, no safety net for adolescents, no inpatient facilities for adults or adolescents in the county, difficulty utilizing Montana State hospital and the Montana Mental Health Nursing Care Center in Lewistown. The 4% of the population that is chronically mentally ill (people with schizophrenia, bipolar disorder) is overlooked and receives fewer resources than the less ill. Limited advocacy, stigma, poor education about mental illness. I am referring to mental ILLNESS, not mental health. Mental ILLNESS is a significant problem that receives very few resources. – Other Health Provider

No place for them to receive ongoing treatment. No providers in Butte. Need more case managers to work with this group. – Community Leader

Access to proper facilities and lack of mental health professionals. – Community Leader

Lack of services for the individuals and the community's attitude towards where groups that help these individuals can locate. – Community Leader

Access to the help that people with mental health illnesses is limited in our community. There are some great programs here but not nearly enough to handle the need. Mental health issues that we are seeing in our teens and college students are outside of our preparedness and scope of knowledge. The awareness of this as an everyday challenge is getting much better and I believe we are making progress of removing the stigma associated with mental illness but there is much work to be done still. – Community Leader

Availability/affordability to professional counseling. – Community Leader

Treatment availability, lack of resources, homelessness. – Community Leader

Mental health is poor in our community. I believe this is associated with a prohibitive lack of access to providers on short notice or providers with expertise in the range of issues necessary in this community. Further impacting this issue is that mental health care requires frequency of interaction between the provider and the patient but costs the same as an in office doctor's visit. The cost of treating for a period of time could exceed \$1,000. Butte has low incomes compared to the region and does not have the discretionary income to prioritize mental health care over other incidentals such as food, clothing, shelter, and other medical services such as well-child visits, annual visits, and medications. – Community Leader

Access to care and judgmental attitudes about mental health. – Social Services Provider

Access and cost. Getting in for an evaluation, getting medication if needed, cost of medication. Ongoing therapy relationship building. – Social Services Provider

Lack of services. – Public Health Representative



There are not enough resources and what resources there are completely taxed and not doing enough. I have numerous tenants that have mental health problems and when they get sick, there isn't enough help for them. Additionally, getting someone to step up and help when someone does get sick is a real problem. We had an elderly tenant with mental illness go off of his meds and get extremely ill ... he finally fell and broke his hip and is hopefully getting help. No facilities in the area wanted to help him because he had some violent tendencies. I have no idea where he ended up going. He needed physical therapy and mental health monitoring. – Social Services Provider

There is a lack of adult care for mental health issues. There are very few for youth as well. There are very few psychiatrists to help with medication management. – Social Services Provider

Our resources are limited and I feel like people won't get help because they don't think they need help or are embarrassed to get help. – Public Health Representative

Lack of housing, lack of mental health services providers and case management. – Social Services Provider

There are not enough mental health agencies in our community. It is having a negative and expensive response for the jail, public health, community health, mental health and homeless service agencies. – Social Services Provider

There are not enough resources for people with mental health issues in her community. The lack of funding from the state and national level create a huge gap on connecting needs with people with mental health disabilities. – Social Services Provider

The biggest mental health challenge is the lack of available services. – Public Health Representative

Access to specialty care is a moderate problem - we do not have GI, neurology, neurosurgery, pulmonology, immunology causing patients to have to travel out of town. I do think our lower socioeconomics creates other problems associated like substance abuse, alcohol abuse, violence, smoking, and obesity. – Other Health Provider

Access to mental health services. – Public Health Representative

No access to community care. – Public Health Representative

Identifying and accessing the minimal services available throughout Montana. – Social Services Provider

Access to psychologists and psychologists for mental health assessments when a patient has more serious needs. – Community Leader

Lack of Mental Health Providers

Finding qualified mental health practitioners and acknowledging that mental health is important. – Community Leader

There are not enough mental health services for the mentally ill of this community. Daily I read about people who are mentally ill. Instead of being helped they are being thrown in jail. It all shifts to being someone else's problem and a "not in my neighborhood" mentality and these people are not getting the help they need. – Social Services Provider

We have little or no resources for mental health. With Western Montana Mental Health in crisis. There is a lack of trained professionals, psychiatrist and psychologist to assist people and there is not enough coordination between medical providers and mental health providers as to long term care - Community Leader

Shortage of psychiatrists. – Community Leader

No psychiatrist outside of Western Montana Mental Health and possibly a new provider at CHC but not openly offering outside referrals to my knowledge. – Physician

Access to mental health professionals. – Social Services Provider

Lack of available mental health professionals such as psychiatrists. – Community Leader

We have a huge need for mental health providers in our community. We are lucky to have the few that we have but most of them are at full capacity and have to turn people away. I think that paints a picture for a huge need. – Social Services Provider

We have one psychiatrist in the community. – Physician

Limited access to mental health providers to prescribe meds and limited access to social workers/counselors. – Other Health Provider

No psychiatrist on staff, yet nearest hospital to State Hospital so their patients are sent to St. James. – Physician

Access to mental health, shortage of providers and insurance coverage. – Social Services Provider

No psychiatrists in area. Not a lot of support. – Community Leader

Lack of doctors and facilities to help mental health. – Community Leader

Matching with a qualified therapist and the large caseloads of many. – Community Leader

We have a lack of providers for the number of people who need help. It is particularly a burden on the uninsured or underinsured. – Other Health Provider

Not enough therapists, doctors, and many private insurances do not cover the costs. Also, it is still a stigma here. – Community Leader

The lack of professionals and facilities to provide care for individuals. – Public Health Representative



Lack of available counselors, pediatricians and adult psychiatrists. Placement issues of where to get people placed. – Community Leader

We do not have enough providers for our community. – Other Health Provider

Again, Butte has a lack of providers skilled in varying modalities. We have some counselors, but we have very few psychiatrists or psychiatric nurse practitioners. People are also not sure how to access mental health services with their public or private health insurance. Mental health is also incredibly stigmatized, so people are afraid to ask for those resources. – Public Health Representative

I think the biggest challenge is lack of providers that are experienced in mental health. – Other Health Provider

Access to qualified professionals to meet the needs of the mentally ill. Solving the problem of “off my medication” so I am self-medicating. – Community Leader

Denial/Stigma

I really see three challenges here (not necessary in order from one to three). One, stigma around mental health. Two, access to mental health treatment options. Three, holistic approach not only to treatment but prevention of mental health issues. – Community Leader

There is still a stigma on MH and addiction that causes some to not take it seriously and causes people to be turned away from some services or removed from the community, i.e. incarceration. – Social Services Provider

The biggest challenge is the stigma that exists that mental health care is not needed and that people just need to pull themselves up by their bootstraps. – Social Services Provider

General population awareness of the mental health issues in our community. Stigma of seeking help. – Community Leader

People not accessing services due to the stigma attached to mental health, lack of services due to budgetary cuts. – Community Leader

Stigma of needing treatment. Lack of community resources. Insurance issues. – Community Leader

I think a major problem is the stigma or the lack of knowledge for mental health. – Public Health Representative

The stigmatism still associated with it. Not enough providers for those seeking care or a facility that allows inpatient treatment to have their children/spouse. More awareness of telehealth to the community and how to access it. – Social Services Provider

Lack of a sense of purpose, poor work ethic, familial repetition of poor parenting and substance abuse, lack of values, sense of entitlement. – Other Health Provider

Mental health parity. Mental health stigma. Access to services & funds. Acquiring and retaining of qualified staff to provide care. Currently Butte-Silver Bow’s crisis system is broken and Western Montana Mental Health Center cannot fill positions required to provide Crisis evaluation, placement, and treatment as Western Montana Mental Health Center has contracted to do with the community. People in the crisis house are not receiving clinical care on site (tele- treatment only) and there is grave concern in the community that this issue will lead to increased suicides and unnecessary, costly placement at the State Hospital in Warm Springs. The impact of the void in adequate crisis care is flowing into other community agencies including the emergency room, detention center, courts (for emergency detention/commitment) and other providers placing pressure on systems not designed to address these issues to fill gaps left by Western Montana Mental Health Center. Although the issues of stigma and parity are important, the current void in the provision of mental health crisis care is paramount. – Public Health Representative

Stigma, closure by Western Montana Mental Health Center of a variety of services, access to behavioral health services. – Public Health Representative

Prevalence/Incidence

Literally everyone with even a hint of a mental health crisis is sent to the ED. We don’t have the space, facilities, or staff for this. At times we are overwhelmed because we have become, by default, the urgent care psych center. It becomes worse when it is decided that someone needs to be placed at a psych facility, but none are immediately available. With pediatrics, the pediatricians have made it a policy not to admit them to the hospital for a psych hold until they’ve been in the ER for over 24 hours. We have no privacy, no room for them, to private bathrooms, no showers, and we are tasked at watching them. We need an entirely separate psych site than the ER to sort all of this out. At times, we have more psych patients than staff. – Physician

Just working and living in this community I see work and live with a lot of cases of mental health people. You see it everywhere. – Social Services Provider

Depression and suicide are major issues in our community for many people. Young males are especially impacted because of the stigma surrounding mental health and thus many do not seek help. The high use of drugs and alcohol in the community make the situation worse and the affordability of health insurance adds to the problem. – Community Leader

There seems to be many people battling mental health issues in Butte-Silver Bow. I think there are places to help but not sure if the homeless community know where to go for help I think the suicides in our community are so tragic and I hope there could be more avenues for kids and young adults to seek help. – Community Leader

Depressions and suicide are prevalent in Butte, more so than other communities. More should be done to encourage citizens to engage in communities, recreational, religion. – Community Leader



A large portion of the Butte community suffers from chronic and seasonal depression amongst other mental health diagnosis. There are not enough providers to diagnose conditions and due to the rise in need of mental health providers, it is difficult to get a timely appointment with a provider. The area is also, lacking in mental health resources for the under 18 populations in regards to diagnosis and medication management. – Public Health Representative

Challenges that I see and talking with other providers is the economic disadvantages. People with mental health issues are not receiving the funds nor have the funds that are needed to receive the appropriate care. Also, Lack of facilities to address these concerns. Mental health is on our doorstep every day. Referring them for appropriate care has become extra challenging because of clinics that are overwhelmed or being forced to close. – Public Health Representative

Diagnosis/Treatment

Consistency of mental health care and workload for existing professionals. – Community Leader

Many mental health issues are never identified in the community and therefore are not able to be addressed properly. – Community Leader

Reduced services from Western Montana Mental Health is causing people to not have their medications monitored and/or prescribed. Some people are having mental health episodes with no case management services available to help people through a crisis situation. – Social Services Provider

There is a lack of access to diagnostic, treatment, and support services. This is a critical gap in Butte. At the current time, the Western Montana Mental Health Center has no case managers, the PATH Team is laid off as is the Peer Support team. The crisis center is closed. Part of this is due to COVID-19, but there is overall a huge gap in services. There is currently only one psychiatrist at CHC who is overwhelmed. There must be resources put back into this system. – Social Services Provider

Homelessness

Homeless and those who are unable to live on their own. I know from a friend who works with individuals who deal with mental health issues that this is a major problem with little or no resources to assist individuals in the long term. – Community Leader

Mental well-being. Homelessness. Feeling of being wanted and community feeling safe. – Community Leader

Mental Health is pervasive and covers all aspects of repeated criminal behavior, substance abuse, child neglect cases and hospital visits. It, I suspect, is a major issue with some of our homeless population who go untreated. – Community Leader

Homelessness in our community. No place for them to stay. – Community Leader

The bridge between healthcare and housing. The idea that housing is healthcare has merit. When people are stably housed, they are healthier and less likely to use the hospital ER and other emergency services. There is a need to fund more mental health and housing case management to help keep people stably housed in Butte. – Social Services Provider

The Montana State Hospital releasing their clients to homelessness and St. James Hospital. – Social Services Provider

Lack of Caseworkers

People living with a mental health diagnosis often need intense case management to maintain stability and wellness. There is, without a doubt, a deficit in our community for case management. – Social Services Provider

Treatment, lack of case management, lack of psychiatric care. – Other Health Provider

Clients have no access to case management (other than PACT Team clients) and have to wait 5-6 weeks to be seen by a doctor or therapist. Without the case management clients decompensate rapidly and end up losing their housing and become a burden on the community and its resources. – Social Services Provider

Lack of case management services is a huge problem; this effects the entire community. Stress are felt by law enforcement, hospital, social services, etc. Several organizations can be identified as resources, but they do not have adequate staff or funding - Community Leader

Funding

Not enough funding for treatment, case management, inpatient and outpatient. No crisis beds in community and not enough beds in state for acute care. Sending kids out of state for mental health treatment. – Community Leader

Funding. – Community Leader

Funding and programs that are defunded. Large number of homeless in the community. – Community Leader

Affordable Care/Services

Finding affordable health care options. Not enough providers in our community. – Community Leader

Access to affordable care, lack of insurance. – Public Health Representative

Lack of access to affordable mental health care. – Physician



Awareness/Education

Lack of understanding and services. – Community Leader

Lack of community knowledge about this issue and the services that are available to assist, making sure they take the necessary medications without the mixture of alcohol and other drugs. – Community Leader

Suicide Rates

Suicide rates in Butte are very high, especially among young people. People can't afford counseling and many youth do not have strong family support or other support networks to help them and they are isolated. Bullying goes unchecked sometimes. – Community Leader

Butte (and Montana) have higher rates of suicide than other states. Access to mental health treatment and lack of providers is part of the problem, along with easy access to guns. Finding sufficient mental health treatment is hard in Butte. While Butte takes pride in being "tough," mental health is a very real issue that will not disappear on its own or through denial. – Community Leader

Contributing Factors

A large uninsured population combined with a lack of providers for the insured population. – Community Leader

Many use substances to address mental health instead of treatment and have subsequent dependence issues. – Public Health Representative

Unable to maintain their medication regime is one big challenge for people with mental health issues here. We have counselors in the community but being able to pay for such counseling is a big challenge. – Community Leader

Poverty/Income

Many individuals who have mental health issues are low income. There are many providers that do not accept Medicaid or Medicare which is what these individuals have. Therefore, their option is Western Mental Health which is state-funded and has gone through large cuts from the Department of Public Health and Human Services at the State level. When an individual is unable to be seen on a regular basis for therapy or medication checks, they turn to self-medicating, which leads to illegal substance use, loss of employment, loss of family, loss of home, etc. – Social Services Provider





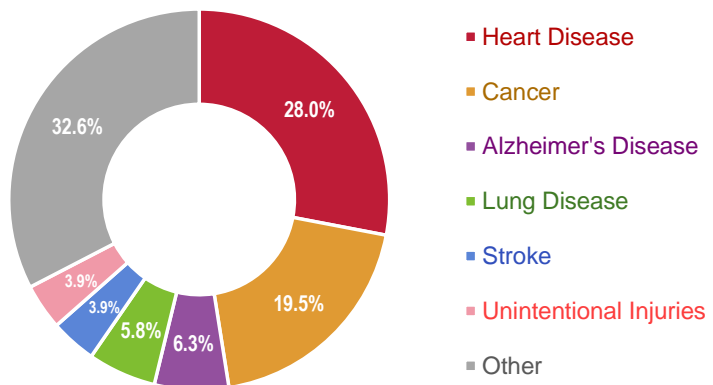
DEATH, DISEASE & CHRONIC CONDITIONS

LEADING CAUSES OF DEATH

Distribution of Deaths by Cause

Together, heart disease and cancers accounted for nearly one-half of all deaths in Butte-Silver Bow in 2018.

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



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2020.
Notes: • Lung disease is CLRD, or chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

AGE-ADJUSTED DEATH RATES

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

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as Healthy People 2020 objectives.

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



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

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

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

Age-Adjusted Death Rates for Selected Causes (2016-2018 Deaths per 100,000 Population)

	Butte-Silver Bow	Montana	US	HP2020
Diseases of the Heart	217.8	157.5	164.7	156.9*
Malignant Neoplasms (Cancers)	159.5	146.4	152.5	161.4
Chronic Lower Respiratory Disease (CLRD)	63.7	50.8	40.4	n/a
Fall-Related Deaths (65+)	48.5	78.3	58.3	47.0
Unintentional Injuries	45.6	51.8	48.3	36.4
Alzheimer's Disease	41.1	21.7	30.6	n/a
Intentional Self-Harm (Suicide)	38.0	26.6	13.9	10.2
Cerebrovascular Disease (Stroke)	32.7	32.7	37.3	34.8
Firearm-Related	30.4	19.6	11.9	9.3
Diabetes Mellitus	21.2	21.4	21.3	20.5*
Drug-Induced	16.5	8.5	13.2	11.3
Cirrhosis/Liver Disease	16.3	13.0	10.3	8.2
Motor Vehicle Deaths	15.2	17.5	11.1	12.4
Kidney Diseases	12.4	10.0	13.5	n/a
Pneumonia/Influenza	10.8	11.7	14.2	n/a

- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2020.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>.
- Note:
- *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.
 - Death rates are 2016-2018 age-adjusted rates, with the exceptions of 2009-2018 rates (falls, drug-related, cirrhosis, and kidney disease) and 2014-2018 rates (motor vehicle deaths).



CARDIOVASCULAR DISEASE

ABOUT HEART DISEASE & STROKE

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today.... Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality health care.

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

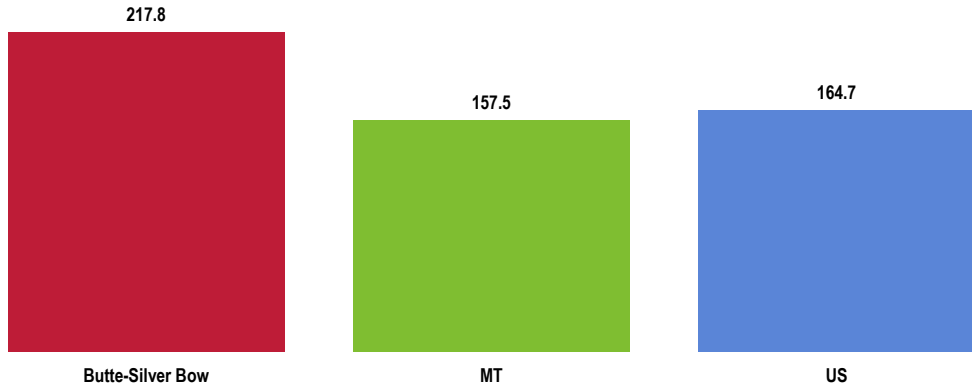
Between 2016 and 2018, there was an annual average age-adjusted heart disease mortality rate of 217.8 deaths per 100,000 population in Butte-Silver Bow.

BENCHMARK ► Well above state and US rates. Fails to satisfy the Healthy People 2020 objective.



Heart Disease: Age-Adjusted Mortality (2016-2018 Annual Average Deaths per 100,000 Population) Healthy People 2020 = 156.9 or Lower (Adjusted)

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



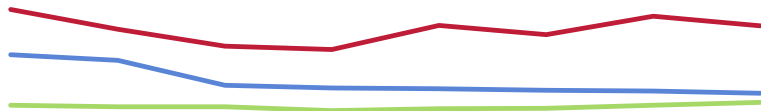
Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2020.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]

Notes:

- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Heart Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 = 156.9 or Lower (Adjusted)



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Butte-Silver Bow	230.8	215.3	202.0	199.2	218.2	211.0	225.5	217.8
MT	155.1	154.0	154.1	151.0	152.6	152.7	155.1	157.5
US	195.1	190.7	171.1	168.9	168.4	167.0	166.3	164.7

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2020.
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]

Notes:

- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.



Stroke Deaths

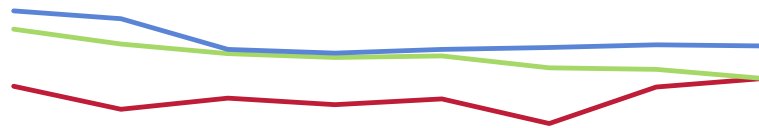
Between 2016 and 2018, there was an annual average age-adjusted stroke mortality rate of 32.7 deaths per 100,000 population in Butte-Silver Bow.

Stroke: Age-Adjusted Mortality
(2016-2018 Annual Average Deaths per 100,000 Population)
Healthy People 2020 = 34.8 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 April 2020.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]

Stroke: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2020 = 34.8 or Lower



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Butte-Silver Bow	31.6	28.3	29.9	29.0	29.8	26.3	31.5	32.7
MT	39.7	37.6	36.2	35.7	35.9	34.2	34.0	32.7
US	42.3	41.2	36.8	36.3	36.8	37.1	37.5	37.3

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2020.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]



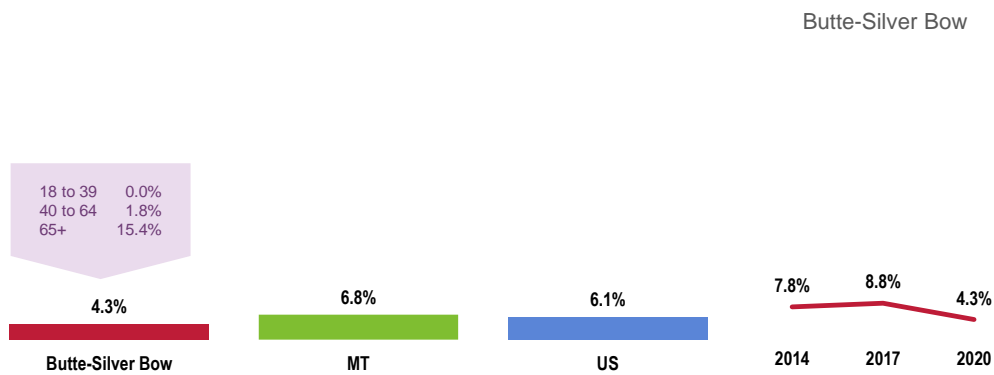
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 4.3% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

- BENCHMARK** ▶ Lower than the Montana prevalence.
- TREND** ▶ Decreasing significantly from previous survey findings.
- DISPARITY** ▶ Strong correlation with age in Butte-Silver Bow.

Prevalence of Heart Disease



Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 128]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Montana data.
● 2020 PRC National Health Survey, PRC, Inc.

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

Prevalence of Stroke

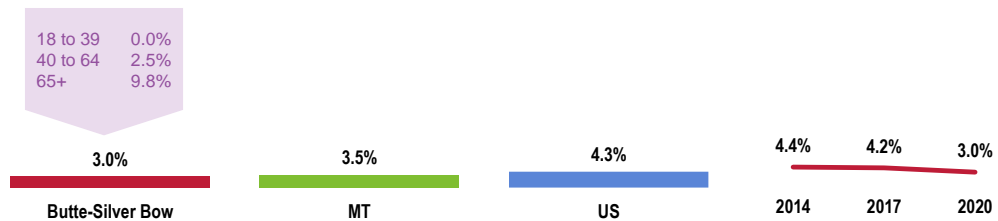
A total of 3.0% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- DISPARITY** ▶ Strong correlation with age among survey respondents.



Prevalence of Stroke

Butte-Silver Bow



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 33]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Montana data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Cardiovascular Risk Factors

Blood Pressure & Cholesterol

A total of 35.3% of Butte-Silver Bow adults have been told by a health professional at some point that their blood pressure was high.

BENCHMARK ▶ Worse than the state prevalence. Fails to satisfy the Healthy People 2020 objective.

TREND ▶ Denotes a statistically significant decrease since 2014.

A total of 28.0% of adults have been told by a health professional that their cholesterol level was high.

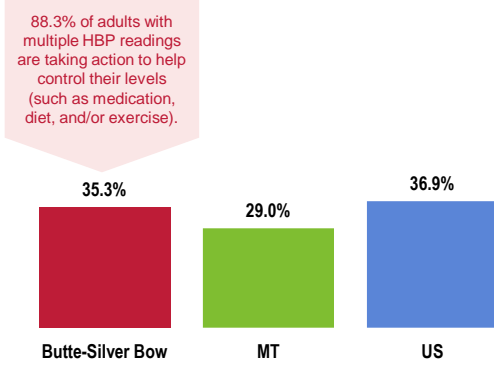
BENCHMARK ▶ Fails to meet the Healthy People 2020 objective.

TREND ▶ Decreasing significantly from 2014 survey findings.



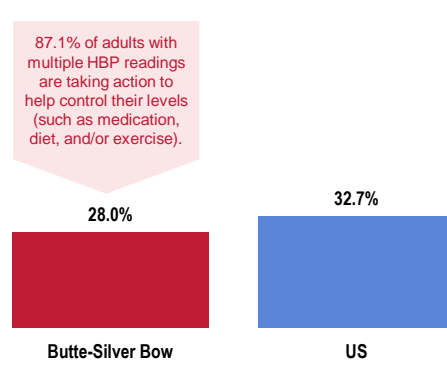
Prevalence of High Blood Pressure

Healthy People 2020 = 26.9% or Lower



Prevalence of High Blood Cholesterol

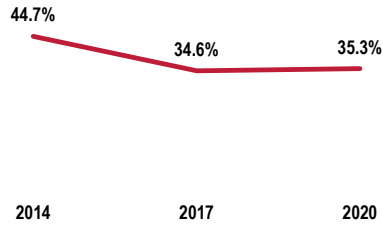
Healthy People 2020 = 13.5% or Lower



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 41, 44, 129, 130]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Montana data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives HDS-5.1, HDS-7]
 Notes: • Asked of all respondents.

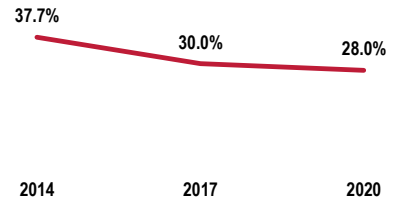
Prevalence of High Blood Pressure (Butte-Silver Bow)

Healthy People 2020 = 26.9% or Lower



Prevalence of High Blood Cholesterol (Butte-Silver Bow)

Healthy People 2020 = 13.5% or Lower



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 129, 130]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives HDS-5.1, HDS-7]
 Notes: • Asked of all respondents.



Total Cardiovascular Risk

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

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

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

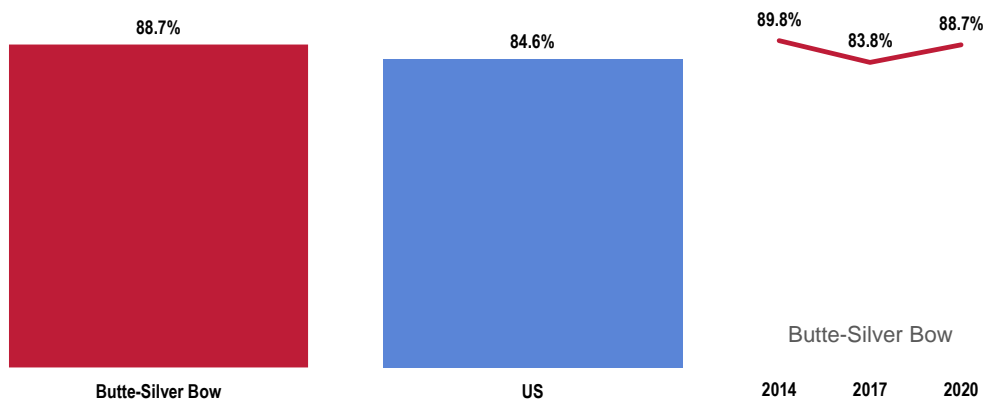
A total of 88.7% of Butte-Silver Bow adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

BENCHMARK ▶ Above the US figure.

DISPARITY ▶ Higher among men, older adults, and low-income residents.

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

Present One or More Cardiovascular Risks or Behaviors

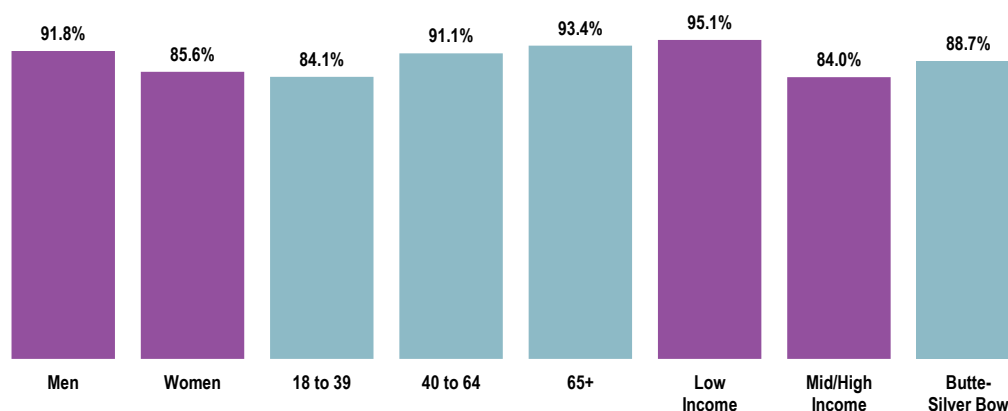


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 131]
• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Reflects all respondents.
• Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.



Present One or More Cardiovascular Risks or Behaviors (Butte-Silver Bow, 2020)

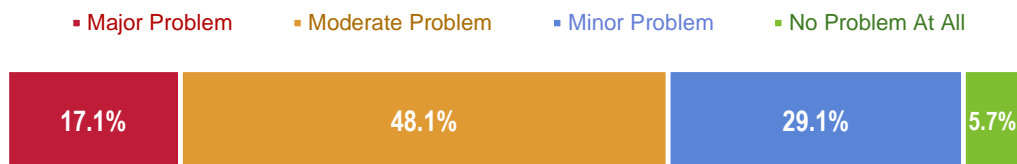


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 131]
 Notes: • Reflects all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Key Informant Input: Heart Disease & Stroke

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 and Stroke as a Problem in the Community (Key Informants, 2020)



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



Top Concerns

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

Prevalence/Incidence

Leading cause of death. – Other Health Provider

Both my parents and spouse’s parents have stents, pacemakers, or have died of a stroke. – Community Leader

I believe them to be a major problem in just about every community, but we have some data that indicates more mortality than the mean numbers. I think that while the expansion of the cath lab is important, that St. James erred grievously in ending its relationship with the cardiologist. – Community Leader

Heart disease and stroke are the number one cause of death in our community. – Other Health Provider

Probably because these are major problems in the US as a whole. – Social Services Provider

It is the number one killer in the United States. – Physician

Primary cause of death to women, Butte’s aging population, data related to sedentary lifestyles, smoking rates, obesity rates, etc. – Public Health Representative

Contributing Factors

People here tend to drink too much and not exercise enough. We also eat fast food as an alternative to cooking. – Community Leader

Unhealthy lifestyles. – Other Health Provider

I believe it is a major problem because of lifestyles people live. Eating habits and drinking habits are poor. – Public Health Representative

No neurologist for stroke. No stroke team. Variable quality of cardiologists. Difficulty scheduling chemical stress testing. – Physician

Heart disease and stroke are related to diabetes. Butte-Silver Bow has a prevalence of diabetes and pre-diabetes. Lower income families struggle to provide healthy eating options and fast food is cheap and everywhere. – Community Leader

I perceive heart disease to be a problem in our community due to poor diet and nutrition and limited physical activity. – Community Leader

A lot of people use tobacco in Butte and heart disease and stroke are strongly associated with tobacco use. – Social Services Provider

Aging Population

Older population, lifestyle choices and cultural norms. – Public Health Representative

We have an older population. – Community Leader

Butte’s aging population is more likely to face both problems, and neither problem was emphasized or recognized as such until relatively recently. So many of our aging population did not have access or information about heart disease/stroke or ways to prevent. – Community Leader

Heart disease and stroke are major killers in the community, especially for the older populations. – Other Health Provider

Access to Care/Services

Not enough services and no rehabilitation center. Having to travel out of town is expensive and difficult for especially the poor. – Social Services Provider



CANCER

ABOUT CANCER

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

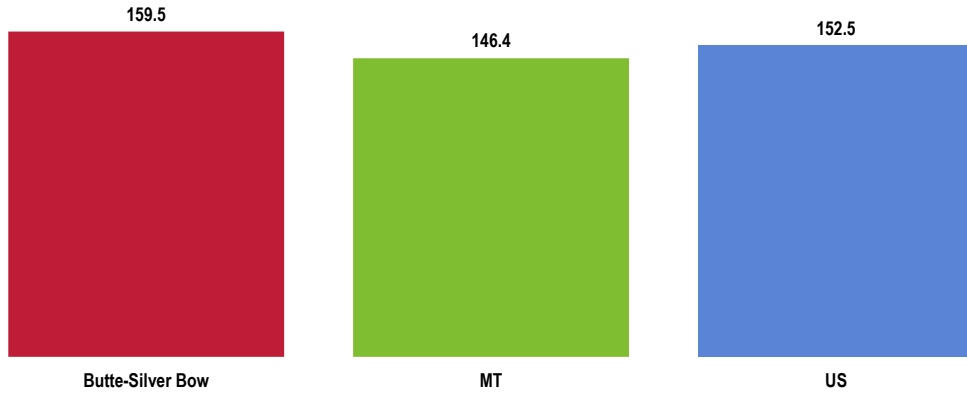
All Cancer Deaths

Between 2016 and 2018, there was an annual average age-adjusted cancer mortality rate of 159.5 deaths per 100,000 population in Butte-Silver Bow.



Cancer: Age-Adjusted Mortality (2016-2018 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 161.4 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 April 2020.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]

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

Healthy People 2020 = 161.4 or Lower



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Butte-Silver Bow	175.8	168.0	165.4	169.5	181.2	181.9	175.3	159.5
MT	162.9	160.3	158.0	155.2	155.8	153.0	151.8	146.4
US	176.8	173.3	165.1	162.5	161.0	158.5	155.6	152.5

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2020.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]



Cancer Deaths by Site

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

Other leading sites include female breast cancer, prostate cancer, and colorectal cancer.

BENCHMARK

Lung Cancer ▶ Higher than the state rate.

Female Breast Cancer ▶ Higher than both state and national rates. Fails to satisfy the Healthy People 2020 objective.

