



2023 COMMUNITY HEALTH NEEDS ASSESSMENT

Yellowstone County, Montana

Sponsored by

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

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INTRODUCTION

PROJECT OVERVIEW

Project Goals

This Community Health Needs Assessment, a follow-up to similar studies conducted in 2005, 2010, 2014, 2017, and 2020, is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Yellowstone County, Montana. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness, including serving as the basis for the county's Community Health Improvement Plan (CHIP).

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

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

This assessment was conducted on behalf of Billings Clinic, RiverStone Health, St. Vincent Healthcare, and The Rehabilitation Hospital of Montana 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

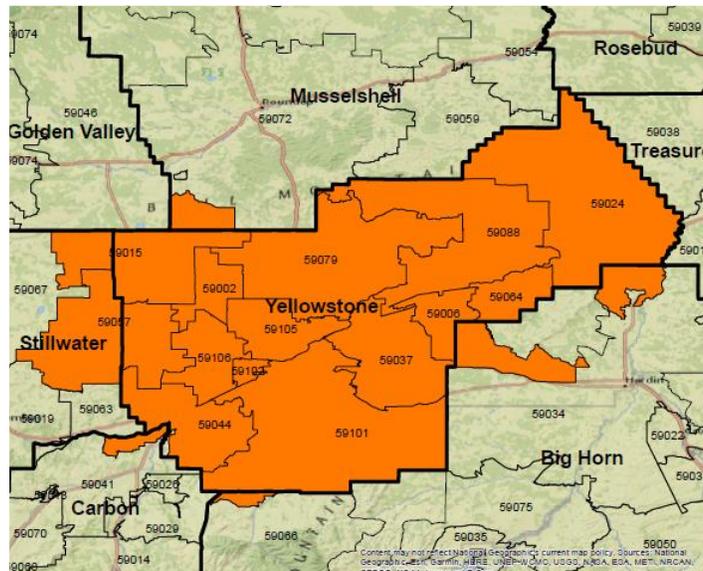
Survey Instrument

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 Billings Clinic, RiverStone Health, St. Vincent Healthcare, The Rehabilitation Hospital of Montana, and PRC. The survey is similar to the previous surveys used in the region, allowing for data trending.



Community Defined for This Assessment

The study area for the survey effort (referred to as “Yellowstone County” in this report) includes each of the ZIP Codes significantly represented in the county. Yellowstone County is a common patient base among the three collaborating entities sponsoring this study. RiverStone Health’s jurisdictional authority is only within the county. This is also a primary service area for both Billings Clinic and St. Vincent Healthcare, representing approximately 54% and 60% of hospital and emergency admissions in 2021, respectively. In 2021, 53% of all patients who received care through the Rehabilitation Hospital of Montana (a partnership including both Billings Clinic and St. Vincent Healthcare) were Yellowstone County residents. This community definition is illustrated in the following map.



Sample Approach & Design

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

RANDOM-SAMPLE SURVEYS (PRC) ► For the targeted administration, PRC administered 400 surveys at random throughout the community.

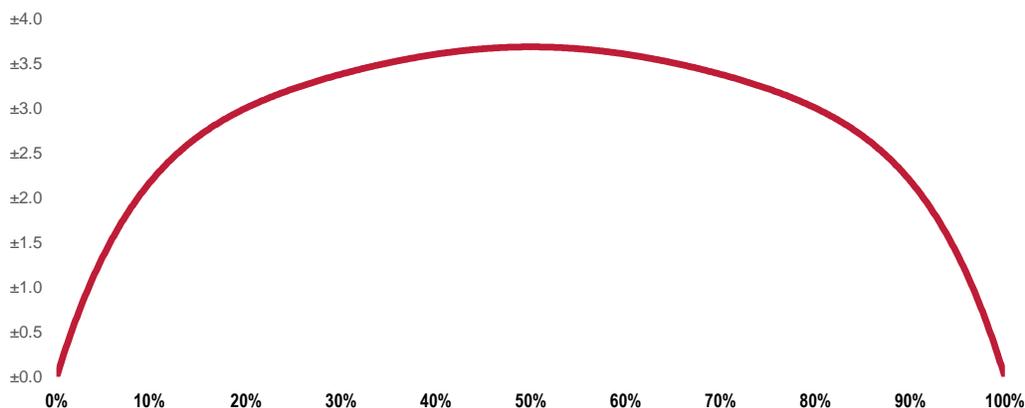
COMMUNITY OUTREACH SURVEYS (Sponsors) ► PRC also created a link to an online version of the survey, and Billings Clinic, RiverStone Health, St. Vincent Healthcare, and The Rehabilitation Hospital of Montana promoted this link throughout the various communities in order to drive additional participation and bolster overall samples. This yielded an additional 294 surveys to the overall sample.

In all, 694 surveys were completed through these mechanisms (which included surveys with 248 parents who also provided information about a randomly selected child in the household). Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Yellowstone County as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, for questions asked of all respondents, the maximum rate of error associated with a sample size of 694 respondents is $\pm 3.7\%$ at the 95 percent confidence level.



Expected Error Ranges for a Sample of 694 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 694 respondents answered a certain question with a "yes," it can be asserted that between 7.8% and 12.2% (10% ± 2.2%) of the total population would offer this response.
 - If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.3% and 53.7% (50% ± 3.7%) of the total population would respond "yes" if asked this question.

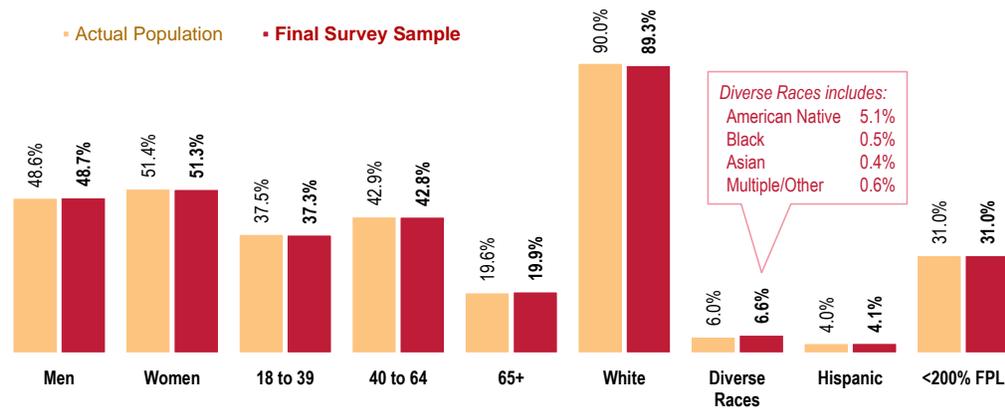
Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses 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 Yellowstone County sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's health care needs, and these children are not represented demographically in this chart.]



Population & Survey Sample Characteristics (Yellowstone County, 2023)



Sources:

- US Census Bureau, 2011-2015 American Community Survey.
- 2023 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 2021 guidelines place the poverty threshold for a family of four at \$26,500 annual household income or lower). In sample segmentation: “low income” refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; “mid/high income” refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

RACE & ETHNICITY ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. “White” reflects non-Hispanic white respondents; “People of Color” reflects the balance of the survey sample identifying a race and/or ethnicity. While the survey data are representative of the racial and ethnic makeup of the population, the samples for Hispanic and diverse race groups were not of sufficient size for independent analysis.

Online Key Informant Survey

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



Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 86 community stakeholders took part in the Online Key Informant Survey, as outlined below:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	3
Public Health Representatives	8
Other Health Providers	19
Social Services Providers	29
Other Community Leaders	27

Final participation included representatives of the organizations outlined below.

- Adult Resource Alliance
- American Lutheran
- Angel Fund
- Angela's Piazza
- Big Sky Economic Development
- Big Sky Senior Services
- Billings Clinic
- Billings First Church
- CARE Academy
- Chamber of Commerce
- Children's Clinic, P.C.
- CHW Site - Billings Urban Indian Health and Wellness Center
- CHW Site - HIV Services, RiverStone Health
- CHW Worksite - Adult Resource Alliance
- CHW Worksite - Foster Grandparent Program, SVH
- CHW Worksite - Living Independently for Today and Tomorrow
- City of Billings - Code Enforcement and Project Re:Code
- City of Billings, Parks, and Recreation
- City of Billings, Planning and Community Services Division
- City of Billings, Planning Department
- Community Crisis Center
- Congregation Beth Aaron
- Continuum of Care
- Coordinated Entry
- COR Enterprises
- Cushing Terrell
- Education Foundation for Billings Public Schools
- Family Service, Inc.
- First Interstate Bank
- Foster Grandparent Program
- Friendship House/MRM/Better Billings Foundation
- Head Start
- Housing Authority of Billings
- KLJ and Substance Use Connect (United Way)
- Knights of Columbus
- Library Foundation, Executive Director
- LIFTT
- Mental Health Center
- MET Transit Manager
- Montana Migrant Council



- Moulton Bellingham
- New Day
- Pharmacy One
- RiverStone Health
- RiverStone Health, Behavioral Health
- RiverStone Health, Clinic
- RiverStone Health, Homecare and Hospice
- RiverStone Health, Maternal Child Health Program Manager
- RiverStone Health, MFMR
- Rocky Mountain Health Network
- Rocky Mountain Tribal Leaders Council
- Safe Routes to School
- School District 2 - Indian Education
- SCL
- St. John's Lutheran Ministries
- St. John's United
- St. Pius X
- St. Vincent de Paul
- St. Vincent Healthcare
- St. Vincent Healthcare Foundation
- St. Vincent Healthcare Primary Care
- St. Vincent Healthcare Strategy and Development
- Tumbleweed
- United Way
- United Way/Continuum of Care
- Visit Billings
- Ward 2
- Ward 3
- Yellowstone County
- Yellowstone Valley Suicide Prevention Coalition/City Council
- YMCA/School Health Advisory Council
- YWCA Gateway House
- ZooMontana

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.

Public Health, Vital Statistics & Other Data

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

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, 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 Yellowstone County in 2005, 2010, 2014, 2017, and 2020 by PRC on behalf of Billings Clinic, RiverStone Health, and St. Vincent 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 *2020 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2030

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



Healthy People 2030's overarching goals are to:

- Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.
- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.



- Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.
- Promote healthy development, healthy behaviors, and well-being across all life stages.
- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

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

Determining Significance

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

Information Gaps

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

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

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

Public Comment

The sponsors made their prior Community Health Needs Assessment (CHNA) report publicly available online; through that mechanism, they requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, the sponsors 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. Billings Clinic, RiverStone Health, St. Vincent Healthcare, and The Rehabilitation Hospital of Montana will continue to use their websites as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.



IRS FORM 990, SCHEDULE H COMPLIANCE

For 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	187
Part V Section B Line 3d	How data was obtained	7
Part V Section B Line 3e	The significant health needs of the community	16
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)	193



SUMMARY OF FINDINGS

Significant Health Needs of the Community

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

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

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	<ul style="list-style-type: none"> ▪ Barriers to Access <ul style="list-style-type: none"> – Appointment Availability – Finding a Physician ▪ Difficulty Accessing Children’s Health Care
CANCER	<ul style="list-style-type: none"> ▪ Leading Cause of Death ▪ Cancer Deaths <ul style="list-style-type: none"> – Including Prostate Cancer Deaths ▪ Cancer Incidence <ul style="list-style-type: none"> – Including Female Breast Cancer, Prostate Cancer
DIABETES	<ul style="list-style-type: none"> ▪ Diabetes Deaths ▪ Prevalence of Borderline/Pre-Diabetes ▪ Blood Sugar Testing [Non-Diabetics]
HEART DISEASE & STROKE	<ul style="list-style-type: none"> ▪ Leading Cause of Death ▪ High Blood Pressure Prevalence
INJURY & VIOLENCE	<ul style="list-style-type: none"> ▪ Unintentional Injury Deaths <ul style="list-style-type: none"> – Including Motor Vehicle Crash, Falls [Age 65+] Deaths ▪ Falls [Age 45+] ▪ Firearm-Related Deaths ▪ Unlocked Firearm in the Home/Vehicle ▪ Neighborhood Safety ▪ Intimate Partner Violence

— continued on the following page —



AREAS OF OPPORTUNITY (continued)

<p>MENTAL HEALTH</p>	<ul style="list-style-type: none"> ▪ “Fair/Poor” Mental Health ▪ Diagnosed Depression ▪ Symptoms of Chronic Depression ▪ Stress ▪ Suicide Deaths ▪ Suicide Ideation ▪ Receiving Treatment for Mental Health ▪ Difficulty Obtaining Mental Health Services ▪ Key Informants: Mental health ranked as a top concern.
<p>NUTRITION, PHYSICAL ACTIVITY & WEIGHT</p>	<ul style="list-style-type: none"> ▪ Food Insecurity ▪ Difficulty Accessing Fresh Produce ▪ Fruit/Vegetable Consumption ▪ Changing Everyday Behaviors for More Physical Activity ▪ Overweight & Obesity [Adults] ▪ [Child Age 5-17] Screen Time
<p>POTENTIALLY DISABLING CONDITIONS</p>	<ul style="list-style-type: none"> ▪ Activity Limitations ▪ High-Impact Chronic Pain ▪ Caregiving
<p>RESPIRATORY DISEASE</p>	<ul style="list-style-type: none"> ▪ Leading Cause of Death (COVID-19) ▪ Lung Disease Deaths ▪ [Adults] Ever Diagnosed with Asthma
<p>SEXUAL HEALTH</p>	<ul style="list-style-type: none"> ▪ Gonorrhea Incidence
<p>SUBSTANCE ABUSE</p>	<ul style="list-style-type: none"> ▪ Cirrhosis/Liver Disease Deaths ▪ Excessive Drinking ▪ Unintentional Drug-Related Deaths ▪ Personally Impacted by Substance Abuse (Self or Other's) ▪ Key Informants: Substance abuse ranked as a top concern.



Community Feedback on Prioritization of Health Needs

On November 18, 2022, the sponsors of this study convened a Community Forum made up of community stakeholders (representing a cross-section of community-based agencies and organizations) to evaluate, discuss and prioritize health issues for community, based on findings of this Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above). Following the data review, PRC answered any questions. Finally, participants were provided an overview of the prioritization exercise that followed.

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

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

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

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

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

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

Hospital Implementation Strategy

The assessment sponsors will use the information from this CHNA to develop implementation strategies to address the significant health needs in the community. While the sponsors 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 sponsors' respective action plans (both shared and individual) to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospitals' and health department's past activities to address the needs identified in prior CHNAs can be found as appendices to this report.



Summary Tables: Comparisons With Benchmark Data

Reading the Summary Tables

- In the following tables, Yellowstone County results are shown in the larger, gray column.
- The columns to the right of the Yellowstone County column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Symbols indicate whether Yellowstone County compares favorably (☀️), unfavorably (🌧️), or comparably (⚖️) to these external data.

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 2005 (or earliest available data). Note that survey data reflect the ZIP Code-defined Yellowstone County.

OTHER (SECONDARY) DATA INDICATORS:

Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade). Note that secondary data reflect only those living within Yellowstone County.



SOCIAL DETERMINANTS	Yellowstone County	YELLOWSTONE CO. vs. BENCHMARKS			TRENDS
		vs. MT	vs. US	vs. HP2030	Baseline vs. Current Data
Linguistically Isolated Population (Percent)	0.3	0.3	4.1		
Population in Poverty (Percent)	9.6	12.8	12.8	8.0	
Children in Poverty (Percent)	11.5	15.2	17.5	8.0	
No High School Diploma (Age 25+, Percent)	5.2	6.0	11.5		
Unemployment Rate (Age 16+, Percent)	2.5	2.6	3.8		5.2
% Unable to Pay Cash for a \$400 Emergency Expense	16.2		24.6		
% Worry/Stress Over Rent/Mortgage in Past Year	26.1		32.2		27.7
% Financially Impacted by the Pandemic	22.6				
% Unhealthy/Unsafe Housing Conditions	9.5		12.2		
% "Very Concerned" About Household Hazards	8.5				
% Lived with Friend/Relative Due to Housing Emergency in Past 2 Yrs	8.6				
% Lived in a Car or Shelter in the Past Year	2.0				
% Food Insecure	21.8		34.1		16.9
% Regularly Treated With Less Respect Than Others	33.3				
% Regularly Receive Poorer Service Than Others at Restaurants/Stores	11.7				

SOCIAL DETERMINANTS (continued)
% Regularly Treated as Less Intelligent Than Others
% Regularly Treated as a Potential Danger
% Regularly Threatened/Harassed
% Disagree That the Community is Welcoming to All
% Have "No Impact" on Improving Community Life
% Volunteered in the Past Year
% Aware of Montana 2-1-1

Yellowstone County	YELLOWSTONE CO. vs. BENCHMARKS			TRENDS
	vs. MT	vs. US	vs. HP2030	Baseline vs. Current Data
17.0				
7.8				
4.9				
19.8				
10.6				 8.8
52.6				
28.7				 19.6

 better
  similar
  worse

OVERALL HEALTH
% "Fair/Poor" Overall Health

Yellowstone County	YELLOWSTONE CO. vs. BENCHMARKS			TRENDS
	vs. MT	vs. US	vs. HP2030	Baseline vs. Current Data
15.3	 12.8	 12.6		 10.5

 better
  similar
  worse

ACCESS TO HEALTH CARE
% [Age 18-64] Lack Health Insurance
% Difficulty Accessing Health Care in Past Year (Composite)

Yellowstone County	YELLOWSTONE CO. vs. BENCHMARKS			TRENDS
	vs. MT	vs. US	vs. HP2030	Baseline vs. Current Data
4.6	 11.5	 8.7	 7.9	 13.1
45.4		 35.0		 33.9

ACCESS TO HEALTH CARE (continued)
% Cost Prevented Physician Visit in Past Year
% Cost Prevented Getting Prescription in Past Year
% Difficulty Getting Appointment in Past Year
% Inconvenient Hrs Prevented Dr Visit in Past Year
% Difficulty Finding Physician in Past Year
% Difficulty Getting Child's Health Care in Past Year
Primary Care Doctors per 100,000
% Have a Specific Source of Ongoing Care
% Have Had Routine Checkup in Past Year
% Child Has Had Checkup in Past Year
% Two or More ER Visits in Past Year
% Avoided Medical Care Due to the Pandemic
% Rate Local Health Care "Fair/Poor"

Yellowstone County	YELLOWSTONE CO. vs. BENCHMARKS			TRENDS
	vs. MT	vs. US	vs. HP2030	Baseline vs. Current Data
11.7	 9.0	 12.9		 13.4
8.5		 12.8		 13.5
29.9		 14.5		 14.2
13.6		 12.5		 10.7
15.3		 9.4		 4.3
8.3		 8.0		 3.2
148.1	 108.8	 105.5		
81.4		 74.2	 84.0	 84.0
67.0	 74.9	 70.5		 57.2
85.9		 77.4		 72.6
9.8		 10.1		 7.3
14.8				
9.2		 8.0		 6.7

 better
  similar
  worse

CANCER	Yellowstone County	YELLOWSTONE CO. vs. BENCHMARKS			TRENDS
		vs. MT	vs. US	vs. HP2030	Baseline vs. Current Data
Cancer (Age-Adjusted Death Rate)	146.8	 141.0	 146.5	 122.7	 167.9
Lung Cancer (Age-Adjusted Death Rate)	29.7	 28.7	 33.4	 25.1	
Prostate Cancer (Age-Adjusted Death Rate)	21.9	 20.5	 18.5	 16.9	
Female Breast Cancer (Age-Adjusted Death Rate)	17.1	 17.9	 19.4	 15.3	
Colorectal Cancer (Age-Adjusted Death Rate)	11.2	 11.9	 13.1	 8.9	
Cancer Incidence Rate (All Sites)	523.3	 462.9	 448.6		
Female Breast Cancer Incidence Rate	158.9	 135.4	 126.8		
Prostate Cancer Incidence Rate	139.0	 124.2	 106.2		
Lung Cancer Incidence Rate	57.4	 51.2	 57.3		
Colorectal Cancer Incidence Rate	40.2	 37.4	 38.0		
% Cancer	11.4	 13.3	 10.0		
% [Women 50-74] Mammogram in Past 2 Years	84.2	 73.4	 76.1	 77.1	 86.9
% [Women 21-65] Cervical Cancer Screening	71.2	 74.8	 73.8	 84.3	 78.8
% [Age 50-75] Colorectal Cancer Screening	82.0	 68.1	 77.4	 74.4	 71.0

 better
 similar
 worse

DIABETES
Diabetes (Age-Adjusted Death Rate)
% Diabetes/High Blood Sugar
% Borderline/Pre-Diabetes
% [Non-Diabetics] Blood Sugar Tested in Past 3 Years

Yellowstone County	YELLOWSTONE CO. vs. BENCHMARKS			TRENDS
	vs. MT	vs. US	vs. HP2030	Baseline vs. Current Data
20.8	20.9	22.6		17.6
8.9	9.1	13.8		8.7
11.4		9.7		7.1
42.7		43.3		51.8

better similar worse

HEART DISEASE & STROKE
Diseases of the Heart (Age-Adjusted Death Rate)
% Heart Disease (Heart Attack, Angina, Coronary Disease)
Stroke (Age-Adjusted Death Rate)
% Stroke
% Told Have High Blood Pressure
% [HBP] Taking Action to Control High Blood Pressure
% Told Have High Cholesterol
% [HBC] Taking Action to Control High Blood Cholesterol
% 1+ Cardiovascular Risk Factor

Yellowstone County	YELLOWSTONE CO. vs. BENCHMARKS			TRENDS
	vs. MT	vs. US	vs. HP2030	Baseline vs. Current Data
170.0	161.0	164.4	127.4	150.9
7.4	6.0	6.1		5.1
36.9	30.0	37.6	33.4	40.1
1.9	2.8	4.3		3.3
37.0	29.5	36.9	27.7	26.1
92.0		84.2		88.9
27.3		32.7		28.5
78.7		83.2		83.6
86.5		84.6		89.1

better similar worse

INFANT HEALTH & FAMILY PLANNING
No Prenatal Care in First Trimester (Percent)
Low Birthweight Births (Percent)
Infant Death Rate
Births to Adolescents Age 15 to 19 (Rate per 1,000)
% [Parents] Availability of Affordable Child Care is "Fair/Poor"

Yellowstone County	YELLOWSTONE CO. vs. BENCHMARKS			TRENDS
	vs. MT	vs. US	vs. HP2030	Baseline vs. Current Data
17.9	 23.6	 22.3		 19.1
7.9	 7.5	 8.2		
6.3	 4.7	 5.5	 5.0	 7.2
21.4	 20.4	 19.3		
50.7				

 better
  similar
  worse

INJURY & VIOLENCE
Unintentional Injury (Age-Adjusted Death Rate)
Motor Vehicle Crashes (Age-Adjusted Death Rate)
% [Adults] "Always" Wear a Seat Belt
% [Child Age 5-17] "Always" Wear a Bike Helmet
[65+] Falls (Age-Adjusted Death Rate)
% [Age 45+] Fell in the Past Year
% Have a Family Emergency Plan
Firearm-Related Deaths (Age-Adjusted Death Rate)

Yellowstone County	YELLOWSTONE CO. vs. BENCHMARKS			TRENDS
	vs. MT	vs. US	vs. HP2030	Baseline vs. Current Data
60.1	 56.1	 51.6	 43.2	 34.4
14.6	 16.8	 11.4	 10.1	
77.7				 76.8
50.0		 50.1		 36.2
106.3	 91.3	 67.1	 63.4	
41.0		 27.5		 38.5
37.9				 38.5
18.9	 19.1	 12.5	 10.7	

INJURY & VIOLENCE (continued)
% Have an Unlocked Firearm in the Home or Vehicle
Homicide (Age-Adjusted Death Rate)
Violent Crime Rate
% Perceive Neighborhood as "Slightly/Not At All" Safe
% Feel "Slightly/Not at All Safe" Walking Alone in Neighborhood
% Victim of Intimate Partner Violence

Yellowstone County	YELLOWSTONE CO. vs. BENCHMARKS			TRENDS
	vs. MT	vs. US	vs. HP2030	Baseline vs. Current Data
30.4				 23.6
4.4	 3.9	 5.9	 5.5	
396.3	 393.7	 416.0		
22.2				 13.7
15.4				 11.7
23.5		 13.7		 14.7

 better
  similar
  worse

KIDNEY DISEASE
Kidney Disease (Age-Adjusted Death Rate)

Yellowstone County	YELLOWSTONE CO. vs. BENCHMARKS			TRENDS
	vs. MT	vs. US	vs. HP2030	Baseline vs. Current Data
7.6	 10.2	 12.8		 9.6

 better
  similar
  worse

MENTAL HEALTH
% "Fair/Poor" Mental Health
% Mental Health Has Gotten Worse Since Pandemic Began
% Diagnosed Depression

Yellowstone County	YELLOWSTONE CO. vs. BENCHMARKS			TRENDS
	vs. MT	vs. US	vs. HP2030	Baseline vs. Current Data
20.7		 13.4		 6.9
24.4				
33.3	 22.6	 20.6		 21.2

MENTAL HEALTH (continued)

% Symptoms of Chronic Depression (2+ Years)
% Typical Day Is "Extremely/Very" Stressful
% Not Confident in Ability to Manage Stress
Suicide (Age-Adjusted Death Rate)
% Ever Have Considered Attempting Suicide
% "Seldom/Never" Have Social and Emotional Support
% "Often" Experience Feelings of Isolation
Mental Health Providers per 100,000
% Have Ever Sought Help for Mental Health
% Taking Rx/Receiving Mental Health Trtmt
% Unable to Get Mental Health Svcs in Past Yr

Yellowstone County	YELLOWSTONE CO. vs. BENCHMARKS			TRENDS
	vs. MT	vs. US	vs. HP2030	Baseline vs. Current Data
37.7		 30.3		 25.7
17.0		 16.1		 9.5
4.2				
26.0	 25.7	 13.9	 12.8	 23.1
24.1				 8.1
8.2				 6.6
10.9				 11.9
160.9	 132.4	 135.7		
49.6		 30.0		 24.1
26.2		 16.8		 20.3
8.8		 7.8		 3.5

 better
  similar
  worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT

Population With Low Food Access (Percent)
% "Very/Somewhat" Difficult to Buy Fresh Produce

Yellowstone County	YELLOWSTONE CO. vs. BENCHMARKS			TRENDS
	vs. MT	vs. US	vs. HP2030	Baseline vs. Current Data
21.3	 22.3	 22.2		
27.4		 21.1		 23.5

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)

% 5+ Servings of Fruits/Vegetables per Day
% 7+ Sugar-Sweetened Drinks in Past Week
% "Very Concerned" About Safety of Purchased Foods
% Meeting Physical Activity Guidelines
% Increased Physical Activity Through Everyday Behaviors
% [Adults] 3+ Hours of Screen Time Per Day for Entertainment
% Child [Age 2-17] Physically Active 1+ Hours per Day
% [Child Age 5-17] 3+ Hours of Screen Time Per Day for Entertainment
Recreation/Fitness Facilities per 100,000
% Overweight (BMI 25+)
% Obese (BMI 30+)

Yellowstone County	YELLOWSTONE CO. vs. BENCHMARKS		
	vs. MT	vs. US	vs. HP2030
27.8		 32.7	
24.5			
6.1			
29.3	 28.4	 21.4	 28.4
62.2			
46.1			
58.7		 33.0	
33.7			
23.1	 17.3	 11.9	
73.3	 64.6	 61.0	
36.2	 28.5	 31.3	 36.0

TRENDS
Baseline vs. Current Data

 34.9
 29.8
 24.3
 72.0
 53.8
 42.8
 21.7
 62.7
 23.9

 better  similar  worse

POTENTIALLY DISABLING CONDITIONS

% 3+ Chronic Conditions
% Activity Limitations

Yellowstone County	YELLOWSTONE CO. vs. BENCHMARKS		
	vs. MT	vs. US	vs. HP2030
33.9		 32.5	
33.4		 24.0	

TRENDS
Baseline vs. Current Data

 43.5
 24.3

POTENTIALLY DISABLING CONDITIONS (continued)

% With High-Impact Chronic Pain

% [50+] Arthritis/Rheumatism

Alzheimer's Disease (Age-Adjusted Death Rate)

% Caregiver to a Friend/Family Member

Yellowstone County	YELLOWSTONE CO. vs. BENCHMARKS			TRENDS
	vs. MT	vs. US	vs. HP2030	Baseline vs. Current Data
19.2		 14.1	 7.0	
31.9		 33.1		 36.3
22.8	 22.7	 30.9		 33.0
35.3		 22.6		 24.4

 better
  similar
  worse

RESPIRATORY DISEASE

CLRD (Age-Adjusted Death Rate)

Pneumonia/Influenza (Age-Adjusted Death Rate)

COVID-19 (Age-Adjusted Death Rate)

% [Adult] Ever Diagnosed With Asthma

% COPD (Lung Disease)

% "Very Concerned" About Environmental Safety in Schools

Yellowstone County	YELLOWSTONE CO. vs. BENCHMARKS			TRENDS
	vs. MT	vs. US	vs. HP2030	Baseline vs. Current Data
51.8	 46.7	 38.1		 53.9
8.9	 9.7	 13.4		 13.1
83.0	 75.5	 85.0		
15.7	 15.1	 17.3		 10.2
5.0	 6.6	 6.4		 6.8
12.5				

 better
  similar
  worse

SEXUAL HEALTH
HIV Prevalence Rate
Chlamydia Incidence Rate
Gonorrhea Incidence Rate

Yellowstone County	YELLOWSTONE CO. vs. BENCHMARKS			TRENDS
	vs. MT	vs. US	vs. HP2030	Baseline vs. Current Data
104.6	71.8	372.8		
563.6	468.1	539.9		
247.8	112.4	179.1		

better similar worse

SUBSTANCE ABUSE
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)
% Excessive Drinker
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)
% Used a Prescription Opioid in Past Year
% Personally Impacted by Substance Abuse

Yellowstone County	YELLOWSTONE CO. vs. BENCHMARKS			TRENDS
	vs. MT	vs. US	vs. HP2030	Baseline vs. Current Data
13.5	15.3	11.9	10.9	11.3
23.2	21.7	27.2		17.2
16.7	11.2	21.0		7.4
14.9		12.9		
43.4		35.8		45.5

better similar worse

TOBACCO USE
% Current Smoker
% Someone Smokes at Home

Yellowstone County	YELLOWSTONE CO. vs. BENCHMARKS			TRENDS
	vs. MT	vs. US	vs. HP2030	Baseline vs. Current Data
13.8	16.4	17.4	5.0	18.3
7.9		14.6		15.6

TOBACCO USE (continued)

% [Household With Children] Someone Smokes in the Home

% Currently Use Vaping Products

% Use Smokeless Tobacco

Yellowstone County	YELLOWSTONE CO. vs. BENCHMARKS			TRENDS
	vs. MT	vs. US	vs. HP2030	Baseline vs. Current Data
3.4		 17.4		 12.6
5.7	 5.0	 8.9		 4.8
4.5	 7.4			 5.1


better

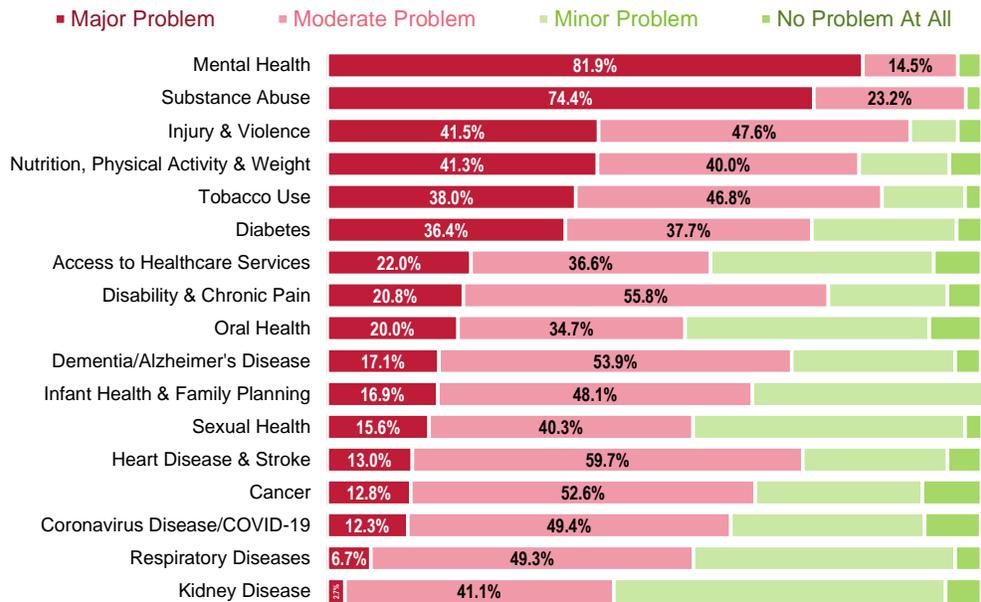

similar


worse

Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 17 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

Yellowstone County, the focus of this Community Health Needs Assessment, encompasses 2,633.47 square miles and houses a total population of 160,390 residents, according to census estimates.

Total Population
(Estimated Population, 2016-2020)

	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
Yellowstone County	160,390	2,633.47	61
Montana	1,061,705	145,550.35	7
United States	326,569,308	3,533,038.14	92

Sources:

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

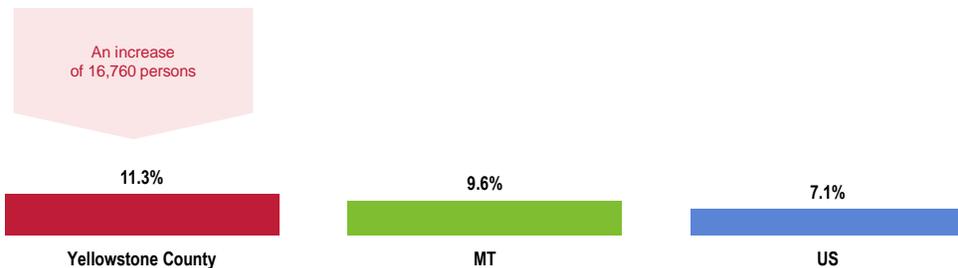
Population Change 2010-2020

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

Between the 2010 and 2020 US Censuses, the population of Yellowstone County increased by 16,760 persons, or 11.3%.

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

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



Sources:

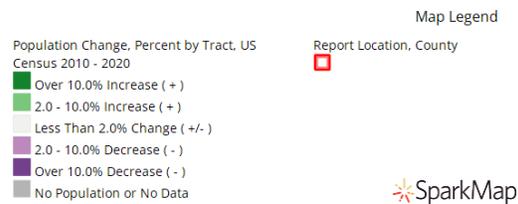
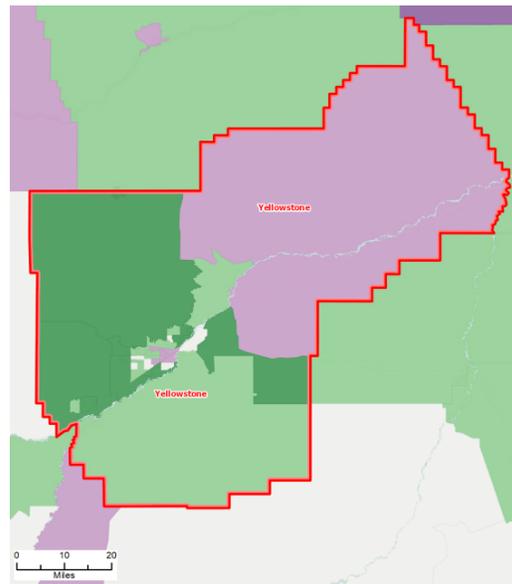
- US Census Bureau Decennial Census (2010-2020).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2022 via SparkMap (sparkmap.org).

Notes:

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



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



Urban/Rural Population

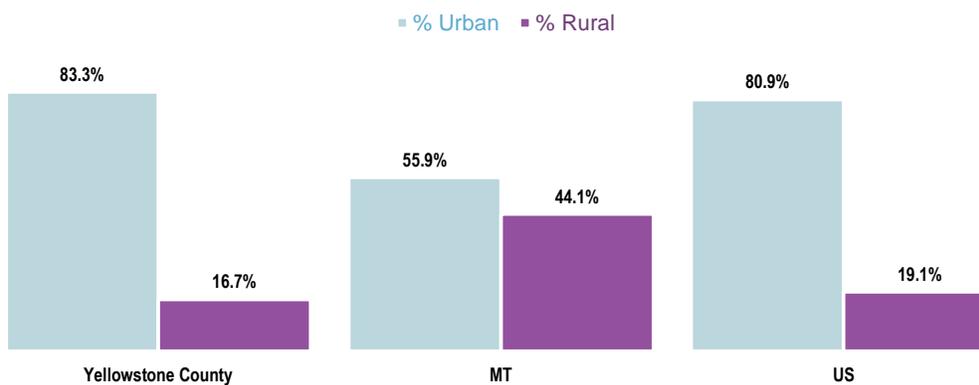
Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

Yellowstone County is predominantly urban, with 83.3% of the population living in areas designated as urban.

BENCHMARK ► Considerably more urban than the state of Montana.

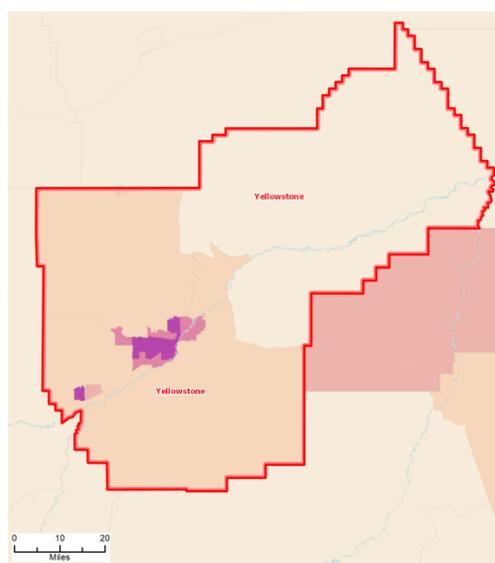


Urban and Rural Population (2010)



- Sources:
- US Census Bureau Decennial Census.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2022 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

Note the following map, outlining the urban population in Yellowstone County.



SparkMap



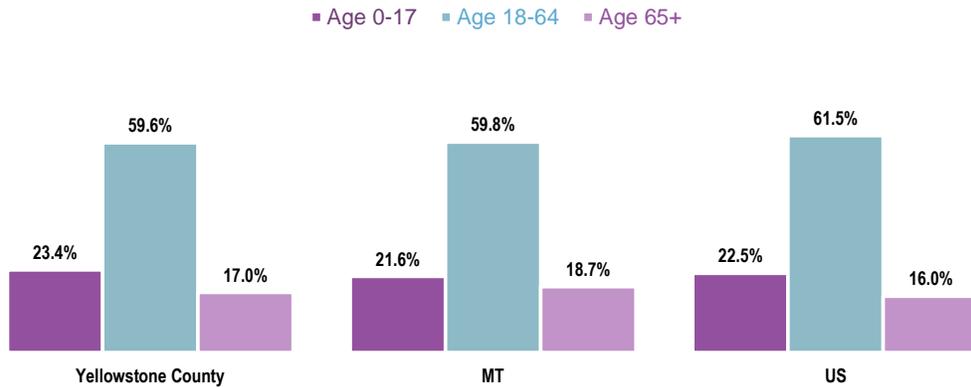
Age

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

In Yellowstone County, 23.4% of the population are children age 0-17; another 59.6% are age 18 to 64, while 17.0% are age 65 and older.