Age-Adjusted Cancer Death Rates by Site
(2016-2018 Annual Average Deaths per 100,000 Population)

	Butte-Silver Bow	Montana	US	HP2020
ALL CANCERS	159.5	146.4	152.5	161.4
Lung Cancer	40.2	32.6	36.6	45.5
Female Breast Cancer	26.5	17.9	19.9	20.7
Prostate Cancer	20.8	23.0	18.9	21.8
Colorectal Cancer	14.3	12.7	13.7	14.5

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2020.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov>

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. These rates are also age-adjusted. 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.

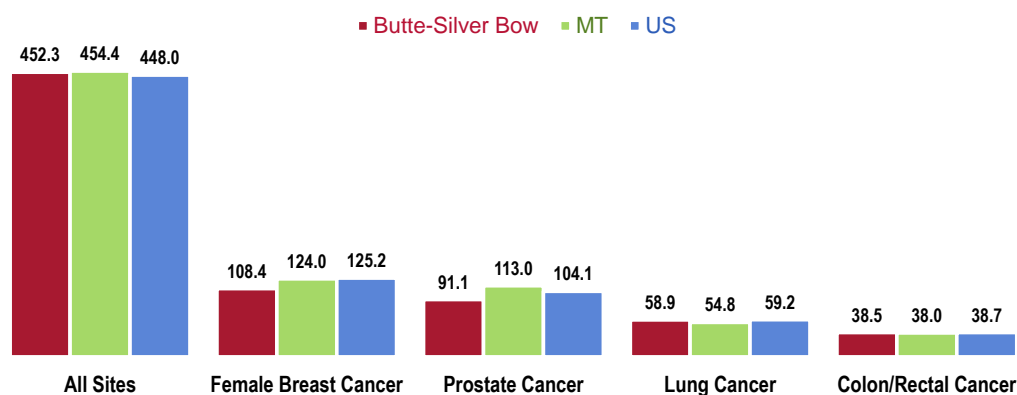
BENCHMARK

Female Breast Cancer ▶ Below the national rate.

Prostate Cancer ▶ Below the Montana rate.



Cancer Incidence Rates by Site (Annual Average Age-Adjusted Incidence per 100,000 Population, 2012-2016)



Sources:

- State Cancer Profiles.
- Retrieved April 2020 from CARES Engagement Network at <https://engagementnetwork.org>.

Notes:

- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

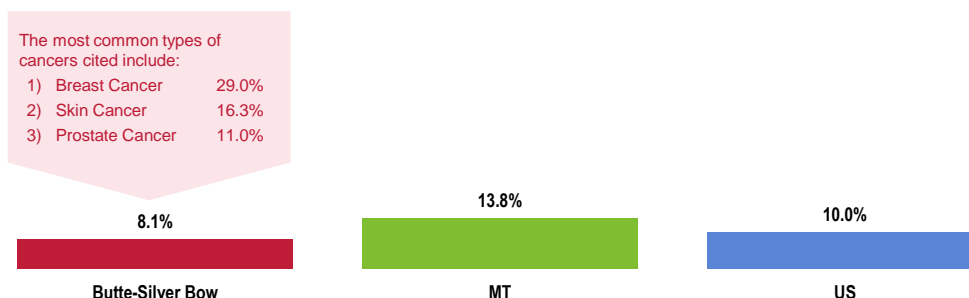
Prevalence of Cancer

A total of 8.1% of surveyed Butte-Silver Bow adults report having ever been diagnosed with cancer. The most common types include breast cancer, skin cancer, and prostate cancer.

BENCHMARK ▶ Below the Montana prevalence.

DISPARITY ▶ Increases with age in Butte-Silver Bow.

Prevalence of Cancer



Sources:

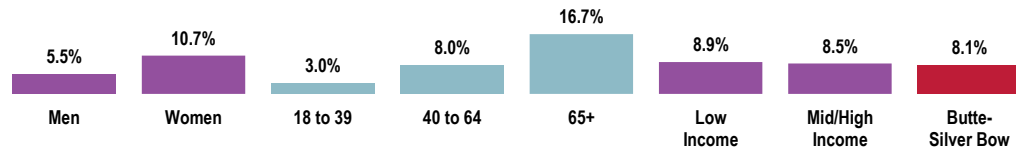
- 2020 PRC Community Health Survey, PRC, Inc. [Items 301-302]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Montana data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:

- Reflects all respondents.



Prevalence of Cancer (Butte-Silver Bow, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 301]
Notes: • Reflects all respondents.

ABOUT CANCER RISK

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

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

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



Cancer Screenings

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

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

FEMALE BREAST CANCER

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

CERVICAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

COLORECTAL CANCER

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

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

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



Among women age 50-74, 74.0% have had a mammogram within the past 2 years.

► Similar to state and national findings and statistically unchanged over time.

Among area women age 21 to 65, 78.5% have had appropriate cervical cancer screening.

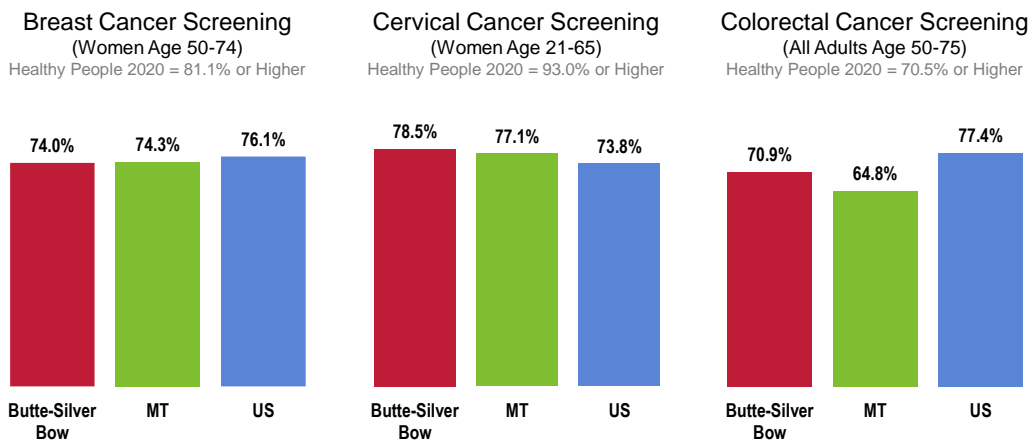
BENCHMARK ► Fails to satisfy the Healthy People 2020 objective.

Among all adults age 50-75, 70.9% have had appropriate colorectal cancer screening.

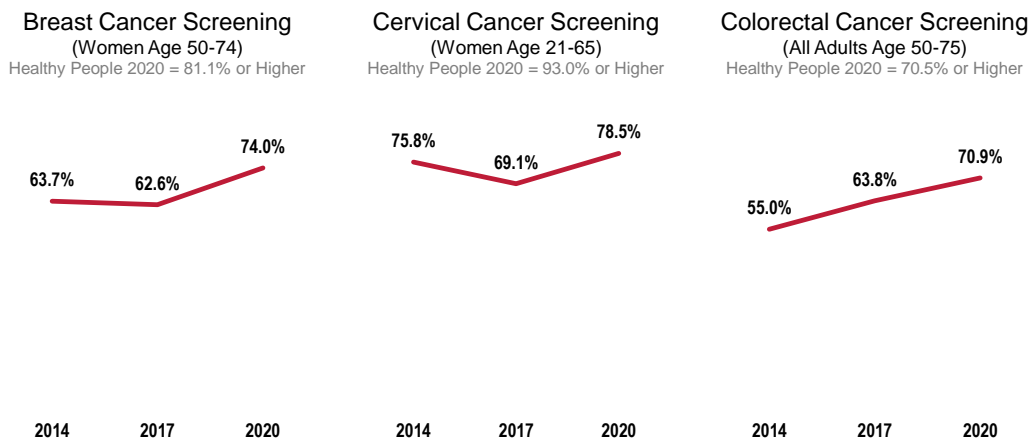
TREND ► Increasing significantly since 2014.

“Appropriate cervical cancer screening” includes Pap smear testing (cervical cytology) every three years in women age 21 to 29 and Pap smear testing and/or HPV testing every 5 years in women age 30 to 65. Women 21 to 65 with hysterectomy are excluded.

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



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 133, 134, 137]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Montana data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives C-15, C-16, C-17]
 Notes: • Each indicator is shown among the gender and/or age group specified.

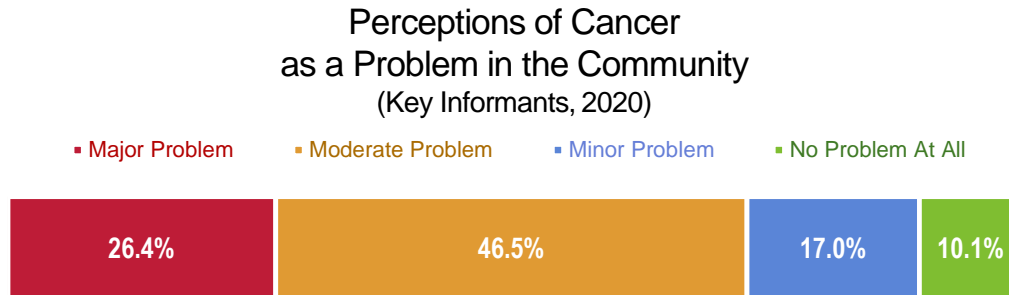


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 133, 134, 137]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives C-15, C-16, C-17]
 Notes: • Each indicator is shown among the gender and/or age group specified.



Key Informant Input: Cancer

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



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

Top Concerns

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

Prevalence/Incidence

Cancer is a major problem in all communities. – Community Leader

Numerous people I am in contact with have it. – Community Leader

It seems that there is an abnormally high frequency of occurrence in our community. The local environment is more hazardous from a health perspective with the presence of mining and other industry related waste. I can't speak to the true validity of this risk and am certainly no expert, but it stands to reason that the risk would be higher here than in other areas. – Community Leader

Based only on personal experience of individuals I know who have cancer and who are receiving treatment now and those who have passed away from cancer, I feel that at times the cause of death may be attributed to another cause of death other than cancer. – Community Leader

There isn't one person in Butte Silver Bow that can't name at least two people they know who have or had cancer. Our rates are higher than the national average. – Community Leader

Quite a few people have died from brain cancer. Other types of cancer are in our community. – Community Leader

I believe that our community of Butte-Silver Bow has a significantly higher rate than other counties in Montana of cancer. There have been numerous studies that suggest that due to mining and exposure to toxic substances could be major reason. Also, we have a large population of elderly and high rate of poverty in our community. – Social Services Provider

Cancer diagnosis of certain types of cancers seem to be increasing. Access to treatment and support services streamlined. – Community Leader

Appears to be significant upturn in lung, brain, and kidney cancer. Concern that it is related to our mining heritage. – Community Leader

Everyone knows a multitude of people with cancer in our community, friends, family, colleagues, etc. – Community Leader

Many friends and family members are suffering from some form of cancer. – Community Leader

Many diagnosed cases among all populations. – Community Leader



I have lost loved ones of varying ages to cancer. I have a friend in his early 20's that had to have a foot amputated due to cancer. A perfectly healthy 70-year-old aunt with no drinking nor smoking in her life died of lymphoma. My grandmother had stomach cancer, neighbors with prostate cancer. It affects all of us, I'm not alone in this. – Community Leader

I personally know and have read about so many people who have cancer in Butte. I am of the opinion that our per capita numbers of individuals with cancer is on the high side. – Community Leader

The number of occurrences of glioblastoma and breast cancers seem high to me for the population size. – Community Leader

We have seen a number of young people throughout our community with cancer and have even died from it. It seems higher than other communities. – Community Leader

I know a lot of people with cancer. It seems that we have a higher rate than many other communities. – Social Services Provider

A glance at the deaths in the local obits have a high amount of deaths caused by cancer. Working in the hospice setting there is a high amount of cancer patients. – Social Services Provider

It may be coincidental. I have known so many people who have experienced cancer in the community. Four people I know have passed away in the last two years. Some are in treatment. Some are in remission. – Social Services Provider

I believe the cancer rates are high in a community the size of Butte Silver Bow. – Other Health Provider

There seems to be a lot of cancer in all ages in this community compared to others. – Other Health Provider

The incidence is higher than is normal in our nation. – Social Services Provider

I have personally talked with a large number of folks that have either been through cancer treatments/procedures or are currently going through them. The ages have ranged from people in their 20's to folks in their 50's and up. I feel there should be more research into the effect of Buttes environment on the human body. Many folks have been exposed to an excess of minerals/toxins in and around our city thanks largely to the relaxed regulations on mines and the toxic wastes they produce with their processes in extracting precious minerals. – Public Health Representative

I know of many young, otherwise healthy, people who have died of cancer. Although I believe the rates don't necessary bear this out, it seems to be an issue. – Community Leader

Environmental Contributors

Probably a combo of factors, including environmental issues from mining and mine waste, smoking, poor dietary choices, lack of access, affordability for healthy foods. – Community Leader

Our community, probably due to its mining history, has a higher than average rate of cancer. – Social Services Provider

Environmental conditions leave community at high risk to different forms of cancer. – Social Services Provider

Our citizens experience cancer diagnoses consistently, and I wonder if it has anything to do with how Butte was a mining city for so many decades and is a Superfund site. – Community Leader

There are a great deal of people dying from it, especially in the age group of 40 to 65 years of age. We are also living on mine dumps and super fund sites. – Public Health Representative

Blue Collar Community with exposure to chemicals. Also, high number of tobacco, marijuana, and meth use. – Community Leader

Mining history, pollutants in air, water, and land. – Other Health Provider

The rate of cancer seems higher in the population and with increased exposure to mine waste and radon it is a problem which needs to be addressed. – Community Leader

Widespread experience of exposure to mining, related toxic substances. – Community Leader

Environmental insults. There are so many "things" in our environment (heavy metals, pesticide, genetically modified foods, electrical/magnetic emissions from cell phones, pollution, etc.) that have a significant effect on our overall health. – Community Leader

I believe that we need to pay careful attention to how environmental factors are affecting Butte citizens. We live in a great place, surrounded by natural beauty. And we find ways to recognize and appreciate the scars of historical mining and positively move forward. But more study needs to be done on possible health effects from exposure to hazardous substances that are present in Butte. – Community Leader

Environmental contamination related to past and present mining related activities. The community of Butte sits atop the largest superfund site in the nation. Lead levels remain elevated in Butte children indicating ongoing environmental exposure. There have been no studies examining the long-term effects of continued lead exposure. – Physician



I'm concerned about exposure to heavy metals and other pollutants. I don't know the extent of the problem, as I hear conflicting information. A full and transparent examination of the issue would be appropriate. It should look at legacy pollution in Butte as well as ongoing operations at Montana Resources, which produces airborne pollution that is a concern. – Community Leader

Contributing Factors

Many diagnosed, cost increasing to all, specifically medications. – Community Leader

Due to the high instance of cancer among specific demographics in the community elderly people who were exposed to toxins being mitigated now by super fund cleanup efforts. – Community Leader

Cancer mortality rates remain elevated in Butte-Silver Bow indicating either a delay in diagnosis, a lack of access to treatment and/or a more aggressive cancer. – Physician

Access to Care/Services

I know a lot of people who have been diagnosed with different types of cancer. Unfortunately, many have to go out of town for treatment. – Community Leader

I've known of many people who have become ill with cancer diagnosis and almost always have to travel to at least Kalispell or out of state for treatment. – Social Services Provider

Not enough services in Butte Silver Bow for specific cancers. – Social Services Provider

Awareness/Education

Education and not knowing what cancer care are available in the community. Needs to be collaborative work with community entities to address lifestyle, issues and concerns that lead to some cancers. Tobacco and HPV vaccination. – Other Health Provider



RESPIRATORY DISEASE

ABOUT ASTHMA & COPD

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the health care system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars.

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Respiratory Disease Deaths

Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2016 and 2018, there was an annual average age-adjusted CLRD mortality rate of 63.7 deaths per 100,000 population in Butte-Silver Bow.

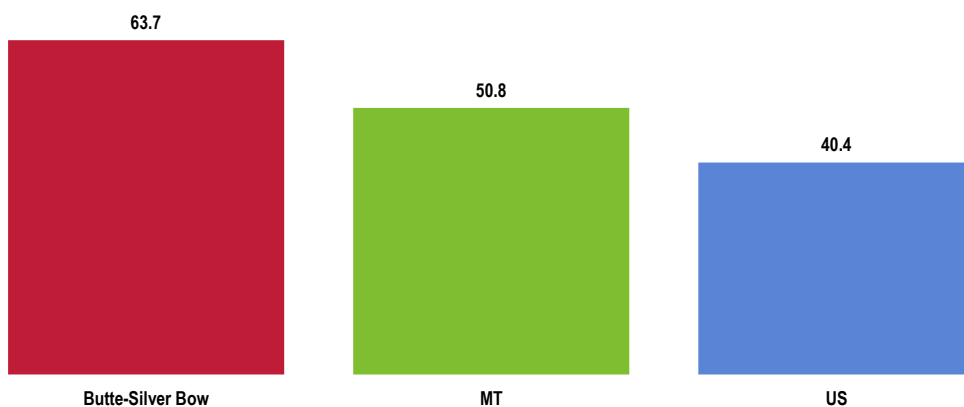
BENCHMARK ► Worse than state and national rates.

TREND ► Decreasing considerably over the past decade.

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

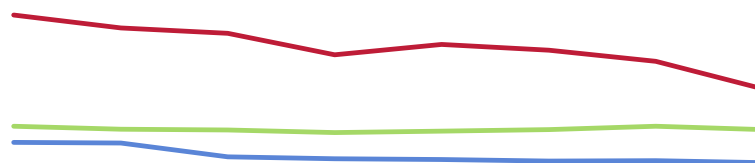


CLRD: Age-Adjusted Mortality (2016-2018 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2020.
Notes: • CLRD is chronic lower respiratory disease.

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



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Butte-Silver Bow	87.0	82.9	81.2	74.4	77.7	75.9	72.4	63.7
MT	51.9	50.9	50.7	49.9	50.4	50.8	51.9	50.8
US	46.8	46.6	42.2	41.6	41.4	40.9	41.0	40.4

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2020.
Notes: • CLRD is chronic lower respiratory disease.



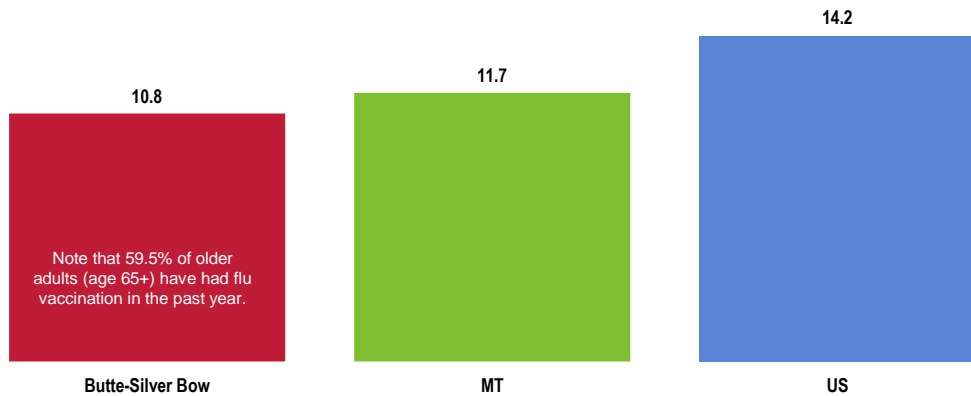
Pneumonia/Influenza Deaths

Between 2016 and 2018, Butte-Silver Bow reported an annual average age-adjusted pneumonia influenza mortality rate of 10.8 deaths per 100,000 population.

BENCHMARK ▶ Lower than the US rate.

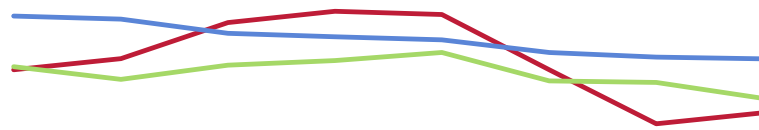
TREND ▶ Decreasing from baseline mortality rates.

Pneumonia/Influenza: Age-Adjusted Mortality
(2016-2018 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2020.

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



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Butte-Silver Bow	13.5	14.2	16.5	17.2	17.0	13.5	10.1	10.8
MT	13.7	12.9	13.8	14.1	14.6	12.8	12.7	11.7
US	16.9	16.7	15.8	15.6	15.4	14.6	14.3	14.2

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2020.



Prevalence of Respiratory Disease

Asthma

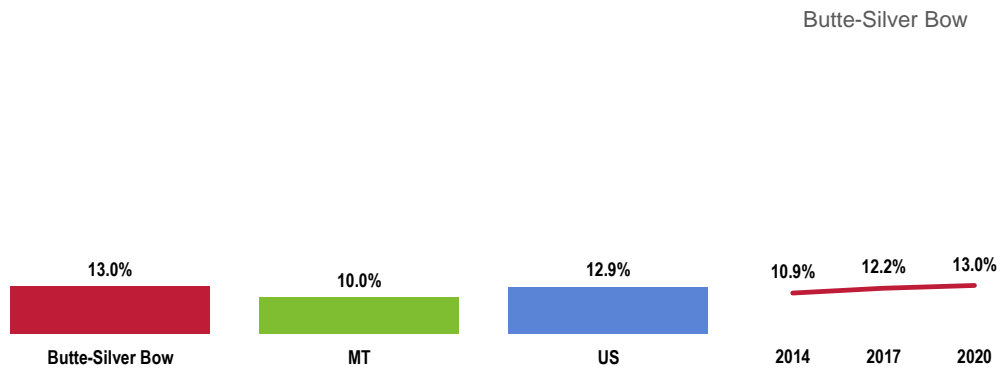
Adults

A total of 13.0% of Butte-Silver Bow adults currently suffer from asthma.

DISPARITY ▶ Notably higher among women.

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

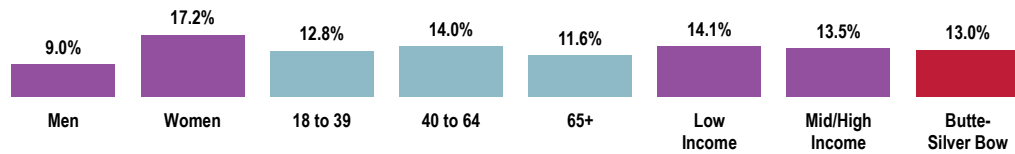
Prevalence of Asthma



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 138]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2018 Montana data.
 • 2020 PRC National Health Survey, PRC, Inc.

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

Prevalence of Asthma (Butte-Silver Bow, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 138]
 Notes: • Asked of all respondents.
 • Includes those who have ever been diagnosed with asthma and report that they still have asthma.

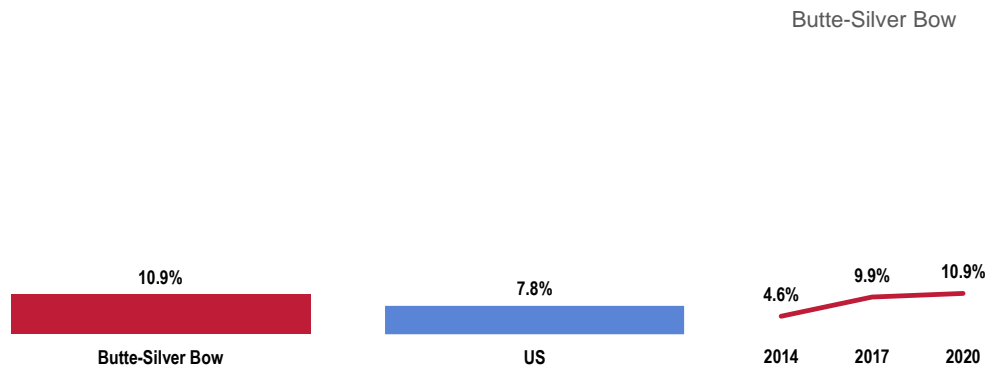


Children

Among Butte-Silver Bow children under age 18, 10.9% currently have asthma.

TREND ► The increase over time is not yet statistically significant.

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



- Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 139]
 - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents with children 0 to 17 in the household.
 - Includes children who have ever been diagnosed with asthma and are reported to still have asthma.



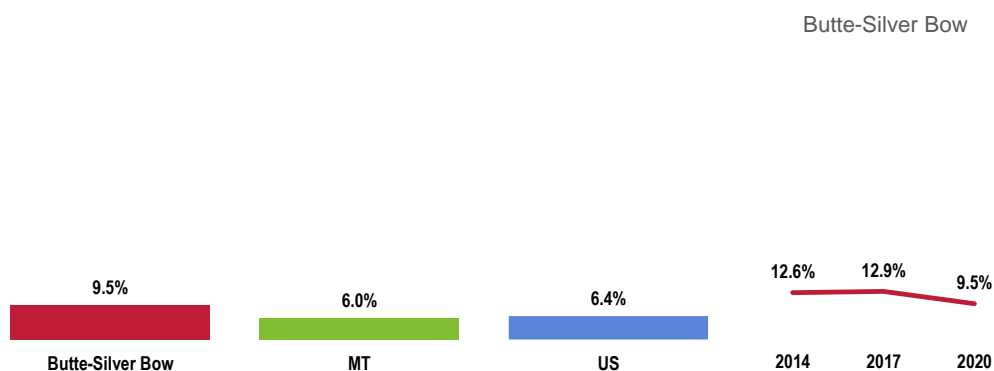
Chronic Obstructive Pulmonary Disease (COPD)

A total of 9.5% of Butte-Silver Bow adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

BENCHMARK ► Worse than the Montana figure.

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

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



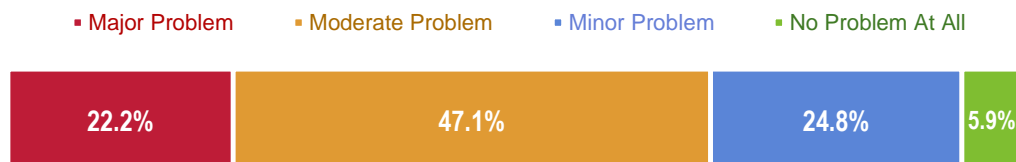
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 24]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Montana data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
 • Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.

Key Informant Input: Respiratory Disease

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 Diseases as a Problem in the Community (Key Informants, 2020)



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



Top Concerns

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

Environmental Contributors

High altitude, history of this being a mining community, many people smoke cigarettes, marijuana, don't exercise. – Other Health Provider

Dusty airborne particulates in our old mining town. – Community Leader

Large amounts of dust and other foreign particles in the air. It seems that many of the cases come as a result of previous work in the mining industry. Lack of respiratory care. – Community Leader

Altitude, co-existing chronic disease, tobacco use, exposure due type of employment. – Other Health Provider

History of mining and pollution. – Other Health Provider

Mining town. Tobacco use. – Other Health Provider

I think the mine is a huge issue. Lots of dust and just not good. I think that with the mine it creates a lot of respiratory issues with people in town. – Other Health Provider

Due to the history of mining and the pollutants in the air and our altitude, there seems to be a higher incidence of respiratory problems. – Social Services Provider

Our mining history seems to contribute to a lot of respiratory disease, plus we have a large elderly community who were smokers. – Social Services Provider

Prevalence/Incidence

Unusual high amount of folks with asthma in our community. Need more programs to raise awareness for adult asthma. – Public Health Representative

I find that I have developed asthma and allergies within the last few years. My family and friends are the same way. There must be something that has changed to cause this as I remember many years with clear breathing. Also the number of adults on oxygen is staggering, and the number of people that still smoke and vape. Check out the hospital parking lot at break time, the employees of the hospital are a great example of people that see the dangers but continue with the poor habit. – Community Leader

Increased asthma and allergies. – Community Leader

I see a lot of people wearing oxygen. I also see chronic smoking. – Community Leader

Child asthma, smoking related diseases, mine workers. – Community Leader

This seems to be a growing issue within our community. – Social Services Provider

I see a lot of people walking around with oxygen tanks. – Social Services Provider

Contributing Factors

The Berkeley Pit, smoking of nicotine, marijuana, and e-cigarettes. – Community Leader

We are vulnerable to silicosis from active and historic mining, and associated diseases including lung cancer. Also, a high smoking rate means more respiratory ailments and cancer. – Community Leader

Not enough resources to address the issue and poor environment with years of mining. – Social Services Provider

Currently, COVID-19. Hoping this won't be an ongoing issue. – Public Health Representative

Tobacco Use

Smoking, combined with high altitude and older population. – Community Leader

Increased, though declining, rates of tobacco use. Possible ongoing environmental exposure related to past and present mining related activities. – Physician

Smoking and environmental exposure. – Community Leader

Previous and current smokers, aging population and high altitude. – Community Leader

Lack of Providers

Lack of pulmonologists. – Community Leader

No pulmonologist on staff. – Other Health Provider



INJURY & VIOLENCE

ABOUT INJURY & VIOLENCE

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as “accidents,” “acts of fate,” or as “part of life.” However, most events resulting in injury, disability, or death are predictable and preventable.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

– Healthy People 2020 (www.healthypeople.gov)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2016 and 2018, there was an annual average age-adjusted unintentional injury mortality rate of 45.6 deaths per 100,000 population in Butte-Silver Bow.

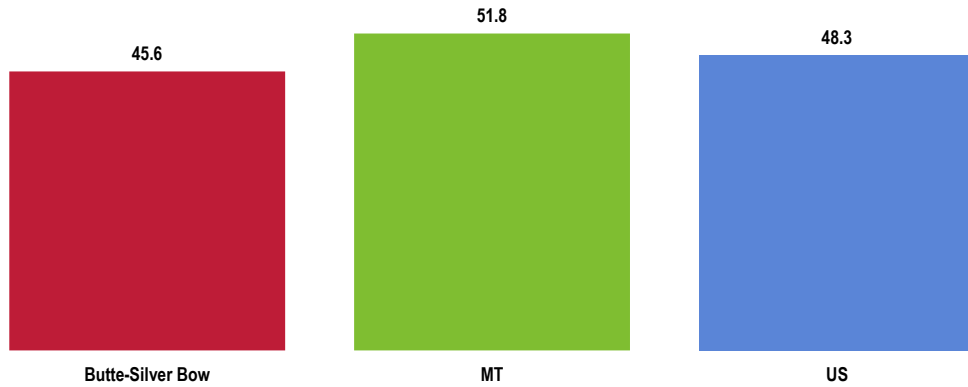
BENCHMARK ► Fails to satisfy the Healthy People 2020 objective.

TREND ► Fluctuating over time, but overall decreasing over the past decade.



Unintentional Injuries: Age-Adjusted Mortality (2016-2018 Annual Average Deaths per 100,000 Population)

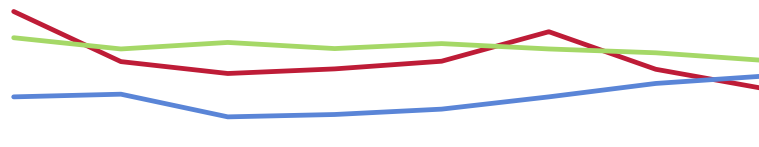
Healthy People 2020 = 36.4 or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2020.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]

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

Healthy People 2020 = 36.4 or Lower



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Butte-Silver Bow	62.6	51.5	48.9	49.9	51.6	58.1	49.8	45.6
MT	56.8	54.3	55.8	54.4	55.5	54.3	53.5	51.8
US	43.7	44.3	39.3	39.8	41.0	43.7	46.7	48.3

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2020.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]

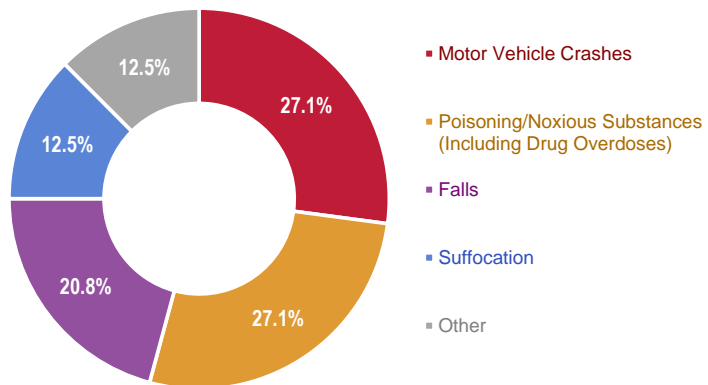


Leading Causes of Unintentional Injury Deaths

Motor vehicle crashes, poisoning (including unintentional drug overdose), falls, and suffocation accounted for most unintentional injury deaths in Butte-Silver Bow between 2016 and 2018.

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

Leading Causes of Unintentional Injury Deaths
(Butte-Silver Bow, 2014-2018)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2020.

Falls

ABOUT FALLS

Falls are the leading cause of fatal and nonfatal injuries for persons aged ≥ 65 years 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.

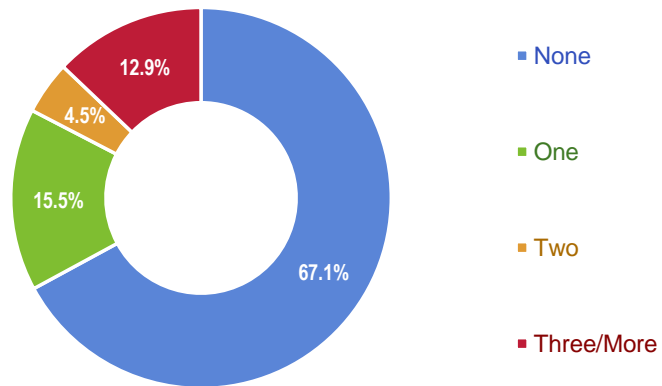
Modifiable fall risk factors include muscle weakness, gait and balance problems, poor vision, use of psychoactive medications, and home hazards. Falls among older adults can be reduced through evidence-based fall-prevention programs that address these modifiable risk factors. Most effective interventions 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 Butte-Silver Bow adults age 45 and older, most have not fallen in the past year.