BENCHMARK ▶ Proportionally similar to the state and nation.

Total Population by Age Groups (2016-2020)



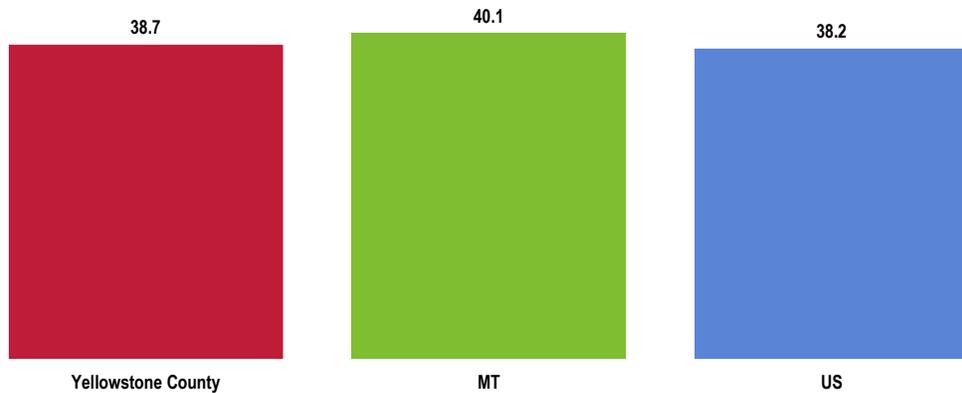
Sources:

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

Median Age

Yellowstone County is “younger” than the state in that the median age is lower.

Median Age (2016-2020)

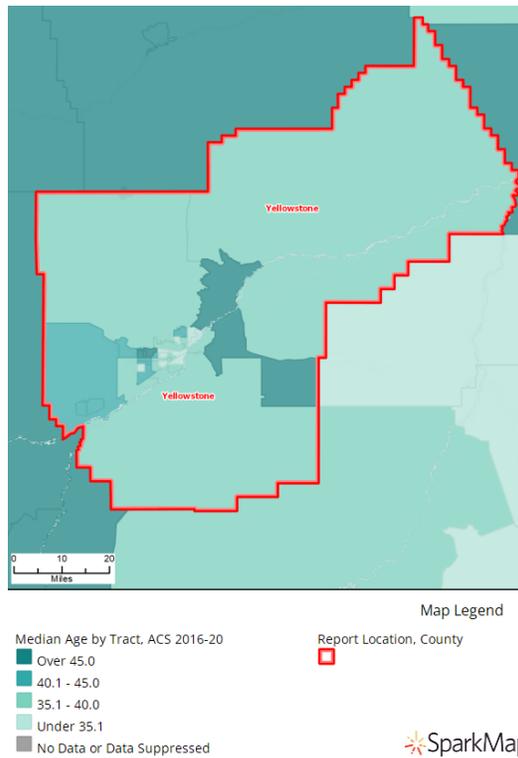


Sources:

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



The following map provides an illustration of the median age in Yellowstone County.



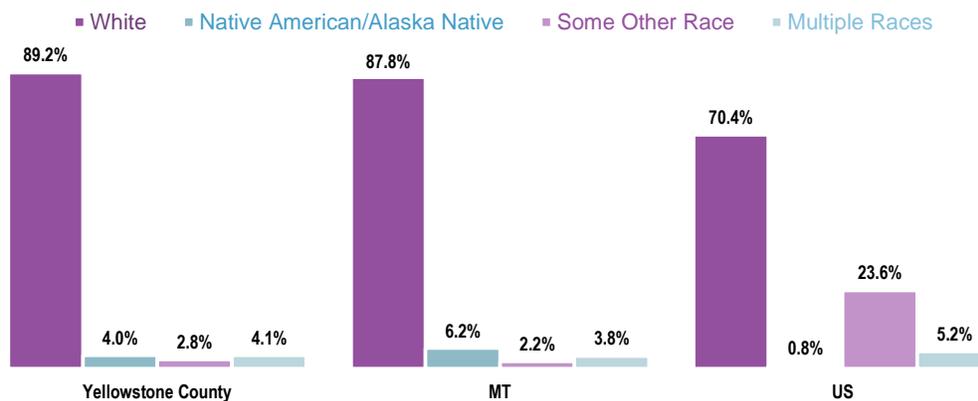
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), most residents of Yellowstone County are white (89.2%).

BENCHMARK ▶ Less diverse than the US population.

Total Population by Race Alone
(2016-2020)



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

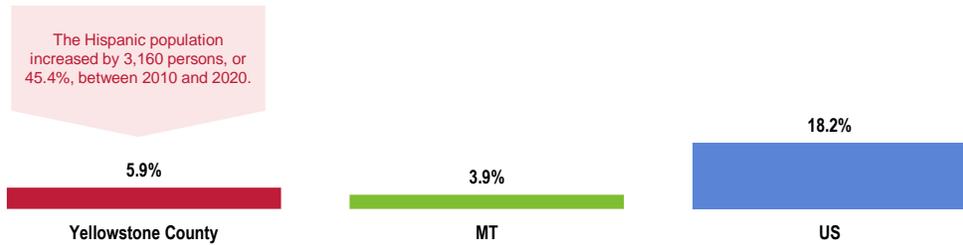


Ethnicity

A total of 5.9% of Yellowstone County residents are Hispanic or Latino.

BENCHMARK ► Much lower than the national proportion.

Hispanic Population (2016-2020)



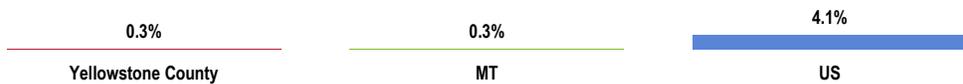
- Sources:
- US Census Bureau American Community Survey 5-year estimates.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2022 via SparkMap (sparkmap.org).
- Notes:
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Linguistic Isolation

Only 0.3% of Yellowstone County population age 5 and older live in a home in which no person age 14 or older is proficient in English (speaking only English or speaking English “very well”).

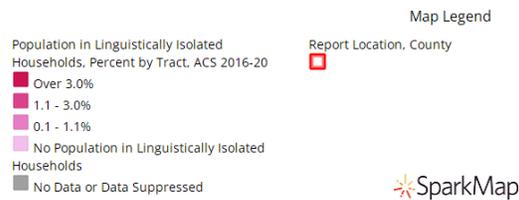
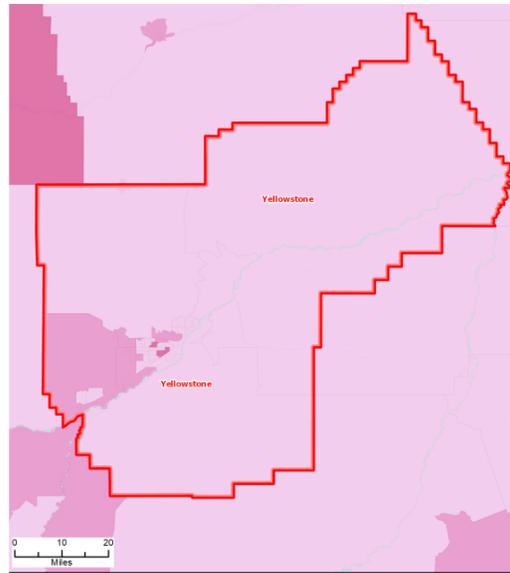
BENCHMARK ► Much lower than the US percentage.

Linguistically Isolated Population (2016-2020)



- Sources:
- US Census Bureau American Community Survey 5-year estimates.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2022 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English “very well.”

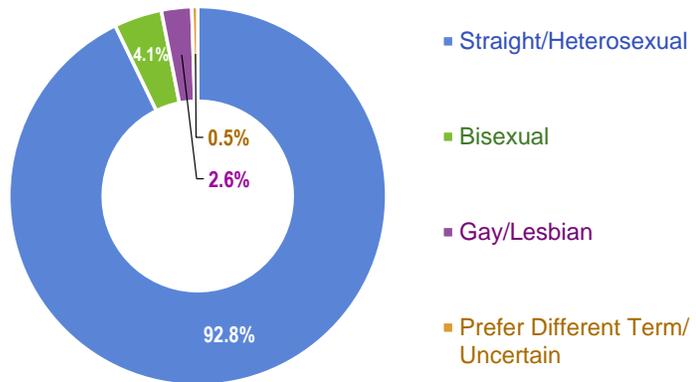




Sexual Orientation

Most survey respondents (92.8%) self-identify as straight or heterosexual, while 4.1% identify as bisexual, and 2.6% identify as gay or lesbian.

Respondent's Sexual Orientation
(Yellowstone County, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 57]
Notes: • Asked of all respondents.



SOCIAL DETERMINANTS OF HEALTH

ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

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

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

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

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

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

Poverty

The latest census estimate shows 9.6% of the Yellowstone County total population living below the federal poverty level.

BENCHMARK ► More favorable than found across the state and nation. Fails to satisfy the Healthy People 2030 objective.

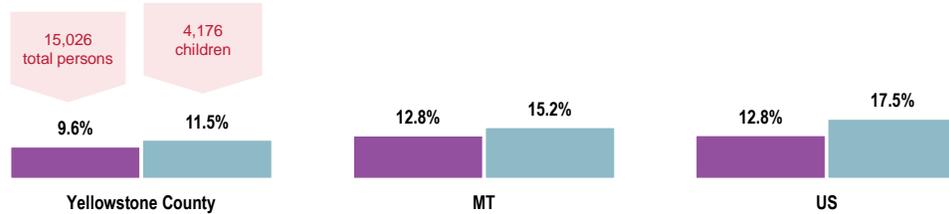
Among just children (ages 0 to 17), this percentage in Yellowstone County is 11.5% (representing an estimated 4,176 children).

BENCHMARK ► More favorable than found across the state and nation. Fails to satisfy the Healthy People 2030 objective.



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

■ Total Population ■ Children



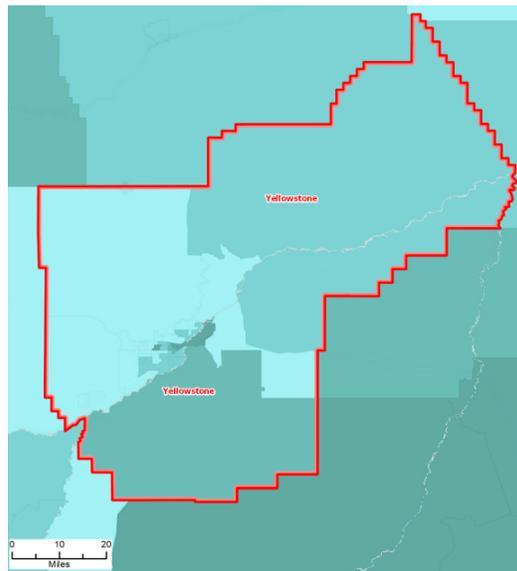
Sources:

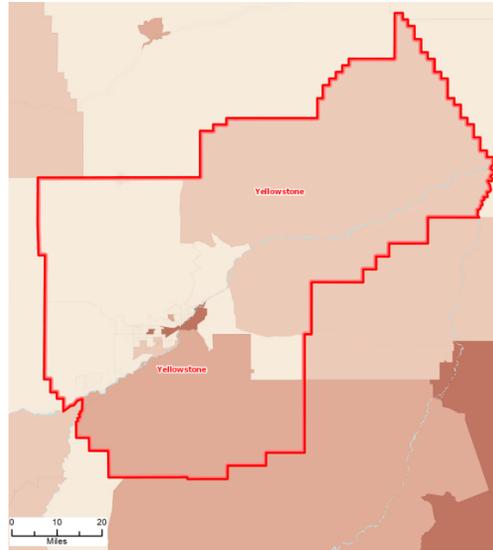
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes:

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

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



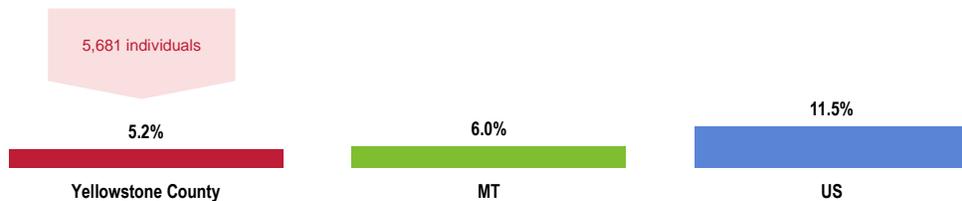


Education

Among the Yellowstone County population age 25 and older, an estimated 5.2% (over 5,600 people) do not have a high school education.

BENCHMARK ▶ More favorable than the state and US percentages.

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



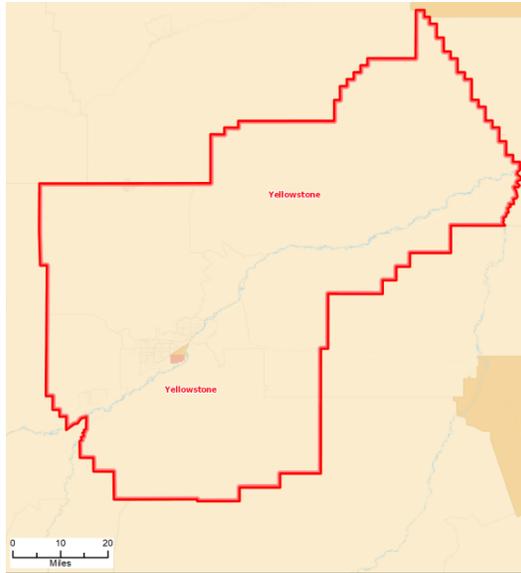
Sources:

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

Notes:

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





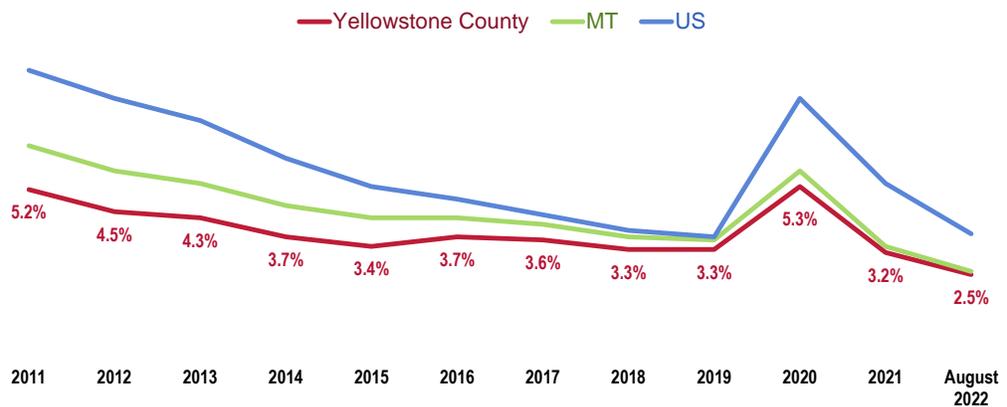
Employment

According to data derived from the US Department of Labor, the unemployment rate in Yellowstone County as of August 2022 was 2.5%.

BENCHMARK ▶ Lower than the national rate.

TREND ▶ Represents a significant decrease over time.

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



Sources:

- US Department of Labor, Bureau of Labor Statistics.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2022 via SparkMap (sparkmap.org).

Notes:

- This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.



Financial Resilience

A total of 16.2% of Yellowstone County residents would not be able to afford an unexpected \$400 expense without going into debt.

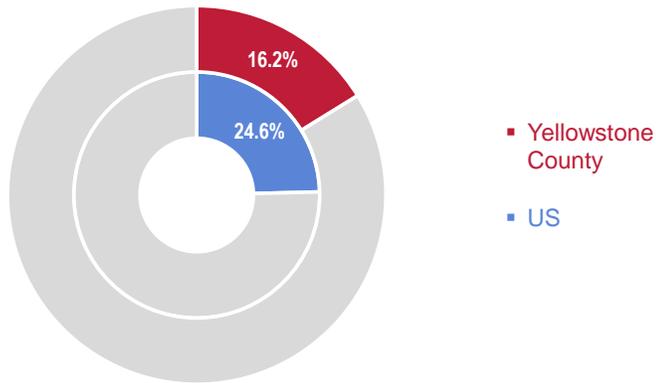
BENCHMARK ▶ More favorable than the national percentage.

DISPARITY ▶ More often reported among women, adults younger than 65, and lower-income respondents.

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

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

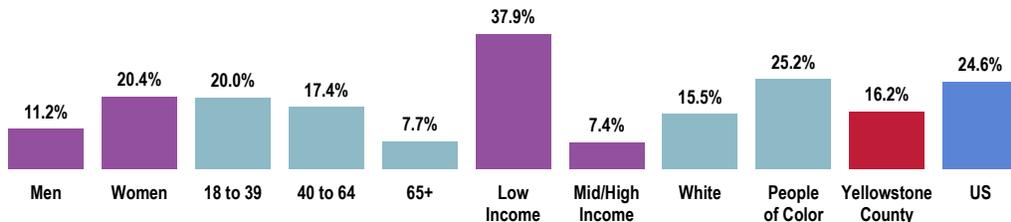
Do Not Have Cash on Hand to Cover a \$400 Emergency Expense



- Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 63]
 - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
 - Includes respondents who say they would not be able to pay for a \$400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

Do Not Have Cash on Hand to Cover a \$400 Emergency Expense (Yellowstone County, 2023)

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



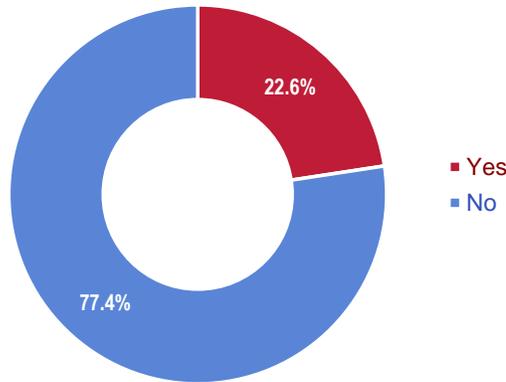
- Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 63]
- Notes:
- Asked of all respondents.
 - Includes respondents who say they would not be able to pay for a \$400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.



Financial Loss During to the COVID-19 Pandemic

A total of 22.6% of surveyed adults report that, since the beginning of the COVID-19 pandemic, a member of their household has lost a job, worked fewer hours than wanted or needed, or lost health insurance coverage.

Household Member Has Lost a Job, Hours/Wages, or Health Insurance Since the Beginning of the Pandemic (Yellowstone County, 2023)



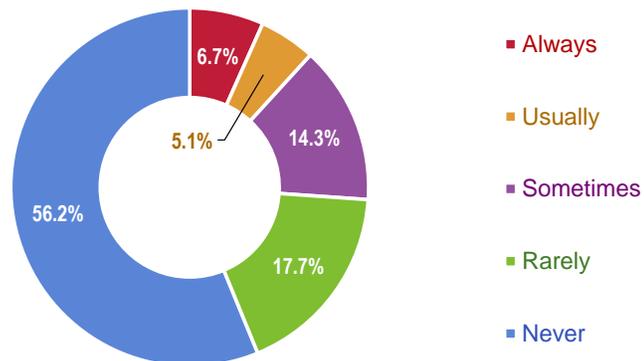
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 332]
Notes: • Asked of all respondents.

Housing

Housing Insecurity

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

Frequency of Worry or Stress Over Paying Rent or Mortgage in the Past Year (Yellowstone County, 2023)



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

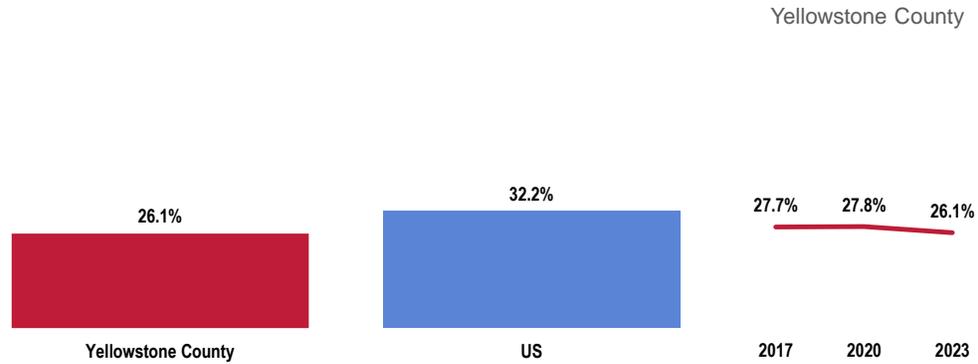


However, a considerable share (26.1%) report that they were “sometimes,” “usually,” or “always” worried or stressed about having enough money to pay their rent or mortgage in the past year.

BENCHMARK ▶ Lower than the national finding.

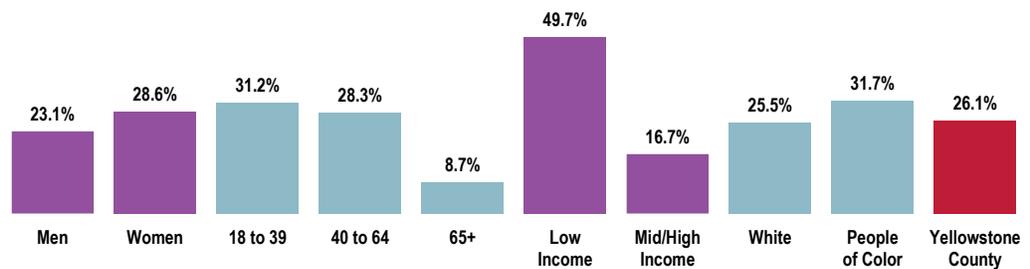
DISPARITY ▶ More often reported among adults younger than 65 and lower-income residents.

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



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 66]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

“Always/Usually/Sometimes” Worried About Paying Rent/Mortgage in the Past Year (Yellowstone County, 2023)



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

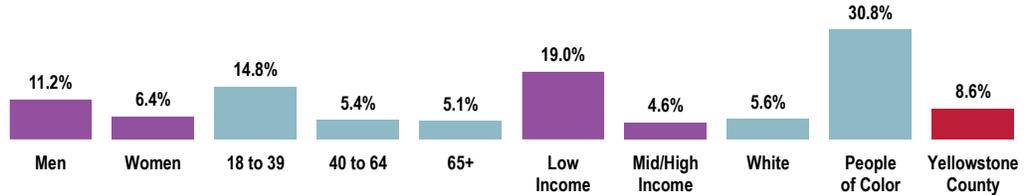


Housing Displacement

A total of 8.6% of surveyed respondents report that they have had to live with a friend or relative at some point in the past two years, even if only temporarily, because of an emergency.

DISPARITY ▶ More often reported among men, adults age 18 to 39, lower-income adults, and persons of color.

Lived With a Friend or Relative in the Past Two Years Because of an Emergency (Yellowstone County, 2023)

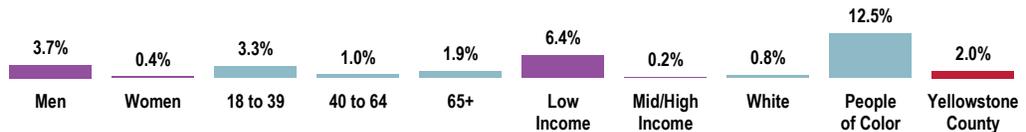


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 312]
Notes: • Asked of all respondents.

Overall, 2.0% of area adults report that they have lived in a car or shelter at some point within the past 12 months.

DISPARITY ▶ More often reported among men, lower-income adults, and persons of color.

Lived in a Car or a Shelter in the Past Year (Yellowstone County, 2023)



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



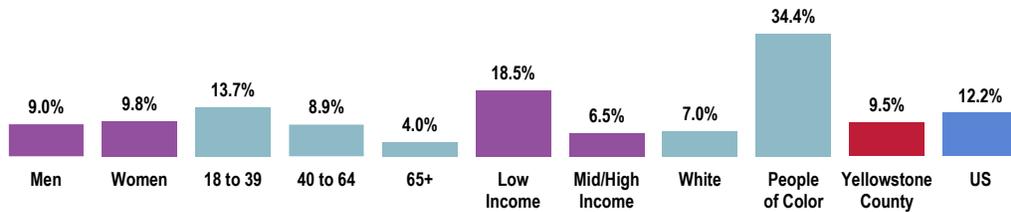
Unhealthy or Unsafe Housing

A total of 9.5% of Yellowstone County residents report living in unhealthy or unsafe housing conditions during the past year.

DISPARITY ▶ More often reported among adults younger than 65, lower-income adults, and persons of color.

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?"

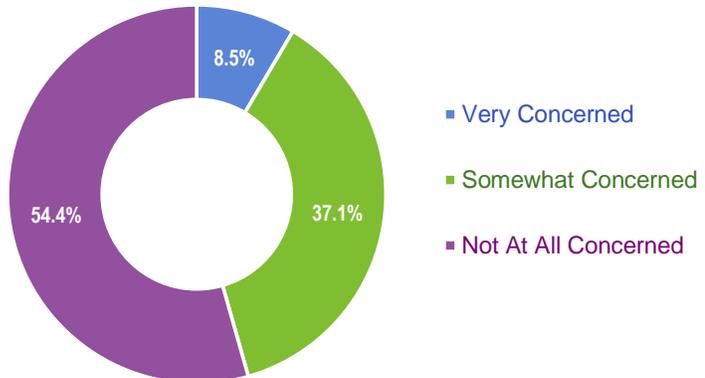
Unhealthy or Unsafe Housing Conditions in the Past Year (Yellowstone County, 2023)



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

While most area adults are “somewhat” or “not at all” concerned about household safety, 8.5% report being “very concerned” about hazards like radon, mold, pests, lead, and carbon monoxide.

Level of Concern Regarding Household Hazards and Safety (Yellowstone County, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 336]
 Notes: • Asked of all respondents.
 • Household hazards include radon, mold, pests, lead, carbon monoxide, etc.



Key Informant Input: Housing

Key informants offered the following comments related to housing:

Homeless Population

People who lack adequate shelter and housing. Homelessness is a social determinant of health that has long gone unaddressed/underaddressed in Yellowstone County. Chronic health issues are among the top 3 root causes of homelessness locally, according to a 2020 analysis by the Continuum of Care. This problem as a public health issue was exemplified by COVID-19. – Social Service Provider

Healthcare and housing for our homeless population. – Other Healthcare Provider

Lack of Affordable Housing Units

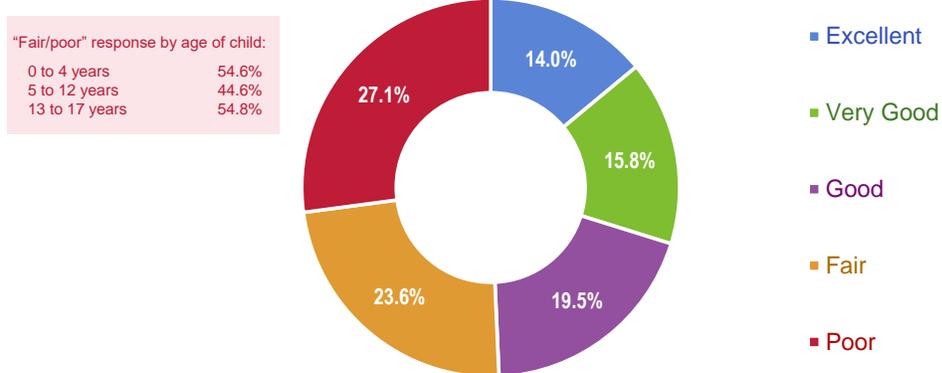
Housing. Lack of housing generally, especially affordable housing. – Physician

Insufficient number of affordable housing units. – Other Healthcare Provider

Affordable Child Care

Among area parents of children age 0 to 17, 50.7% rate the availability of affordable child care services in the community as only “fair” or “poor.”

Rating of Availability of Affordable Child Care Services in the Community
(Yellowstone County Parents of Children <18, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 341]
Notes: • Asked of all respondents with a child under 18 at home.



Food Access & Security

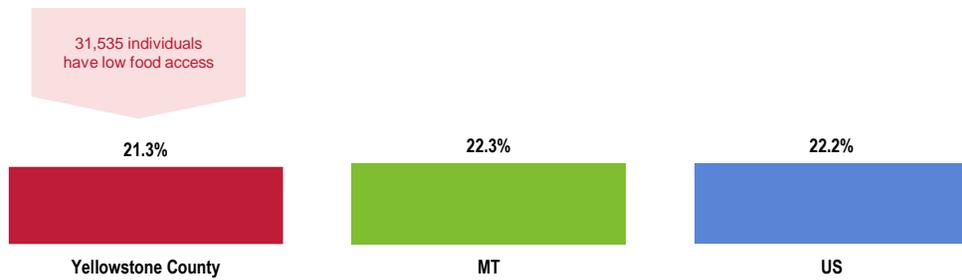
Low Food Access

US Department of Agriculture data show that 21.3% of the Yellowstone County population (representing over 31,000 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.

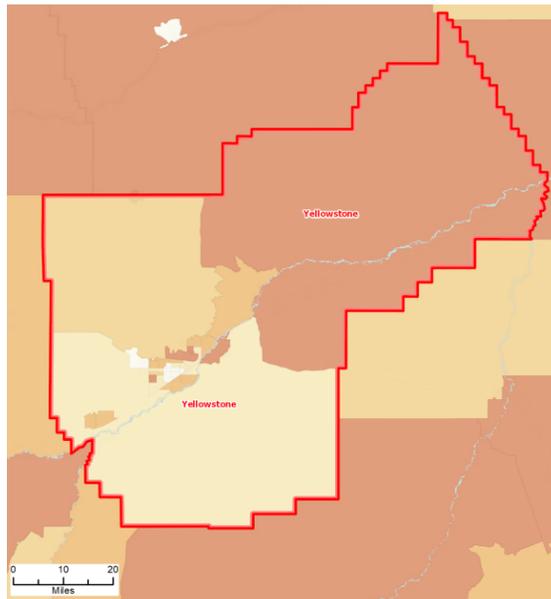
Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store.

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

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



- Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2022 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.



Food Insecurity

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

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

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

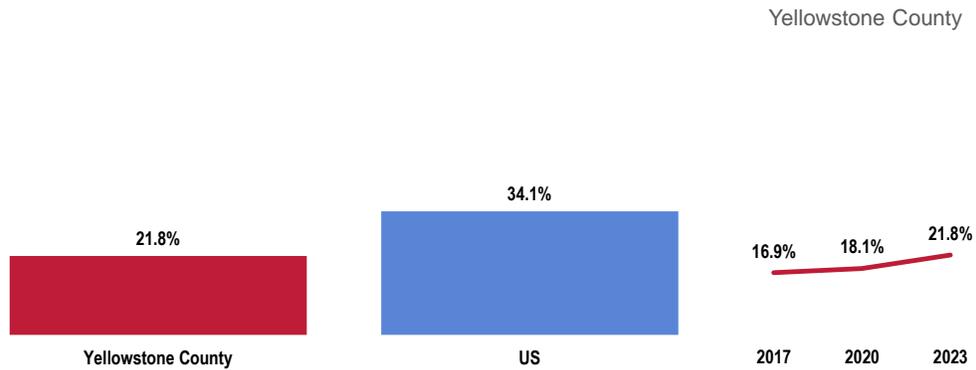
Overall, 21.8% of community residents are determined to be "food insecure," having run out of food in the past year and/or been worried about running out of food.

BENCHMARK ▶ Much lower than the US percentage.

TREND ▶ Denotes a significant increase over time.

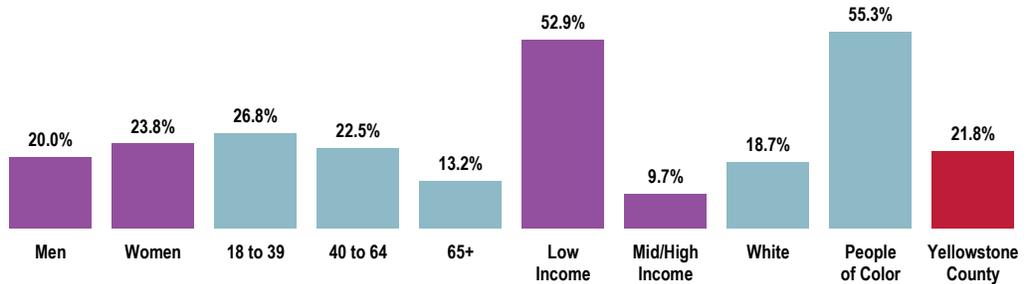
DISPARITY ▶ More prevalent among lower-income respondents and persons of color. Note also the correlation with age.

Food Insecurity



- Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 112]
 - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.
 - Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Food Insecurity (Yellowstone County, 2023)



- Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 112]
- Notes:
- Asked of all respondents.
 - Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

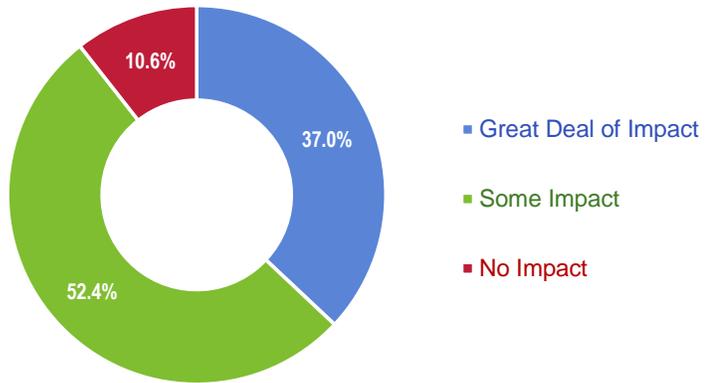


Community Life

Perceived Personal Influence

Most surveyed adults feel that they have at least some impact on making their community a better place to live.

Perceived Degree of Impact on Making the Community a Better Place to Live (Yellowstone County, 2023)



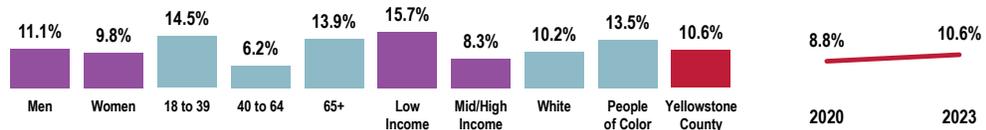
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 333]
 Notes: • Asked of all respondents.

However, 10.6% perceive that they have “no impact” in the local community.

DISPARITY ► Adults on the younger and older ends of the age spectrum are more likely to say they have “no impact” on improving life in their community.

Have “No Impact” on Improving Life in the Community (Yellowstone County, 2023)

Yellowstone County



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 333]
 Notes: • Asked of all respondents.

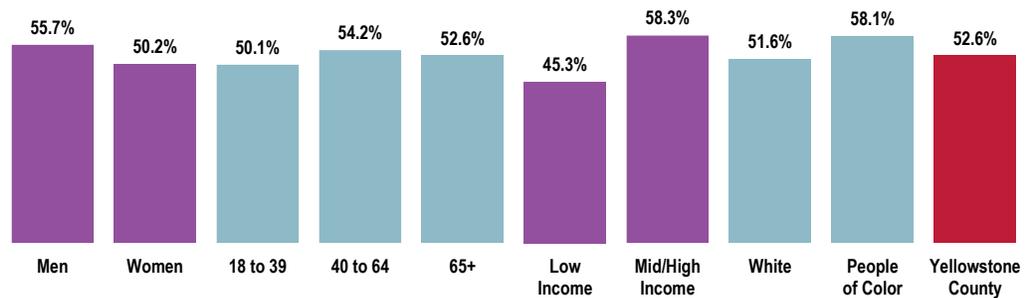


Volunteerism

Among surveyed adults, 52.6% report volunteering time to charitable causes, organizations, or events within the past year.

DISPARITY ► Residents with higher incomes are more likely to report volunteering.

Volunteered Time to Charitable Causes, Organizations, or Events Within the Past Year (Yellowstone County, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 335]
Notes: • Asked of all respondents.

Diversity, Equity & Inclusion

Unfair Treatment

As many as one-third of survey respondents report experiencing unfair treatment “almost every day,” “at least once a week,” or “a few times a month” in each of five ways, ranging from 4.9% who feel threatened or harassed to 33.3% who feel they are treated with less respect or courtesy than others.

DISPARITY ► Persons of color are significantly more likely than the total sample of Yellowstone County adults to report being treated with less courtesy or respect; being treated as less intelligent; receiving poorer service; and being treated as a potential danger.

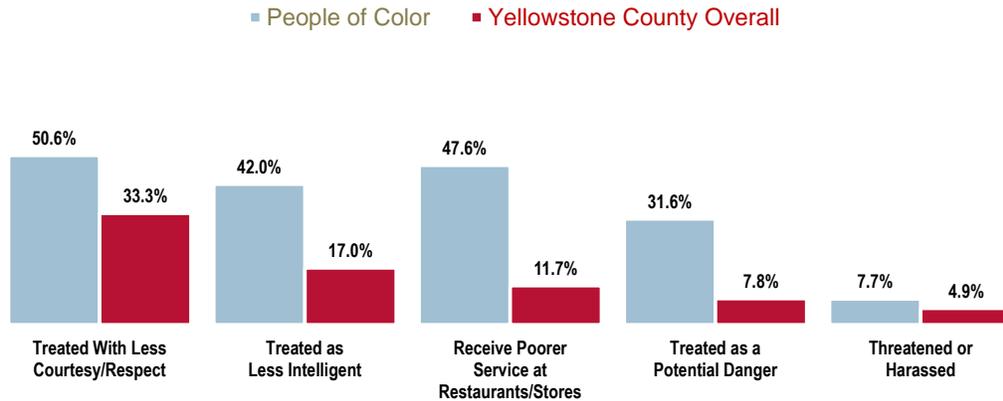
See also “Social Support” in the Mental Health section of this report.

Respondents were asked how often they are treated:

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



Perceptions of Unfair Treatment in Day-to-Day Life (Yellowstone County, 2023)



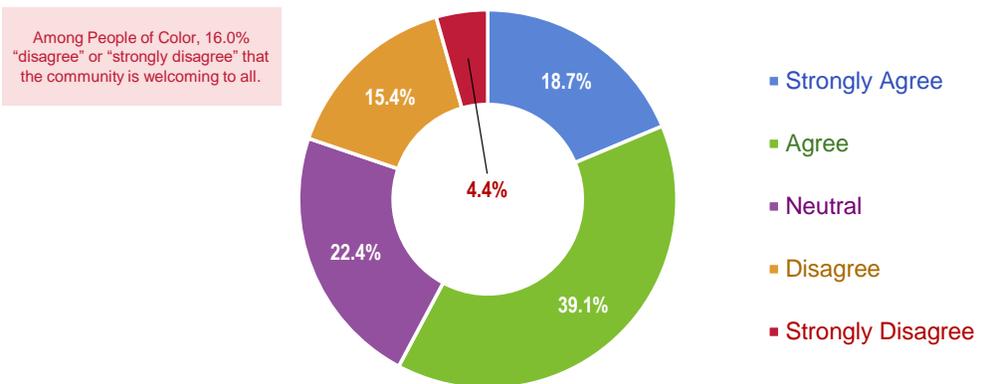
Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Items 319-323]
 Notes: ● Asked of all respondents.
 ● Percentages represent combined responses of "Almost Every Day," "At Least Once a Week," and "A Few Times a Month."