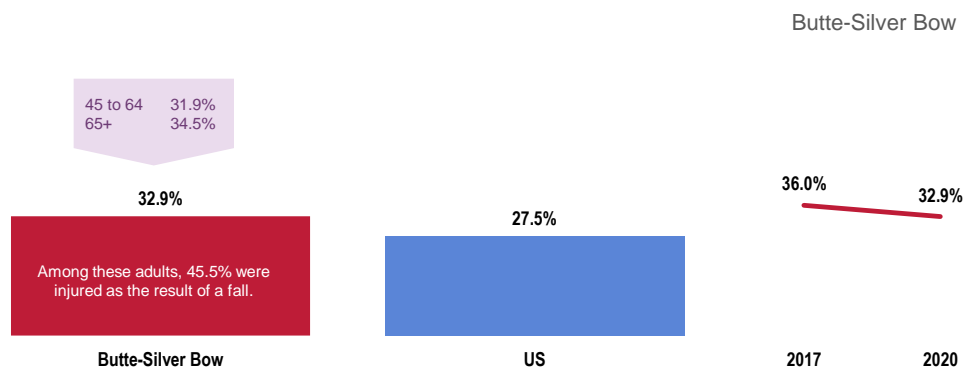
Number of Falls in Past 12 Months
(Adults Age 45 and Older; Butte-Silver Bow, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 107]
Notes: • Asked of all respondents age 45+.

However, 32.9% have experienced a fall at least once in the past year.

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



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 107-108]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of those respondents age 45 and older.



Firearm Safety

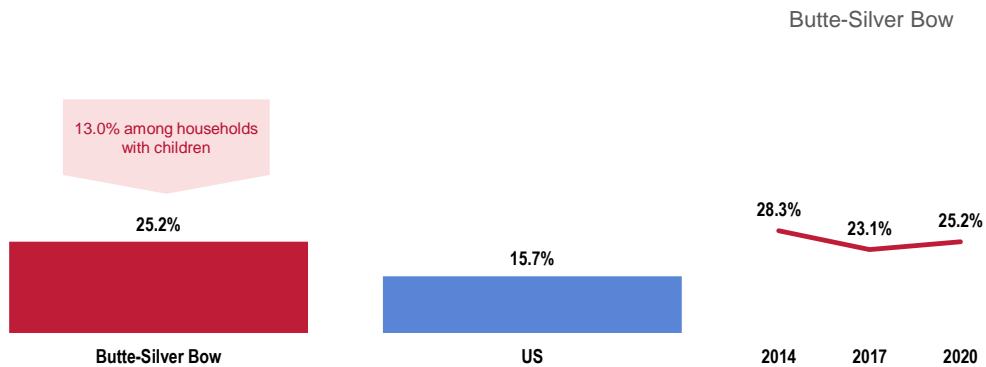
Overall, 25.2% of Butte-Silver Bow adults have an unlocked firearm in or around their homes.

BENCHMARK ► Well above the US figure (note that the national data are based on two questions, asked slightly differently).

Survey respondents were asked about the presence of unlocked firearms in the home:

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

Have an Unlocked Firearm Kept in or Around the Home



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 304, 329]
• 2017 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
• In this case, firearms include pistols, shotguns, rifles, and other types of guns; this does not include starter pistols, BB guns, or guns that cannot fire.
• *Trend and US data represent percentage responses from two combined survey indicators.

Intentional Injury (Violence)

Violent Crime

Violent Crime Rates

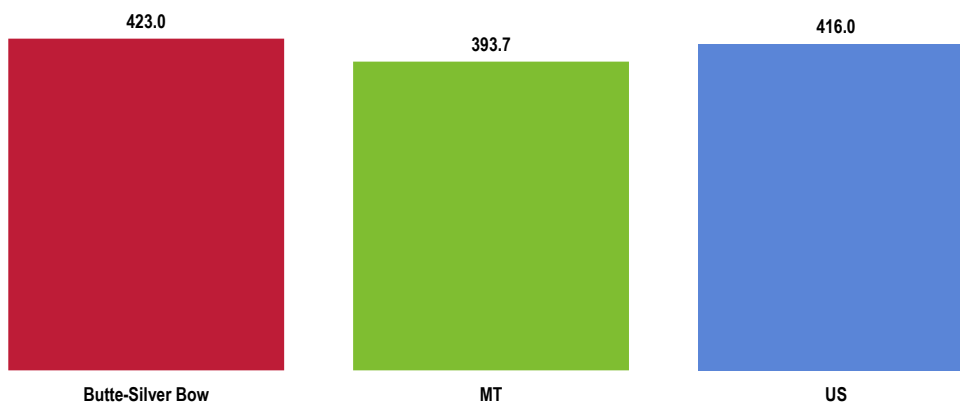
Between 2014 and 2016, there were a reported 423.0 violent crimes per 100,000 population in Butte-Silver Bow.

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

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



Violent Crime (Rate per 100,000 Population, 2014-2016)



- Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
 - Retrieved April 2020 from CARES Engagement Network at <https://engagementnetwork.org>.
- Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
 - Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Community Violence

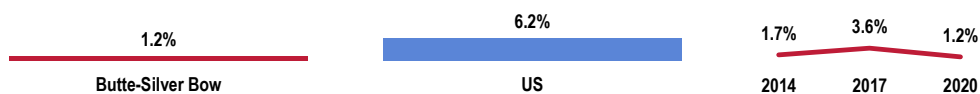
A total of 1.2% of surveyed Butte-Silver Bow adults acknowledge being the victim of a violent crime in the area in the past five years.

BENCHMARK ► Well below the national prevalence.

DISPARITY ► Higher among women and older adults.

Victim of a Violent Crime in the Past Five Years

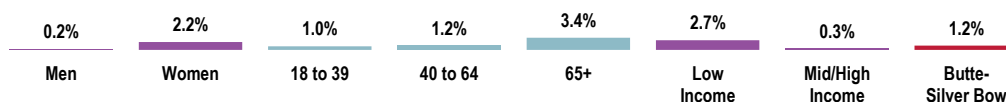
Butte-Silver Bow



- Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 46]
 - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.



Victim of a Violent Crime in the Past Five Years (Butte-Silver Bow, 2020)



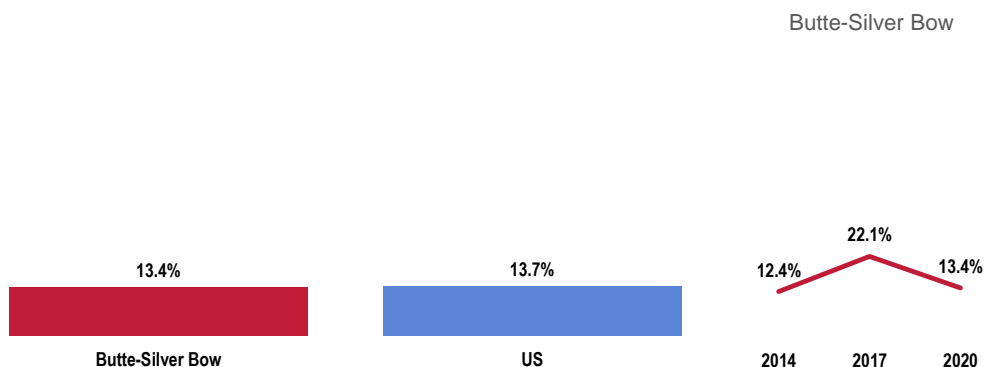
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 46]
 Notes: • Asked of all respondents.

Family Violence

A total of 13.4% of Butte-Silver Bow adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

TREND ► Similar to baseline 2014 results but decreasing significantly since 2017.

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



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 47]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

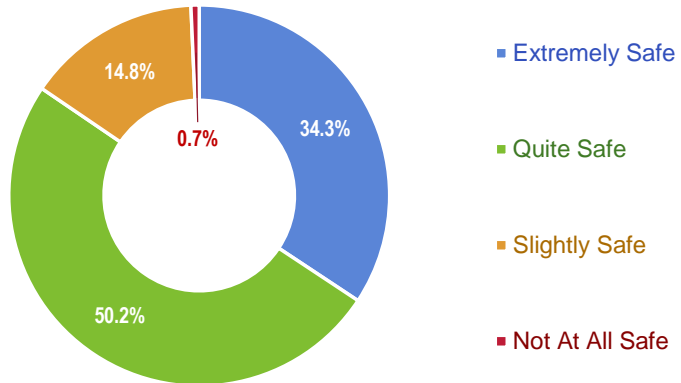
Respondents were read: "By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."



Perceived Neighborhood Safety

While most Butte-Silver Bow adults consider their own neighborhoods to be “extremely safe” or “quite safe,” 15.5% consider them only “slightly safe” or “not at all safe.”

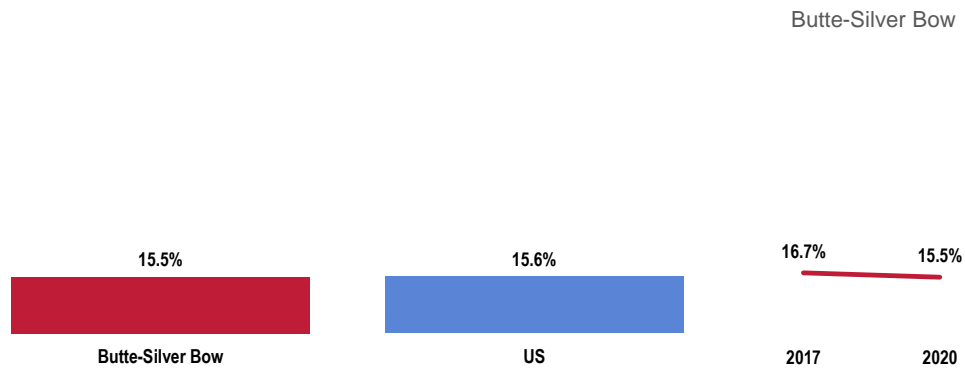
Perceived Safety of Own Neighborhood
(Butte-Silver Bow, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 303]
Notes: • Asked of all respondents.

DISPARITY ► The prevalence decreases with age in Butte-Silver Bow.

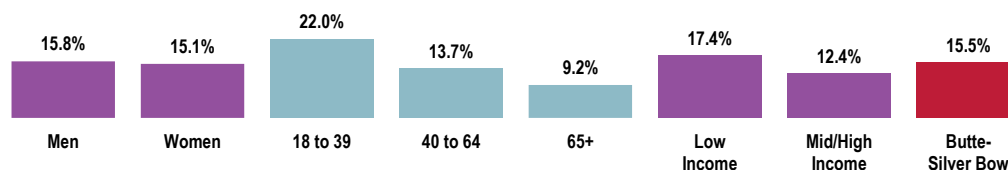
Perceive Own Neighborhood as “Slightly” or “Not At All” Safe



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 48]
• 2017 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Perceive Own Neighborhood as “Slightly” or “Not At All” Safe (Butte-Silver Bow, 2020)

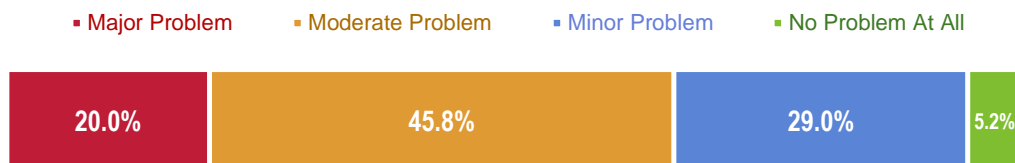


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 48]
Notes: • Asked of all respondents.

Key Informant Input: Injury & Violence

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

Perceptions of Injury and Violence as a Problem in the Community (Key Informants, 2020)



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



Top Concerns

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

Alcohol/Drug Use

High substance abuse of alcohol, legal and street drugs, unemployment, poor work ethic, depression, poor prioritizing with use of limited income. – Other Health Provider

Goes along with substance abuse issues, risk taking behavior. Domestic violence, mental health and substance abuse issues. Also culture in our community. – Community Leader

With a large demographic being affected by alcohol and drugs there is a lot of systemic issues underlying creating violence and injury to family members and spouses. – Social Services Provider

High use of alcohol in area. Drug use, easy access. – Social Services Provider

Because of the high substance abuse in our community I see more criminal activity such as violence and injury. – Community Leader

Substance abuse leading to violence. – Community Leader

I believe that this is meth related. Many more incidents of partner abuse, assault and significant violence are resulting. This is also contributing to increases in theft/robbery. – Community Leader

Prevalence/Incidence

Facebook/news reports/word of mouth indicate a lot of violence in our community. – Social Services Provider

Blue collar workers and high number of violent crimes, including domestic abuse. – Community Leader

I perceive this to be an issue because I witness verbal abuse and in some cases violence against others, whether it be bullying, harassment, or physical violence exhibited against others. – Community Leader

I feel an increase of violence and injury is to be expected with any community as our populations grow. Sadly, though we are seeing less education to combat our growing environments diversity and potential problems. Let's start with the effects of bullying in our schools. I talk with quite a few kids that attend the High schools, they have all experienced bullying repeatedly, some have even been bullied by teachers. On top of these horrid situations the lack of mental health support may also be contributing since folks cannot get access to therapist/counselors and medications. I also feel the increase rise of substance use all around is contributing. Often times one of the main things available to do for fun in Butte is the bar/party scene. These along with other various substances causes an increase of depression and irrational behavior between folks. Especially when triggered from traumatic events, under the influence and or coming off of hard substances. – Public Health Representative

Domestic/Family Violence

Domestic violence is a large problem in our community, correlated partly, not entirely by any means. With low income, lack of education, economic stress, drug addiction and substance abuse. – Community Leader

There seems to be many reports surrounding domestic type violence in the community. – Other Health Provider

Domestic and family violence are on the rise accompanied by the increase un substance use. This is also common in the younger parent population because younger individuals do not have the tools to manage impulse control and patience levels. – Public Health Representative

Domestic violence is a major issue within this community. In conjunction with drug and alcohol abuse there is a lot of violence. – Social Services Provider

Contributing Factors

Lack of education, finances, ETOH and drug abuse along with mental health disorders. – Community Leader

Many live with a barrier to housing because of violence related charges and behaviors. – Social Services Provider

Butte-Silver Bow has a high suicide rate, including youth suicide. – Public Health Representative

Poverty/Income

Low income population, minimum wage employment, substance use. – Public Health Representative

Violence and injury due to increased drug use, poverty. – Community Leader

Access to Care/Services

The hospital is not equipped well enough as a trauma center. People with extensive injury are typically shipped elsewhere. – Social Services Provider



DIABETES

ABOUT DIABETES

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes. Effective therapy can prevent or delay diabetic complications.

Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing health care systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

- Healthy People 2020 (www.healthypeople.gov)

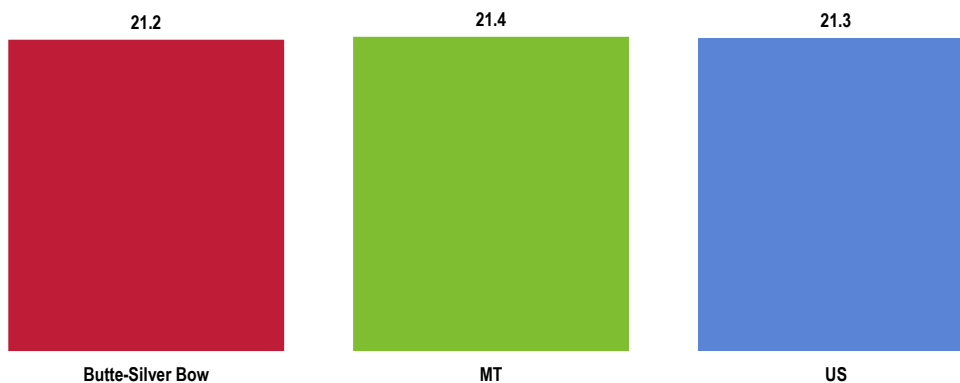
Age-Adjusted Diabetes Deaths

Between 2016 and 2018, there was an annual average age-adjusted diabetes mortality rate of 21.2 deaths per 100,000 population in Butte-Silver Bow.

TREND ► Fluctuating over time but decreasing from the baseline mortality rate.



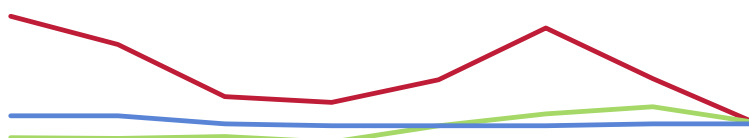
Diabetes: Age-Adjusted Mortality (2016-2018 Annual Average Deaths per 100,000 Population) Healthy People 2020 = 20.5 or Lower (Adjusted)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2020.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]

Notes: • The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Diabetes: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population) Healthy People 2020 = 20.5 or Lower (Adjusted)



	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Butte-Silver Bow	33.2	30.1	24.3	23.7	26.2	31.9	26.3	21.2
MT	19.8	19.7	19.9	19.3	21.1	22.4	23.2	21.4
US	22.2	22.2	21.3	21.1	21.1	21.1	21.3	21.3

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2020.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective D-3]

Notes: • The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

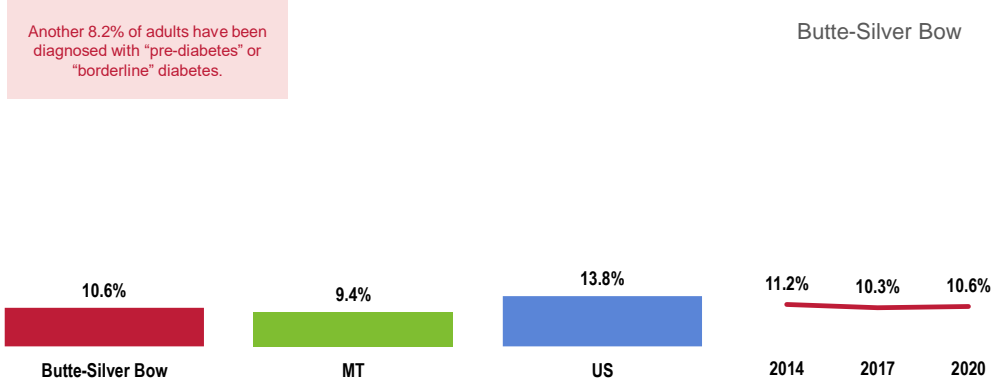


Prevalence of Diabetes

A total of 10.6% of Butte-Silver Bow adults report having been diagnosed with diabetes.

DISPARITY ► The prevalence increases sharply with age.

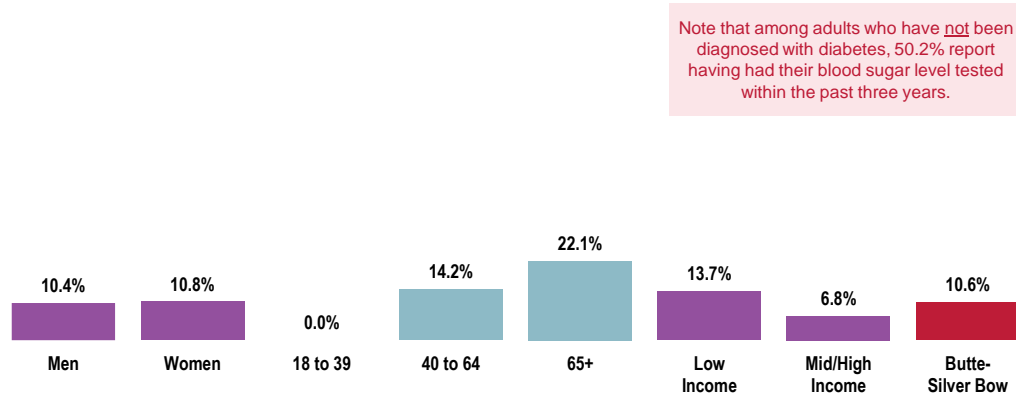
Prevalence of Diabetes



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 140]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Montana data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Prevalence of Diabetes (Butte-Silver Bow, 2020)

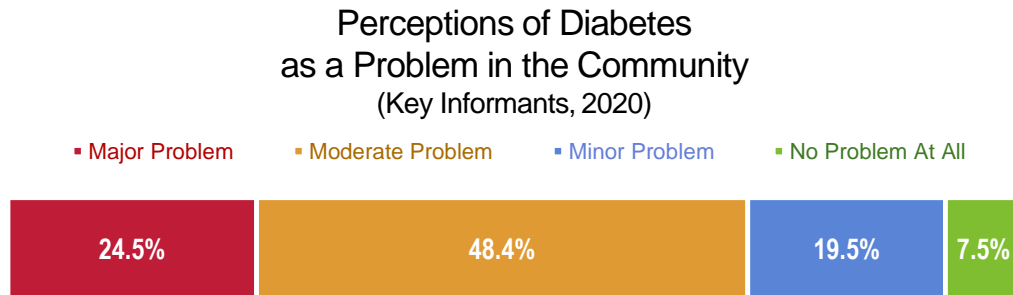


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 37, 140]
 Notes: • Asked of all respondents.
 • Excludes gestational diabetes (occurring only during pregnancy).



Key Informant Input: Diabetes

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



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

Top Concerns

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

Affordable Medication/Supplies

Cost of medications. – Physician

Cost of medications, especially insulin, diabetic education. – Community Leader

The biggest challenge is the cost of medications, patient adherence and the ability to afford health food. – Other Health Provider

Medication cost, most of our patients are Medicare and do not qualify for the various coupons or discounts offered by manufacturers. Food is also a huge component. Low cost foods tend to not be healthy. – Physician

Cost of supplies, access to education, not enough prevention education and programs to target prevention of adult onset. – Community Leader

Affordable medication, lack of endocrinologists. – Public Health Representative

The price of insulin. This problem is well-documented. Our healthcare infrastructure does a super job, but we have many poor diabetics who are rationing their insulin because of its expense, putting themselves at risk. – Community Leader

Awareness/Education

Education and financial resources to combat diabetes. – Public Health Representative

Understanding the significance of self-care, diet, exercise, etc. – Community Leader

Coaching and holding people accountable through caseworkers or life coaches. – Community Leader

Lack of education, lack of testing, unaware of resources available in the community. – Community Leader

Compliance and sustaining educational opportunities. – Other Health Provider

Lack of knowledge linking diet and physical condition to onset of diabetes. – Community Leader

Access to education around healthy lifestyle choices. Low income and inability to afford healthy foods. Lack of good food options, food deserts in poorer neighborhoods. – Community Leader



Access to Care/Services

Lack of formal prevention services, lack of access to specialists. – Public Health Representative
Accessing healthcare and affordability of needed prescriptions. – Community Leader
Access to appropriate health care and aide for their needs. – Social Services Provider
Limited resources. – Community Leader

Disease Management

Getting enough exercise, proper diet, and lack of individual self-initiative to take care of proper health. – Community Leader
Type II diabetes induced from poor nutrition/lifestyle. – Other Health Provider
Staying on a regular schedule for A1C checks, controlling their own healthcare needs as it pertains to this disease. – Other Health Provider
Self-management, knowledge of the disease and the damage that can happen, cost of medications. – Other Health Provider

Prevalence/Incidence

Again, the high number of diabetic patients seems out of proportion for a community our size. – Community Leader
We have a high number of diabetic patients within our community. I think management of the disease is the largest issue of concern. – Community Leader
A good majority of the population we work with reports having diabetes. Managing this disease is hard for persons who live with the challenges of low or no income and homelessness. – Social Services Provider

Contributing Factors

Maintaining proper diet and exercise when faced with limited income or limited mobility. – Social Services Provider
Obesity and not managing. – Community Leader
Screenings are now readily available and some go undiagnosed for a period of time, which can cause irreparable damage. There are some resources but not enough to go around. – Social Services Provider

Lifestyle

Maintaining a healthy lifestyle is one of the biggest challenges for people with diabetes. – Community Leader
Generally, the culture here does not eat a great diversity of foods, relying on red meat and fried, carbohydrate heavy meals. There is also a general lack of physical activity to prevent the onset of diabetes. – Community Leader

Access to Affordable Healthy Food

Access to fresh foods. A lot of people are in poverty and can't afford fresh fruits and vegetables and unprocessed foods. – Social Services Provider

Aging Population

Aging population, poor diet, high poverty level, people in poverty have poorer diets and less access to healthcare. – Other Health Provider

Denial/Stigma

Denial and poor choices. Treating symptoms instead of lifestyle changes. – Other Health Provider



KIDNEY DISEASE

ABOUT KIDNEY DISEASE

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

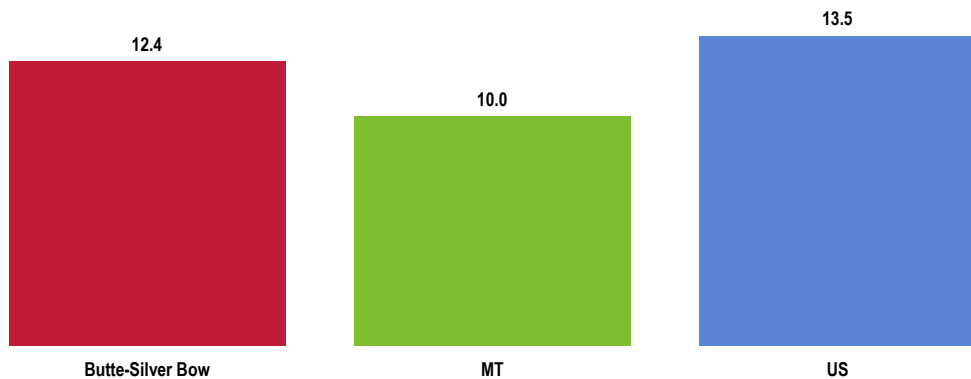
– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Between 2016 and 2018, there was an annual average age-adjusted kidney disease mortality rate of 12.4 deaths per 100,000 population in Butte-Silver Bow.

BENCHMARK ► Worse than the Montana rate.

Kidney Disease: Age-Adjusted Mortality
(2009-2018 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2020.



Prevalence of Kidney Disease

A total of 1.9% of Butte-Silver Bow adults report having been diagnosed with kidney disease.

BENCHMARK ▶ Well below the US prevalence.

DISPARITY ▶ Increases sharply past the age of 65 years.

Prevalence of Kidney Disease

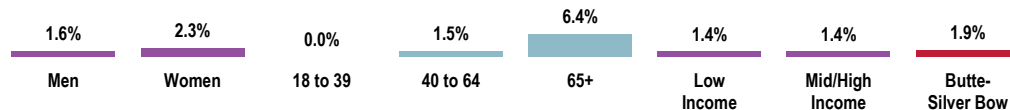
Butte-Silver Bow



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 30]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Montana data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Prevalence of Kidney Disease (Butte-Silver Bow, 2020)



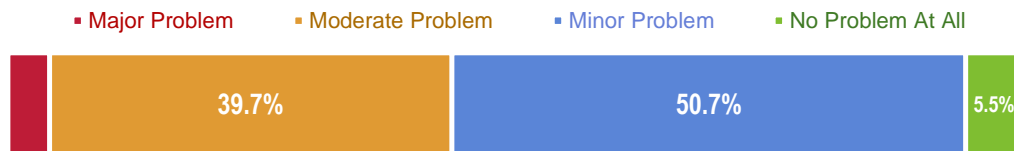
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 30]
 Notes: • Asked of all respondents.



Key Informant Input: Kidney Disease

Key informants taking part in an online survey most often characterized *Kidney Disease* as a “minor problem” in the community.

Perceptions of Kidney Disease as a Problem in the Community (Key Informants, 2020)



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

Top Concerns

Lack of Providers

- Nephrologists only come one or two days a month from outside of the county and are reluctant to accept patients with acute dialysis needs. Outpatient appointments are only variably available. – Physician
- No nephrologist. No inpatient dialysis, etc. – Physician
- We do not have a nephrologist. – Other Health Provider

Comorbidities

- Many people who suffer with addiction also have kidney disease. – Social Services Provider
- Possibly because of the prevalence of diabetes. – Community Leader

Alcohol/Drug Use

- Butte has a lot of drinkers. – Other Health Provider



POTENTIALLY DISABLING CONDITIONS

Multiple Chronic Conditions

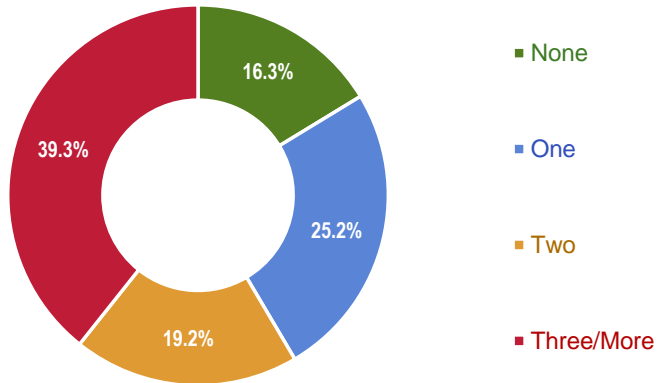
For the purposes of this assessment, chronic conditions include:

- Arthritis
- Asthma
- Cancer
- Diabetes
- Diagnosed depression
- Heart attack/angina
- High blood cholesterol
- High blood pressure
- Kidney disease
- Lung disease
- Obesity
- Osteoporosis
- Sciatica
- Stroke

Multiple chronic conditions are concurrent conditions.

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

Number of Current Chronic Conditions
(Butte-Silver Bow, 2020)



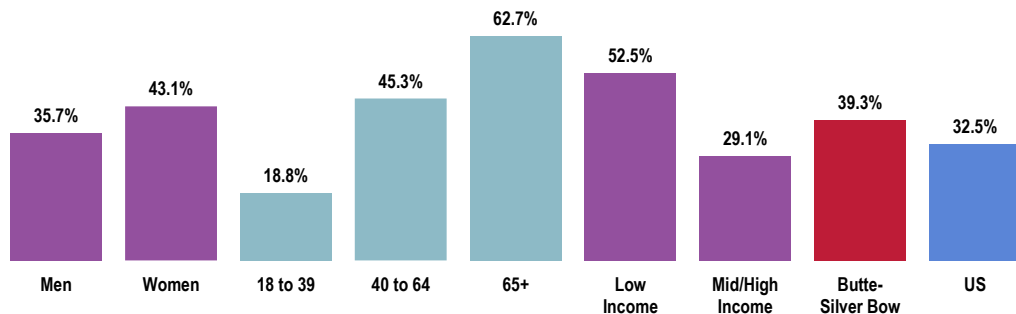
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 143]
 Notes: • Asked of all respondents.
 • In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

In fact, 39.3% of Butte-Silver Bow adults report having three or more chronic conditions.

BENCHMARK ▶ Well above the US figure.

DISPARITY ▶ Increasing with age and much higher among low-income residents.

Currently Have Three or More Chronic Conditions
(Butte-Silver Bow, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 143]
 Notes: • Asked of all respondents.
 • In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.



Activity Limitations

ABOUT DISABILITY & HEALTH

An individual can get a disabling impairment or chronic condition at any point in life.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

- Improve the conditions of daily life by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- Address the inequitable distribution of resources among people with disabilities and those without disabilities by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
- Expand the knowledge base and raise awareness about determinants of health for people with disabilities by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

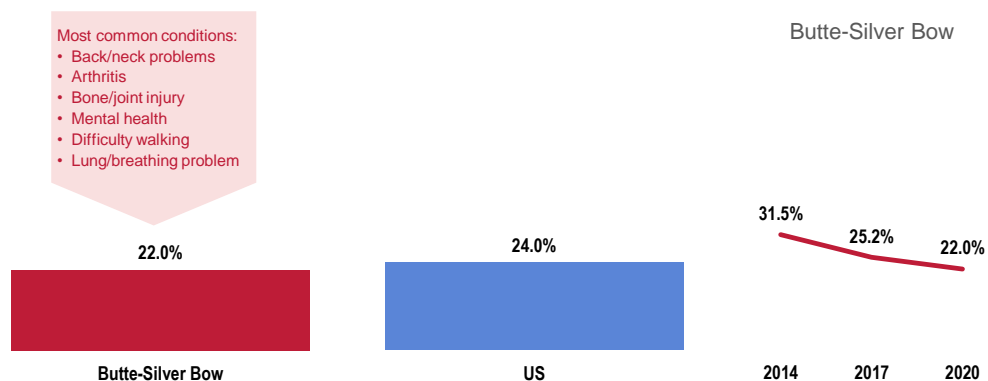
– Healthy People 2020 (www.healthypeople.gov)

A total of 22.0% of Butte-Silver Bow adults are limited in some way in some activities due to a physical, mental, or emotional problem.

TREND ► Decreasing significantly from 2014 survey results.

DISPARITY ► Notably higher among adults age 40 and over and adults in low-income households.

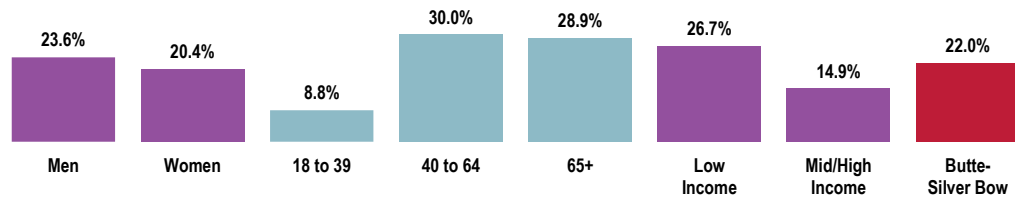
Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 109-110]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.



Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem (Butte-Silver Bow, 2020)

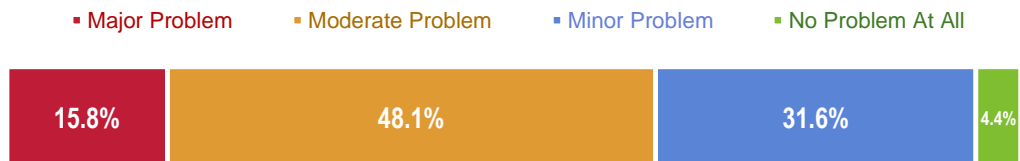


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 109]
Notes: • Asked of all respondents.