Inclusion

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

While more than one-half of Yellowstone County adults agree that their community is a welcoming place for people of all races and ethnicities, 19.8% "disagree" or "strongly disagree" that it is welcoming to all.

Level of Agreement About the Community as a Welcoming Place for People of All Races and Ethnicities (Yellowstone County, 2023)



Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 334]
 Notes: ● Asked of all respondents.



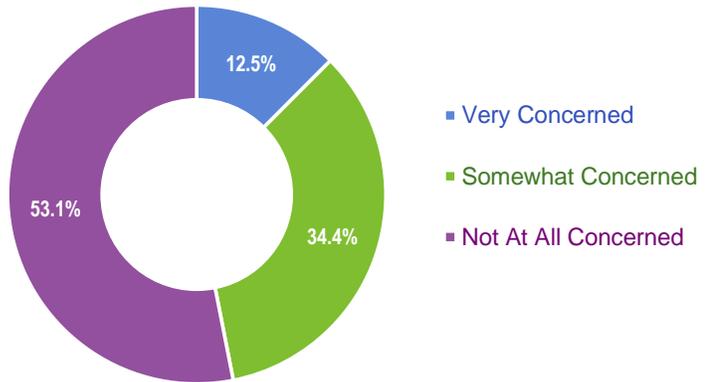
School Environmental Safety

Examples of environmental school safety issues include indoor air quality, food, playgrounds, and chemistry labs.

While just over one-half of area adults are “not at all” concerned about environmental safety issues in Yellowstone County schools, 12.5% are “very concerned,” and 34.4% are “somewhat concerned.”

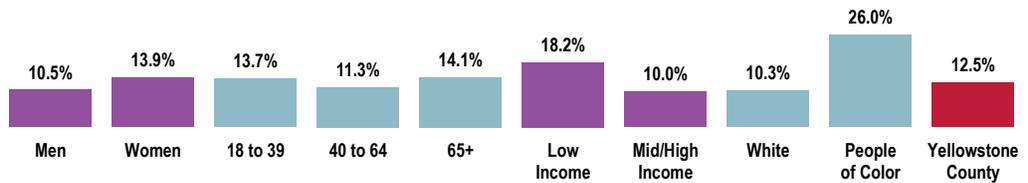
DISPARITY ▶ Persons of color more often report being “very concerned” about environmental school safety.

Level of Concern Regarding Environmental Safety in Schools (Yellowstone County, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 338]
 Notes: • Asked of all respondents.
 • Safety concerns include indoor air quality, food, playgrounds, chemistry labs, etc.

“Very Concerned” About Environmental Safety in Schools (Yellowstone County, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 338]
 Notes: • Asked of all respondents.
 • Safety concerns include indoor air quality, food, playgrounds, chemistry labs, etc.



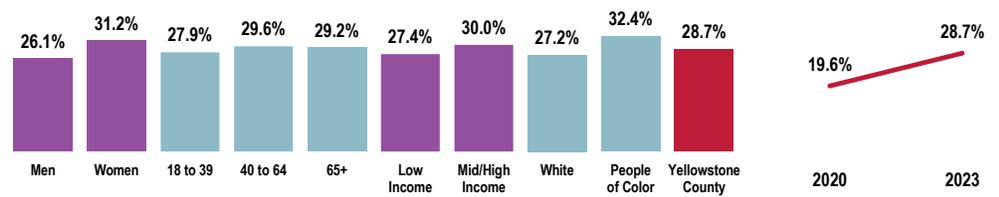
Awareness of Montana 2-1-1

More than one-fourth (28.7%) of survey respondents has heard of the Montana 2-1-1 service.

DISPARITY ▶ Marks a significant increase since 2020.

Montana 2-1-1 is a website and phone number designed to connect people who live in Montana with information and help from state and local resources. Food or housing assistance, child care, crisis counseling, and substance abuse treatment are just a few of the services that could be accessed using this free, anonymous service.

Awareness of Montana 2-1-1 (Yellowstone County, 2023)



- Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 309]
- Notes:
- Asked of all respondents.
 - Montana 2-1-1 was defined as a website and phone number designed to connect people who live in Montana with information and help from state and local resources anonymously and for free. Food or housing assistance, child care, crisis counseling, and substance abuse treatment were given as examples of services that could be accessed.





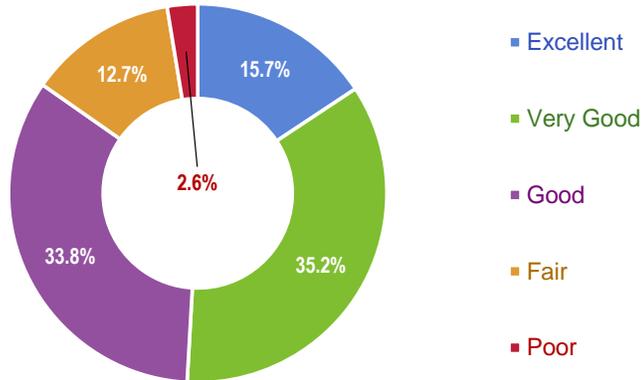
HEALTH STATUS

OVERALL HEALTH STATUS

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

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

Self-Reported Health Status
(Yellowstone County, 2023)



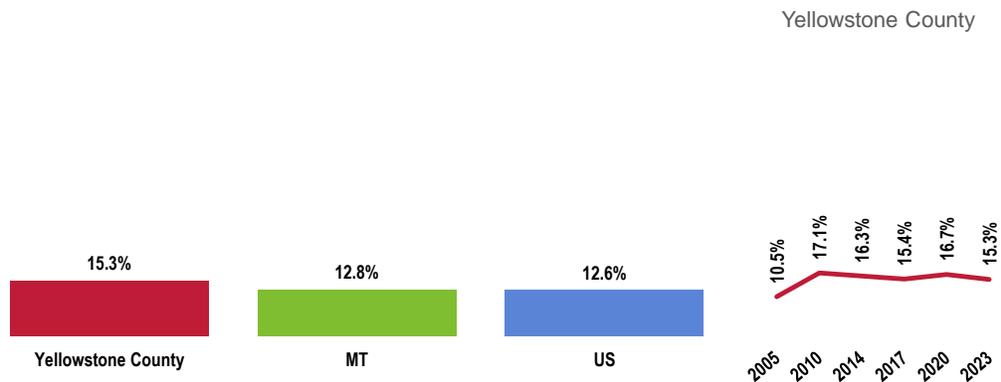
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 15.3% of Yellowstone County adults believe that their overall health is "fair" or "poor."

TREND ▶ Marks a significant increase from the 2005 survey.

DISPARITY ▶ More often reported among adults age 65+, lower-income adults, and persons of color.

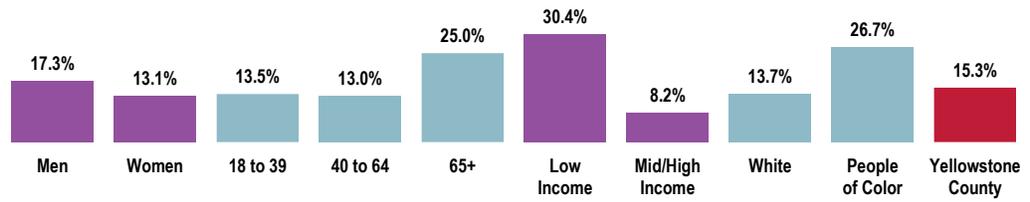
Experience "Fair" or "Poor" Overall Health



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



Experience “Fair” or “Poor” Overall Health (Yellowstone County, 2023)



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



MENTAL HEALTH

ABOUT MENTAL HEALTH & MENTAL DISORDERS

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

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

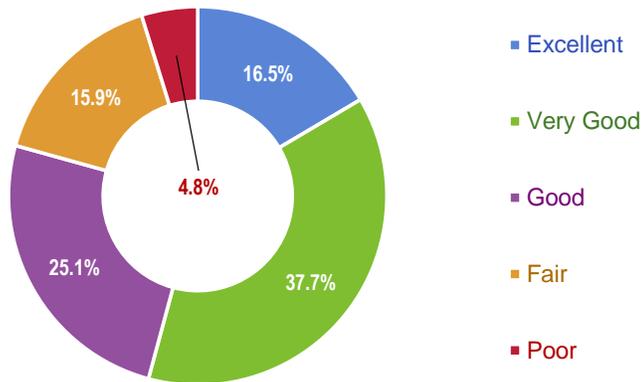
– Healthy People 2030 (<https://health.gov/healthypeople>)

Mental Health Status

Most Yellowstone County adults rate their overall mental health favorably (“excellent,” “very good,” or “good”).

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

Self-Reported Mental Health Status
(Yellowstone County, 2023)



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



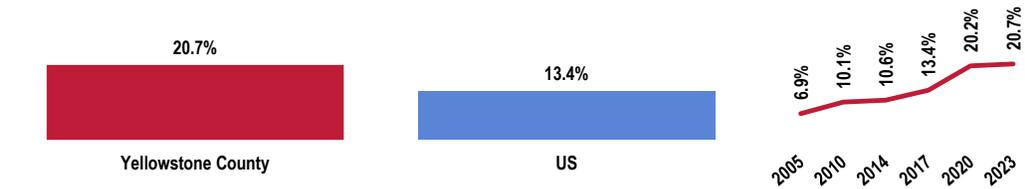
However, 20.7% believe that their overall mental health is “fair” or “poor.”

BENCHMARK ▶ Worse than the US finding.

TREND ▶ Represents a significant increase over time.

Experience “Fair” or “Poor” Mental Health

Yellowstone County



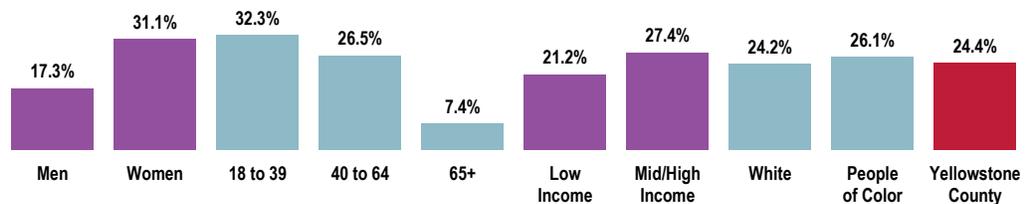
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 90]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Mental Health Impact of COVID-19 Pandemic

While most Yellowstone County adults report that their mental health has “improved” or “stayed about the same” since the pandemic began in March 2020, nearly one-fourth (24.4%) believes their mental health has “become worse.”

DISPARITY ▶ More often reported among female respondents and adults younger than 65.

Mental Health Has Gotten Worse Since the Beginning of the Pandemic (Yellowstone County, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 330]
 Notes: • Asked of all respondents.
 • Beginning of pandemic specified as March 2020.



Depression

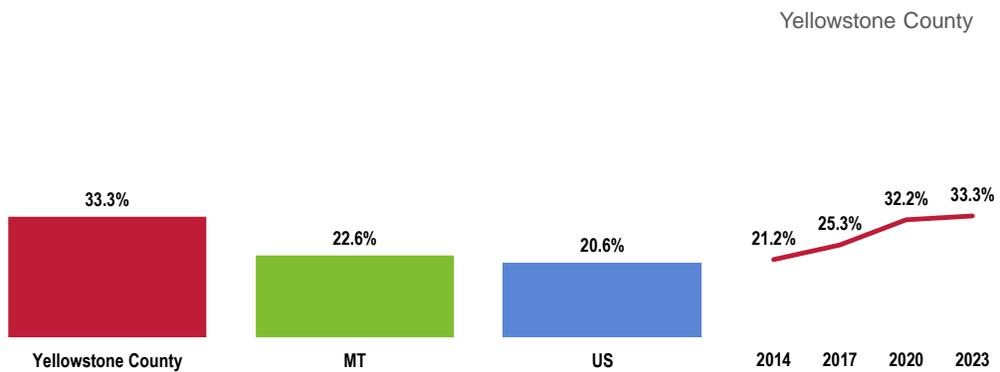
Diagnosed Depression

One-third (33.3%) of Yellowstone County adults has been diagnosed by a physician, nurse, or other health professional as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

BENCHMARK ▶ Worse than state and national findings.

TREND ▶ Denotes a significant increase over time.

Have Been Diagnosed With a Depressive Disorder



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



Symptoms of Chronic Depression

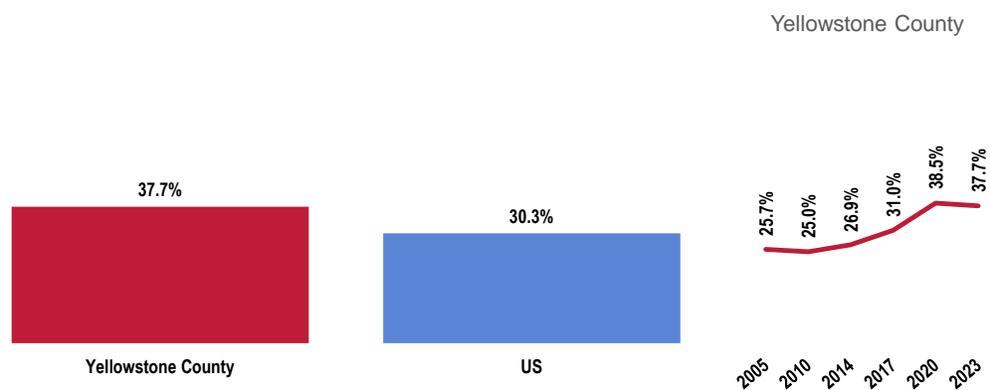
More than one-third (37.7%) of Yellowstone County adults has had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

BENCHMARK ▶ Higher than the US percentage.

TREND ▶ Represents a significant increase over time.

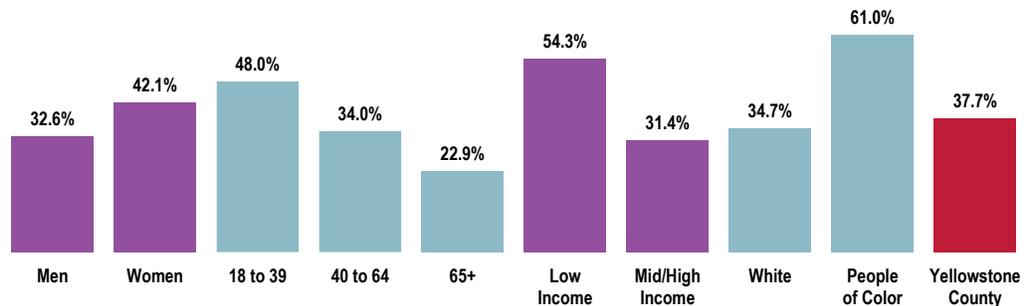
DISPARITY ▶ More often reported among women, lower-income adults, and persons of color. Also note the correlation with age.

Have Experienced Symptoms of Chronic Depression



Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 91]
 ● 2020 PRC National Health Survey, PRC, Inc.
 Notes: ● Asked of all respondents.
 ● Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Have Experienced Symptoms of Chronic Depression (Yellowstone County, 2023)



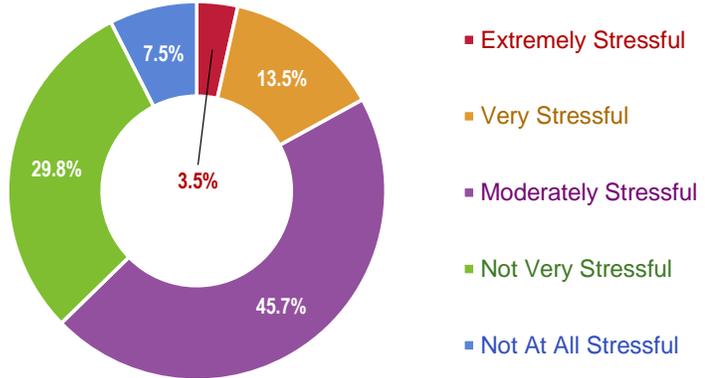
Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 91]
 Notes: ● Asked of all respondents.
 ● Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.



Stress

Most surveyed adults characterize most days as no more than “moderately” stressful.

Perceived Level of Stress On a Typical Day
(Yellowstone County, 2023)



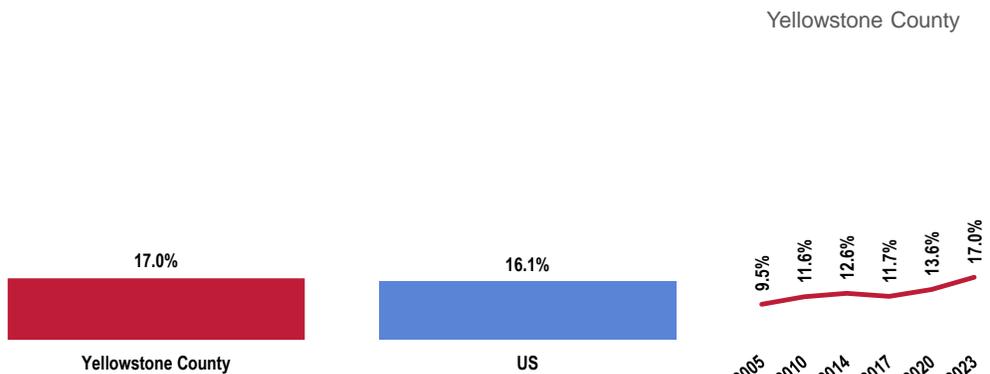
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 92]
Notes: • Asked of all respondents.

In contrast, 17.0% of Yellowstone County adults feel that most days for them are “very” or “extremely” stressful.

TREND ▶ Denotes a significant increase over time.

DISPARITY ▶ More often reported among women and adults younger than 65.

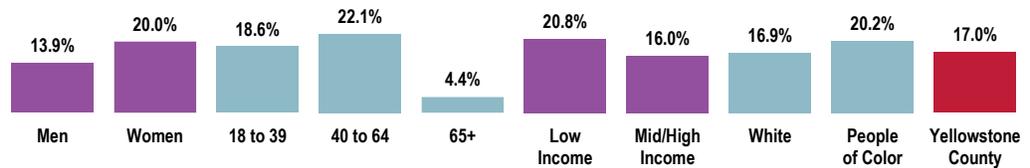
Perceive Most Days As “Extremely” or “Very” Stressful



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



Perceive Most Days as “Extremely” or “Very” Stressful (Yellowstone County, 2023)

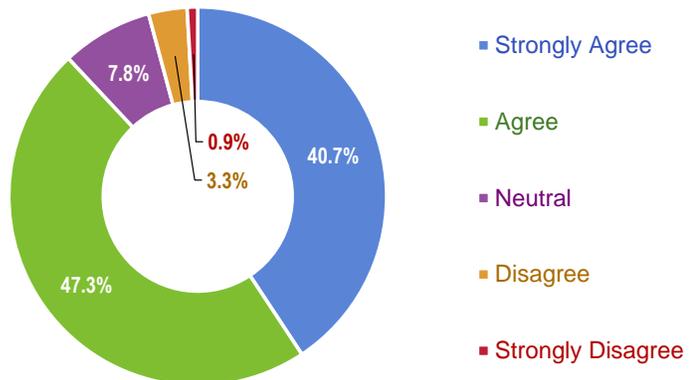


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 92]
Notes: • Asked of all respondents.

Stress Management

While most area adults agree that they can manage stress in their lives, 4.2% “disagree” or “strongly disagree” that they can handle life’s difficulties.