Key Informant Input: Disability & Chronic Pain

Key informants taking part in an online survey most often characterized *Disability & Chronic Pain* as a “moderate problem” in the community.

Perceptions of Disability & Chronic Pain as a Problem in the Community (Key Informants, 2020)



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



Top Concerns

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

Prevalence/Incidence

- Large baby boomer population with multiple chronic conditions. Only a few providers will treat chronic pain. – Other Health Provider
- I simply know many people with these ailments. – Community Leader
- The amount of requests for pain medication and sign off on disability forms. – Other Health Provider
- As a dentist I would say 80 percent plus of my patients are being treated for chronic pain and/or have disability. – Other Health Provider
- Many people that I see on a daily basis report chronic pain-related disabilities. People claim they are unable to work, but with such a broad definition, SSA often denies applicants listing chronic pain diagnosis as the disability. – Social Services Provider
- Seeing in on my care. – Other Health Provider
- I work with a population with a high incidence of disability claims with many who are reliant on pain medications. – Public Health Representative

Access to Care/Services

- Lack of available services. – Physician
- There is no fully staffed pain clinic. Only a single nurse anesthetist who mainly addresses spinal pain. No medical or pharmacist pain management at all except through PCPs who are overloaded. – Physician
- Disability services are hard to get into. The pain center is difficult to get into as well. – Social Services Provider
- There is limited access to pain clinics to serve the patients with chronic pain due to the recent decreased prescribing behavior of narcotics. – Other Health Provider

Aging Population

- Large population of retired and elderly. – Community Leader
- Butte is an old town, meaning lots of elderly residents with varying degrees of functional ability. There are also many citizens with hidden disabilities. The scorched earth approach the opioid crisis also leaves a void for people with chronic pain. Non-opioid approaches can be effective but were not well developed or accessible before the sudden decrease in access to opioids and still are not. – Public Health Representative
- Aging population, low SES, poor priorities. – Other Health Provider

Contributing Factors

- Blue collar work force and insufficient pain management help. – Community Leader
- Chronic pain due to the hard-working people of Butte Montana, they use their body to make a living. Lack of understanding regarding their disability and how to get relief for chronic pain. – Community Leader
- I perceive a population of people here who work in jobs that rely on the body, craft work, labor, service sector, and over time these jobs take a toll on the bodies of our residents resulting in chronic pain and in some cases disability. – Community Leader



Arthritis, Osteoporosis & Chronic Back Conditions

ABOUT ARTHRITIS, OSTEOPOROSIS & CHRONIC BACK CONDITIONS

There are more than 100 types of arthritis. **Arthritis** commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important and may also enable people with these other chronic conditions to be more physically active. Arthritis ... continues to be the most common cause of disability. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones).

Chronic back pain is common, costly, and potentially disabling.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

– Healthy People 2020 (www.healthypeople.gov)

About one-fifth of Butte-Silver Bow adults age 50 and older (33.1%) reports suffering from arthritis or rheumatism.

TREND ► Decreasing significantly since 2014 (not shown).

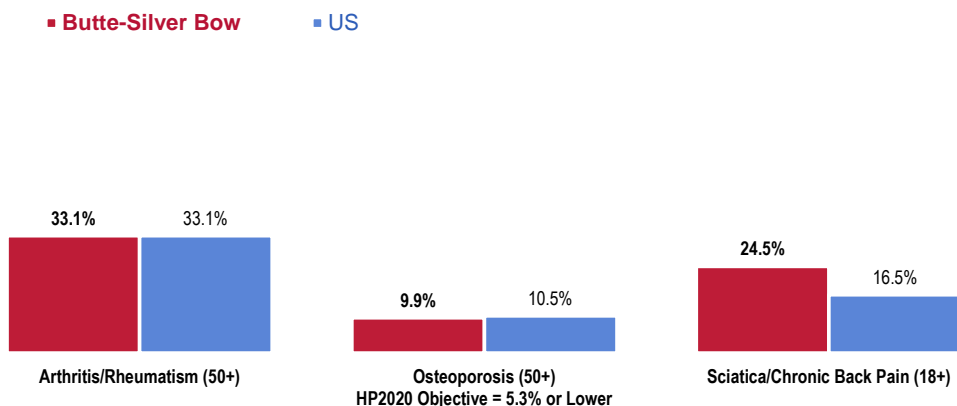
A total of 9.9% of Butte-Silver Bow adults age 50 and older have osteoporosis.

A total of 24.5% of Butte-Silver Bow adults (18 and older) suffer from chronic back pain or sciatica.

BENCHMARK ► Worse than the US prevalence.



Prevalence of Potentially Disabling Conditions



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 26, 141-142]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AOCBC-10]

Notes: • The sciatica indicator reflects the total sample of respondents; the arthritis and osteoporosis columns reflect adults age 50+.

Alzheimer's Disease

ABOUT DEMENTIA

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases. [Alzheimer's disease prevalence is] predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

– Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

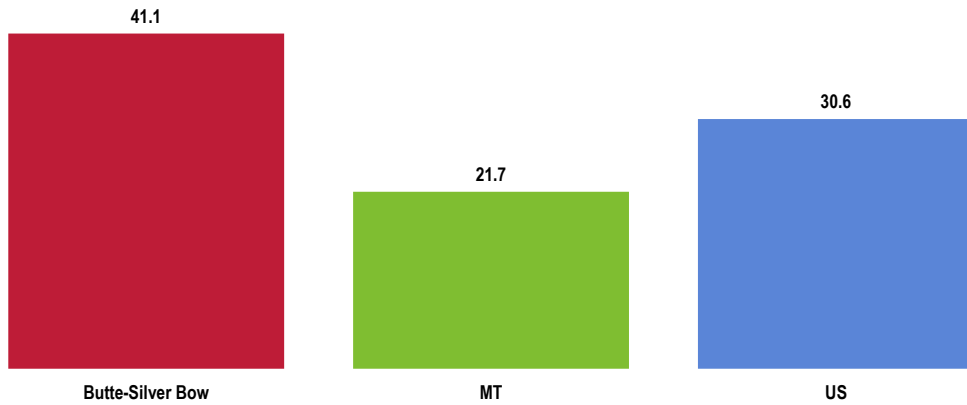
Between 2016 and 2018, there was an annual average age-adjusted Alzheimer's disease mortality rate of 41.1 deaths per 100,000 population in Butte-Silver Bow.

BENCHMARK ► Worse than state and national rates.

TREND ► Increasing significantly in recent years.

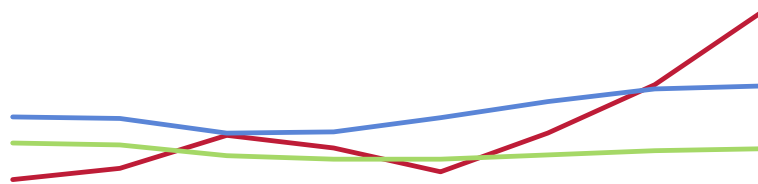


Alzheimer's Disease: Age-Adjusted Mortality (2016-2018 Annual Average Deaths per 100,000 Population)



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2020.

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



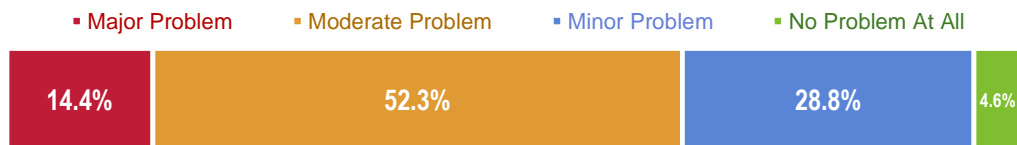
	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018
Butte-Silver Bow	17.3	18.9	23.6	21.8	18.4	23.9	30.8	41.1
MT	22.5	22.2	20.7	20.2	20.2	20.8	21.4	21.7
US	26.2	26.0	23.9	24.1	26.1	28.4	30.2	30.6

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2020.

Key Informant Input: Dementia/Alzheimer's Disease

Key informants taking part in an online survey are most likely to consider *Dementia/Alzheimer's Disease* as a "moderate problem" in the community.

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community (Key Informants, 2020)



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



Top Concerns

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

Aging Population

Aging population, limited resources for early detection and prevention, not enough rehab and home health services to help families. Medicare provides inadequate and insufficient coverage for this population. – Other Health Provider

Because Butte has an aging population and if they don't have the correct health insurance, i.e. Medicare doesn't cover it well, you can't get good services. – Social Services Provider

Large portion of community aging and minimal family or personal resources. When diagnosed with dementia, no place to set up care if advancing disease and unsafe at home. – Physician

Butte has an aging population! I believe that our largest demographic are people over 65. – Community Leader

Age of Silver Bow County is predominantly senior citizens. Poor lifestyle habits such as poor diet, ethyl alcohol, and drug abuse. – Community Leader

Multiple clients that I work with are older and they have diagnosis of schizophrenia and other mental health diagnosis. There are many times in which the client's symptoms are more related to dementia; however, they are unable to be tested for such disorders and are referred back to mental health. – Social Services Provider

Simply due to the number of elderly in our community. – Community Leader

Prevalence/Incidence

Because it is becoming a major problem nation and worldwide. There is increasing pressure on caregivers and facilities to try to address the number of individuals affected by this disease. – Social Services Provider

Numerous individuals in this community are suffering from this. – Community Leader

It is a major problem nationally, so I consider that it exists consistently in our community as well. – Community Leader

A lot of people in Butte have dementia. I've been in nursing homes in Butte-Silver Bow and they seem to be full of people with dementia. Our memory center seems to be doing good business. – Social Services Provider

Number of individuals being treated in the Big Sky facility, the Springs facility, and the other assisted living facilities in Butte. – Community Leader

Access to Care/Services

No resources for this population or their caregivers. – Other Health Provider

No consistent or weekly available neurology providers and a dearth of long-term care facilities or spaces or insurance coverage. – Physician

Lack of resources to take care of patients. – Social Services Provider

Lack of placement options, cost of placement. APS lacks the ability and authority to intervene to help those in need. Education for family and care givers isn't given until the disease is progressed. Individuals need to have more opportunities and education to appoint a POA before the disease progresses. – Other Health Provider

Impact on Caregivers/Families

Alzheimer's affects multiple persons. not just the patient, the family members suffer as well. With an average age increase in our population there exists increased amount of dementia and Alzheimer's. – Community Leader

I hear stories from friends and other family members of the struggles and difficulties in finding care or assisted care for their parents due to the lack of facility space. Especially for those with advanced disease who need additional care. – Community Leader

Families are experiencing barriers with care for their family members. The only way to have personal care in your home is if you have Medicaid. Many aging citizens cannot financially qualify for this benefit. That leaves assisted living and Nursing Homes to do the brunt of the care, which is more expensive and cost prohibitive for many. – Social Services Provider

Lack of Providers

No neurologist. Overworked neuropsychologist. – Physician



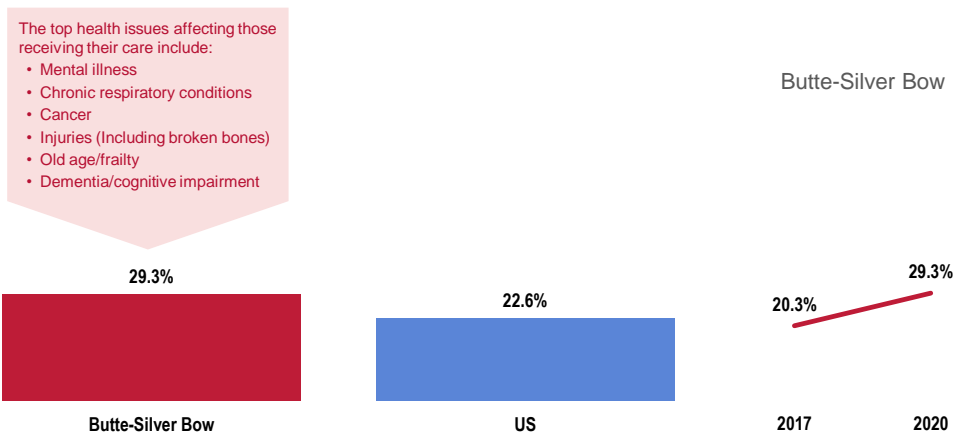
Caregiving

A total of 29.3% of Butte-Silver Bow adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

BENCHMARK ▶ Above the US prevalence.

TREND ▶ Marks a statistically significant increase since 2017.

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



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 111-112]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.





ENVIRONMENTAL HEALTH

ENVIRONMENTAL QUALITY

Air

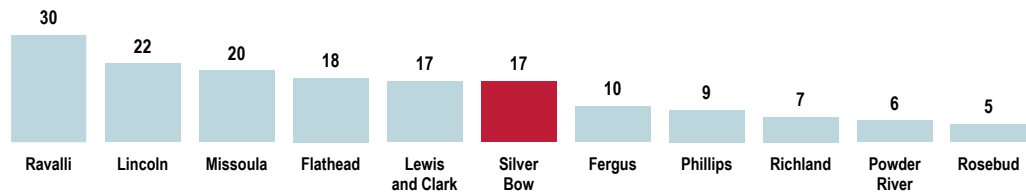
CLEAN AIR

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

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

Between 2013 and 2015, Butte-Silver Bow experienced 17 “unhealthy days” for particle pollution for 24-hour PM_{2.5} concentration greater than 35.5µg/m³.

Number of Unhealthy Days for Particle Pollution
(Montana Counties with Available Data, 2013-2015)

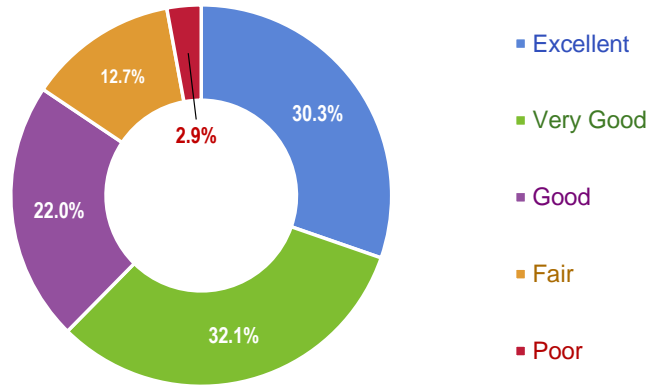


Sources: ● American Lung Association: State of the Air, 2017
Notes: ● In this case, particle pollution is 24-Hour PM_{2.5} Concentration Over 35.5 µg/m³.
Notes: ● Complete data is unavailable for Yellowstone County.



In the PRC Community Health Survey, respondents were asked to rate the quality of air in the community: a majority gave “excellent” or “very good” responses.

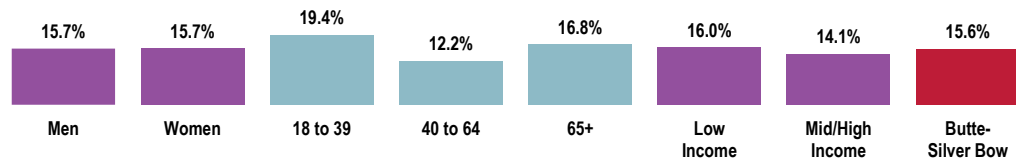
Rating of Local Air Quality
(Butte-Silver Bow, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 322]
Notes: • Asked of all respondents.

On the other hand, 15.6% of Butte-Silver Bow adults consider their air quality to be “fair” or “poor.”

Community’s Air Quality is “Fair” or “Poor”
(Butte-Silver Bow, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 322]
Notes: • Asked of all respondents.



Drinking Water

SAFE DRINKING WATER

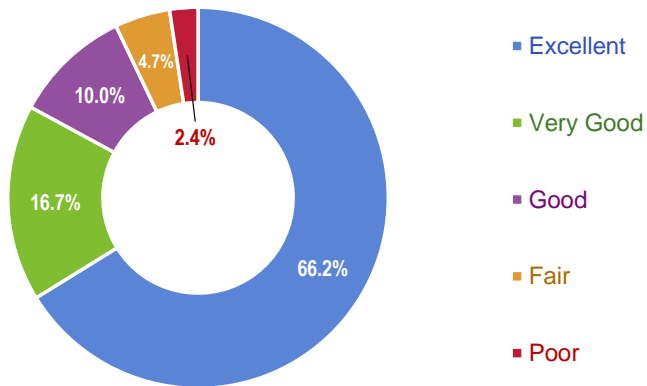
Most Montanans are served by public water systems. In 2016, 1,024 active community water supplies served 847,038 people or about 81% of the population. Public water systems are routinely monitored for contamination from harmful bacteria, chemicals, and radionuclides. In 2016, 94% of the [statewide] public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

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

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

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

Rating of Access to Clean Drinking Water
(Butte-Silver Bow, 2020)



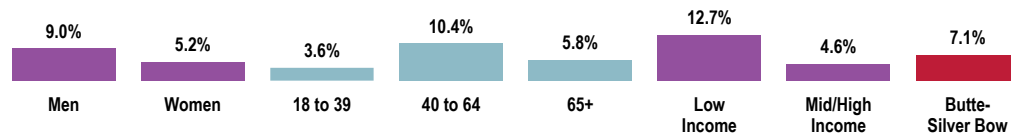
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 321]
Notes: • Asked of all respondents.



On the other hand, 7.1% of Butte-Silver Bow adults consider their access to clean drinking water to be “fair” or “poor.”

DISPARITY ► Higher among low-income residents.

Access to Clean Drinking Water is “Fair” or “Poor” (Butte-Silver Bow, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 321]
Notes: • Asked of all respondents.

Soil

LEAD

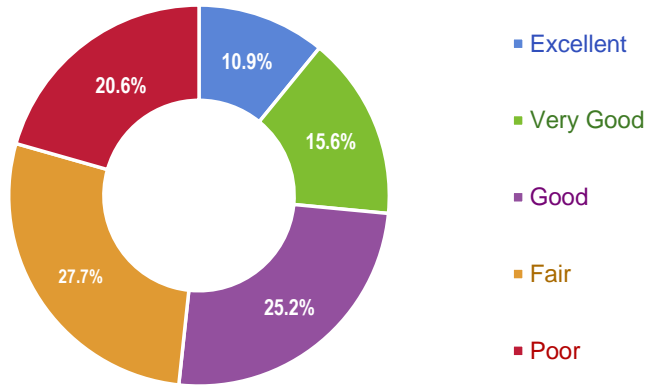
No safe level for lead in the body exists. In children, exposure to lead might result in learning disabilities, behavioral problems, decreased intelligence, and poisoning. The most common lead exposure for children is from lead-based paint, which was commonly used in homes prior to 1978. Children might be exposed to lead through consumer products, toys, and parents’ hobbies. Montana Medicaid requires healthcare providers to test children for blood lead at least once by age 12 months and again by age 24 months. Elevated blood lead is a reportable condition in Montana (ARM 37.114.203). In 2015, 77 [Montana] children were reported with elevated blood lead levels ($\geq 5 \mu\text{g/dL}$). The number of children tested for blood lead during this period is unknown, thus the percentage of children with elevated blood lead in Montana cannot be calculated. The Healthy People 2020 target is 97.5% of children aged 1 to 5 years with blood lead measure below $5.2 \mu\text{g/dL}$.

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



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

Rating of Local Soil Quality
(Butte-Silver Bow, 2020)

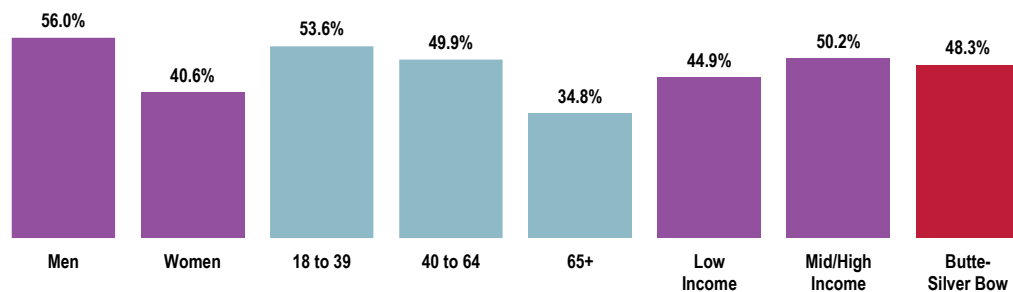


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 323]
Notes: • Asked of all respondents.

On the other hand, nearly one-half (48.3%) of Butte-Silver-Bow residents consider their local soil quality to be only “fair” or “poor.”

DISPARITY ► The prevalence is much higher among men and adults under age 65.

Local Soil Quality is “Fair” or “Poor”
(Butte-Silver Bow, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 323]
Notes: • Asked of all respondents.

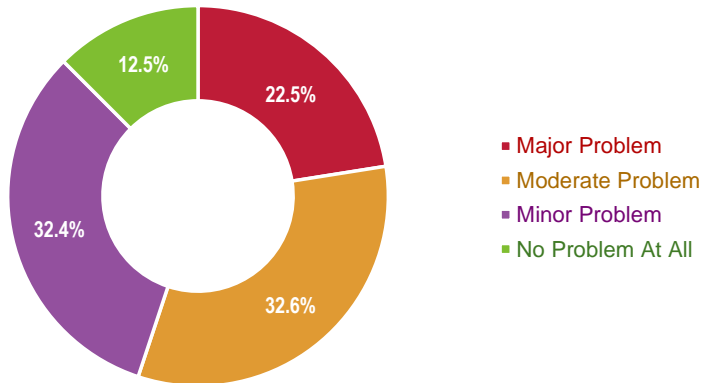


COMMUNITY CONCERN

Most residents have environment-related concerns for the Butte-Silver Bow community — 22.5% consider environmental concerns to be a “major problem,” and another 32.6% consider these a “moderate problem.”

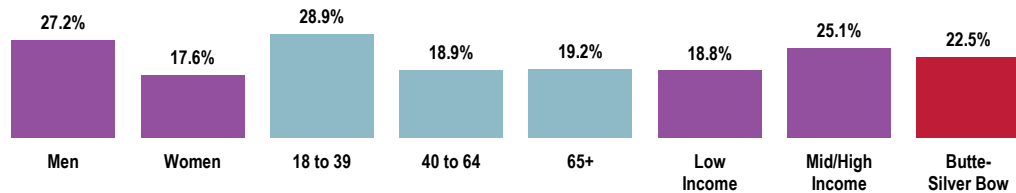
DISPARITY ▶ The prevalence of “major problem” ratings is significantly higher among men and young adults.

Environmental Concerns and the Community’s Health
(Butte-Silver Bow, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 324]
Notes: • Asked of all respondents.

Environmental Concerns Are a “Major” Problem
(Butte-Silver Bow, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 324]
Notes: • Asked of all respondents.



Key Informant Input: Environmental Health

While not specifically asked in the PRC Online Key Informant Survey, stakeholders volunteered the following concerns relative to environmental health:

See also “Environmental Contributors” stakeholder comments in the **Cancer** and **Respiratory Disease** sections of this report.

Widespread experience of exposure to mining, related toxic substances. – Community Leader

Environmental insults. There are so many "things" in our environment (heavy metals, pesticide, genetically modified foods, electrical/magnetic emissions from cell phones, pollution, etc.) that have a significant effect on our overall health. – Community Leader

I believe that we need to pay careful attention to how environmental factors are affecting Butte citizens. We live in a great place, surrounded by natural beauty. And we find ways to recognize and appreciate the scars of historical mining and positively move forward. But more study needs to be done on possible health effects from exposure to hazardous substances that are present in Butte. – Community Leader

Environmental contamination related to past and present mining related activities. The community of Butte sits atop the largest superfund site in the nation. Lead levels remain elevated in Butte children indicating ongoing environmental exposure. There have been no studies examining the long term effects of continued lead exposure. I certainly hope this is addressed somewhere else in the survey, otherwise this exercise does a disservice to members of the community. – Physician

I'm concerned about exposure to heavy metals and other pollutants. I don't know the extent of the problem, as I hear conflicting information. A full and transparent examination of the issue would be appropriate. It should look at legacy pollution in Butte as well as ongoing operations at Montana Resources, which produces airborne pollution that is a concern. – Community Leader





BIRTHS

BIRTH OUTCOMES & RISKS

Low-Weight Births

A total of 9.5% of 2006-2012 Butte-Silver Bow births were low-weight.

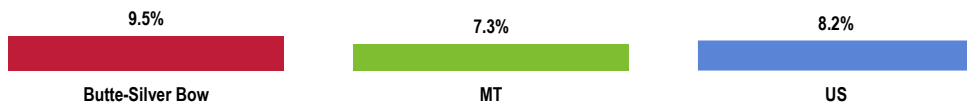
BENCHMARK ▶ Higher than the US percentage. Fails to satisfy the Healthy People 2020 objective.

TREND ▶ Increasing significantly over the past decade.

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

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

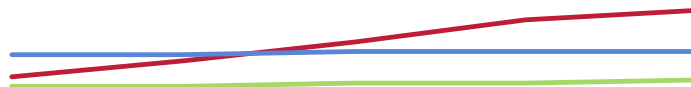
Low-Weight Births
(Percent of Live Births, 2006-2012)
Healthy People 2020 = 7.8% or Lower



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted April 2020.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]

Note: • This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Low-Weight Births
(Percent of Live Births)
Healthy People 2020 = 7.8% or Lower



	2002-2008	2003-2009	2004-2010	2005-2011	2006-2012
Butte-Silver Bow	7.4%	7.9%	8.5%	9.2%	9.5%
MT	7.1%	7.1%	7.2%	7.2%	7.3%
US	8.1%	8.1%	8.2%	8.2%	8.2%

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted April 2020.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]

Note: • This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.



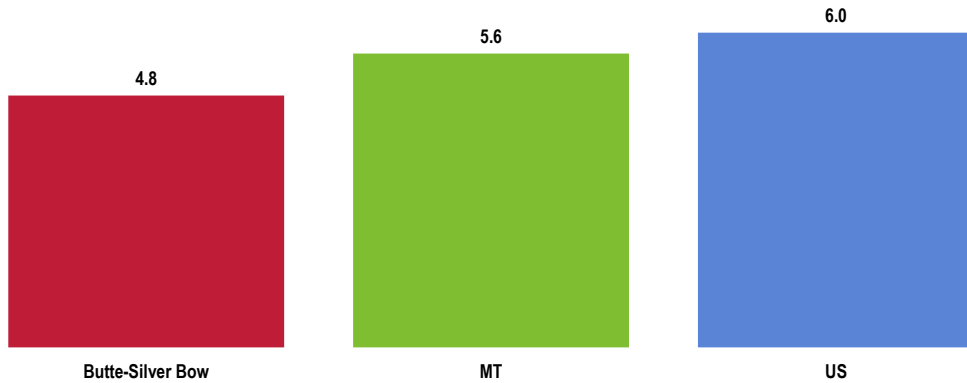
Infant Mortality

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

Between 2009 and 2018, there was an annual average of 4.8 infant deaths per 1,000 live births.

BENCHMARK ▶ Below the state and US rates. Satisfies the Healthy People 2020 objective.

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2009-2012)
Healthy People 2020 = 6.0 or Lower



- Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted April 2020.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
- Notes:
- Infant deaths include deaths of children under 1 year old.
 - This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.



FAMILY PLANNING

Births to Adolescent Mothers

ABOUT ADOLESCENT BIRTHS

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

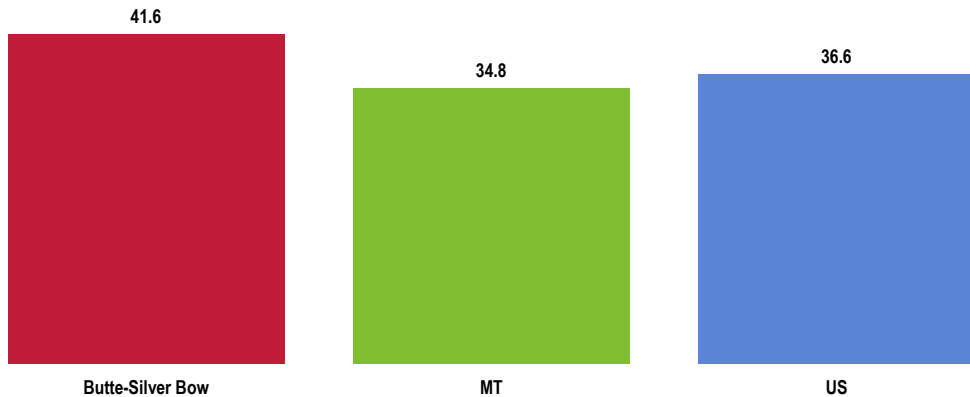
Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

– Healthy People 2020 (www.healthypeople.gov)

Between 2006 and 2012, there were 41.6 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in Butte-Silver Bow.

BENCHMARK ► Well above the Montana rate.

Teen Birth Rate
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2006-2012)



Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System.
- Retrieved from Community Commons at <http://www.chna.org>.

Notes:

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



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



	2002-2008	2003-2009	2004-2010	2005-2011	2006-2012
Butte-Silver Bow	41.5	41.2	43.3	42.1	41.6
MT	36.1	36.4	36.4	35.6	34.8
US	41.0	40.3	39.3	38.0	36.6

Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System.
- Retrieved from Community Commons at <http://www.chna.org>.

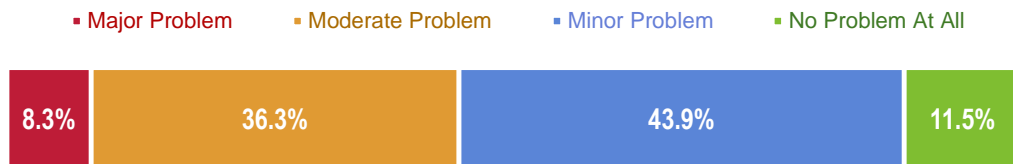
Notes:

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

Key Informant Input: Infant Health & Family Planning

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

Perceptions of Infant Health and Family Planning as a Problem in the Community (Key Informants, 2020)



Sources:

- PRC Online Key Informant Survey, PRC, Inc.

Notes:

- Asked of all respondents.



Top Concerns

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

Poverty/Income

High population of low-income and below-poverty level families. – Public Health Representative

High child poverty rate. High percentage of people younger than 24 who are parents. High percentage of single-parent homes. WIC data STD rates. – Public Health Representative

We have a large population of low-income folks with lack of access to education and resources to manage their family planning or care adequately for their children. also, there is a significant drug use problem in Butte, which unfortunately then affects infant health if parents are addicted. – Community Leader

Lack of Providers

We do not have pediatricians. We do not have an active NICU with specialists. We have midlevel's providing care that are not pediatricians. – Other Health Provider

At the Rocky Mountain Clinic, doctors and PAs are constantly leaving and patients are forced to either change offices or change doctors. Butte-Silver Bow has added numerous resources for parents recently. – Community Leader

Being part of a coalition that has done a needs assessment for a community. We have come to realize that there is not enough for infant health and family planning health in our community. – Social Services Provider

Teen Pregnancy

Teen pregnancies, lacking social supports for new parents, poverty, lack of education—there was a parenting class offered in our high school years ago, but the life skills aren't taught anymore. Relying on parents and grandparents to share this advice and knowledge isn't happening with many families living away from their family and support. – Community Leader

Unplanned Pregnancies

So many of the women I see have unplanned pregnancies and limited resources for caring for their infants and children. Although multigeneration families are a strength of our community, if those families are steeped in an unhealthy lifestyle, they perpetuate these problems. – Other Health Provider

Substance Abuse

We have a lot of parents who are substance abusers and there is massive child neglect as a result. A lot of pregnancies are initiated in the state of addiction. – Community Leader

Domestic/Family Violence

A number of our clients have infants and children that are being exposed to domestic and sexual violence. – Social Services Provider





MODIFIABLE HEALTH RISKS

NUTRITION

ABOUT HEALTHFUL DIET & HEALTHY WEIGHT

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, health care organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

– Healthy People 2020 (www.healthypeople.gov)

Daily Recommendation of Fruits/Vegetables

A total of 22.7% of Butte-Silver Bow adults report eating five or more servings of fruits and/or vegetables per day.

BENCHMARK ▶ Below the US figure.

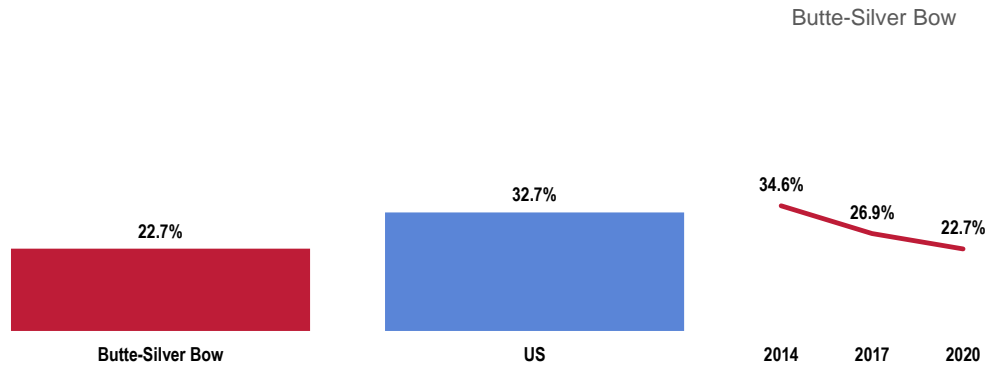
TREND ▶ Marks a statistically significant decrease since 2014.

DISPARITY ▶ Lowest among adults age 40 to 64.

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



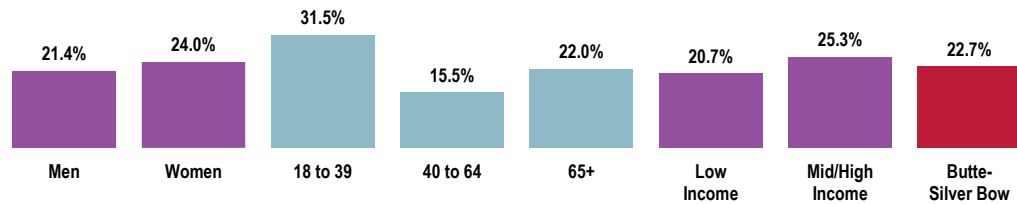
Consume Five or More Servings of Fruits/Vegetables Per Day



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 148]
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
 • For this issue, respondents were asked to recall their food intake on the previous day.