Level of Agreement With the Statement: “I am confident in my ability to manage stress and work through life’s difficulties.” (Yellowstone County, 2023)



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



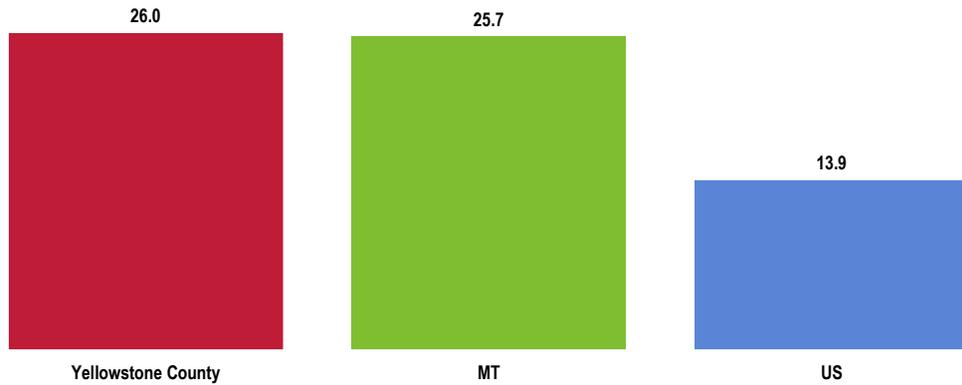
Suicide

Age-Adjusted Suicide Deaths

In Yellowstone County, there were 26.0 suicides per 100,000 population (2018-2020 annual average age-adjusted rate).

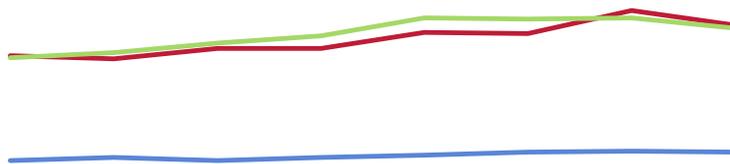
BENCHMARK ▶ Almost twice the US rate. Fails to satisfy the Healthy People 2030 objective.

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



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

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



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Yellowstone County	23.1	22.8	23.8	23.8	25.3	25.2	27.4	26.0
MT	22.9	23.4	24.3	25.0	26.7	26.6	26.7	25.7
US	13.1	13.4	13.1	13.4	13.6	13.9	14.0	13.9

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



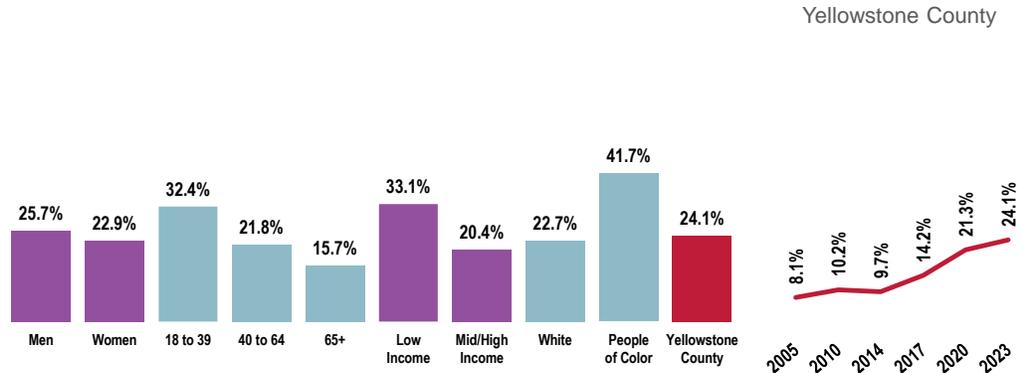
Suicide Ideation

Nearly one-fourth (24.1%) of area adults have ever considered attempting suicide.

TREND ▶ Marks a significant increase over time.

DISPARITY ▶ More often reported among adults age 18 to 39, lower-income respondents, and persons of color.

Ever Have Considered Attempting Suicide (Yellowstone County, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 327]
Notes: • Asked of all respondents.

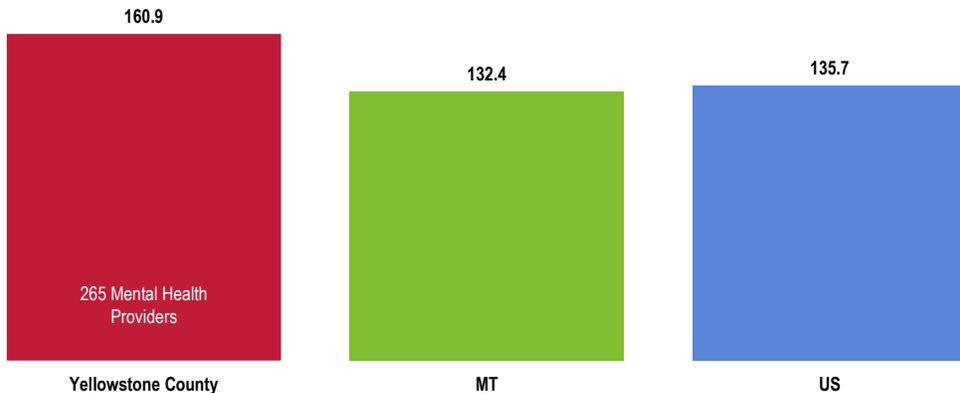
Mental Health Treatment

Mental Health Providers

In Yellowstone County in 2022, there were 160.9 mental health providers for every 100,000 population.

BENCHMARK ▶ Better than found across Montana and the US.

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



Sources: • University of Wisconsin Population Health Institute, County Health Rankings.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2022 via SparkMap (sparkmap.org).
Notes: • This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

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



Currently Receiving Treatment

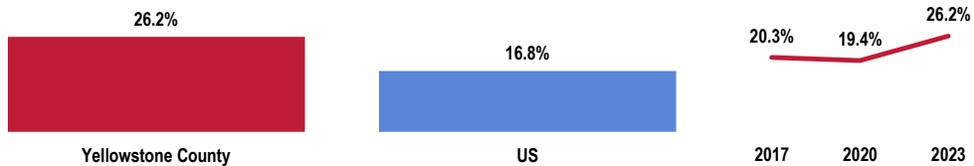
A total of 26.2% are currently taking medication or otherwise receiving treatment from a doctor, nurse, or other health professional for some type of mental health condition or emotional problem.

BENCHMARK ▶ Higher than the national finding.

TREND ▶ Represents a significant increase over time.

Currently Receiving Mental Health Treatment

Yellowstone County



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

Difficulty Accessing Mental Health Services

A total of 8.8% of Yellowstone County adults report a time in the past year when they needed mental health services but were not able to get them.

TREND ▶ Represents a significant increase over time.

DISPARITY ▶ More often reported among women, adults younger than 65, lower-income residents, and persons of color.

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

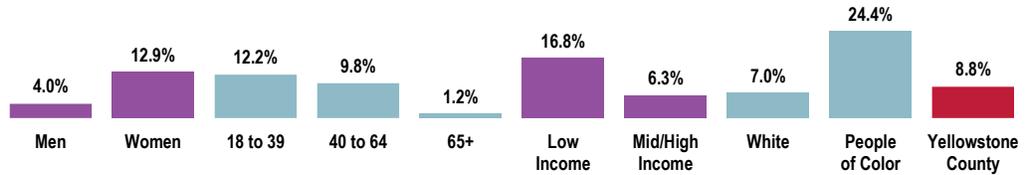
Yellowstone County



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



Unable to Get Mental Health Services When Needed in the Past Year (Yellowstone County, 2023)



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

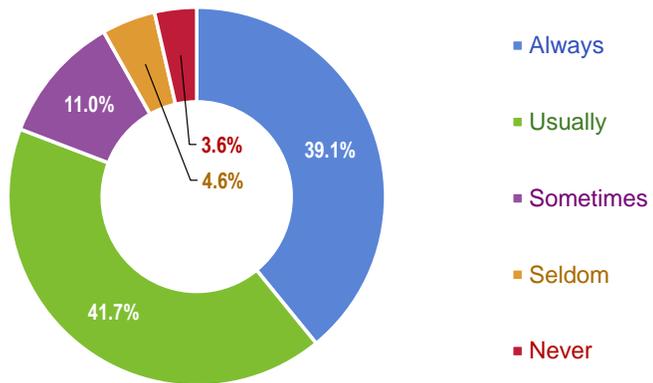
Social Support

Social & Emotional Support

While most survey respondents report “always” or “usually” having enough social and emotional support, 8.2% feel they “seldom” or “never” have such support.

DISPARITY ► Those with lower incomes are more likely to report a lack of support.

Frequency of Having Social and Emotional Support (Yellowstone County, 2023)

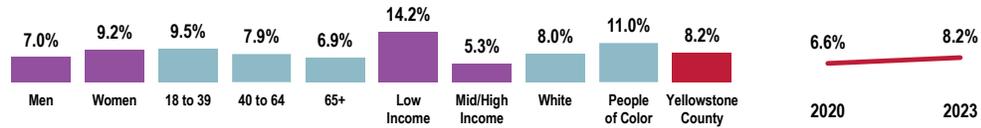


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 325]
Notes: • Asked of all respondents.



“Seldom/Never” Have Social and Emotional Support (Yellowstone County, 2023)

Yellowstone County



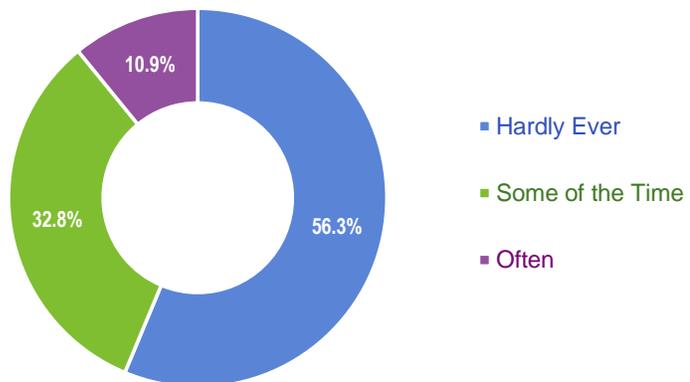
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 325]
Notes: • Asked of all respondents.

Isolation

While a majority of area adults report they “hardly ever” feel isolated from others, 10.9% say they “often” do.

DISPARITY ► Adults age 40 to 64 are more likely than younger and older adults to report they “often” feel isolated.

Frequency of Feeling Isolated (Yellowstone County, 2023)

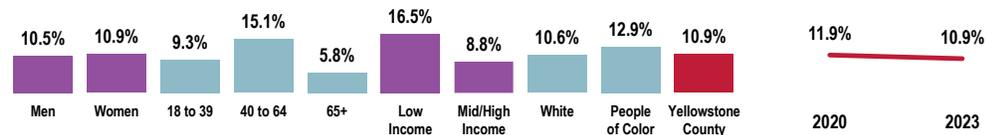


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 326]
Notes: • Asked of all respondents.



“Often” Experience Feelings of Isolation (Yellowstone County, 2023)

Yellowstone County



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 326]
Notes: • Asked of all respondents.

Key Informant Input: Mental Health

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

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

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



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

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

Access to Care/Services

Lack of resources to help individuals dealing with mental health issues. – Social Service Provider

Access to psychiatry is the most pressing need at a time where there are psychiatrist shortages nationwide. Other challenges include access to counselors/therapists and then the ability to pay for such services when \$150 a week for 1 session a week on an ongoing basis is enough to tax even people with six figure incomes' budgets. Plus, there doesn't seem to be great coordination between psych, counseling, PCPs, the EDs, treatment centers, etc. – Other Healthcare Provider

There is a major lack of access to mental health services for both adults and children. The good thing is that mental health is becoming so much more accepted and talked about in U.S. communities. Due to COVID-19, the need for mental health specialists is continuing to increase however, the amount of people in these occupations is not high enough to take care of the community's needs. – Community Leader

Access to safe and appropriate mental health care and housing. – Community Leader

Access to care. There are not enough mental health counselors. Not recognizing that mental health is health. – Public Health Representative

Finding available providers who are taking new clients, especially youth in need of services. – Community Leader

Access to specialty care with patients who have the need for ongoing psychiatric care. – Other Healthcare Provider



Access to services. – Social Service Provider

Limited access to resources and stigma. – Community Leader

Access and affordability of long-term community-based outpatient treatment. – Social Service Provider

Nowhere to place them. We need several group homes where people can live permanently in a supportive environment. – Social Service Provider

Good mental health programs, lack of funds to seek help. – Social Service Provider

Access to mental health services. – Social Service Provider

Lack of treatment in a timely manner. – Social Service Provider

Getting an appointment and building a relationship with a health care provider. – Community Leader

There are significant issues in accessing mental health services. Costs are high, fewer providers take Medicaid/Medicare, and there are lengthy and unreasonable wait lists for mental health counselors, psychologists, and psychiatrists. In addition, there continues to be community stigma around seeking help for mental health concerns. In my limited experience, medical providers are typically not qualified to assess or refer to mental health services. There is not "whole patient care" in our medical facilities and not good coordination between the medical facilities and mental health services. – Community Leader

Lack of resources able to help, little to no follow up. – Social Service Provider

Access to providers. – Physician

Access to psychiatric care and mental health evaluations. – Other Healthcare Provider

Very limited inpatient psychiatry capacity. Also, limited resources for patients as outpatients. – Other Healthcare Provider

Access to care. – Public Health Representative

Lack of access to resources, specifically any type of preventative/ongoing care, such as therapy. Cost is prohibitive if you do not have insurance and there are not enough providers for those who need it. This means people have only the choice but to seek services through ERs. – Other Healthcare Provider

The biggest challenge is access to interventional resources. People are not aware of where to seek help or how to afford it. When many can get far enough to identify resources, access to patient appointments, especially psychiatry, are delayed by months. – Other Healthcare Provider

Access to care timely and affordable. – Other Healthcare Provider

Access, access, access. – Other Healthcare Provider

Access to psychiatry prescribers and behavioral health counselors. Access to substance use disorder treatment. – Physician

Access to mental health/substance use care. Stigma associated with mental health/substance abuse. – Public Health Representative

Access to psychiatry or medical providers, access to counseling, and other supportive services. – Physician

Mental health. Not enough options for treatment, lack of providers with openings. – Community Leader

Lack of Providers

Not enough providers to care for the most marginalized, lack of prescribers who will work with the marginalized. Even housed persons have a hard time connecting with providers: long waiting lists. Multiple appointments just for screening. Access is difficult. – Other Healthcare Provider

Not enough providers. – Social Service Provider

Lack of enough providers, services, safe shelters, etc. This is the area of biggest concern for Billings. – Social Service Provider

Lack of professional providers (case workers to psychiatrists). Lack of desire to seek and follow professional help. A need for agencies, organizations, nonprofits to work more together and stop enabling to effectively address the challenges we face in our community. – Social Service Provider

Not enough providers, case manager support, payment support for persons who cannot afford pharmaceuticals. Not at poverty level or uninsured, especially in rural areas. – Other Healthcare Provider

There is a lack of mental health providers. Many are not taking new patients, and the wait to see someone could be 6 months or more in some cases. The state hospital is abysmal, and there are less beds and rehabilitative services for low-income clients who need comprehensive services. – Other Healthcare Provider

Not enough providers for them to seek services from. And too many changes in the Medicaid system cutting budgets and leaving people with no services. – Other Healthcare Provider

Access to mental health services, particularly for low income. Lack of appropriate mental health care is a driver for many other health and social issues. – Community Leader

Lack of licensed professionals to treat mental health continues to be an issue for our community. Also, those who complete the LCPC program have difficulties finding a placement to complete their license hours. Also, stigma related to mental health continues to be an issue in our community. – Public Health Representative



Lack of mental health professionals. Getting people with mental health needs to have a desire to access help. – Other Healthcare Provider
Access to available providers. We have some wonderful providers, but they are booked out months in advance. There is not access to crisis care or establishing new care. – Community Leader

Affordable Care/Services

Affordable care for mental health issues is incredibly costly and often not covered by insurance. We are seeing a growing mental health crisis within our youth. Getting them the care, they need can often be a fight for a family. In extreme cases, the child is not safe at home; however they return home again and again because there is nowhere else for them to go. – Community Leader

Costs. The need to feeling comfortable with same race therapist or counselors where possible. Denial. Understand what a mental health issue is. – Social Service Provider

A lack of affordable access to mental health care. And a lack of education and support that we all need to take mental health seriously. – Public Health Representative

Some of the biggest challenges are affordability, access, and other comorbidities such as substance abuse. – Social Service Provider

Access to quality care that is affordable without having to navigate waitlists or complicated eligibility criteria. Medicaid, Medicare, Advantage, etc. – Social Service Provider

Access to recurring and affordable Mental Health Services appears to be a significant issue for some; in regard to the major health care organizations in Yellowstone County, available medical providers as well as those offering counseling services seem to be very limited, especially for new patients needing to be established. Further, the availability of services for higher risk populations (i.e., homeless, and low income) seem to be contracting rather than expanding. – Community Leader

Denial/Stigma

The stigma. – Other Healthcare Provider

Difficulty accessing services due to stigma, poverty, homelessness, and limited services. – Social Service Provider

Stigma. Timely access to providers. Variable insurance coverage. – Community Leader

Stigma. Most people that I know are treating mental health issues or have actively acknowledged they need help. However, those same people seem to feel that they can't talk about it the same way they talk about their physical health treatments. – Community Leader

Awareness/Education

Lack of education about services and access, as well as the need for better funding and access to insurance that covers mental health is needed. – Community Leader

The practicing world helping people with mental health (and behavioral and emotional) issues has made incredible strides forward in the past three decades. However, that meaningful information is not making it out into the mainstream. Take domestic violence as an example. If people were better prepared for life before being tossed out on their own, there would be less frustration, anger and abuse, and violence against people near and dear to the person acting out. We need to get a better understanding of trauma into the mainstream as well as mindfulness. – Community Leader

The biggest challenges are education, early detection, treatment coupled with substance and alcohol abuse. – Community Leader

Housing

Homelessness. Terrible housing market. Increase in mental health and substance abuse as a result of the pandemic. – Other Healthcare Provider

Housing stability. – Social Service Provider

The biggest challenges are finding and keeping housing, food insecurities, and health care for their mental illness. – Social Service Provider

Daily Stress

The high stress of modern daily life causes so many of the problems we face, including addiction, bad personal habits, attitudes towards others, relationship skills, and way more. Decreasing stress will or at least helping people to moderate or decrease or manage their stress better will have both direct and indirect benefits to general public health. – Community Leader



Co-Occurrences

I think that in a lot of cases, the mental health and drug use go hand in hand. With the population I serve, mental health clients also have a lot of other issues like lack of transportation, not enough assistance with daily activities and not understanding information being given. – Social Service Provider

Due to COVID-19

The ongoing COVID pandemic has exasperated issues such as mental health and substance abuse in our community. The continued strain on our national and local economy makes it hard for people to meet basic needs, this puts constant stress on mental health. Many with mental health issues turn to substance abuse. There are not near enough resources in our community to meet this need, let alone the workforce to do it. – Community Leader

Follow-Up/Support

Having the support system in place in order to maintain treatment/consistency with medications and services. – Social Service Provider

Funding

Getting the appropriate care and treatment for their diagnosis. Not enough funding or providers. – Social Service Provider

Incidence/Prevalence

Mental Health is a major issue across all populations. Children, teens, and young adults, adults, violent crime offenders, homeless population, etc. – Community Leader