Consume Five or More Servings of Fruits/Vegetables Per Day (Butte-Silver Bow, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 148]

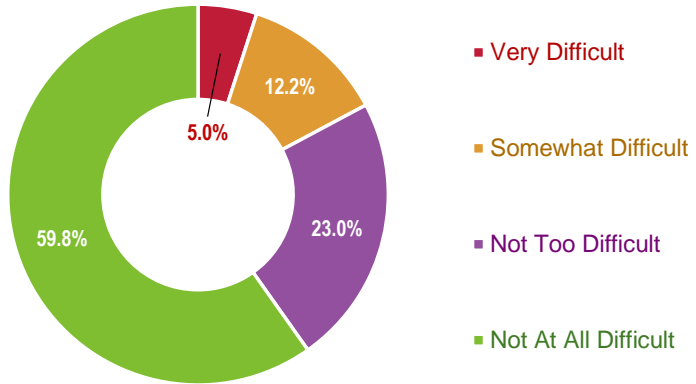
Notes: • Asked of all respondents.
 • For this issue, respondents were asked to recall their food intake on the previous day.



Difficulty Accessing Fresh Produce

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

Level of Difficulty Finding Fresh Produce at an Affordable Price (Butte-Silver Bow, 2020)



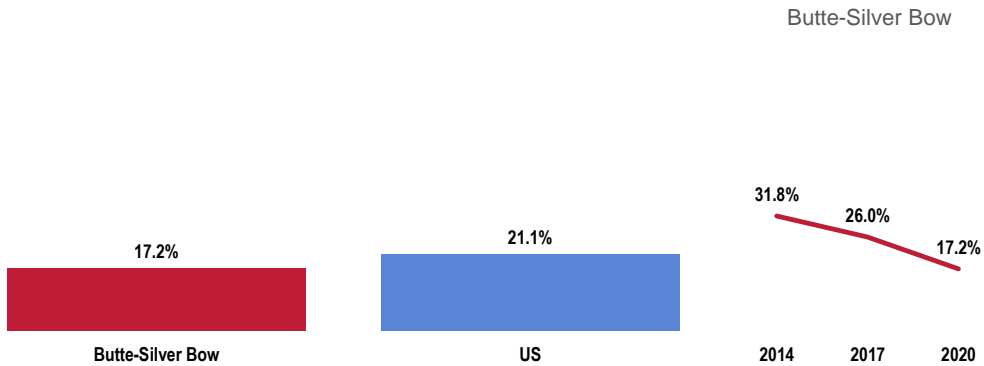
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 86]
 Notes: • Asked of all respondents.

However, 17.2% of Butte-Silver Bow adults find it “very” or “somewhat” difficult to access affordable fresh fruits and vegetables.

TREND ▶ Marks a statistically significant decrease since 2014.

DISPARITY ▶ Higher among women and especially low-income residents.

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



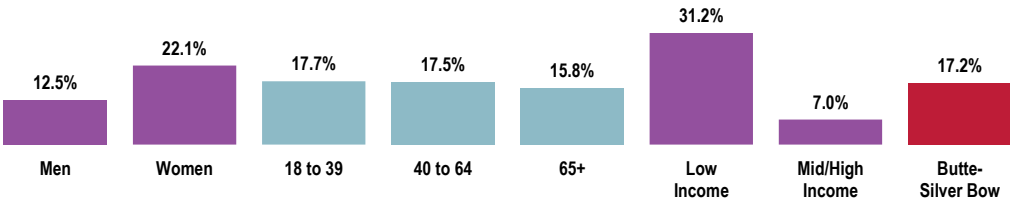
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 86]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Respondents were asked: “How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: Very Difficult, Somewhat Difficult, Not Too Difficult, or Not At All Difficult?”

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



Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Butte-Silver Bow, 2020)



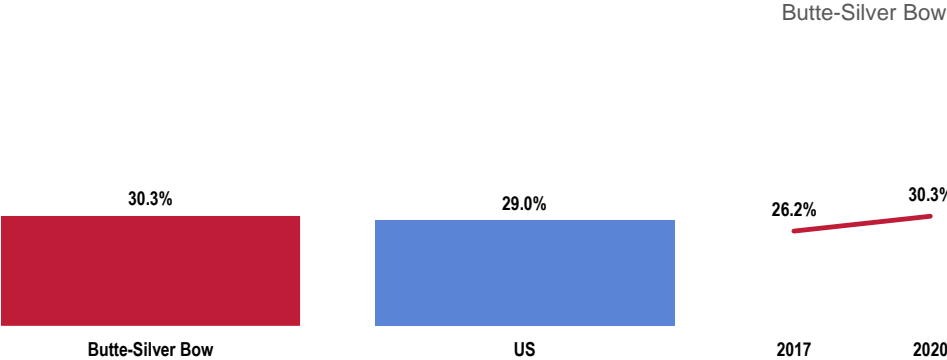
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 189]
Notes: • Asked of all respondents.

Sugar-Sweetened Beverages

A total of 30.3% of Butte-Silver Bow adults report drinking an average of at least one sugar-sweetened beverage per day in the past week.

DISPARITY ▶ Decreasing with age and especially high among low-income residents.

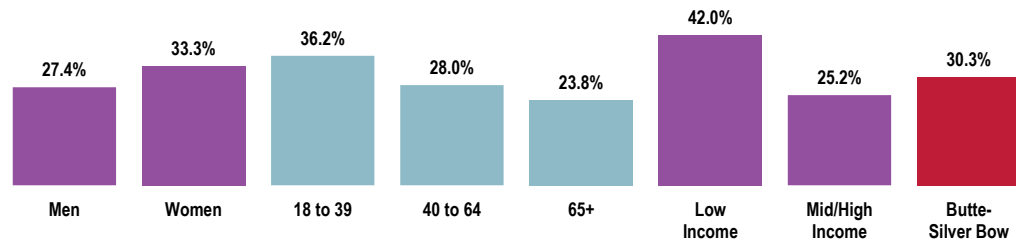
Had Seven or More Sugar-Sweetened Beverages in the Past Week



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 328]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Had Seven or More Sugar-Sweetened Beverages in the Past Week (Butte-Silver Bow, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 328]
Notes: • Asked of all respondents.



PHYSICAL ACTIVITY

ABOUT PHYSICAL ACTIVITY

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

– Healthy People 2020 (www.healthypeople.gov)

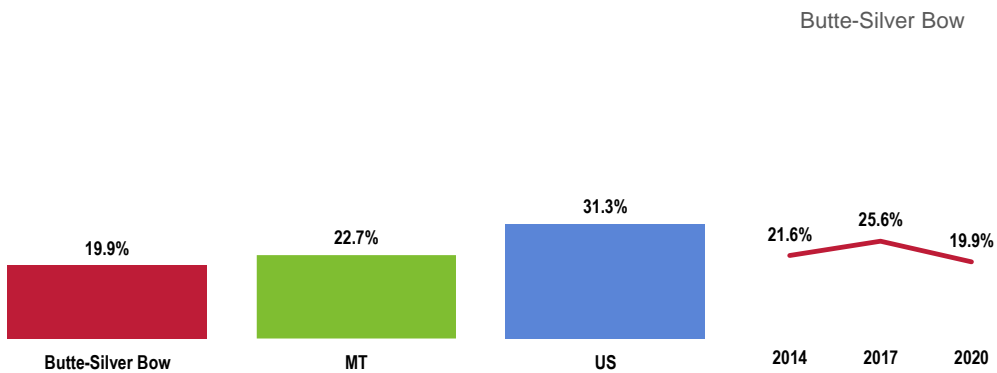
Leisure-Time Physical Activity

One in five (19.9%) Butte-Silver Bow adults reports no leisure-time physical activity in the past month.

BENCHMARK ▶ Much better than the US prevalence. Satisfies the Healthy People 2020 objective.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 = 32.6% or Lower



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 89]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 Montana data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1]

Notes: • Asked of all respondents.



Activity Levels

Adults

ADULTS: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

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

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

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

A total of 23.8% of Butte-Silver Bow adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

DISPARITY ▶ Correlates with age and is especially low among respondents in low-income households

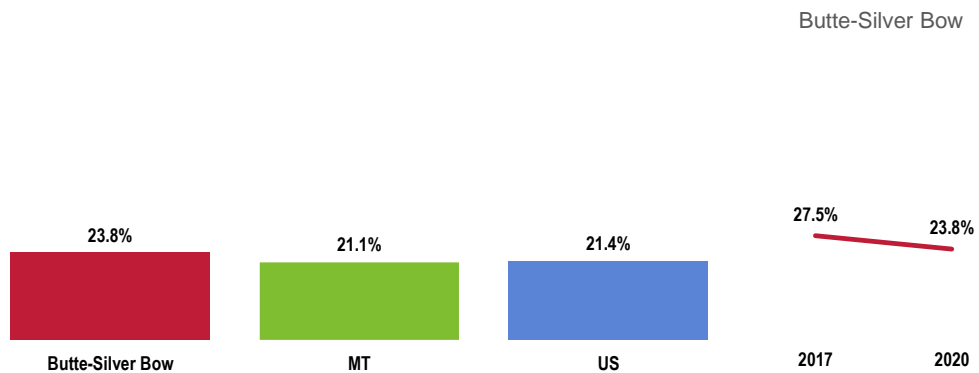
“Meeting physical activity recommendations” includes adequate levels of both aerobic and strengthening activities:

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

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

Meets Physical Activity Recommendations

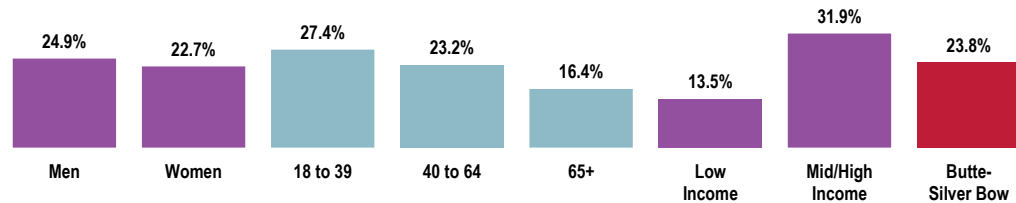
Healthy People 2020 = 20.1% or Higher



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 152]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2018 Montana data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-2.4]
 Notes: • Asked of all respondents.
 • Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.



Meets Physical Activity Recommendations (Butte-Silver Bow, 2020) Healthy People 2020 = 20.1% or Higher



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 152]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-2.4]

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

Children

CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

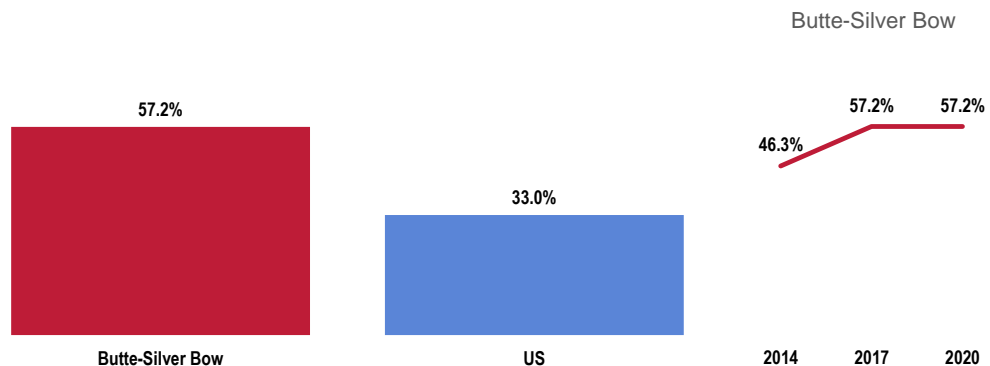
Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

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

Among Butte-Silver Bow children age 2 to 17, 57.2% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

BENCHMARK ► Well above the US prevalence.

Child Is Physically Active for One or More Hours per Day (Parents of Children Age 2-17)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 124]
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents with children age 2-17 at home.
 • Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

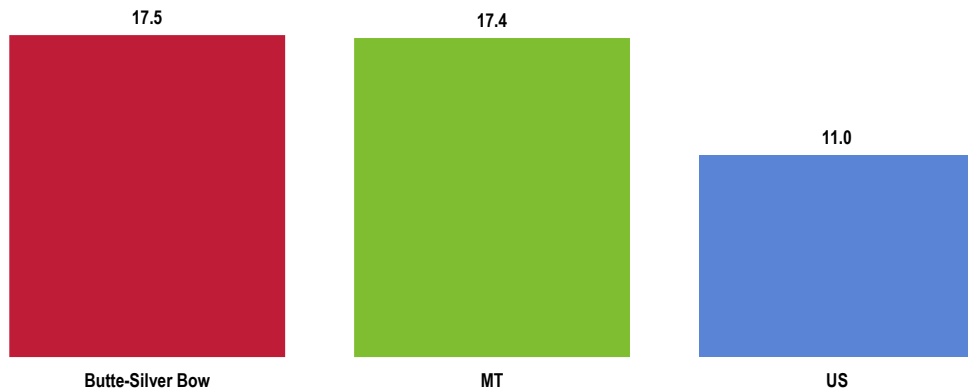


Access to Physical Activity

In 2017, there were 17.5 recreation/fitness facilities for every 100,000 population in Butte-Silver Bow.

BENCHMARK ▶ Above the US ratio.

Population With Recreation & Fitness Facility Access
(Number of Recreation & Fitness Facilities per 100,000 Population, 2017)



- Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
 - Retrieved April 2020 from CARES Engagement Network at <https://engagementnetwork.org>.
- Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."* Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.



WEIGHT STATUS

ABOUT OVERWEIGHT & OBESITY

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including health care settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

– Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] x 703.

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

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

Adult Weight Status

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

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



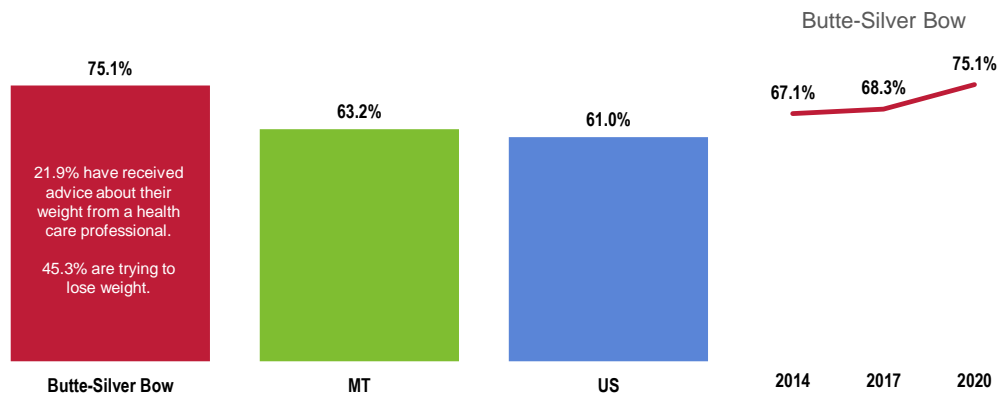
Overweight Status

A total of three in four Butte-Silver Bow adults (75.1%) are **overweight**.

BENCHMARK ▶ Well above the state and US percentages.

TREND ▶ Marks a statistically significant increase since 2014.

Prevalence of Total Overweight (Overweight and Obese)



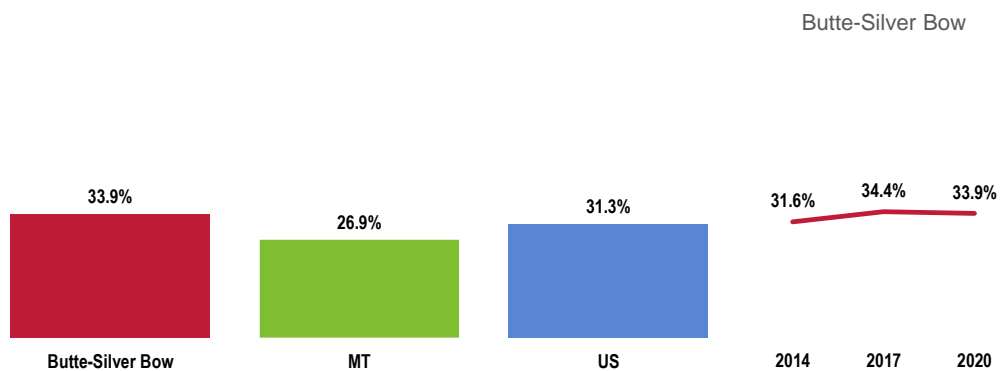
- Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Items 155, 191]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Montana data.
 - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Based on reported heights and weights, asked of all respondents.
 - The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

The overweight prevalence above includes 33.9% of Butte-Silver Bow adults who are **obese**.

BENCHMARK ▶ Well above the Montana percentage.

Prevalence of Obesity

Healthy People 2020 = 30.5% or Lower



- Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 154]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Montana data.
 - 2020 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]
- 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.

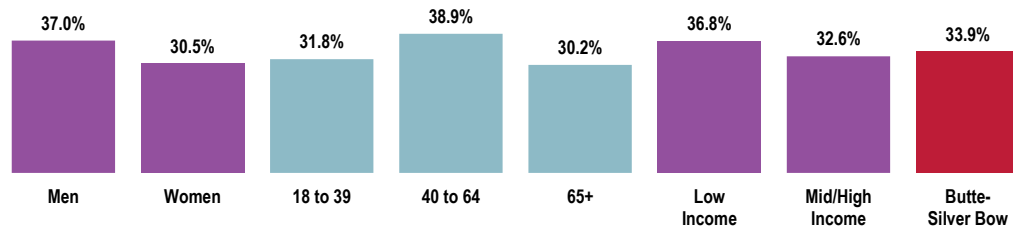
Here, "overweight" includes those respondents with a BMI value ≥ 25 .

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



Prevalence of Obesity (Butte-Silver Bow, 2020)

Healthy People 2020 = 30.5% or Lower



Sources:

- 2020 PRC Community Health Survey, PRC, Inc. [Item 154]
- US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9]

Notes:

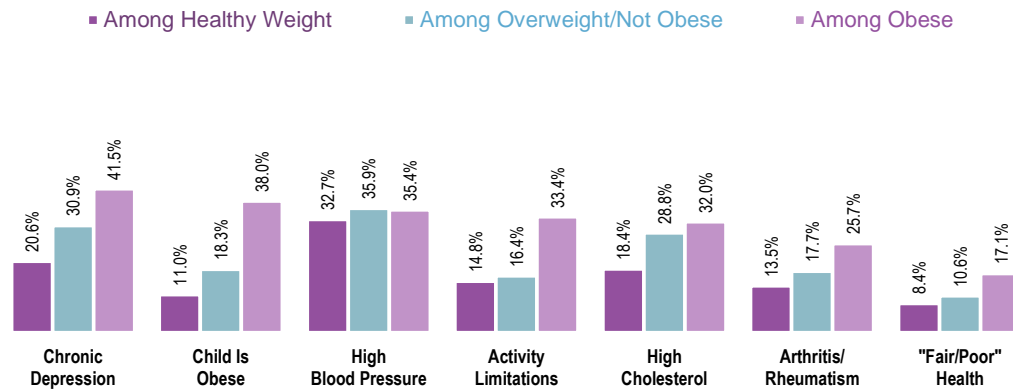
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Relationship of Overweight With Other Health Issues

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

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

Relationship of Overweight With Other Health Issues (Butte-Silver Bow, 2020)



Sources:

- 2020 PRC Community Health Survey, PRC, Inc. [Item 154]

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:

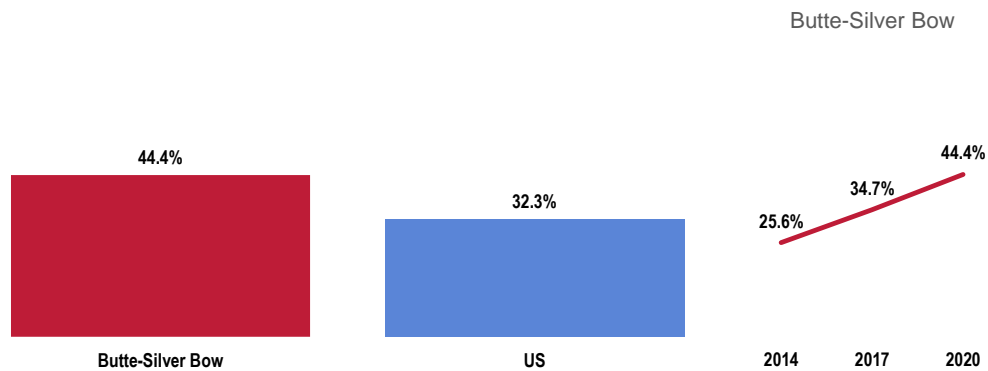
- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

– Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 44.4% of Butte-Silver Bow children age 5 to 17 are overweight or obese (≥85th percentile).

TREND ▶ Marks a statistically significant increase since 2014.

Prevalence of Overweight in Children (Parents of Children Age 5-17)

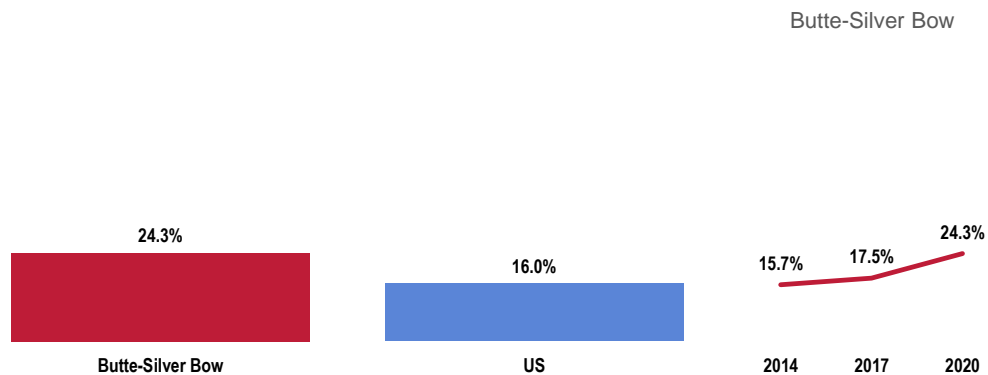


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 192]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents with children age 5-17 at home.
 • Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.



The childhood overweight prevalence above includes 24.3% of area children age 5 to 17 who are obese (≥95th percentile).

Prevalence of Obesity in Children (Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher) Healthy People 2020 = 14.5% or Lower

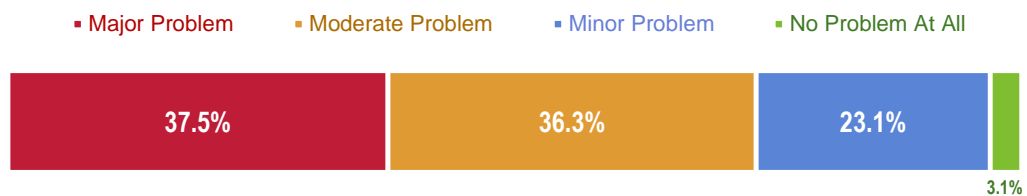


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 158]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-10.4]
 Notes: • Asked of all respondents with children age 5-17 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 were nearly evenly split in characterizing *Nutrition, Physical Activity & Weight* as a “major problem” or as a “moderate problem” in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community (Key Informants, 2020)



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



Top Concerns

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

Awareness/Education

Education and access to healthy food options. – Physician

Nutrition education and poverty. – Community Leader

Healthy eating. – Community Leader

Awareness of what is available. Mostly personal choices. – Community Leader

Lack of education and activities. Finances and access to healthy food. Very long winters. – Community Leader

Ability to educate one’s self about good nutrition, possibly affordability. Also not taking advantage of available resources for physical exercise. – Community Leader

Lack of education concerning nutrition, physical activity and weight. Financial resources to eat nutritiously. – Public Health Representative

Education on healthy lifestyles and opportunities to live those lifestyles are limited. Nutritional food is expensive, and people are having increasing difficulty accessing their WIC benefits. More opportunities for activities and cheaper healthy foods. – Other Health Provider

Need more free fun programs that promote healthy living. Perhaps incentive programs for healthy living would get folks wanting to get healthy. One of our largest contributing factors in our community is poor diets. Often times all of the processed foods are the more affordable ones at the grocery stores. More tasty healthy eating classes could potentially help folks see eating healthy can taste good. – Public Health Representative

Access to Affordable Healthy Food

Price and availability of healthy foods in the community. Lack of knowledge on how to prepare healthy foods. Expense of gyms for lower to middle class income. Lack of incentives by insurance and/or employers for healthy employees. – Community Leader

There is a lack of diversity in food options. Generationally, we do not have healthy diets. We do not use broad types of vegetables, fruits, or grains. We rely on animal fats and meats for nutrition. When we try to eat at restaurants there are few options - pizza, sandwiches, steak and potatoes. These foods become engrained choices and intergenerational ways our population makes food choices. We lack opportunities to be exposed to new, healthy foods that could change this. Aside from fairly sports-centric youth activities, physical activities among adults is infrequent. As a result, our population is overweight and unhealthy. – Community Leader

It is too easy to get unhealthy food and we have made ourselves too busy to take the time to plan and prepare healthy meals for ourselves and our families. – Community Leader

Cost of eating well and staying active cost money which our community does not have. – Physician

People seem to think that fast food or convenience foods are cheaper than groceries. Transportation to grocery stores is a significant obstacle for those who do not have vehicles. It is challenging for individuals who cannot afford gym memberships to be physically active during the long winters. – Public Health Representative

Food costs. Fast food availability which is cheap. Culture. Lots of walking trails, parks, but very little available for indoor activity and resources that are not costly. – Social Services Provider

The need in the community is greater than the available resources and some who need resources are limited due to their inability to pay for counseling with a dietitian and/or a gym membership. Cold weather is often also a barrier to regular exercise. – Social Services Provider

Healthy food is much more expensive, as are gyms and equipment. – Social Services Provider

Built Environment

I feel that our community lacks healthy activities for our youth. We have very long winters and we have close to no indoor activities at are available to our community. Especially for our vulnerable populations such as individuals with disabilities, families living in poverty, and lack of transportation. – Social Services Provider

Lack of fee indoor recreational space, low income population, culture. – Public Health Representative

Lack of family friendly gatherings that encourage active participation. Education on meals, fast food is easier for families that are stressed and strapped for time. Work schedules don’t leave enough time for exercise. Too much screen time for children and adults - Community Leader

There is a lack of places to participate in physical activities and participate in nutritional educations. – Social Services Provider

Lifestyle

Many in our community do not practice healthy lifestyles. Many smoke, drink alcohol, use drugs, having poor diets, and don’t exercise. We also have an older population in our community that has lived this lifestyle for generations that makes the situation worse. There have been efforts to make improvements on lifestyle, but we have a long way to go. – Community Leader



Extremely unhealthy eating habit culture. – Community Leader

Ignorance. Not that people are ignorant (belligerent), but even though there is a ton of information out there about the importance of nutrition, physical activity and weight control, the majority don't truly understand the importance and how these things are interrelated. Aside from ignorance people are inundated by false information by the food industry (wrongly publicizing their food products are healthy when in fact they are nutritional deficient). 80-90% of all chronic disease are caused by poor lifestyle choices especially in these three areas. – Community Leader

Again, dealing with people in my community in my work and personal life you see the lack of healthy lifestyles. – Social Services Provider

Contributing Factors

The educational level of the community as well as the economic level of the community. – Other Health Provider
Socioeconomic factors play a large role in this. Lack of fresh foods readily available in areas of the county (food deserts), portions of the county do not have the necessary infrastructure to be walkable or bikeable, i.e. crumbling sidewalks, no bike lanes. This seems to be prevalent in lower-income neighborhoods. – Public Health Representative

We have an older than average population and a significant poverty rate here that means nutrition is a challenge even in the best of circumstances. Currently, of course, the coronavirus has put an exclamation point on this. – Community Leader

Depression. – Other Health Provider

Culture and socioeconomics. – Other Health Provider

No outpatient dietician. – Physician

A general lack of motivation to seek a healthy lifestyle. Many families living in poverty lack the tools and resources to maintain a healthy environment in the home. Less nutritious foods are less expensive and easy to prepare. Television and electronic games are entertainment, rather than exercise and outdoor activities. – Social Services Provider

Obesity

Obesity problem nationwide. – Community Leader

Children with overweight/obesity, families with overweight/obesity, poverty. Healthy food deserts. Lack of PE in schools, empty gyms that could be used by children and families that are not able to go to gyms or do traveling sports/high school sports. – Other Health Provider

Childhood obesity and adult obesity are prevalent in our community. There is a lack of health food services in our community. We do not have a workout program that is kept up in our park system for people to exercise outside. – Community Leader

Rates related to obesity, smoking. Uptown Butte is a food desert. – Public Health Representative

Environmental Contributors

Butte has cold weather, which makes it difficult to get out and exercise. Lower income makes it more difficult to access nutritious food. Lower education levels also contribute to lack of knowledge about nutrition. – Social Services Provider

Long winters. Cost of commercial workout establishments, ease of procuring and percentage of population choosing a preponderance of fast foods. – Community Leader

Cold, long winters decrease activity and access to healthy inexpensive produce. – Physician

Insufficient Physical Activity

Incorporating physical activities with healthy habits on a daily basis. – Community Leader

I am especially concerned around young people's lack of outdoor activity and addiction to video games and television/social media. Getting kids outdoors and teaching them how to cook and care for themselves would help not only nutrition issues but mental health. We have limited grocery options now in Butte and access to healthy foods is not very affordable for many. I think many people just don't have enough money to feed their families and kids go hungry. – Community Leader

Low cost exercise programs. – Community Leader

Poverty/Income

Poverty, culture, demographic. – Other Health Provider

Butte is a low-income area. Fast food and junk food are more affordable. – Community Leader



Low income and not having the time or resources or knowledge to do what is right. Easier to pick quick food and not fresh foods. There really isn't a good place to get great fresh produce. Lost the bountiful baskets and that's just too bad and too bad someone hasn't picked up that service for others to have fresh produce. Also, the work out facilities are very expensive in this town to the point that it's not really feasible for people in this community. There are a lot of outdoor activities that can go on, but many don't take this opportunity and they are teaching their children to be unhealthy and lazy. – Other Health Provider

Nutrition

Emphasizing nutrition and physical activity is tough when many members of our community struggle to meet their basic needs. We need to promote wellness (good nutrition and importance of being active) for those are impoverished. And we need to promote the same for children in our community, who often also live in poverty and are dependent on caretakers that lack education regarding good nutrition and exercise. – Community Leader

Adequate nutrition and weight management are difficult to find resources for. There are only a couple gyms in the community, and they are usually full and overpriced. Nutrition education is not available unless you're utilizing SNAP, TANF, and WIC as a resource or are willing to pay an unreasonable amount for education. Healthy choices for eating in the community are limited. – Public Health Representative



SLEEP

SLEEP

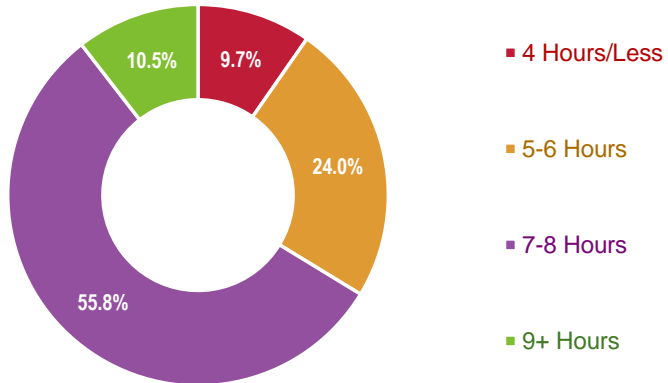
According to professional sleep societies, adults aged 18 to 60 years should sleep at least 7 hours each night for the best health and wellness.

Sleeping less than 7 hours per night is linked to increased risk of chronic diseases such as diabetes, stroke, high blood pressure, heart disease, obesity, and poor mental health, as well as early death. Not getting the recommended amount of sleep can affect one's ability to make good decisions and increases the chances of motor vehicle crashes.

– Institute of Medicine (US) Committee on Sleep Medicine and Research; 2014 Behavioral Risk Factor Surveillance System (BRFSS), CDC

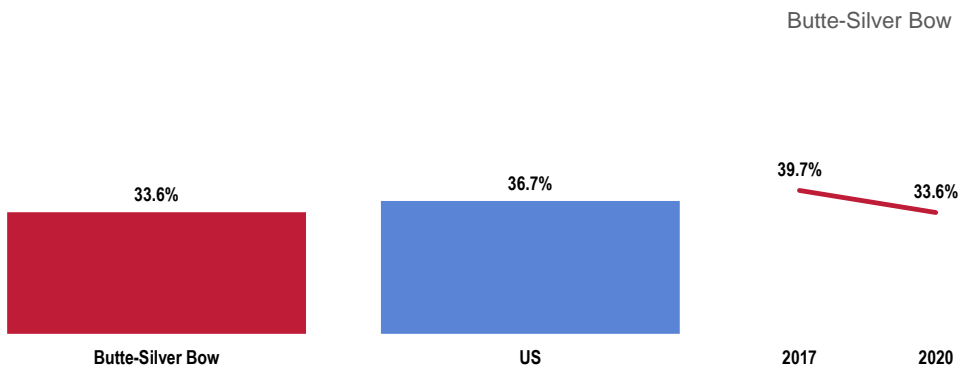
A total of 33.6% of Butte-Silver Bow adults report getting an average of less than seven hours of sleep per night.

Average Hours of Sleep Per Night
(Butte-Silver Bow, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 320]
Notes: • Asked of all respondents.