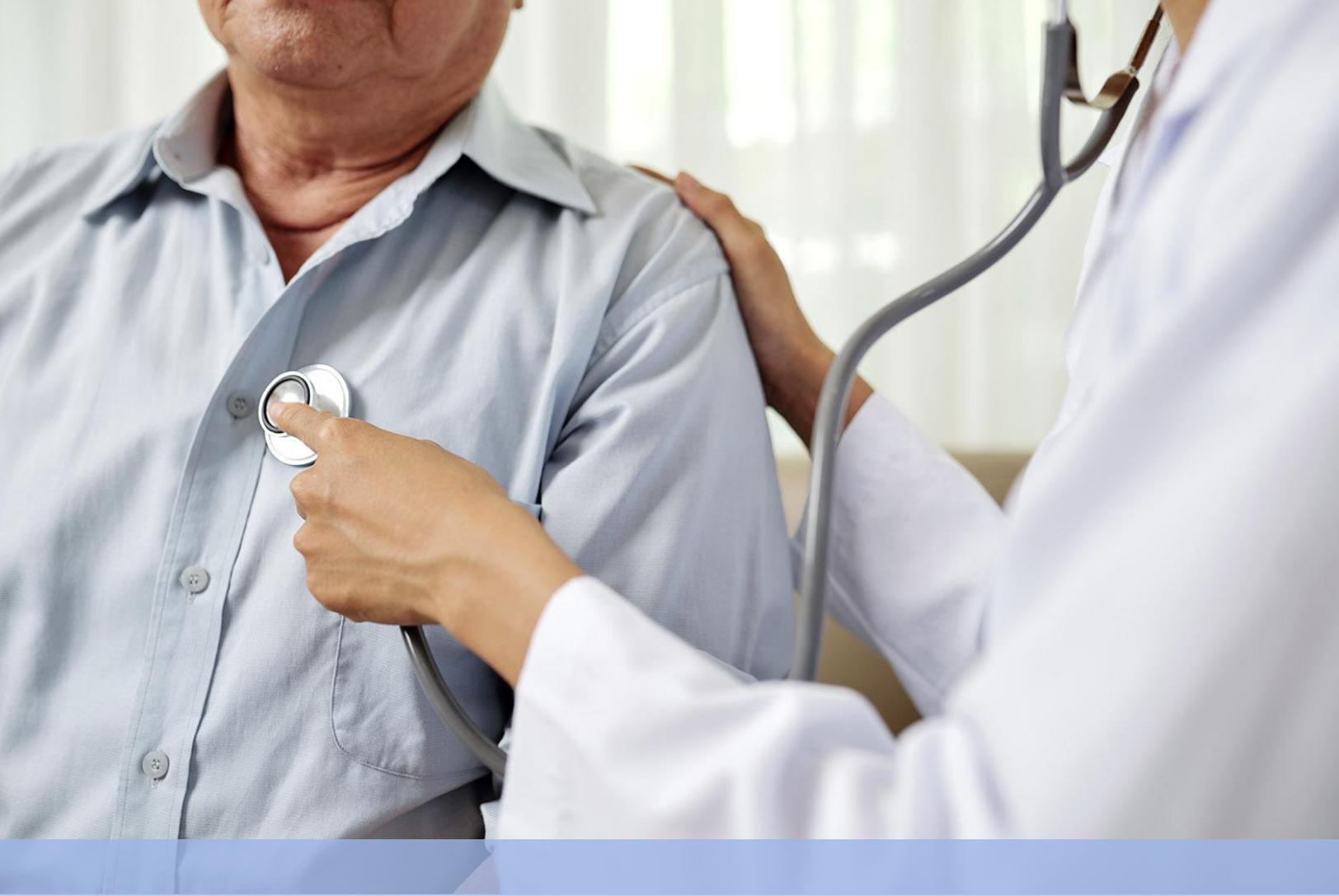
Access to Care for Uninsured/Underinsured

Access to psychiatry for uninsured/low-income patients. – Public Health Representative

Lack of Coordinated Services

While resources exist, they seem to function in silos and not in a coordinated fashion. – Other Healthcare Provider





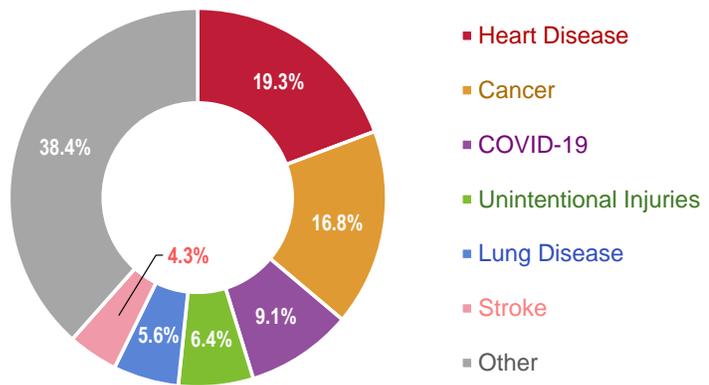
DEATH, DISEASE & CHRONIC CONDITIONS

LEADING CAUSES OF DEATH

Distribution of Deaths by Cause

Together, heart disease, cancers, and COVID-19 accounted for 45.2% of all deaths in Yellowstone County in 2020.

Leading Causes of Death
(Yellowstone County, 2020)



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

Age-Adjusted Death Rates for Selected Causes

AGE-ADJUSTED DEATH RATES

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

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

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



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

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

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

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

	Yellowstone County	MT	US	HP2030
Diseases of the Heart	170.0	161.0	164.4	127.4*
Malignant Neoplasms (Cancers)	146.8	141.0	146.5	122.7
Falls [Age 65+]	106.3	91.3	67.1	63.4
Coronavirus Disease/COVID-19 [2020]	83.0	75.5	85.0	--
Unintentional Injuries	60.1	56.1	51.6	43.2
Chronic Lower Respiratory Disease (CLRD)	51.8	46.7	38.1	--
Cerebrovascular Disease (Stroke)	36.9	30.0	37.6	33.4
Intentional Self-Harm (Suicide)	26.0	25.7	13.9	12.8
Alzheimer's Disease	22.8	22.7	30.9	--
Diabetes	20.8	20.9	22.6	--
Firearm-Related	18.9	19.1	12.5	10.7
Unintentional Drug-Related Deaths	16.7	11.2	21.0	--
Motor Vehicle Deaths	14.6	16.8	11.4	10.1
Cirrhosis/Liver Disease	13.5	15.3	11.9	10.9
Pneumonia/Influenza	8.9	9.7	13.4	--
Kidney Disease	7.6	10.2	12.8	--
Septicemia	6.8	7.3	9.8	--
Homicide/Legal Intervention	4.4	3.9	5.9	5.5

Sources:

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

Note:

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



CARDIOVASCULAR DISEASE

ABOUT HEART DISEASE & STROKE

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

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

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

Age-Adjusted Heart Disease & Stroke Deaths

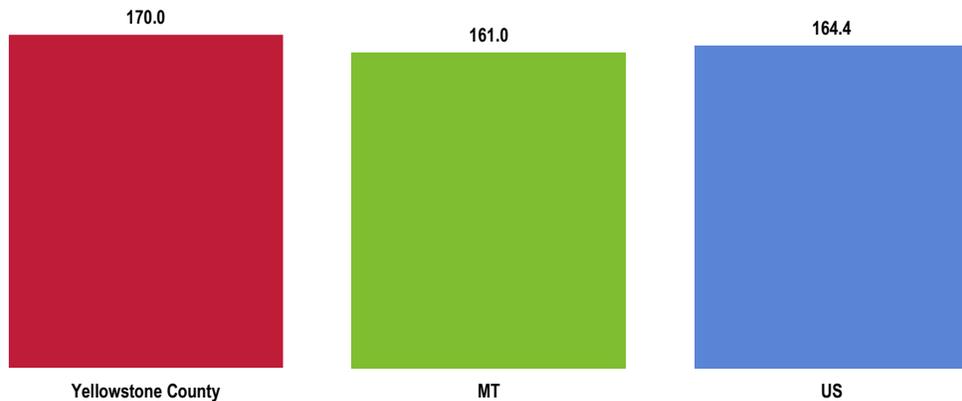
Heart Disease Deaths

Between 2018 and 2020, there was an annual average age-adjusted heart disease mortality rate of 170.0 deaths per 100,000 population in Yellowstone County.

BENCHMARK ▶ Fails to satisfy the Healthy People 2030 objective.

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

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



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



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



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Yellowstone County	150.9	147.8	146.2	148.1	155.3	165.1	166.5	170.0
MT	154.1	151.0	152.6	152.7	155.1	157.5	158.4	161.0
US	190.6	188.9	168.9	167.5	166.3	164.7	163.4	164.4

Sources:

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

Notes:

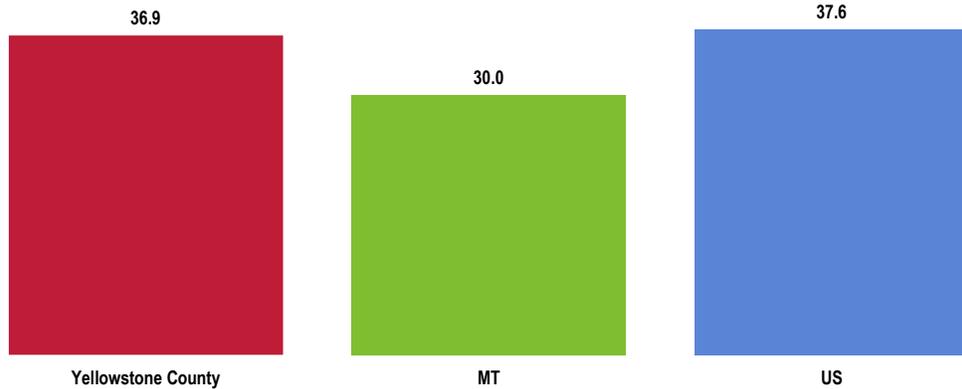
- The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke Deaths

Between 2018 and 2020, there was an annual average age-adjusted stroke mortality rate of 36.9 deaths per 100,000 population in Yellowstone County.

BENCHMARK ► Higher than the statewide rate.

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



Sources:

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



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

Healthy People 2030 = 33.4 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Yellowstone County	40.1	39.1	37.3	36.9	37.3	38.5	37.4	36.9
MT	36.2	35.7	35.9	34.2	34.0	32.7	31.5	30.0
US	40.7	40.6	37.1	37.5	37.5	37.3	37.2	37.6

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

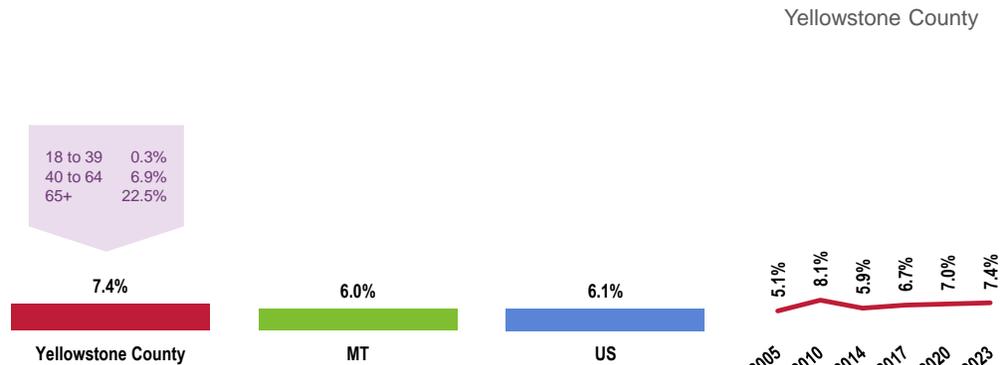
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 7.4% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

DISPARITY ► Much more prevalent among adults age 65+.

Prevalence of Heart Disease



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 114]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2020 Montana data.
• 2020 PRC National Health Survey, PRC, Inc.

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



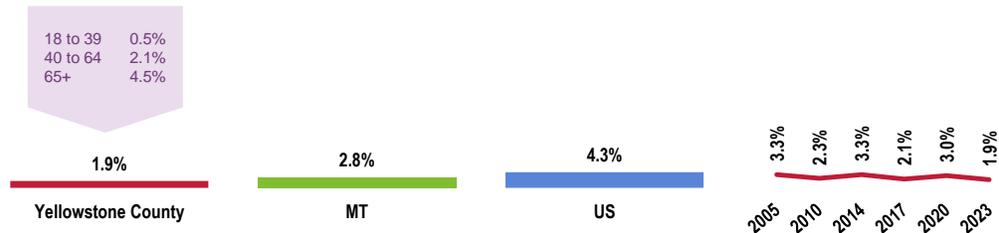
Prevalence of Stroke

A total of 1.9% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

BENCHMARK ▶ Lower than the national percentage.

Prevalence of Stroke

Yellowstone County



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

Notes: • Asked of all respondents.

Cardiovascular Risk Factors

Blood Pressure & Cholesterol

A total of 37.0% of Yellowstone County adults have been told by a health professional at some point that their **blood pressure** was high.

BENCHMARK ▶ Higher than found across the state. Fails to satisfy the Healthy People 2030 objective.

TREND ▶ Denotes an overall increase over time.

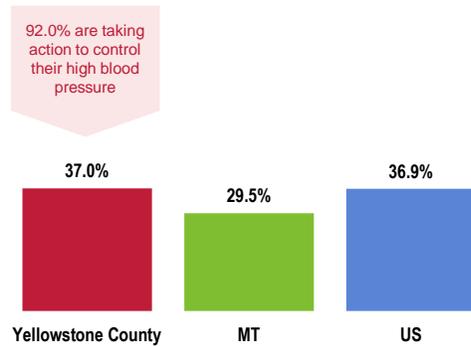
A total of 27.3% of adults have been told by a health professional that their **cholesterol level** was high.

BENCHMARK ▶ Lower than the national finding.

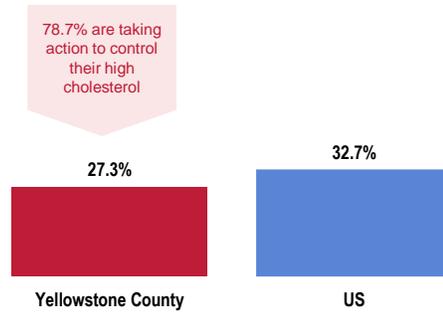


Prevalence of High Blood Pressure

Healthy People 2030 = 27.7% or Lower



Prevalence of High Blood Cholesterol

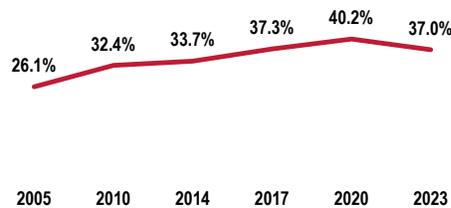


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Items 35-36, 303-304]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Montana data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

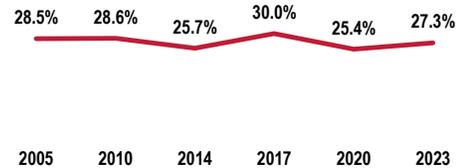
Notes: • Asked of all respondents.

Prevalence of High Blood Pressure (Yellowstone County)

Healthy People 2030 = 27.7% or Lower



Prevalence of High Blood Cholesterol (Yellowstone County)



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

Notes: • Asked of all respondents.



Total Cardiovascular Risk

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

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

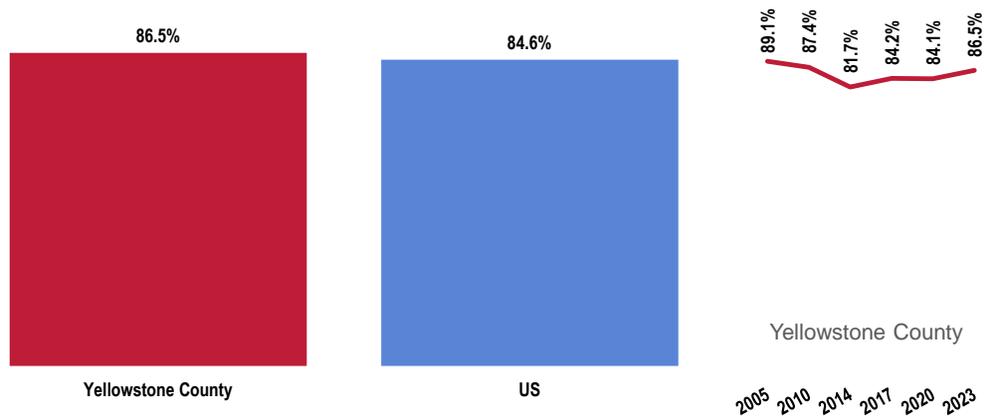
Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

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

A total of 86.5% of Yellowstone County adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

DISPARITY ▶ Over 90% among male respondents, adults age 40+, and adults with lower incomes.

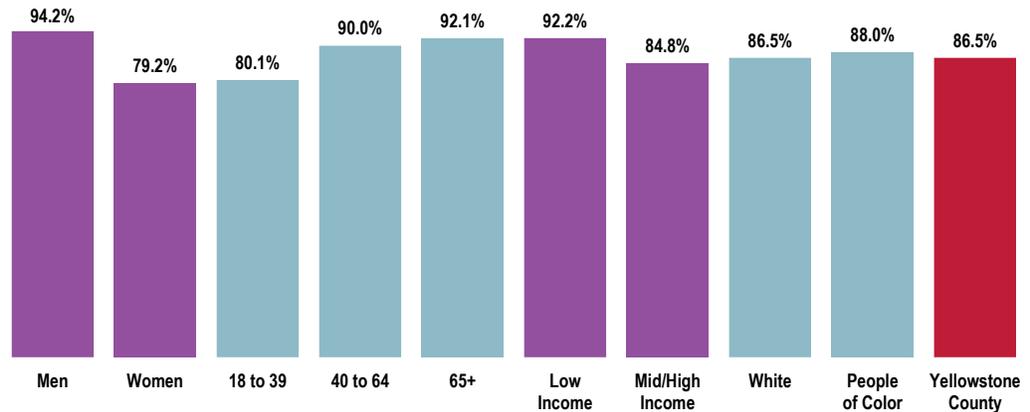
Present One or More Cardiovascular Risks or Behaviors



Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 115]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Reflects all respondents.
● Cardiovascular risk is defined as exhibiting one or more of the following: 1) regular/occasional cigarette smoking; 2) high blood pressure; 3) high blood cholesterol; and/or 4) being overweight/obese.



Present One or More Cardiovascular Risks or Behaviors (Yellowstone County, 2023)

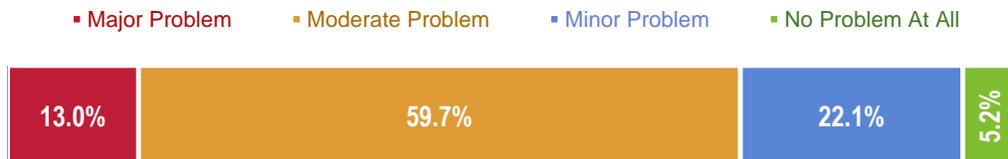


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 115]
 Notes: • Reflects all respondents.
 • Cardiovascular risk is defined as exhibiting one or more of the following: 1) regular/occasional cigarette smoking; 2) high blood pressure; 3) high blood cholesterol; and/or 4) being overweight/obese.