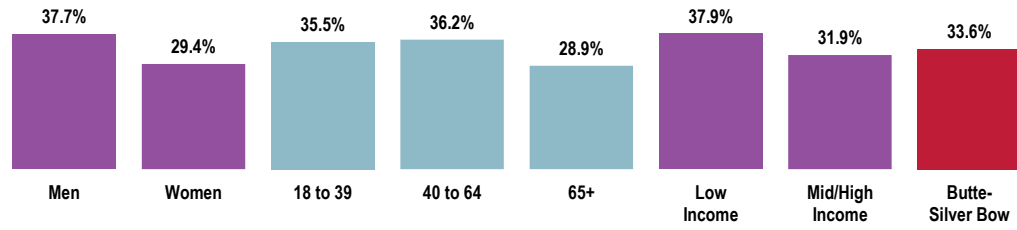
Generally Sleep Less Than Seven Hours Per Night



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 173]
• 2017 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Generally Sleep Less Than Seven Hours Per Night (Butte-Silver Bow, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 173]
Notes: • Asked of all respondents.



SUBSTANCE ABUSE

ABOUT SUBSTANCE ABUSE

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

– Healthy People 2020 (www.healthypeople.gov)



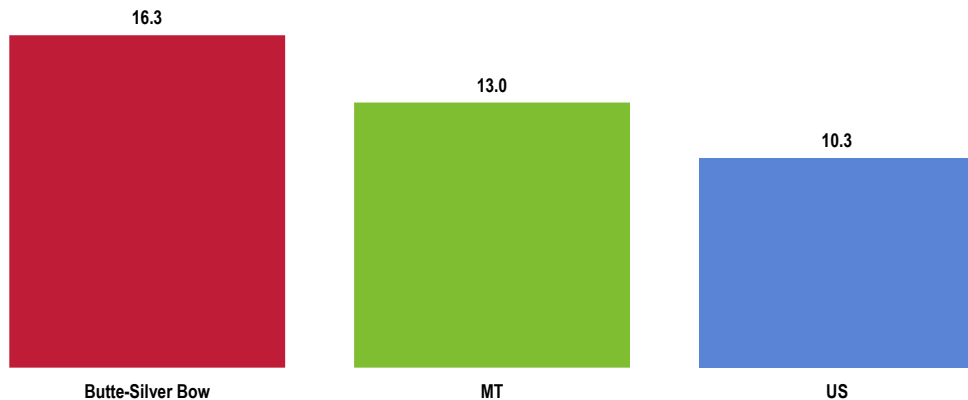
Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2016 and 2018, Butte-Silver Bow reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 16.3 deaths per 100,000 population.

BENCHMARK ► Worse than state and US figures. Fails to satisfy the Healthy People 2020 objective.

Cirrhosis/Liver Disease: Age-Adjusted Mortality (2009-2018 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 8.2 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 April 2020.
• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-11]

Alcohol Use

Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

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

A total of 21.0% of area adults are excessive drinkers (heavy and/or binge drinkers).

BENCHMARK ► Lower than the US figure. Satisfies the Healthy People 2020 objective.

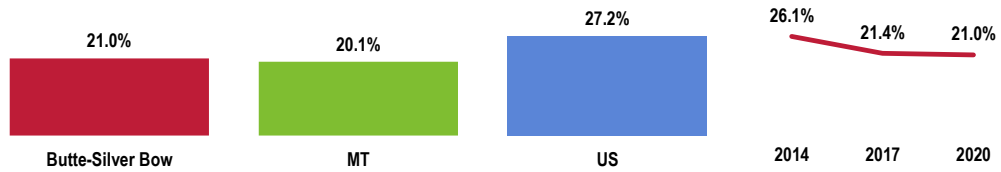
DISPARITY ► Highest among men and adults under 65.



Excessive Drinkers

Healthy People 2020 = 25.4% or Lower

Butte-Silver Bow

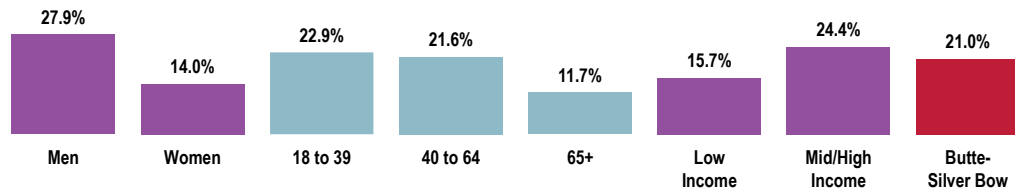


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 168]
 • 2020 PRC National Health Survey, PRC, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Montana data.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]

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

Excessive Drinkers (Butte-Silver Bow, 2020)

Healthy People 2020 = 25.4% or Lower



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 168]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15]

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



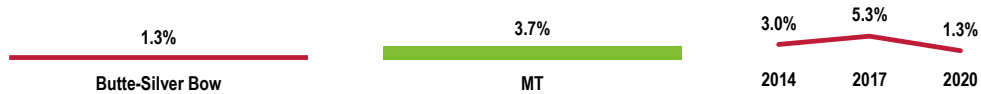
Drinking & Driving

A total of 1.3% of Butte-Silver Bow adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

BENCHMARK ► Below the state percentage.

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

Butte-Silver Bow



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 58]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2018 Montana data.
 Notes: • Asked of all respondents.

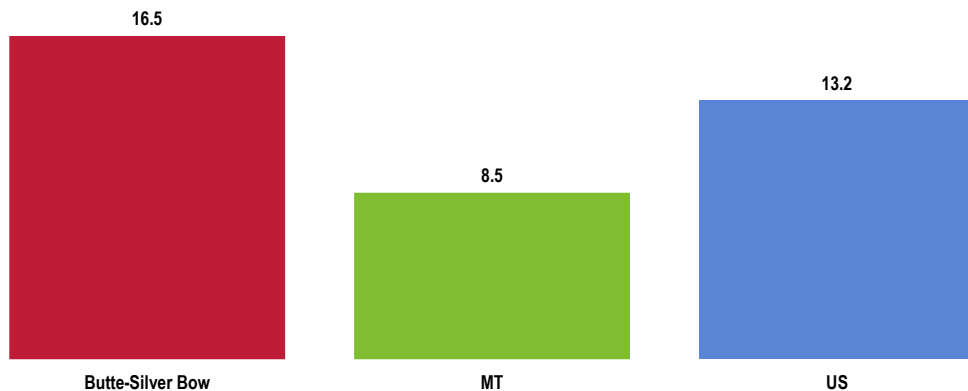
Age-Adjusted Unintentional Drug-Related Deaths

Between 2016 and 2018, there was an annual average age-adjusted unintentional drug-related mortality rate of 16.5 deaths per 100,000 population in Butte-Silver Bow.

BENCHMARK ► Worse than state and national rates. Fails to satisfy the Healthy People 2020 objective.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality (2009-2018 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 11.3 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 April 2020.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-12]



Illicit Drug Use

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

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

A total of 3.7% of Butte-Silver Bow adults acknowledge using an illicit drug in the past month.

BENCHMARK ▶ Satisfies the Healthy People 2020 objective.

DISPARITY ▶ The prevalence decreases with age and is higher among upper-income residents.

Illicit Drug Use in the Past Month

Healthy People 2020 = 7.1% or Lower

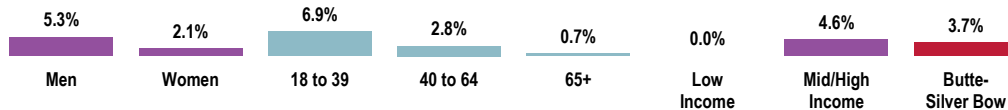
Butte-Silver Bow



Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 59]
 ● 2020 PRC National Health Survey, PRC, Inc.
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]
 Notes: ● Asked of all respondents.

Illicit Drug Use in the Past Month (Butte-Silver Bow, 2020)

Healthy People 2020 = 7.1% or Lower



Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 59]
 ● US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-13.3]
 Notes: ● Asked of all respondents.

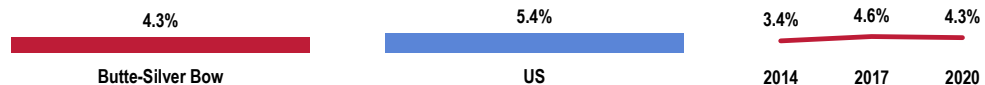


Alcohol & Drug Treatment

A total of 4.3% of Butte-Silver Bow adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

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

Butte-Silver Bow



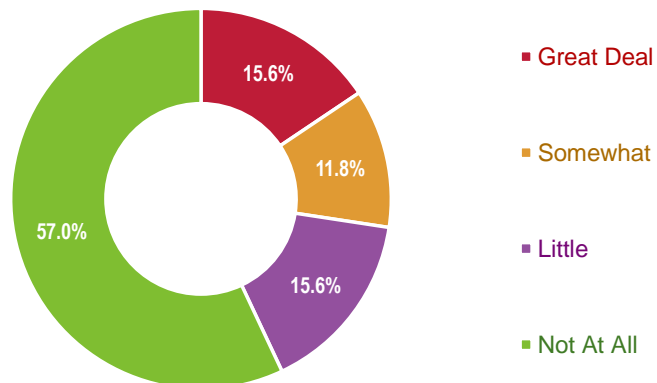
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 60]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Personal Impact From Substance Abuse

Most Butte-Silver Bow residents' lives have not been negatively affected by substance abuse (either their own or someone else's).

Area adults were also asked to what degree their lives have been impacted by substance abuse (whether their own abuse or that of another).

Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other's) (Butte-Silver Bow, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 61]
 Notes: • Asked of all respondents.

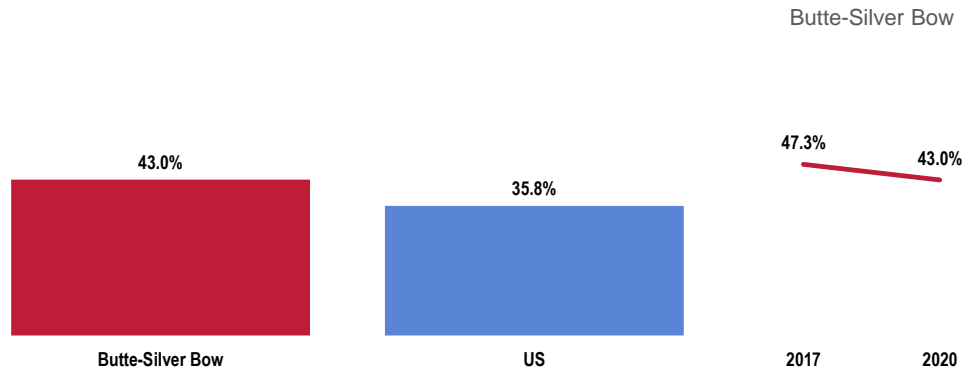


However, 43.0% have felt a personal impact to some degree (“a little,” “somewhat,” or “a great deal”).

BENCHMARK ▶ Worse than the national prevalence.

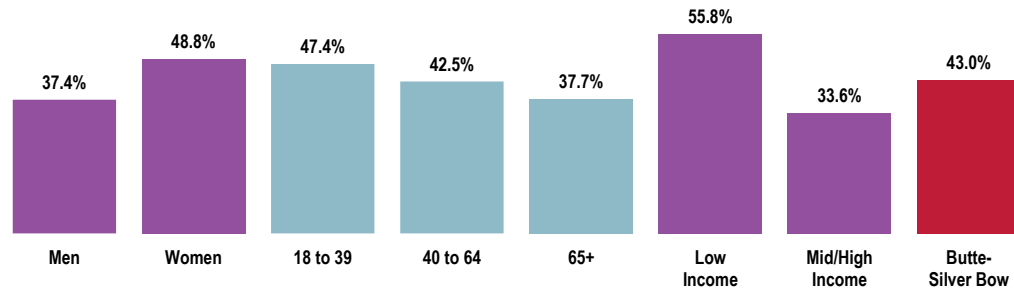
DISPARITY ▶ Higher among women and low-income residents.

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



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 195]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • Includes response of “a great deal,” “somewhat,” and “a little.”

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else) (Butte-Silver Bow, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 195]
 Notes: • Asked of all respondents.
 • Includes response of “a great deal,” “somewhat,” and “a little.”



Key Informant Input: Substance Abuse

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

Perceptions of Substance Abuse as a Problem in the Community (Key Informants, 2020)



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

Top Concerns

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

Access to Care/Services

- Lack of treatment options, high rate of alcohol consumption in this community. – Other Health Provider
- Access is the main barrier with financial concerns close behind. – Public Health Representative
- Access to treatment is adequate. Services are needed to identify individuals needing treatment and navigate them to treatment. – Public Health Representative
- Limited professional treatment centers available. – Public Health Representative
- No sober living facilities. No crisis services. – Public Health Representative
- Lack of places to go for treatment. Also, lack of early intervention/education. – Physician
- Generally there is a lack of treatment centers and clinics to see these people. – Physician
- Limited resources and stigma surrounding SUD. I often encounter people without insurance and no way to access/pay for their SUD needs. – Other Health Provider
- Not enough services to address the problem. – Social Services Provider
- I don't believe the issue is access to treatment. I believe the issue is the magnitude of problems created by substance abuse in a community and Butte-Silver Bow seems to have more than its share of abuse. Maybe it is more about education and enforcement. While the major issue may not be access to treatment, treatment does play a huge part and must be available. – Community Leader
- The lack of substance use services, particularly for those who need intensive inpatient therapy but lack insurance. – Other Health Provider
- Duplication of services but not completely encompassing, lack of resources to run programs, lack of community plan identifying ability and role participation by organizations/agencies. – Other Health Provider
- Lack of facilities and the will to seek treatment. – Community Leader
- Facilities to help people and the cost associated with help and care. – Community Leader
- Not enough places for treatment or people to treat them, same with mental health. Overloaded. Also, some forms of substance abuse are tolerated, if not celebrated, for example drinking. – Community Leader
- Alcohol and substance abuse far outweigh the services offered, which include individual counseling at a cost. Many people cannot afford the counseling due to the cost. – Community Leader
- Lack of resources. Also, this is often related to criminal activity, so these people are often put into the judicial system or jail. When released from jail, they often return to their prior substance abuse issues. – Community Leader
- Lack of programs and funding to obtain treatment. – Community Leader
- Knowing where the resources are to receive help. – Other Health Provider



Inpatient treatment that has a long enough program-for up to a year. Being able to have support for those adults that do not have someone to watch their children while they are in a treatment facility. Possibly having a facility that allows children-having childcare on site. – Social Services Provider

Client's participation, the availability for inpatient treatment, clients with a mental health component are often denied access to substance abuse treatment and referred back to mental health as they are unable to treat both. – Social Services Provider

While the Montana Chemical Dependency Program is located in Butte, it is a statewide program. There is often a wait list to get in, which is an obstacle to access. There is access to treatment for the Pre-release population. Outpatient services are underfunded and understaffed. – Social Services Provider

Outpatient resources limited. No intensive outpatient, no groups. – Social Services Provider

Demand for treatment services far exceeds availability of treatment sources. – Social Services Provider

Butte has no detoxification facility. St. James refuses to detox people and generally kicks them out as soon as they hit the door. The waiting list for MCDC is long, and it is my understanding that if a person is sober for a short period of time, they do not qualify for in-patient treatment so they are let out on the streets again, only to be using within hours of their release. There needs to be a continuity of care for people with a substance abuse problem and there needs to be community wide education about substance abuse being a disease. – Social Services Provider

Our community has a lack of support for individuals battling addictions. I have a friend who is driving her son to Bozeman every morning before she goes to work to get him a drug to help him wean off substances. – Social Services Provider

Linking people with substance abuse issues to treatment available in the community as well as the same issues that the community faces with regard to mental health as counseling often is needed before substance abuse can be dealt with. – Social Services Provider

Denial/Stigma

People recognizing that they have a substance abuse problem and then knowing where they can get assistance. – Social Services Provider

Acceptance. – Community Leader

Willingness of substance abusers to utilize treatment options. – Community Leader

Resistance of patients to treatment. – Other Health Provider

Refusal to get help. – Community Leader

The greatest barrier is the person acknowledging he or she needs help. Not sure if there is any local help now other than AA or Al-Anon. – Community Leader

Those needing assistance admitting they have a problem. Our generational culture adds to the issue. – Community Leader

It seems people everywhere of all ages need to numb themselves, not a lot of people are interested in healthy behaviors without substances involved, thinks that drugs or alcohol are necessary to have fun. – Other Health Provider

Nobody wants a treatment house in their neighborhood. The CCCS has drained many of the local resources. Collaboration for the greater good, not who can be in charge or make the most money, most of the people that need treatment don't have much money. We desperately need a substance abuse treatment facility, and a safe place for people to go when released from this facility - not to return to the situation that was harmful in the first place. – Community Leader

One of the biggest challenges regarding substance use that leads to abuse is that most people are in denial. Most people believe that they can "responsibly use" alcohol in particular but also other drugs like marijuana and other illegal illicit drugs. Treatment is the third step in the continuum of care mode. Promotion and Prevention are the first. We want our population, especial our young people to not use alcohol and/or drugs at all. Once again the information about the dangers of alcohol/drug use is out there. For whatever reason people continue to choose to use. As for treatment specific, because of the high usage of alcohol and drugs there are not enough treatment programs. Also, getting people into treatment, payment for treatment and providing safe, healthy environments for individuals who are in treatment and recovery is a huge barrier. Where to people who are in treatment/recovery go where they can be safe and healthy? Back to the same environment where they were previously - Community Leader

People not wanting treatment and the lethality of the drug of choice is an issue. – Public Health Representative

I think access to treatment is good, but acknowledging the issue from those struggling needs to happen first. – Community Leader

Similar to MH but even greater stigma issues. We also need more local residential and intensive treatment options so people do not have to go to Missoula or Rimrock for intensive treatment. Not having these services available locally creates issues with the person's employment. An hour or 2 of treatment in town vs. the same treatment 1-3 hours away makes a huge difference in the way an employer can help the person manage treatment. Butte-Silver Bow needs a medical and social detox program. – Public Health Representative



Willingness to admit you have a problem. So many individuals abuse substances on a daily basis as a normal way of life. – Community Leader

The desire for it. When you have a population of lower income people who see no real future, they turn to drugs as a way of escape. – Social Services Provider

Personal belief of having a substance abuse problem. Percent of qualified clinicians to handle the problem. – Community Leader

Prevalence/Incidence

Huge illegal substance abuse. Lack of productive activities available, low income population, mental health disorders and self-medicating, high incidence of abuse heritage. – Community Leader

I deal with it in my work as well. We have a high amount of substance use in this area. – Social Services Provider

It is very difficult to keep up with the substance abuse problems. New and changing substances that are cheap and difficult to detect. Court-mandated treatment is often too short to be impactful compared to the long-term treatment options that better address the issues and have a better long-term affect. Easy access to prescription medication remains a HUGE issue that leads to opioid addiction, heroin use, etc. – Community Leader

Epidemic. – Community Leader

Substance abuse is a huge issue in butte in direct relation to mental health. – Social Services Provider

There is a large segment of the community that abuses recreational drugs. There is a lack of mental health services to combat this problem. – Community Leader

The amount of dual addicted and abusive people is staggering. I would think the drug issue in Butte-Silver Bow is an epidemic. – Community Leader

I have worked with many throughout the community and see a huge substance abuse problem ranging from alcohol to injection drug use. We lack sufficient support to help those struggling with addiction. We need more treatment centers both outpatient and inpatient. The NA meetings at the Alano club need to be monitored better and start treating all those that come equally. I have had several folks come to me to find something else because they were not friendly or running the group to the standards they should be. Talking down to or belittling those struggling with addiction in our community only adds to their resistance to seek help. As an NA club they should not be allowed to make anyone feel inferior or less than. So more options than the one we currently have or someone needs to make them correct their judgmental click behavior. – Public Health Representative

We have a major meth problem in this community. Meth and related drug use is one of our worst problems, correlated with domestic violence, child abuse, crime, other violence. I see people who are clearly high on meth wandering around daily, it makes me so sad. – Community Leader

Volume. Methamphetamine use is epidemic. Culture. Alcohol culture here is deeply rooted. – Community Leader

Increased OUD and methamphetamine and long-standing alcohol dependence. – Physician

Substance abuse has been a problem in Butte for a long time. It is a generational issue and long-term treatment is needed for many people. Alcohol and drugs impact young and old alike. – Community Leader

There is high utilization of drugs here. We have decreased access to inpatient substance abuse treatment. – Other Health Provider

Affordable Care/Services

Cost, stigmatism. – Physician

Treatment is expensive and I'm not sure you can even access it if you don't get in trouble. – Community Leader

The cost and capacity to treat substance use in the community is a challenge. – Other Health Provider

Finances. – Community Leader

The cost of treatment is way too expensive. Without a referral from the court system or child and family services and sometimes with a referral the cost is at minimum \$400 just to get an assessment from the SMART program. – Public Health Representative

Financial and availability. – Public Health Representative

Cost and availability of programs, lack of family and community support. High number of active users in the community. – Community Leader

The greatest barriers are cost, lack of resources and the lack of want in our community. The Butte Tough stigma makes it hard for people to ask for help. – Community Leader

Funding

Funding programs, accurate data concerning age groups, kinds of drugs, overdoses, people admitting they have a problem, not hiding it. – Community Leader

Lack of financial support. – Community Leader

Financial resources. – Other Health Provider

The crisis has been here for years, but does not get funding, education, or other resources to help those suffering from addiction. Also, Butte Silver Bow does a terrible job with detox for people who are ready to stop using. – Social Services Provider



Lack of state and federal funding for treatment facilities and programs. – Public Health Representative
Program dollars, overwhelming numbers, lack of treatment professionals. – Community Leader
Funding. Even if you get a person ready to quit it is almost impossible to get them treatment. If they try to get sober on their own, a brief period (a few days) of sobriety makes them ineligible for some services. – Community Leader

Lack of Providers

Lack of professionals and facilities. – Public Health Representative
Lack of inpatient providers. – Social Services Provider
I believe lack of treatment providers is our biggest barrier in delivering substance abuse treatment. While Butte deals with its “tough” reputation, we have large numbers of people who are affected negatively by substance abuse. I don’t think it is our community’s failure to recognize the problem, it is how do we deal with it. – Community Leader
Qualified medical and pharmacy clinics outside of CHC. – Physician
The lack of therapists and counselors who have regular spots for individuals is a problem. Those that do not take Medicaid or Medicare is also problematic. – Social Services Provider
Not enough programs/providers. – Social Services Provider
I am not aware of any in our community. – Other Health Provider

Contributing Factors

It is always available. There are many bars and casinos. – Public Health Representative
Insurance, access to facilities and willingness to get help on part of the abuser. – Community Leader
Tougher laws for those that re-offend. There are services, treatment facilities but they are not able to take everyone for treatment. If they continue to break the laws, they need consequences. That is how Chemical Dependency is most effective. We have a high level of crime and CD. They are connected. We have so many Pot Shops! We are not able to screen for altered driving related to substances other than alcohol. If found to be using substances, arrests need to be an option. – Other Health Provider
SMART program. – Community Leader
There are too many people getting locked up and not receiving the treatment that they need. The lack of funding also creates a barrier for people to be able to access substance abuse treatment. Places like the pre-release and the watch Center in the smart program are all designed to function off money rather than helping individuals with substance abuse issues. — Social Services Provider

Poverty/Income

Low income, lots of drugs and drinking. During the mining era (which by the way we are not and people need to stop acting like Butte is only a tough mining town.) drinking was a way of life. Many bars, many places to go. It’s just too bad that Butte cannot move out of the tough mining mentality and go with a different idea to themselves. Around the state Butte is seen as a dirty, low income, drug ridden, drunken city. It’s not true but living in this town can be sad as people don’t want to move forward with life and make things better. I’ve heard of parents that “host” parties for kids. Seriously? That is the most insane thing I’ve heard and why would they give their children a head start on stuff like this? — Other Health Provider
Income. – Community Leader

Socially Acceptable

The social acceptance of substance abuse and the lack of treatment facilities. – Community Leader
Butte has a long history of drinking and a general thought process that it is socially acceptable. – Social Services Provider

Lack of Caseworkers

Shortage of caseworkers. – Community Leader
Lack of case managers. Cost of treatment. Lack of qualified caregivers and services. – Community Leader

Affordable Medication/Supplies

Cost, how to pay for treatment and deal with lost income. Also, childcare availability, this speaks to cost, obvious, but local equals better motivation. Difficult to see beyond the difficulties of treatment to the benefits. – Community Leader

Awareness/Education

Lack of education, personal mental health, personal situations, addiction to substances and their effect on mental faculties, personal public shame of being addicted, availability of substances, lax medical marijuana regulations, low income. – Community Leader



Most Problematic Substances

Key informants (who rated this as a “major problem”) clearly identified **alcohol** and **methamphetamines/other amphetamines** as causing the most problems in the community, followed distantly by **heroin/other opioids** and **prescription medications**.

SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Abuse as a “Major Problem”)	
ALCOHOL	48.4%
METHAMPHETAMINES OR OTHER AMPHETAMINES	46.3%
HEROIN OR OTHER OPIOIDS	4.2%
PRESCRIPTION MEDICATIONS	1.1%



TOBACCO USE

ABOUT TOBACCO USE

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

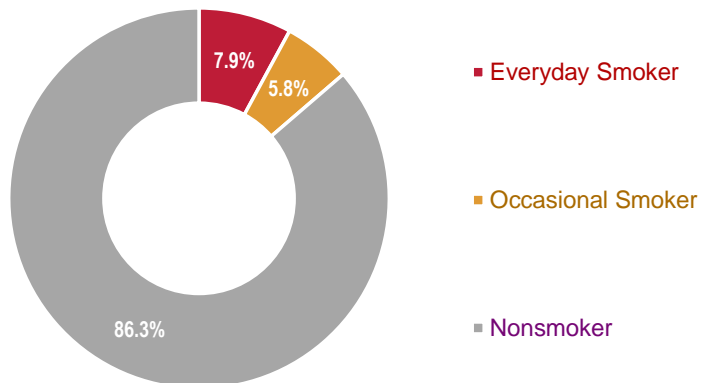
– Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 13.7% of Butte-Silver Bow adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).

Cigarette Smoking Prevalence
(Butte-Silver Bow, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 49]
Notes: • Asked of all respondents.



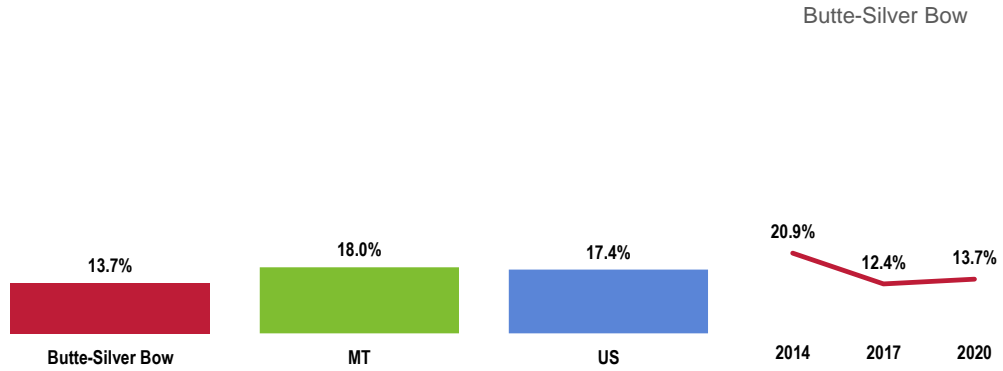
Note the following findings related to cigarette smoking prevalence in Butte-Silver Bow.

BENCHMARK ▶ Statistically below the Montana prevalence.

TREND ▶ Marks a statistically significant decrease from 2014 survey findings (similar to 2017).

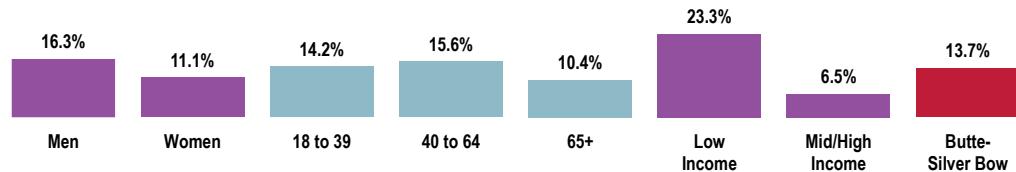
DISPARITY ▶ Highest among low-income adults.

Current Smokers Healthy People 2020 = 12.0% or Lower



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 49]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2018 Montana data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]
 Notes: • Asked of all respondents.
 • Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

Current Smokers (Butte-Silver Bow, 2020) Healthy People 2020 = 12.0% or Lower



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 49]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]
 Notes: • Asked of all respondents.
 • Includes regular and occasion smokers (every day and some days).



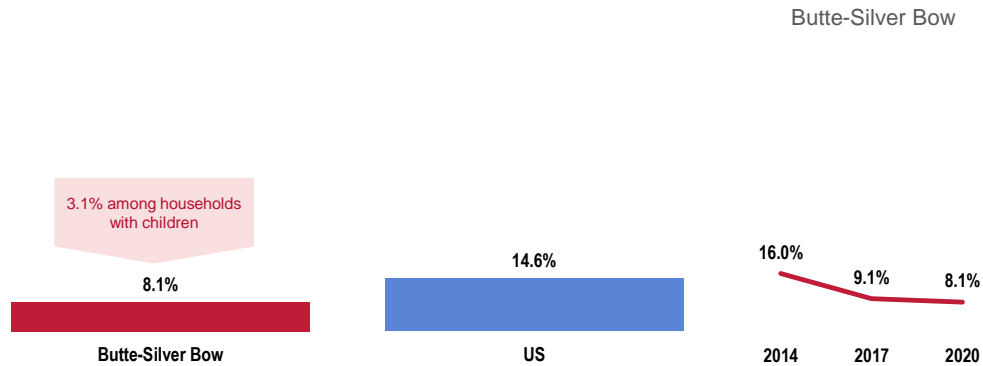
Environmental Tobacco Smoke

Among all surveyed households in Butte-Silver Bow, 8.1% report that someone has smoked cigarettes in their home on an average of four or more times per week over the past month.

BENCHMARK ▶ Well below the US figure.

TREND ▶ Denotes a statistically significant decrease since 2014.

Member of Household Smokes at Home



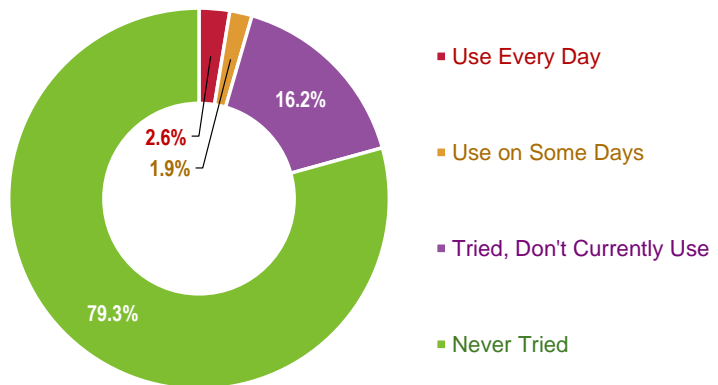
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 52, 161-162]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Other Tobacco Use

Use of Vaping Products

Most Butte-Silver Bow adults have never tried electronic cigarettes (e-cigarettes) or other electronic vaping products.

Use of Vaping Products (Butte-Silver Bow, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 163]
 Notes: • Asked of all respondents.



However, 4.5% currently use vaping products either regularly (every day) or occasionally (on some days).

BENCHMARK ▶ Half the US prevalence.

TREND ▶ Denotes a statistically significant increase since 2017.

DISPARITY ▶ Decreases with age and is much higher among low-income respondents.

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

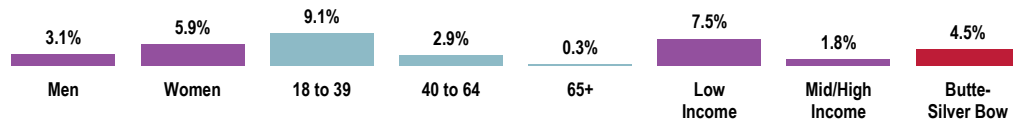
Butte-Silver Bow



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 194]
 • 2020 PRC National Health Survey, PRC, Inc.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Montana data.

Notes: • Asked of all respondents.
 • Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Currently Use Vaping Products (Butte-Silver Bow, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 194]
 Notes: • Asked of all respondents.
 • Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).



Smokeless Tobacco

Examples of smokeless tobacco include chewing tobacco, snuff, or “snus.”

A total of **10.9%** of Butte-Silver Bow adults use some type of smokeless tobacco every day or on some days.

BENCHMARK ▶ Well above state and national figures.

Currently Use Smokeless Tobacco

Healthy People Goal = 0.2% or Lower

Butte-Silver Bow



- Sources:
- 2020 PRC Community Health Survey, PRC, Inc. [Item 305]
 - 2017 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); 2018 Montana data.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.2]
- Notes:
- Reflects the total sample of respondents.
 - Smokeless tobacco includes chewing tobacco or snuff.

Key Informant Input: Tobacco Use

Key informants taking part in an online survey were equally likely to characterize *Tobacco Use* as a “major problem” and a “moderate problem” in the community.

Perceptions of Tobacco Use as a Problem in the Community (Key Informants, 2020)

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



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



Top Concerns

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

Prevalence/Incidence

While I don't have data to support this, it seems that more people in Butte smoke than in other communities (I have lived out of state and in Missoula prior to returning to my hometown). It could result from Butte's “live hard/work hard/be tough mentality,” but it is detrimental to physical and mental health. – Community Leader

Tobacco use appears to be high for our area and trends along the same lines as other low-income communities. – Other Health Provider

A very large number of people in this county smoke, including underage smokers. Big tobacco is targeting the younger population and those in poverty tend to smoke more. – Other Health Provider

Silver Bow county has a very high number of people that smoke or have smoked. Poverty contributes to this. We have high amounts of cardiovascular and respiratory diseases. – Other Health Provider

People like to smoke and use smokeless tobacco, think vaping is safe. – Other Health Provider

You see people smoking everywhere and many chew tobacco. – Other Health Provider

Long-term smokers and vape users. – Community Leader

Large percentage of the population in Butte smokes or has COPD. – Other Health Provider

Higher rates of smoking and tobacco use than other communities. – Community Leader

Many of my patients smoke and unfortunately a large percent of staff smoke as well. – Other Health Provider

It seems like a lot of people smoke and if they don't they chew tobacco. – Community Leader

Many use tobacco. – Community Leader

It is my impression from past health assessments that tobacco use is comparatively high in Butte-Silver Bow. – Community Leader

Many people in our community continue to smoke even with the dangers well known. It is seen outside of many public buildings, private businesses, etc. However, I believe various education programs have successfully convinced many young to not smoke. – Community Leader

Lots of people smoke and a lot of young people smoke. Children are exposed to second-hand smoke from their parents. – Community Leader

I was observing people smoking and chewing, including many young students who should not have tobacco products. – Community Leader

Despite the overwhelming information we have about the damaging effects of tobacco, we still have people smoking. Although the statistics are encouraging regarding smoking cigarettes, the introduction of vaping products is causing this trend to change. Once again the “industry” is only interested in money and is doing everything in their power to market their highly addictive and dangerous product to the public, especially the young. – Community Leader

Many folks use tobacco daily in our community and now lots of our young people vape. – Public Health Representative

The number of people who smoke and use chewing tobacco is higher than most places. – Social Services Provider

My observation is that there are still too many people smoking in Butte, which would contribute to heart and lung disease. I see people in smoking shelters at businesses around the community, many times in groups of six to eight people. – Social Services Provider

I observe that it is so and have read documentation saying that it is so. It is part of the culture, especially with lower income folks. – Social Services Provider

A good amount of people in the community use tobacco despite the rise in cost for tobacco. – Public Health Representative

Smoking is still common in this community. Many young people are smoking. – Social Services Provider

I deal with this where I work. There is a high use of tobacco use in this area. – Social Services Provider

Throughout our community we see the smoking huts being used often, breaks from work to smoke, people driving and smoking is seen often. Comments have been made to me from individuals who do not live in Montana and mention they cannot believe the amount of people who are still smoking and using smokeless tobacco. In the schools, vaping is very popular according to teachers. It is in middle school as well as high school. Because the tool used to vape can be similar to the size of a flash drive, the students can easily hide it. The teacher is unaware except by the smell - vanilla, fruit, etc. At community meetings, the school district and medical community have reported that vaping is growing and is problematic. – Social Services Provider



Teen/Young Adult Usage

If one person smokes, it's too many. Vaping is bad on our high school and with young adults. – Community Leader

Many kids using tobacco at younger ages and becoming dependent. – Community Leader

It appears that more of the younger population are utilizing tobacco products. – Community Leader

As a juvenile probation officer, approximately 85 percent of my caseload of kids either smoke, vapes, or does both. – Community Leader

See many young adults using tobacco and vaping products. Not all lung cancers are tobacco related, but the majority do not get treatment until in a stage III or IV when it can be almost too late to treat. – Other Health Provider

Still have vaping stores. Still see plenty of people smoking. Youth vaping issues. Smokeless tobacco use still prevalent. Lack of information about chewing. Reduced advertising. – Social Services Provider

We have a lot of tobacco use in our youth. Also a lot of chewing tobacco is used among people. – Public Health Representative

A lot of smokers and chewers and start young. – Other Health Provider

Youth smoking, chewing and vaping. – Community Leader

Contributing Factors

It is a community-accepted habit. – Community Leader

Many people smoke, chew, and vape. It's just acceptable in this community and they don't think twice about it. – Other Health Provider

Learned behavior that is accepted by society and handed down through generations. – Community Leader

Ease of getting products, peer influence. – Community Leader

Nicotine is a highly addictive product, sold in the form of snuff and cigarettes, as well as E-cigarettes, and it continues to be a significant problem nationally, so I presume it is also a significant problem in our community. – Community Leader

Education and poverty. – Public Health Representative

Increase in vaping, already large population of older tobacco users that have increased O₂ needs and sequelae of lung disease. – Physician

It seems very prominent in the lower socioeconomic population. – Other Health Provider

Obesity and tobacco dependence. Very prevalent with many associated health issues. – Physician

Poverty/Income

Poverty, culture, lack of stringent marketing laws. – Other Health Provider

Low income community. Not enough education or awareness. – Community Leader

High poverty population who are most likely to use tobacco products. – Public Health Representative

Many low-income individuals live in the community and have a higher rate of tobacco use. I consistently refer to the Montana Quit Line and people decline the referral. – Public Health Representative

Comorbidities

The use of Tobacco affects many of the human body systems such as cardio, cancer, and respiratory. It is an addictive drug and should be regulated as are other drugs and substances. E-cigarettes are also a concern, especially among the young. Again nicotine is addictive. – Community Leader

High rates of tobacco use contribute to COPD, lung disease. – Physician

Tobacco use is unhealthy, poor enforcement of smoking bans in public places. Leads to higher instances of cancer. There is a large uninsured segment of the population smoking who do not have easy access to treatment if they become ill. – Community Leader



SEXUAL HEALTH

HIV

ABOUT HUMAN IMMUNODEFICIENCY VIRUS (HIV)

The HIV epidemic in the United States continues to be a major public health crisis.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and health care programs.

Improving access to quality health care for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

- Healthy People 2020 (www.healthypeople.gov)
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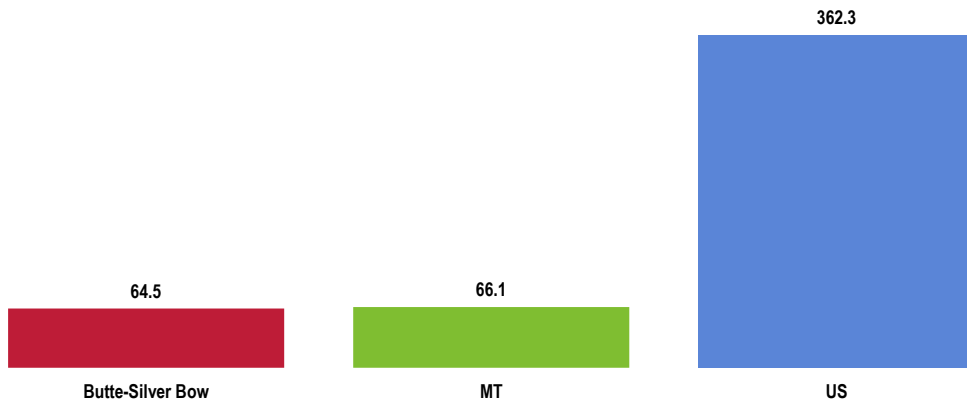
HIV Prevalence

In 2015, there was a prevalence of 64.5 HIV cases per 100,000 population in Butte-Silver Bow.

BENCHMARK ► Considerably lower than the national prevalence.



HIV Prevalence (Prevalence Rate of HIV per 100,000 Population, 2015)



Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
 • Retrieved April 2020 from CARES Engagement Network at <https://engagementnetwork.org>.

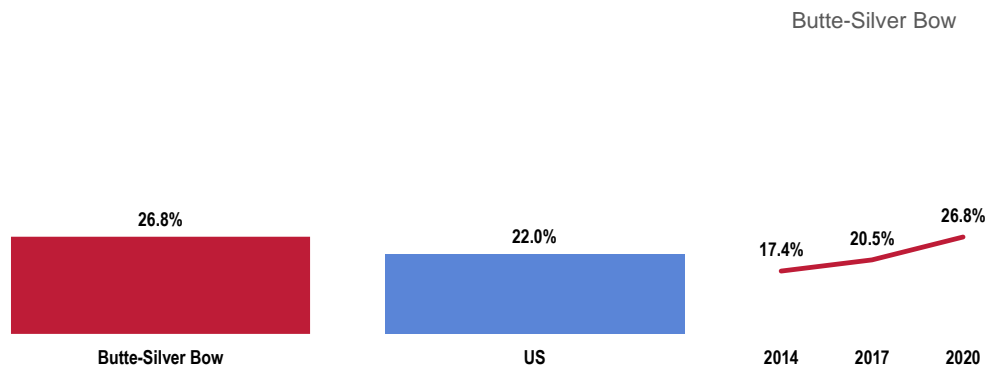
Notes: • This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

HIV Testing

Among Butte-Silver Bow adults age 18-44, 26.8% report that they have been tested for HIV in the past year.

TREND ► The increase over time is not yet statistically significant.

Tested for HIV in the Past Year (Adults Age 18-44)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 327]
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Reflects respondents age 18 to 44.



Sexually Transmitted Diseases

ABOUT SEXUALLY TRANSMITTED DISEASES

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women.

Social, Economic, and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to health care; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons “linked” by sequential or concurrent sexual partners).

– Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

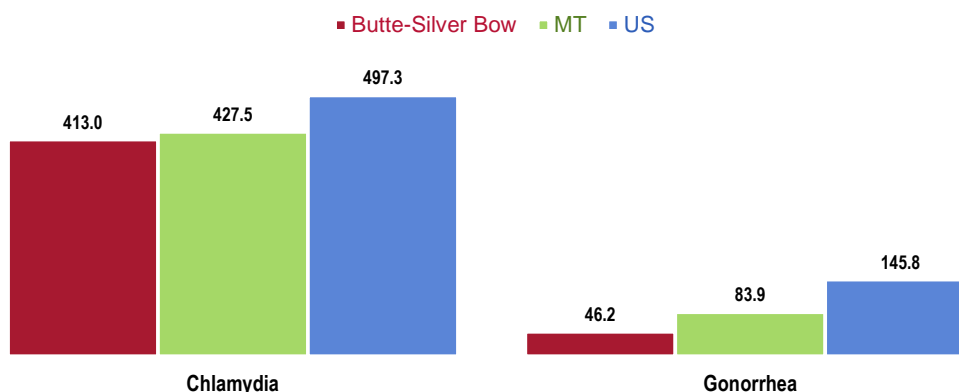
In 2016, the chlamydia incidence rate in Butte-Silver Bow was 413.0 cases per 100,000 population.

The Butte-Silver Bow gonorrhea incidence rate in 2016 was 46.2 cases per 100,000 population.

BENCHMARK ► Both rates are below the related national figures; the gonorrhea rate also falls statistically below the Montana figure.



Chlamydia & Gonorrhea Incidence (Incidence Rate per 100,000 Population, 2016)

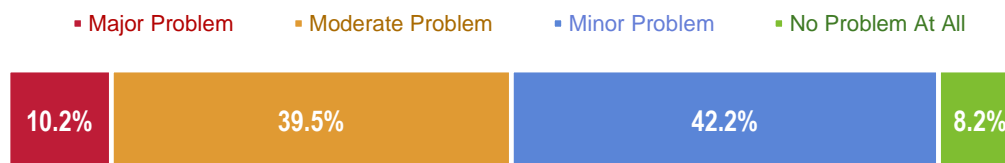


Sources: • Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
 • Retrieved April 2020 from CARES Engagement Network at <https://engagementnetwork.org>.
 Notes: • This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Key Informant Input: Sexual Health

A plurality of key informants taking part in an online survey characterized *Sexual Health* as a “minor problem” in the community (followed closely by “moderate problem” responses).

Perceptions of Sexual Health as a Problem in the Community (Key Informants, 2020)



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

Top Concerns

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

Awareness/Education

Lack of education and fear of judgment. – Social Services Provider

We need more PREP/sex education normalized in all of our community. I see folks all the time that don't know how to wear a condom properly or they believe in false facts about STDs and HIV. The PREP Program is also important because it doesn't base healthy sexual discussions or activities on male-female relationships only. It's designed to educate all the diversity within our young people in a healthy proactive way. Often times the ones not as well versed in healthy sexual behaviors are our adult populations 25 and older. They have not have the same opportunity as many of our young people here in Butte to go through the PREP program. So perhaps we need an adult sex education program that would be free to the public to ensure we help all of our sexually active people be aware and understand health sexual communication. – Public Health Representative



I hear that STDs are on the uptick. I'm not sure if sexual education has expanded significantly, I think "puritanical" ideas about sex make it impossible for people to engage in sex in a healthy way. – Community Leader

Access to Care/Services

There is only one place for the community to go. – Social Services Provider

Limited hepatitis C cure and HIV treatment options leave people who are newly diagnosed and motivated to be treated with little opportunity to follow through. Using treatment as prevention would greatly help to reduce transmission. – Public Health Representative

Prevalence/Incidence

STDs. – Community Leader

Increased prevalence of syphilis. – Community Leader

Sexually Active Youth

Youth are sexually active at a young age, many believe it is normal to be having sex with multiple partners in junior high and high school. College student and adults feel multiple sexual partners or one nights are the norm. – Other Health Provider

Teen Pregnancy

Too many youngsters 16 to 24 are female, single with no support, and pregnant. – Social Services Provider





ACCESS TO HEALTH CARE

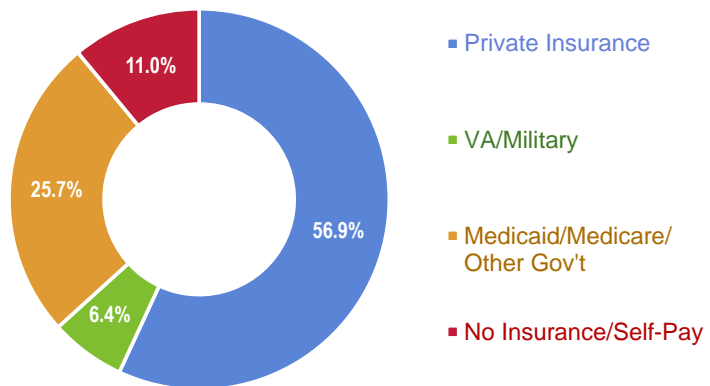
HEALTH INSURANCE COVERAGE

Type of Health Care Coverage

A total of 56.9% of Butte-Silver Bow adults age 18 to 64 report having health care coverage through private insurance. Another 25.7% report coverage through Medicaid and/or Medicare, and 6.4% cited VA or military benefits.

Survey respondents were asked a series of questions to determine their health care insurance coverage, if any, from either private or government-sponsored sources.

Health Care Insurance Coverage
(Adults Age 18-64; Butte-Silver Bow, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 169]
Notes: • Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Among adults age 18 to 64, 11.0% report having no insurance coverage for health care expenses.

BENCHMARK ► The Healthy People 2020 objective is universal coverage.

DISPARITY ► Significantly higher among men in Butte-Silver Bow.

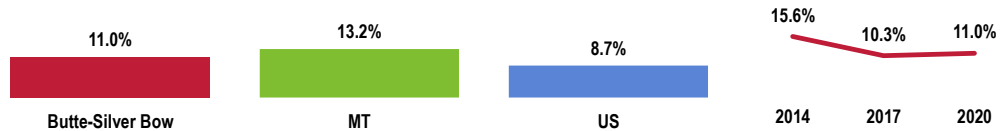
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for health care services – neither private insurance nor government-sponsored plans (e.g., Medicaid).



Lack of Health Care Insurance Coverage (Adults Age 18-64)

Healthy People 2020 = 0.0% (Universal Coverage)

Butte-Silver Bow

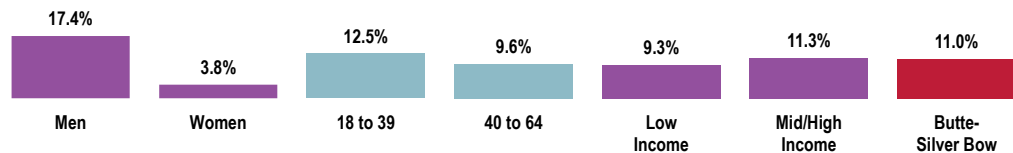


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 169]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Montana data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

Notes: • Asked of all respondents under the age of 65.

Lack of Health Care Insurance Coverage (Adults Age 18-64; Butte-Silver Bow, 2020)

Healthy People 2020 = 0.0% (Universal Coverage)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 169]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1]

Notes: • Asked of all respondents under the age of 65.



DIFFICULTIES ACCESSING HEALTH CARE

ABOUT ACCESS TO HEALTH CARE

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

– Healthy People 2020 (www.healthypeople.gov)

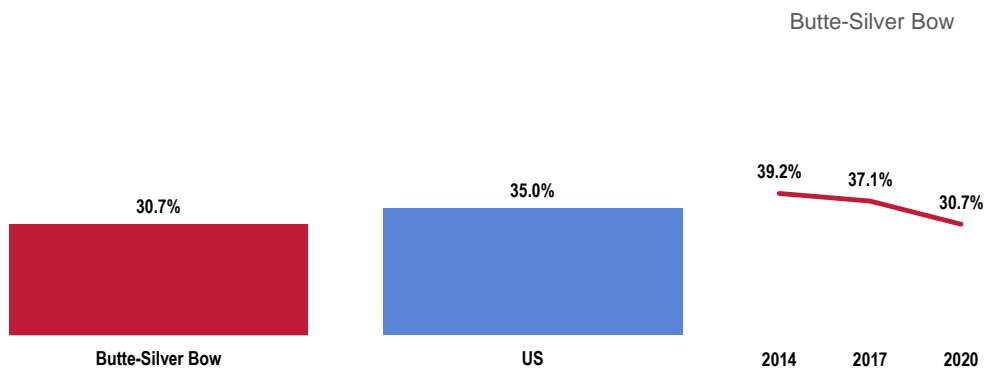
Difficulties Accessing Services

A total of 30.7% of Butte-Silver Bow adults report some type of difficulty or delay in obtaining health care services in the past year.

TREND ▶ Marks a statistically significant decrease from 2014 survey findings.

DISPARITY ▶ Higher among low-income adults.

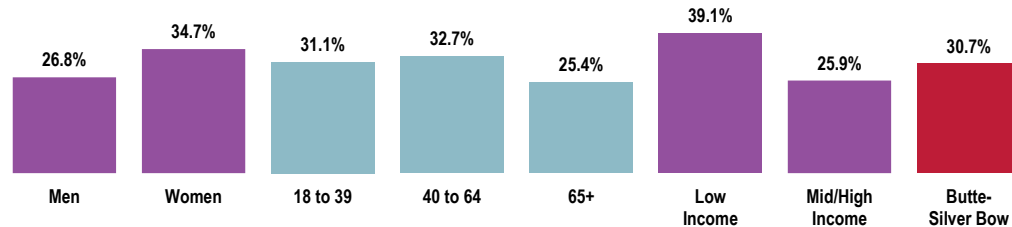
Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 171]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.



Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year (Butte-Silver Bow, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 171]
 Notes: • Asked of all respondents.
 • Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Barriers to Health Care Access

Of the tested barriers, appointment availability and difficulty finding a physician impacted the greatest shares of Butte-Silver Bow adults.

BENCHMARK ► More favorable results when compared with the US for cost of prescriptions, inconvenient office hours, transportation, and language/culture.

TREND ► Note the significant improvements since 2014 for the barrier of cost (for physician visits and also for prescription medication).

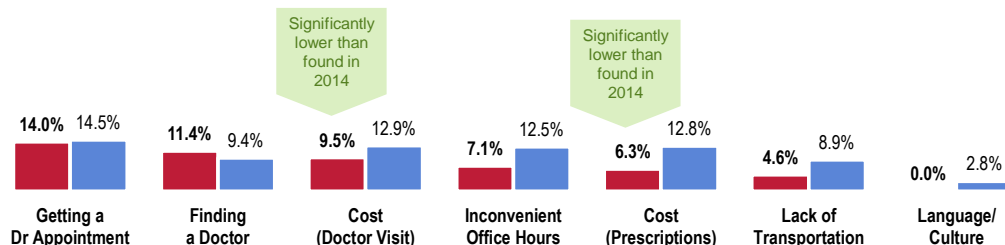
To better understand health care access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Barriers to Access Have Prevented Medical Care in the Past Year

■ Butte-Silver Bow ■ US

In addition, 11.4% of adults have skipped doses or stretched a needed prescription in the past year in order to save costs.



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 7-13]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Note also that 11.4% of Butte-Silver Bow adults have skipped or reduced medication doses in the past year in order to stretch a prescription and save costs.

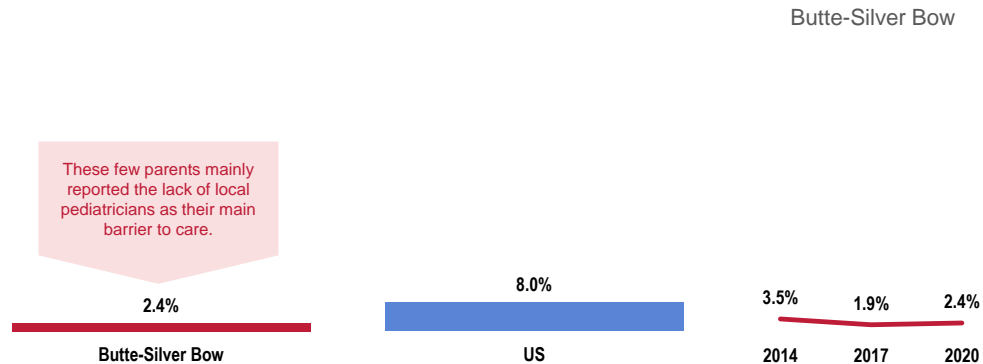


Accessing Health Care for Children

A total of 2.4% of parents say there was a time in the past year when they needed medical care for their child but were unable to get it.

BENCHMARK ▶ Well below the US figure.

Had Trouble Obtaining Medical Care for Child in the Past Year (Parents of Children 0-17)

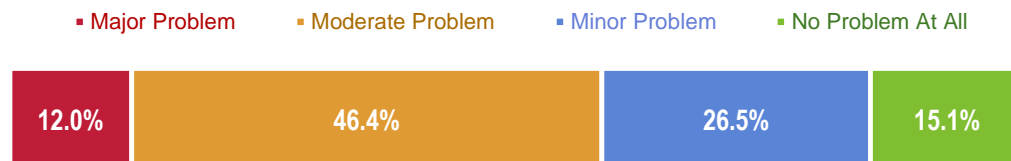


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 118-119]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents with children 0 to 17 in the household.

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 (Key Informants, 2020)



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



Top Concerns

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

Lack of Providers

Access to primary care providers and providers such as pulmonologists, psychiatrists, and neurologists. – Community Leader

There just aren't enough general practitioners in Butte. – Social Services Provider

The limited number of highly qualified primary care physicians. We need to be competitive in recruiting the best and the brightest. – Community Leader

Lack of primary care physicians. – Physician

Lack of prompt access to primary care, subspecialty and mental health services due to a lack of providers. – Physician

The main problem in Butte Silver Bow is the lack of medical care for specified problems. There is one neurologist, a couple of cardiologists, a few urologists, a couple of general surgeons, one orthopedic clinic with doctors in their late 50s and early 60s, limited speech pathologists, limited occupational therapists, limited respiratory therapists, limited oncologists, and others. Our community has an average age of our population in the 40s. Most have children and many have moved back to be with aging parents. It is commonplace to travel 60–240 miles for medical care. This poses a problem when time is essential for care, road conditions preempt travel, reliable transportation is a problem. When having to access care in our community or another community, there are long wait times and sometimes a lengthy vetting process, which hampers the health care of the patient. – Social Services Provider

Not enough medical providers taking new patients, especially Medicaid and Medicare. Affordable dental services. Access to safe living arrangements based on illnesses of the senior and frail group. – Physician

There are a number of factors, first being a lack of providers, and a large number of uninsured members of the community. This is a large when it comes to mental health services. There are a number of people who require mental health services as part of their treatment plan, but there are not enough providers to meet the demand. – Community Leader

Good doctors and good follow up care. I've changed providers at least six times in last 10 years because provider either moved away or provider does not return calls or schedule follow up care. – Community Leader

Lack of general surgical and vascular services and really only one who is responsive to urgent intervention. Does not kick the can down the road as they are overstretched and exhausted. – Physician

No pulmonology. – Physician

Turnover of health care providers. – Community Leader

Access to Care/Services

Access to specialty care services. – Other Health Provider

Many services are unavailable in Butte due to lack of local providers. People have to be referred to other communities in and out of state to access specialists, diagnostic services and treatments. – Public Health Representative

Low access to specialty care. – Community Leader

Lack of comprehensive (some specialized and general) nature and quality of care at SJH. Too many people going to Anaconda hospital; SJH/Butte not serving as the regional primary healthcare provider it should be. Result: all neighboring community hospitals are growing while SJH is holding on/slipping. – Community Leader

Not necessarily primary care services, rather access to specialty care and having to refer patients to other communities, which poses challenges, such as transportation and affordability, support, etc. – Other Health Provider

Hours of operation for drop in services to not use the Emergency Room. – Other Health Provider

Access to specialists are limited in the community and typically the community has to go out of town to get medical needs met. This is a barrier in getting necessary medical care. – Public Health Representative

There is a dearth of specialists in the community, requiring people to travel miles in a variety of directions. There is a tendency to do extensive medical testing, often not warranted by the condition. – Social Services Provider

Insurance Issues

So many people can't afford insurance and many primary care providers are not accepting patients, so people don't have a regular doctor. – Community Leader

Cost for many individuals, number of low-income families, mental health services for all families and homeless individuals, superfund cleanup. – Community Leader

Adequate medical insurance and education of when to seek out medical attention. – Community Leader



PRIMARY CARE SERVICES

ABOUT PRIMARY CARE

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

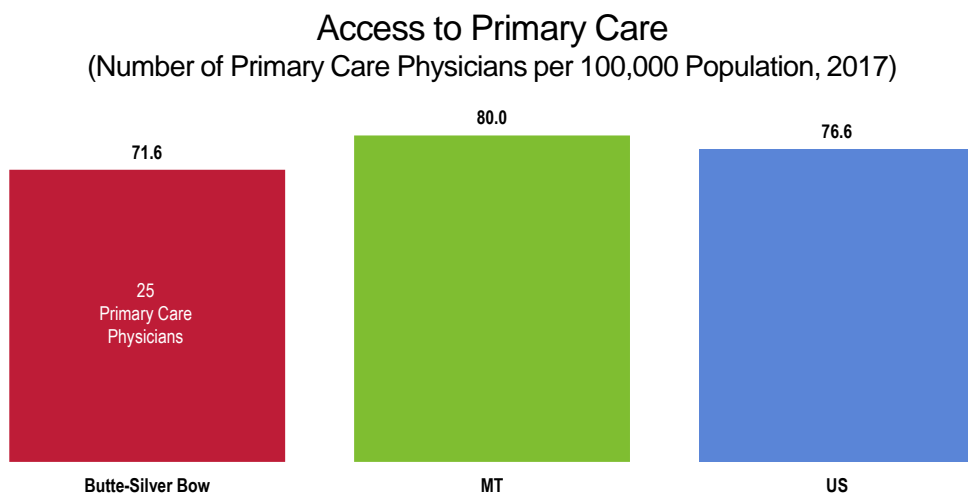
- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care

In 2017, there were 25 primary care physicians in Butte-Silver Bow, translating to a rate of 71.6 primary care physicians per 100,000 population.



- Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
 - Retrieved April 2020 from CARES Engagement Network at <https://engagementnetwork.org>.

- Notes:
- Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.



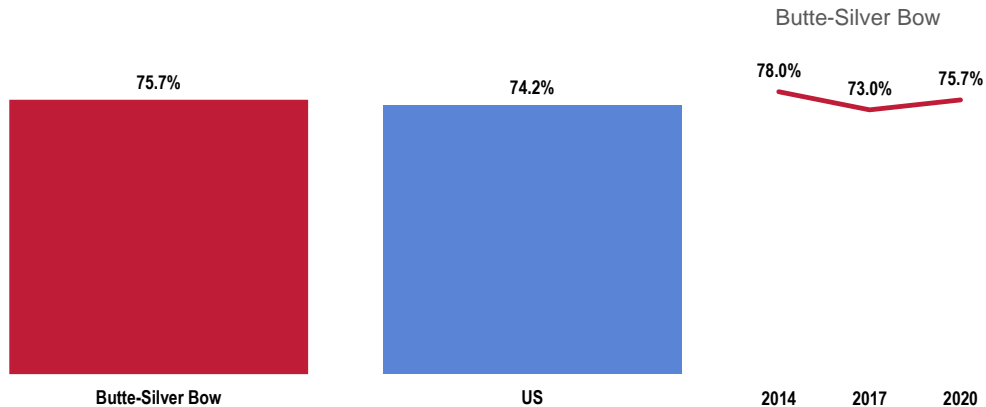
Specific Source of Ongoing Care

A total of 75.7% of Butte-Silver Bow adults were determined to have a specific source of ongoing medical care.

BENCHMARK ▶ Falls short of the Healthy People 2020 objective.

Have a Specific Source of Ongoing Medical Care

Healthy People 2020 = 95.0% or Higher



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 170]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-5.1]

Notes: • Asked of all respondents.

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

Utilization of Primary Care Services

Adults

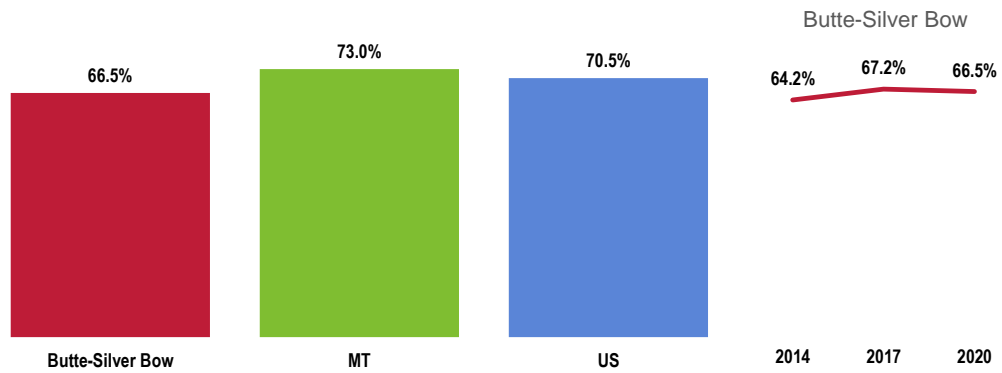
Two-thirds of adults (66.5%) visited a physician for a routine checkup in the past year.

BENCHMARK ▶ Below the state prevalence.

DISPARITY ▶ Lower among men and adults under age 65.



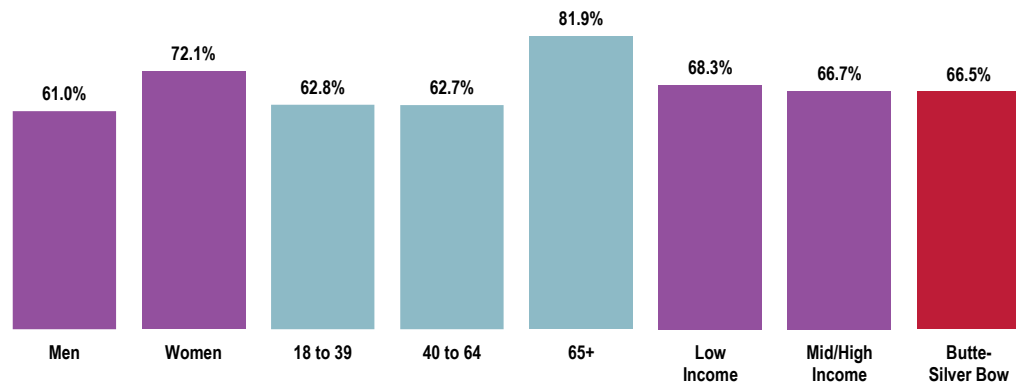
Have Visited a Physician for a Checkup in the Past Year



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 18]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Montana data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year (Butte-Silver Bow, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 18]
 Notes: • Asked of all respondents.

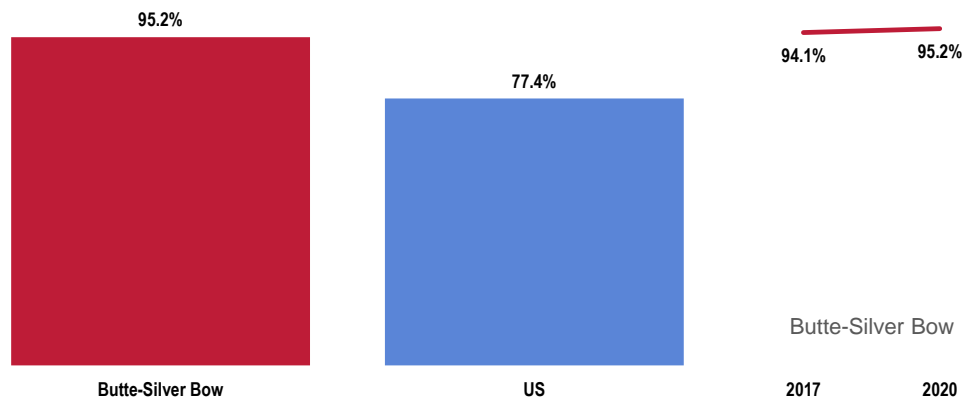


Children

Among surveyed parents, most (95.2%) report that their child has had a routine checkup in the past year.

BENCHMARK ► Above the national figure.

Child Has Visited a Physician for a Routine Checkup in the Past Year (Parents of Children 0-17)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 120]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents with children 0 to 17 in the household.



EMERGENCY ROOM UTILIZATION

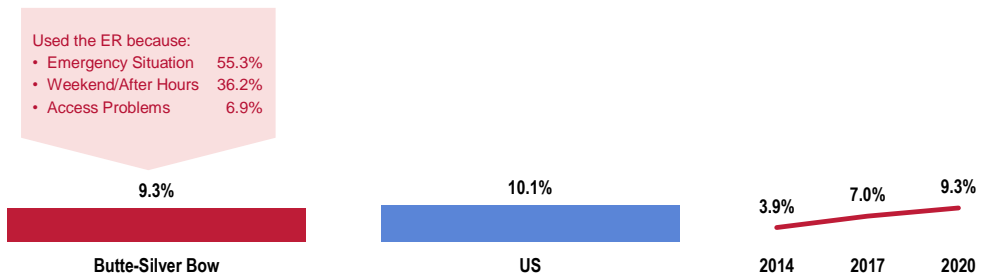
A total of 9.3% of Butte-Silver Bow adults have gone to a hospital emergency room more than once in the past year about their own health.

TREND ▶ Marks a statistically significant increase since 2014.

DISPARITY ▶ Especially high among women and low-income respondents.

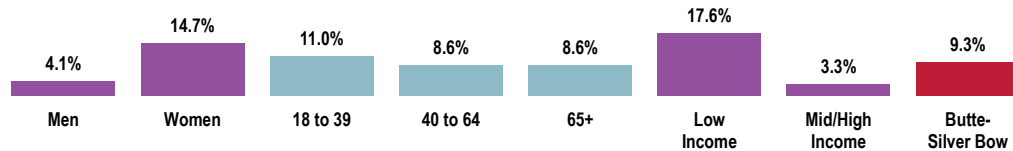
Have Used a Hospital Emergency Room More Than Once in the Past Year

Butte-Silver Bow



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 22-23]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Have Used a Hospital Emergency Room More Than Once in the Past Year (Butte-Silver Bow, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 22]
 Notes: • Asked of all respondents.



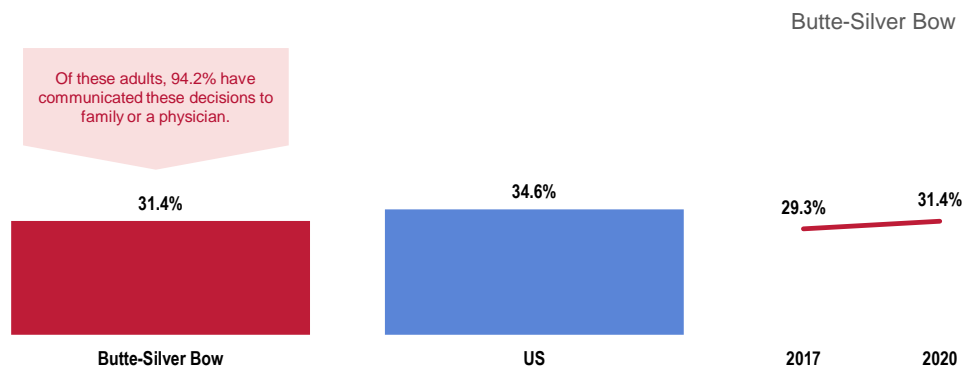
ADVANCE DIRECTIVES

A total of 31.4% of Butte-Silver Bow adults have completed advance directive documents.

DISPARITY ► The prevalence increases with age and is higher among female respondents.

An advance directive document is a set of directions given about the medical health care a person wants if he/she ever loses the ability to make those decisions. Formal advance directives include living wills and health care powers of attorney.

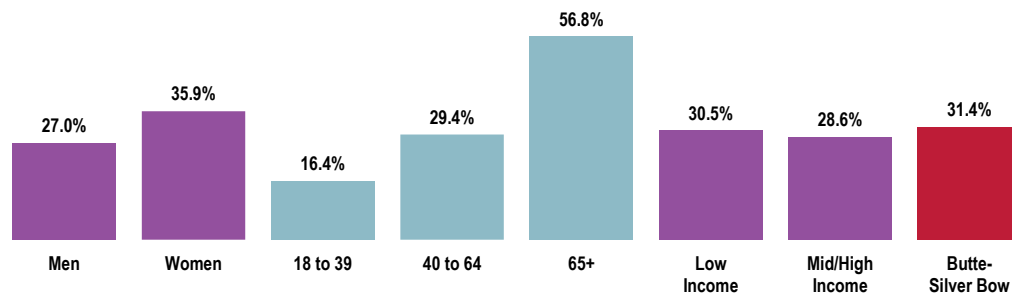
Have Completed Advance Directive Documents



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Items 311-312]
• 2017 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
• An advance directive is a set of directions given about the medical health care a person wants if he/she ever loses the ability to make those decisions. Formal advance directives include living wills and health care powers of attorney.

Have Completed Advance Directive Documents (Butte-Silver Bow, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 85]

Notes: • Asked of all respondents.
• An Advance Directive is a set of directions given about the medical health care a person wants if he/she ever loses the ability to make those decisions. Formal Advance Directives include Living Will and Health Care Powers of Attorney.



ORAL HEALTH

ABOUT ORAL HEALTH

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: tobacco use; excessive alcohol use; and poor dietary choices.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

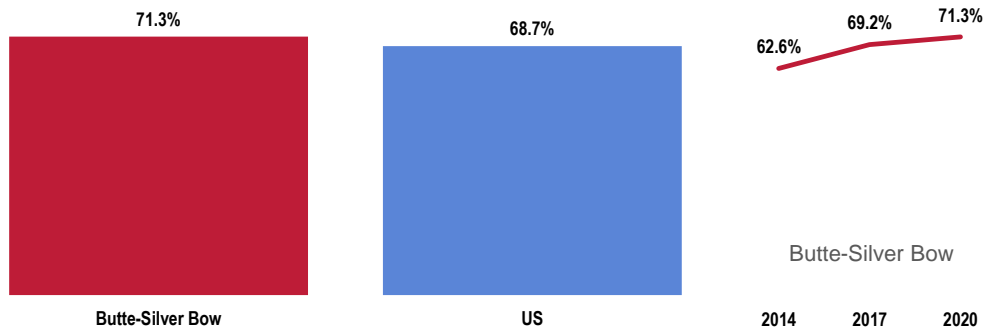
– Healthy People 2020 (www.healthypeople.gov)

Dental Insurance

Most Butte-Silver Bow adults (71.3%) have dental insurance that covers all or part of their dental care costs.

TREND ► The prevalence has increased significantly since 2014.

Have Insurance Coverage That Pays All or Part of Dental Care Costs



Sources: ● 2020 PRC Community Health Survey, PRC, Inc. [Item 21]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.



Dental Care

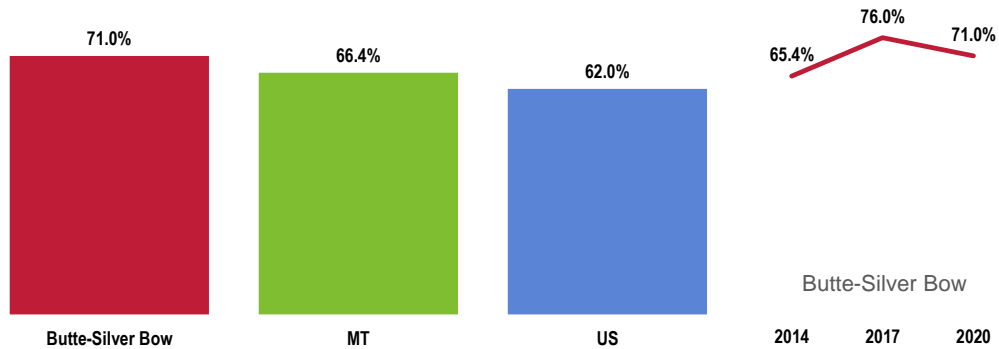
Adults

A total of 71.0% of Butte-Silver Bow adults have visited a dentist or dental clinic (for any reason) in the past year.

BENCHMARK ▶ Well above the US prevalence. Easily satisfies the Healthy People 2020 objective.

DISPARITY ▶ Decreases with age and is lower among residents in low-income households and those without dental coverage.

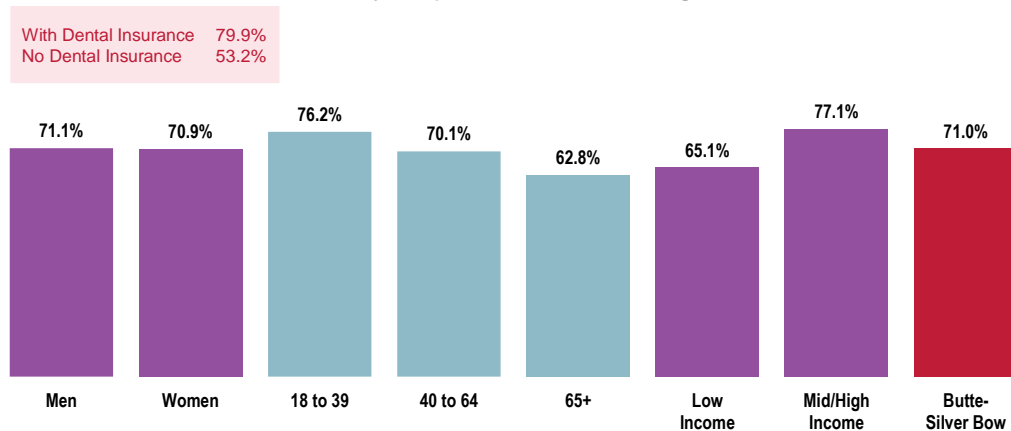
Have Visited a Dentist or Dental Clinic Within the Past Year
Healthy People 2020 = 49.0% or Higher



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 20]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2018 Montana data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]

Notes: • Asked of all respondents.

Have Visited a Dentist or Dental Clinic Within the Past Year (Butte-Silver Bow, 2020)
Healthy People 2020 = 49.0% or Higher



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 20]
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]

Notes: • Asked of all respondents.



Children

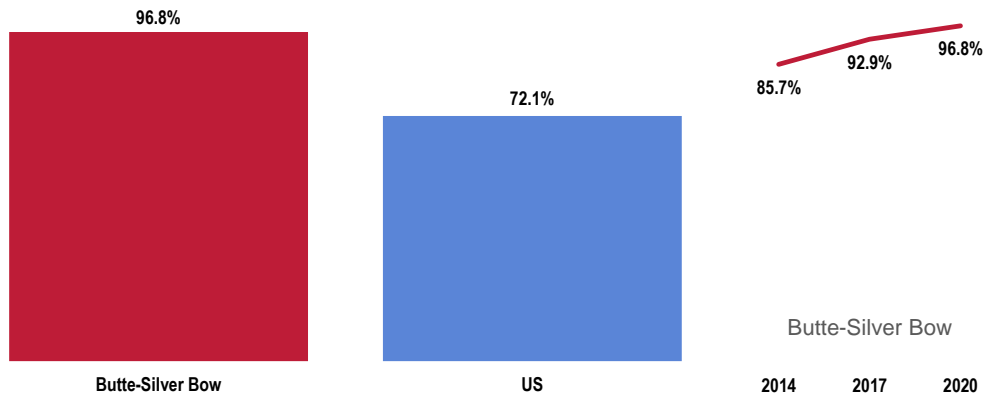
A total of 96.8% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

BENCHMARK ▶ Well above the US figure. Easily satisfies the Healthy People 2020 objective.

TREND ▶ Denotes a statistically significant increase since 2014.

Child Has Visited a Dentist or Dental Clinic Within the Past Year (Parents of Children Age 2-17)

Healthy People 2020 = 49.0% or Higher



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 123]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
 Notes: • Asked of all respondents with children age 2 through 17.

Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as a “minor problem” in the community.

Perceptions of Oral Health as a Problem in the Community (Key Informants, 2020)

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



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



Top Concerns

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

Affordable Care/Services

Working I hear a lot about the struggles people go through with their oral health. – Social Services Provider

Low-income population unable to afford oral health care. – Social Services Provider

Cost. – Social Services Provider

Barriers to oral health is often times the lack of monies folks have available for oral health and or the lack of coverage from our state insurance. Things like dentures for folks that lost teeth before turning 65 are not available. I feel we should offer more education on the importance of proper oral hygiene in our community - Public Health Representative

Not a priority within the population. Lack of free dental care. – Community Leader

Again, people can't afford to go to the dentist and most people can't afford dental insurance because it is an added cost on top of regular insurance. – Community Leader

Prevalence/Incidence

I was talking to a dental hygienist who learned that the Butte population has the highest incidence of tooth disease in the state. Also, lower income people have less access to oral hygiene care. – Social Services Provider

I have too many friends who are dentists or hygienists! But I believe that oral health is linked to general physical health. Diet, exercise, chemical dependency and smoking are factors, as is poverty and access to care. And education or lack thereof in good oral hygiene habits. – Community Leader

Poverty/Income

The poverty is a big part of the problem. Many cannot afford regular dental care and only go to the dentist when it is an emergency which often results in the tooth or teeth being pulled. – Social Services Provider

Poverty, culture, prevention, resources for expensive procedures or resolution of issues for uninsured, Medicaid, or Medicare patients. – Other Health Provider

Lack of Providers

There are not enough pediatric dentists in this town for the need of our youth. – Social Services Provider

Lack of coverage, cost. We have a host of dentists in the community but our community has no insurance and cannot afford cash in most instances. – Physician

Access to Care for Underinsured and Uninsured

I think a lack of insurance and a lack of disposable income leads many to choose to take other health items. – Community Leader

Diagnosis/Treatment

Poor oral health is a source of poor cardiac health. – Community Leader

Insurance Issues

Many people without dental coverage. Increase in methamphetamine use. Aging population with poverty and no coverage. – Physician



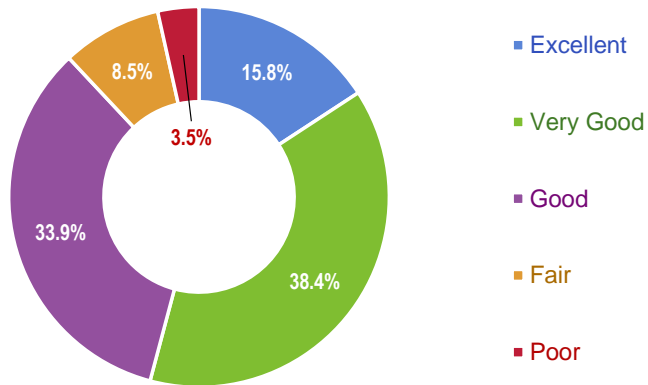


LOCAL RESOURCES

PERCEPTIONS OF LOCAL HEALTH CARE SERVICES

Most Butte-Silver Bow adults rate the overall health care services available in their community as “excellent” or “very good.”

Rating of Overall Health Care Services Available in the Community (Butte-Silver Bow, 2020)



Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 6]
Notes: • Asked of all respondents.

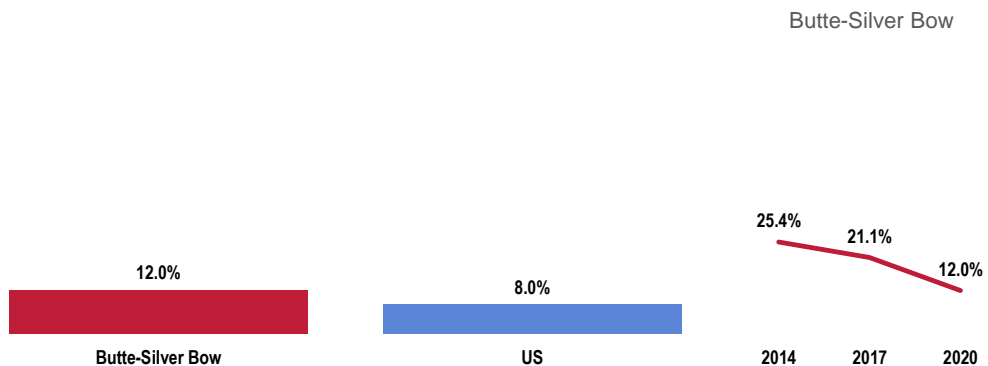
However, 12.0% of residents characterize local health care services as “fair” or “poor.”

BENCHMARK ▶ Higher than the US figure.

TREND ▶ Decreasing significantly since 2014.

DISPARITY ▶ Highest among men, adults age 40 to 64, and respondents with recent access difficulties.

Perceive Local Health Care Services as “Fair/Poor”

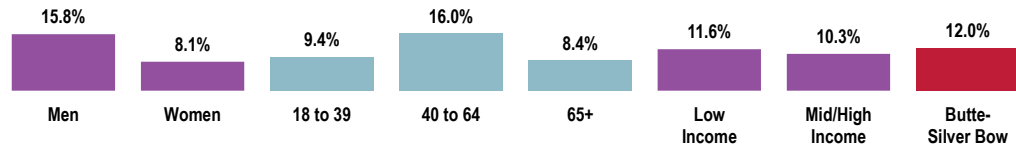


Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 6]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



Perceive Local Health Care Services as “Fair/Poor” (Butte-Silver Bow, 2020)

With Access Difficulty 25.7%
No Access Difficulty 5.9%



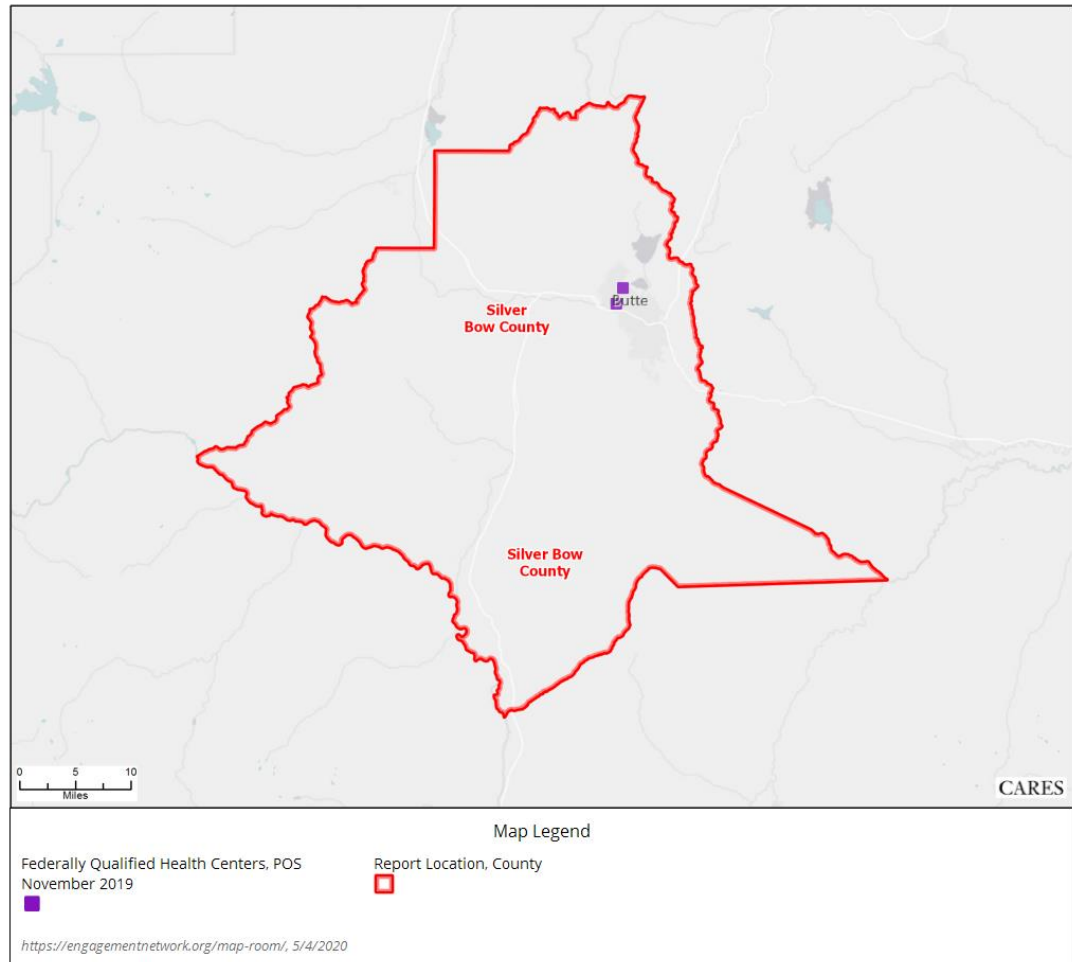
Sources: • 2020 PRC Community Health Survey, PRC, Inc. [Item 6]
Notes: • Asked of all respondents.



HEALTH CARE RESOURCES & FACILITIES

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within Butte-Silver Bow as of November 2019.



Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

- Butte 4-C's
- Butte's Assisted Living Communities
- Butte-Silver Bow Family Planning Clinic
- Butte-Silver Bow Health Department
- CareHere
- Express Care
- Healthy Families Home Visiting Network
- Mercury Street Medical
- Montana Independent Living Project
- Montana Orthopedics
- Mountain West Psychological Resources
- SCL Health Medical Group/St. James Healthcare
- Serenity in Motion Therapy
- Southwest Montana Community Health Center
- St. James Healthcare
- St. James Healthcare Pain Center
- Western Montana Mental Health Center

Cancer

- 3D Mammography
- American Cancer Society
- Big Sky Diagnostic Imaging
- Butte's Assisted Living Communities
- Butte's Healthcare Facilities
- Butte's Home Health and Hospice Facilities
- Butte's Physician Offices
- Butte-Silver Bow Board of Health
- Butte-Silver Bow Health Department
- Community Hospital of Anaconda
- Express Care
- Montana Chemical Dependency Center
- Southwest Montana Community Health Center
- Mercury Street Medical
- Montana Technological University
- St. James Healthcare
- St. James Healthcare Cancer Center
- SCL Health Medical Group/St. James Healthcare

Dementia/Alzheimer's Disease

- Action, Inc.
- Alzheimer's Awareness Group
- Area V Agency on Aging
- Assisted Living Communities
- Beehive Homes
- Belmont Senior Center
- Big Sky Senior Living Alzheimer's Unit
- Butte's Assisted Living Communities
- Butte-Silver Bow Council on Aging
- Butte-Silver Bow Health Department
- Butte's Mental Health Services
- Copper Ridge Health and Rehab
- Crest Nursing Home
- Frontier Home Health and Hospice
- Home Health and Hospice Facilities
- Lifespan Respite
- Montana Department of Health and Human Services
- Montana Independent Living Project
- SCL Health Medical Group/St. James Healthcare
- Southwest Montana Aging and Disability Services
- Southwest Montana Community Health Center
- St. James Healthcare
- The Springs at Butte Assisted Living

Diabetes

- Butte Diabetes Support Group
- Butte-Silver Bow Health Department
- Butte-Silver Bow Parks and Recreation Department
- Butte-Silver Bow Walk With Ease Program
- Hike Through History
- Mercury Street Medical
- Montana State University Extension Office
- North American Indian Alliance
- Office of Public Assistance/SNAP
- SCL Health Medical Group/St. James Healthcare
- Southwest Montana Community Health Center



St. James Healthcare
St. James Healthcare Diabetes Education
YMCA

Disability & Chronic Pain

AWARE, Inc.
Belmont Senior Center
Butte's Physical Therapy Clinics
Butte-Silver Bow Developmental Disabilities Council
Healthcare for the Homeless
Montana Orthopedics
SCL Health Medical Group/St. James Healthcare
Southwest Montana Aging and Disability Services
Southwest Montana Community Health Center
St. James Healthcare Pain Center
Vocational Rehabilitation Program

Heart Disease & Stroke

Alcoholics Anonymous/Narcotics Anonymous
American Heart Association
Butte's Fitness Centers
Butte-Silver Bow Health Department
Community Hospital of Anaconda
International Heart Institute/St. James Healthcare
Montana State University Extension Office
Montana Tobacco Use Cessation Program
North American Indian Alliance
Southwest Montana Community Health Center
St. James Healthcare
Butte-Silver Bow Walk With Ease Program
YMCA

Infant Health & Family Planning

Action, Inc.
AWARE, Inc.
Butte 4-C's
Butte-Silver Bow Health Department
Butte-Silver Bow WIC Program
Community Hospital of Anaconda
Montana Department of Child and Family Services
New Hope Pregnancy Support Center
Southwest Montana Community Health Center
St. James Healthcare
Western Montana Mental Health Clinic

Injury & Violence

Alcoholics Anonymous/Narcotics Anonymous
Butte's Anger Management Classes
Butte's Chemical Dependency Programs
Butte's Mental Health Services
Butte Community Action Team
Butte Court System
Butte Rescue Mission
Butte School District No. 1
Butte-Silver Bow Board of Health
Butte-Silver Bow Health Department
Butte-Silver Bow Law Enforcement Division
Butte-Silver Bow Victims' Advocate Office
CCCS SMART Program
Express Care
Montana Chemical Dependency Center
Montana Child and Family Services
Montana Department of Public Health and Human Services
North American Indian Alliance
Safe Space
Silver House
Southwest Montana Community Health Center
St. James Healthcare
Western Montana Mental Health Center
Youth Dynamics
Youth Mental Health First Aid

Kidney Disease

Bozeman Nephrology
Butte's Chemical Dependency Programs
CCCS SMART Program
Fresenius Kidney Care
Montana Chemical Dependency Center
North American Indian Alliance
Providence Montana Nephrology
Southwest Montana Community Health Center
St. James Healthcare

Mental Health

Action, Inc.
Altacare of Montana
AWARE, Inc.
Butte 4-C's
Butte Community Action Team
Butte's Employee Assistance Programs
Butte's Veteran Services
Butte Rescue Mission
Butte School District No. 1
Butte-Silver Bow Health Department



Butte-Silver Bow Law Enforcement Division
 CCCS Connections Program
 CCCS SMART Program
 Children's Mental Health Coalition
 City-County of Butte-Silver Bow
 Life Management Associates
 Missoula's Telepsychiatry Services
 Montana Adult Protective Services
 Montana Chemical Dependency Center
 Montana Counseling Center
 Montana Independent Living Project
 Montana State Hospital
 Montana State University Extension Office
 Mountain West Psychological Resources
 Parenting Montana
 Providence St. Patrick Hospital
 SCL Health Medical Group/St. James
 Healthcare
 Serenity in Motion Therapy
 Shodair Children's Hospital
 Southwest Montana Community Health Center
 St. James Healthcare
 St. Peter's Health
 Western Montana Mental Health Center
 Youth Dynamics

Nutrition, Physical Activity, and Weight

Action, Inc.
 AWARE, Inc.
 Butte 4-C's
 Butte Emergency Food Bank
 Butte's Fitness Centers/Gyms
 Butte's Physical Therapy Clinics
 Butte School District No. 1
 Butte-Silver Bow Health Department
 Butte-Silver Bow Parks and Recreation
 Butte-Silver Bow WIC Program
 Butte-Silver Bow Walk With Ease Program
 Butte Community Diabetes Network
 Butte Community Fitness Foundation
 Butte Food Cooperative
 CCCS SMART Program
 City-County of Butte-Silver Bow
 Dream Big Foundation
 Fuel Fitness
 Hike Through History
 Little Guy Football
 Montana Department of Public Health and
 Human Services
 Montana State University Extension Office
 Office of Public Assistance/SNAP

SCL Health Medical Group/St. James
 Healthcare
 Southwest Montana Community Health Center
 St. James Healthcare
 St. James Healthcare Diabetes Self-
 Management Program
 Thompson Park Recreation Area
 Walk With Ease
 Western Montana Mental Health Center
 YMCA

Oral Health

Butte School District No. 1
 Butte's Dental Practices
 Butte-Silver Bow Health Department
 Medicaid Services
 Montana Department of Public Health and
 Human Services
 Southwest Montana Community Health Center

Reproductive Health

Butte-Silver Bow Family Planning Clinic
 Circle of Parents
 New Hope Pregnancy Support Center
 Southwest Montana Community Health Center
 St. James Healthcare

Respiratory Disease

Butte-Silver Bow Health Department Tobacco
 Use Cessation
 Butte-Silver Bow Residential Metals
 Abatement Program
 Butte's Oxygen Companies
 Community Hospital of Anaconda
 Crest Nursing Home
 Mercury Street Medical
 Montana Quit Line
 Montana Tobacco Use Cessation Program
 Norco, Inc.
 SCL Health Medical Group/St. James
 Healthcare
 Southwest Montana Community Health Center

Substance Abuse

Action, Inc.
 Alcoholics Anonymous/Narcotics Anonymous
 Butte Cares
 Butte School District No. 1
 Butte-Silver Bow Drug Court



Butte-Silver Bow Health Department
Butte-Silver Bow Law Enforcement Division
Butte-Silver Bow Substance Abuse Task Force
Butte-Silver Bow Syringe Services Program
CCCS Corp.
Ideal Options
Mariah's Challenge
Montana Chemical Dependency Center
North American Indian Alliance
Peer Support Community
Southwest Montana Community Health Center
St. James Healthcare
Tri-County Addiction Services
Western Montana Mental Health Center
Youth Dynamics

Tobacco Use

American Lung Association
Butte Cares
Butte School District No. 1
Butte-Silver Bow Health Department Tobacco
Use Cessation
Butte-Silver Bow Law Enforcement Division
Insurance Companies
Mercury Street Medical
Montana Department of Public Health and
Human Services
Montana Tobacco Use Cessation Program
Montana Quit Line
North American Indian Alliance
SCL Health Medical Group/St. James
Healthcare
St. James Healthcare
St. James Healthcare Cancer Treatment
Center
Southwest Montana Community Health Center
Youth Dynamics





APPENDIX

ST. JAMES HEALTHCARE: EVALUATION OF PAST ACTIVITIES

St. James Healthcare and the Butte-Silver Bow Health Department released a 2017 Community Health Needs Assessment (CHNA) that detailed a variety of health needs in the community. Ranking at the top of those needs were cancer and tobacco use, mental health/substance abuse, and access to healthcare services. St. James Healthcare has been addressing these identified health needs through both collaborative community efforts and specific hospital efforts.

Cancer and Tobacco Use

At St. James Healthcare, every patient who uses tobacco is provided with tobacco cessation education by the respiratory services staff and is given a referral to the Montana Tobacco Quit Line. Over the past two years, the community of Butte has had more referrals to the state Quitline than most of the communities of similar size in Montana. In addition to being a tobacco-free campus, St. James Healthcare continues to work closely with the Butte-Silver Bow Health Department and their tobacco cessation program.

St. James Healthcare is focused on increasing early detection of cancers through increased screenings. In the St. James Healthcare Cancer Department, low dose lung screenings are now being offered in an attempt to identify lung cancer in a very early and treatable stage. 155 low-dose lung cancer screenings were provided.

St. James Healthcare provides education through direct mail to women who have not had a mammogram within the last two years and women over 40 who have never had a mammogram. Through these efforts, over 4,256 mammograms were provided.

Mental Health/Substance Abuse

St. James Healthcare is continuing to support mental health training in the community. St. James Healthcare staff provided 19 QPR (Question, Persuade and Refer) suicide training sessions and funding was provided to increase the number of Adult Mental Health First Aid trainers in the community.

A county-wide referral system for mental health patients, Project Connect, has been developed to ensure patients with behavioral health needs are not lost in the system. St. James also provided financial support of the Crisis Hotline at Western Montana Mental Health Center. This line provided services for over 500 individuals in crisis.

A community wide task force was formed to address both drinking and illicit drug use in three areas: prevention, treatment, and recovery. Headed up by Butte Cares, Inc., a not-for-profit agency that works with area teens on prevention of substance abuse, the task force includes representatives from the medical community (St. James Healthcare and local physicians), public health (Butte-Silver Bow Health Department), social service, law enforcement, local government, and the local school district (including students). The task force began meeting in late 2017 and will continue through 2020. The current focus of the task force is advocating for additional controls on regulating the medical marijuana shops that exist in Butte.

St. James Healthcare offers support for pregnant mothers who have substance abuse issues. The program is called “the first 1,000 days of life.” One thousand days represent 270 days in the womb, 365 days of the first year and 365 days of the second year. Evidence supports that these early days are most critical to a baby’s development, as 80% of the brain is formed by the end of this time. This program offers nutritional support while the mother is pregnant and beyond, as well as behavioral health counseling for depression, substance abuse, domestic violence, etc. The program purpose is to strengthen families to remain together and to prevent child abuse and foster care placement.



Access to Healthcare Services: St. James Healthcare is addressing healthcare service access barriers by expanding the hours of operation for its primary care clinic, offering walk-in services for both adults and children, and continuing to recruit primary care and specialty physicians to the community. In 2019, 30 specialists (including mid-level providers) were recruited to St. James Healthcare, including the specialties of radiation oncology, pediatrics, urology, ob/gyn, family medicine, pediatrics, primary care, and hospitalists. The following outreach clinics were available: a primary care clinic in Boulder, a urology clinic in Dillon, an oncology clinic in Dillon and in Deer Lodge.

Other Significant Needs Not Prioritized

In addition to our own programs, St. James Healthcare continues to collaborate with community organizations to ensure these needs are addressed.

Nutrition, Physical Activity & Weight

St. James Healthcare continues to focus on nutrition, physical activity & weight as initially identified as a top need in the 2014 CHNA and again in the 2017 CHNA. St. James Healthcare offers the evidence-based diabetes and heart disease prevention program, which provides nutrition education and supports healthy lifestyle changes for adults who are at risk for developing Type 2 Diabetes. Across the various adult classes offered, 768 people were served by St. James Healthcare. In addition, 15 participants attended 4 meetings in the Children and Family Support Group, for a total of 60 encounters.

St. James offers Fitkids360 twice a year, a free program for families who have children with an increased body mass index. The six-week course provides cooking tips, exercise tips and a coach who continues to work with the family after the course ends. Typically, 12 to 15 families participate in each session. In 2018, St. James Healthcare partnered with the Kids' Coalition to provide activities for children to stay active including the publication of 4,500 Butte-Silver Bow Parks and Recreation Guides which were delivered to all the county schools prior to the end of the school year to ensure every child and parent in the community had access to information on healthy activities.

Injury & Violence

St. James Healthcare provides athletic trainers for high schools and colleges in southwest Montana along with concussion management programs.

Potentially Disabling Conditions

St. James Healthcare offers a Stepping-On class for senior citizens to reduce the possibility of disability due to falls.

Community-Building Activities

St. James Healthcare recognizes the need to address underlying factors which influence health in our community such as education, housing, early childhood development, and food access. We are partnering with Action, Inc. to address homeless issues in the community. In 2019, St. James Healthcare provided 9,034 meals to feed individuals experiencing homelessness.