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, 2023)



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

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

Lifestyle

I guess I just think they are a major problem in general, not just in our community. I think it comes down to lifestyle choices and genetics and the part that you can control. Lifestyle is not always the fun part to address. – Community Leader

Diet and exercise. – Public Health Representative

Prevention/Screenings

These can be prevented to a large extent. Cost to the health care system is large when someone has heart disease and/or a stroke. – Public Health Representative

They are preventable and lead to major health care expense to the community as well as personal disability/premature death. – Other Healthcare Provider



Leading Cause of Death

Heart disease and stroke are two of the top contributors to death in Montana. Speaking to Billings internal medicine nurses who have been in the field over 30 years, they said heart disease and stroke patients are constantly coming into their office. These illnesses are some of the most common that they see. Also, in combination with the major amount of people in Yellowstone County who have diabetes, this disease only makes heart disease and stroke complications worse leading to a larger problem. – Community Leader

Access to Care for Uninsured/Underinsured

Heart disease is the leading cause of death in Montana. Because a lot of people do not have insurance, and perhaps are lower-income earners, they do not go to the doctor. Many do not take a proactive approach with their health by exercising and eating healthy meals. Smoking can also be a contributing factor. Many people also are probably more apt to ignore symptoms because they cannot afford treatment. – Social Service Provider

Multiple Factors

Lack of health care, poor diet, lack of good quality living. – Social Service Provider

Nutrition

Food insecurity areas in our city. Lack of nutritional education. – Community Leader



CANCER

ABOUT CANCER

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

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

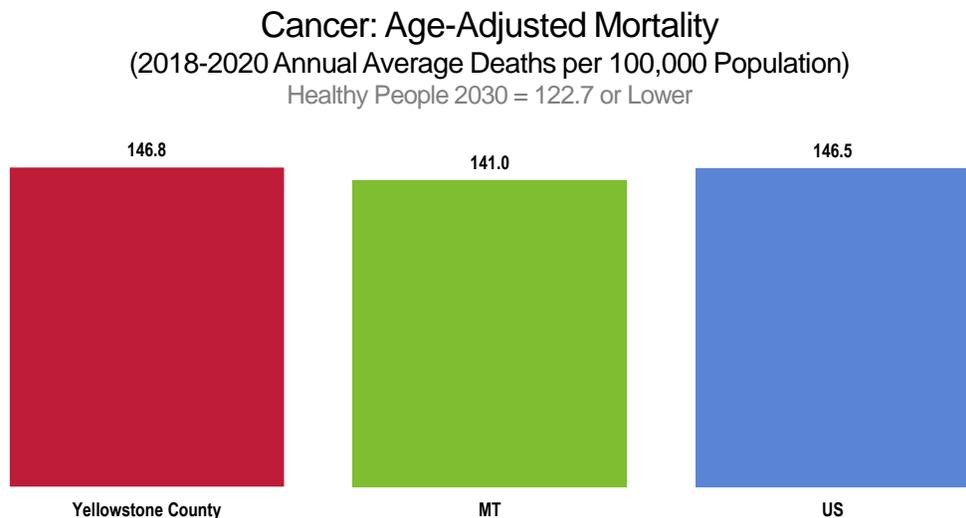
– Healthy People 2030 (<https://health.gov/healthypeople>)

Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2018 and 2020, there was an annual average age-adjusted cancer mortality rate of 146.8 deaths per 100,000 population in Yellowstone County.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.



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



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

Healthy People 2030 = 122.7 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Yellowstone County	167.9	158.1	157.7	151.5	158.7	154.6	152.1	146.8
MT	158.0	155.2	155.8	153.0	151.8	146.4	144.7	141.0
US	171.5	168.0	160.1	157.6	155.6	152.5	149.3	146.5

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

Cancer Deaths by Site

Lung cancer is the leading cause of cancer deaths in Yellowstone County.

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

BENCHMARK

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

Prostate Cancer ► Higher than the national rate. Fails to satisfy the Healthy People 2030 objective.

Female Breast Cancer ► Similar to the Healthy People 2030 objective.

Colorectal Cancer ► Lower than the national rate. Fails to satisfy the Healthy People 2030 objective.

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

	Yellowstone County	MT	US	HP2030
ALL CANCERS	146.8	141.0	146.5	122.7
Lung Cancer	29.7	28.7	33.4	25.1
Prostate Cancer	21.9	20.5	18.5	16.9
Female Breast Cancer	17.1	17.9	19.4	15.3
Colorectal Cancer	11.2	11.9	13.1	8.9

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

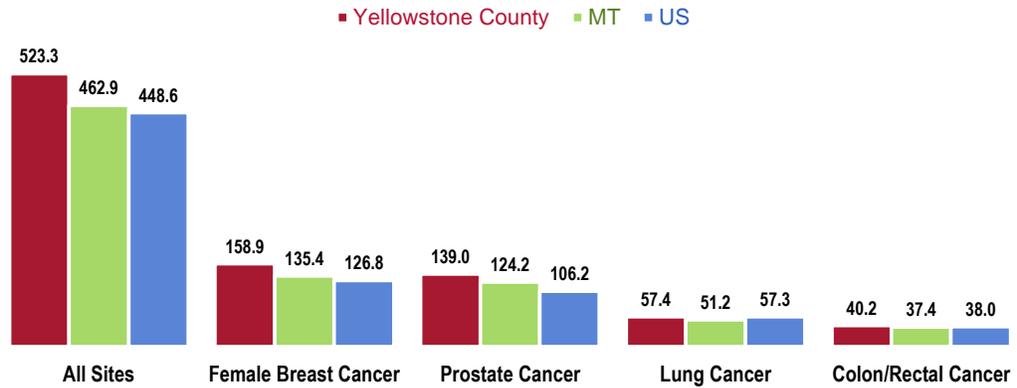
The highest cancer incidence rates are for female breast cancer and prostate cancer.

BENCHMARK

Female Breast Cancer ▶ Higher than the national rate.

Prostate Cancer ▶ Higher than the national rate.

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



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

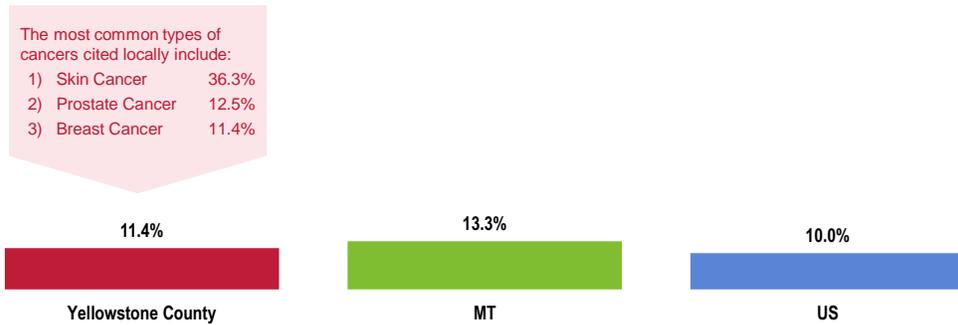
Prevalence of Cancer

A total of 11.4% of surveyed Yellowstone County adults report having ever been diagnosed with cancer. The most common types include skin cancer, prostate cancer, and breast cancer.

DISPARITY ▶ More often reported among adults age 40+ (especially those age 65+) and white respondents.



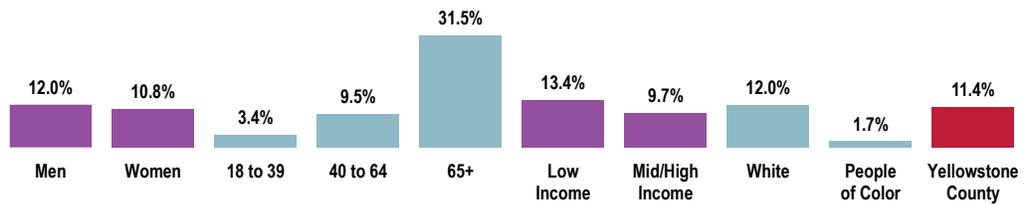
Prevalence of Cancer



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

Notes: • Reflects all respondents.

Prevalence of Cancer (Yellowstone County, 2023)



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

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

ABOUT CANCER RISK

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

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



Cancer Screenings

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

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

FEMALE BREAST CANCER

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

CERVICAL CANCER

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

COLORECTAL CANCER

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

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

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

Among women age 50-74, 84.2% have had a mammogram within the past 2 years.

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

Among Yellowstone County women age 21 to 65, 71.2% have had appropriate cervical cancer screening.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

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

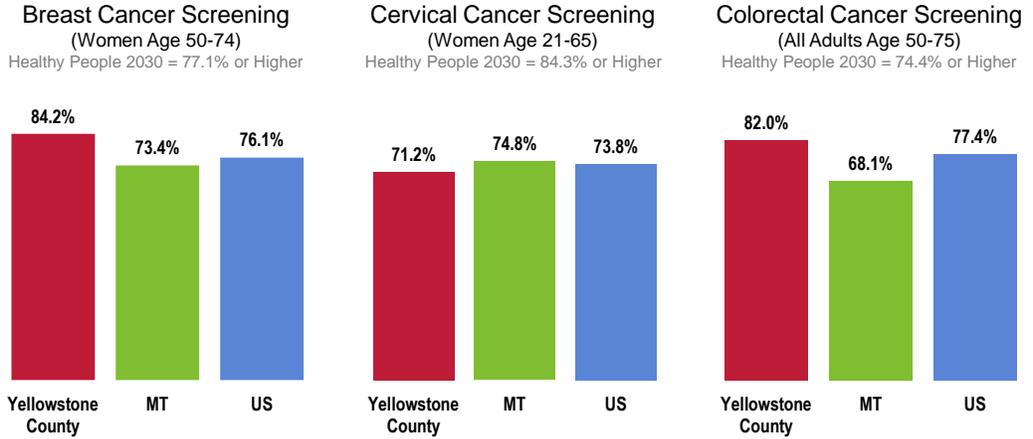


Among all adults age 50-75, 82.0% have had appropriate colorectal cancer screening.

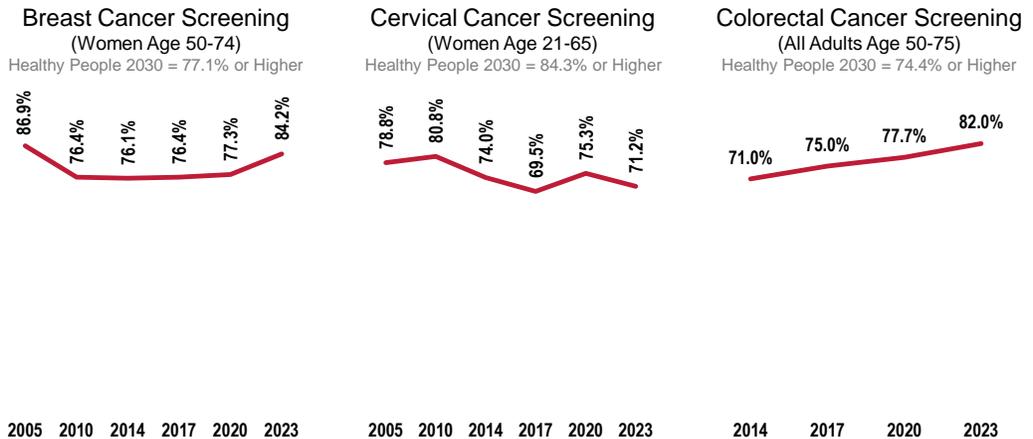
BENCHMARK ▶ Better than the statewide percentage. Satisfies the Healthy People 2030 objective.

TREND ▶ Marks a significant increase over time.

“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: ● 2023 PRC Community Health Survey, PRC, Inc. [Items 116-118]
 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Montana data.
 ● 2020 PRC National Health Survey, PRC, Inc.
 ● US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: ● Each indicator is shown among the gender and/or age group specified.



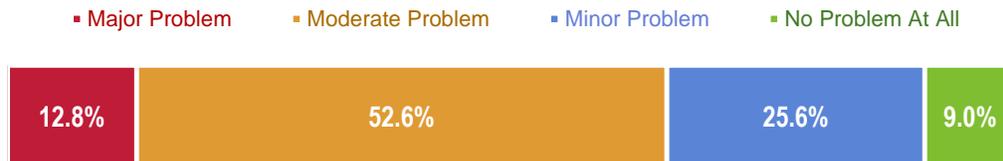
Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Items 116-118]
 ● US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
 Notes: ● Each indicator is shown among the gender and/or age group specified.



Key Informant Input: Cancer

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

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



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

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

Incidence/Prevalence

- It seems that everyone I know has a family member immediate or extended, with cancer. – Other Healthcare Provider
- The number of people that I know that we serve who are struggling. – Social Service Provider
- We serve many individuals who are either in treatment or have finished in the past two years. – Social Service Provider
- It may just be my age, but I feel like I know more and more people who are battling cancer. – Community Leader

Access to Care/Services

- Cancer care is also sometimes months out before you can receive answers. And when you do, it takes another several weeks/months to begin a treatment plan. – Community Leader
- It's hard to get an appointment. It takes too long. – Community Leader

Aging Population

- Aging population. – Public Health Representative

Environmental Contributors

- Cancer is a major problem because of environmental, social, and nutritional factors that can lead to a cancer diagnosis. For example, air quality, smoking, drinking, and poor nutrition, and diet. Pesticides, toxins – present in the land and in our food contribute as well. Cancer is major problem in our community, especially with marginalized groups. – Community Leader

Lack of Local Providers

- Current shortage of local oncologists. – Other Healthcare Provider

Lifestyle

- Red meat diets and tobacco. – Public Health Representative



RESPIRATORY DISEASE

ABOUT RESPIRATORY DISEASE

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

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

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

Age-Adjusted Respiratory Disease Deaths

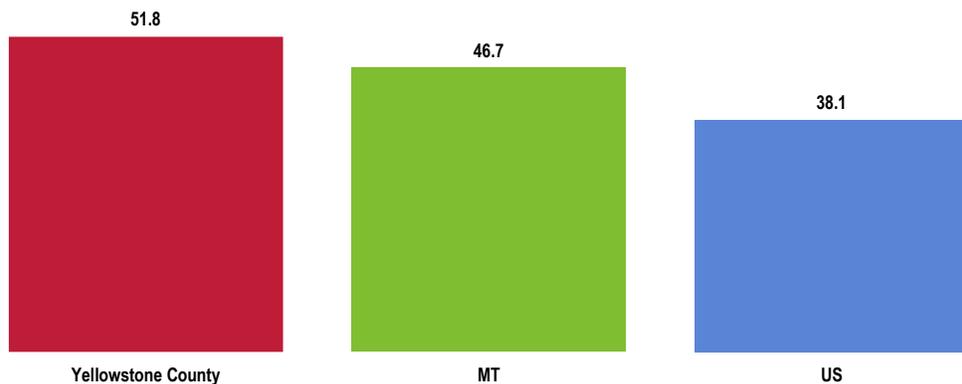
Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2018 and 2020, there was an annual average age-adjusted CLRD mortality rate of 51.8 deaths per 100,000 population in Yellowstone County.

BENCHMARK ► Higher than the national rate.

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

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



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



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



	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Yellowstone County	53.9	57.1	61.5	63.2	58.9	55.3	51.8
MT	49.9	50.4	50.8	51.9	50.8	50.4	46.7
US	46.2	41.8	41.3	41.0	40.4	39.6	38.1

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

Notes: • CLRD is chronic lower respiratory disease.

Pneumonia/Influenza Deaths

ABOUT INFLUENZA & PNEUMONIA

Influenza (flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness. Serious outcomes of flu infection can result in hospitalization or death. Some people, such as older people, young children, and people with certain health conditions, are at high risk of serious flu complications. There are two main types of influenza (flu) virus: Types A and B. The influenza A and B viruses that routinely spread in people (human influenza viruses) are responsible for seasonal flu epidemics each year. The best way to prevent flu is by getting vaccinated each year.

Pneumonia is an infection of the lungs that can cause mild to severe illness in people of all ages. Depending on the cause, doctors often treat pneumonia with medicine. In addition, vaccines can prevent some types of pneumonia. However, it is still the leading infectious cause of death in children younger than 5 years old worldwide. Common signs of pneumonia include cough, fever, and difficulty breathing. You can help prevent pneumonia and other respiratory infections by following good hygiene practices. These practices include washing your hands regularly and disinfecting frequently touched surfaces. Making healthy choices, like quitting smoking and managing ongoing medical conditions, can also help prevent pneumonia.

Vaccines help prevent pneumococcal disease, which is any type of illness caused by *Streptococcus pneumoniae* bacteria.

– Centers for Disease Control and Prevention (CDC – www.cdc.gov)

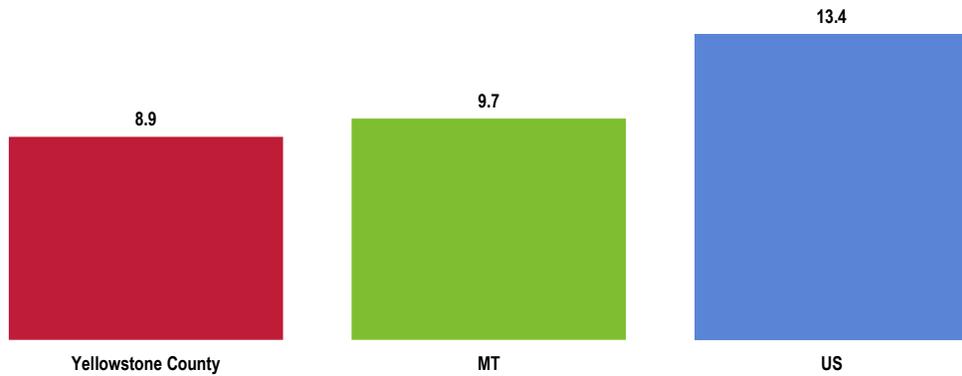


Between 2018 and 2020, Yellowstone County reported an annual average age-adjusted pneumonia influenza mortality rate of 8.9 deaths per 100,000 population.

BENCHMARK ▶ Lower than the national rate.

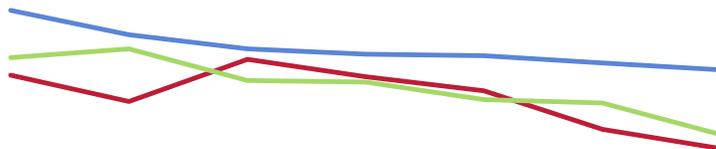
TREND ▶ Decreasing to the lowest level recorded within the county in nearly a decade.

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



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

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



	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Yellowstone County	13.1	11.6	14.0	13.0	12.2	10.0	8.9
MT	14.1	14.6	12.8	12.7	11.7	11.5	9.7
US	16.8	15.4	14.6	14.3	14.2	13.8	13.4

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



Prevalence of Respiratory Disease

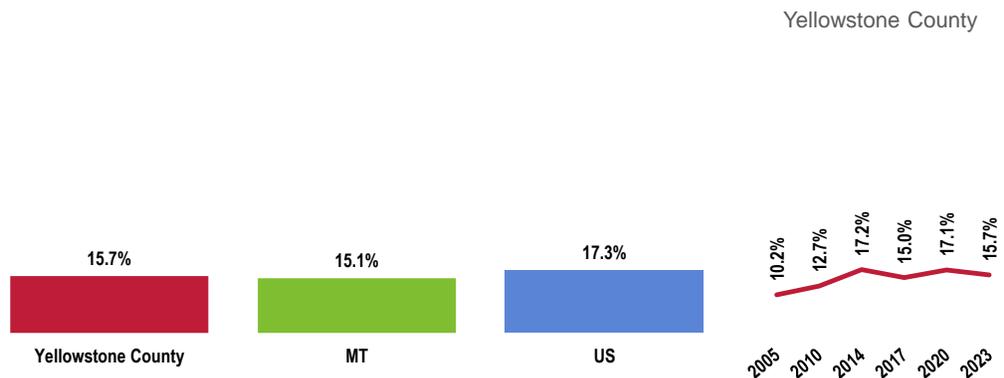
Asthma

A total of 15.7% of Yellowstone County adults ever have been diagnosed with asthma.

TREND ► Denotes a significant increase over time.

DISPARITY ► Women are more likely to report being diagnosed with asthma.

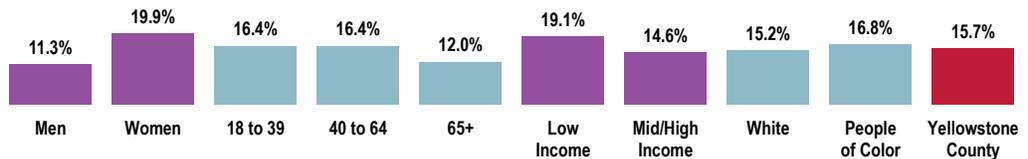
Ever Diagnosed With Asthma



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

Notes: • Asked of all respondents.

Ever Diagnosed With Asthma (Yellowstone County, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 30]
 Notes: • Asked of all respondents.



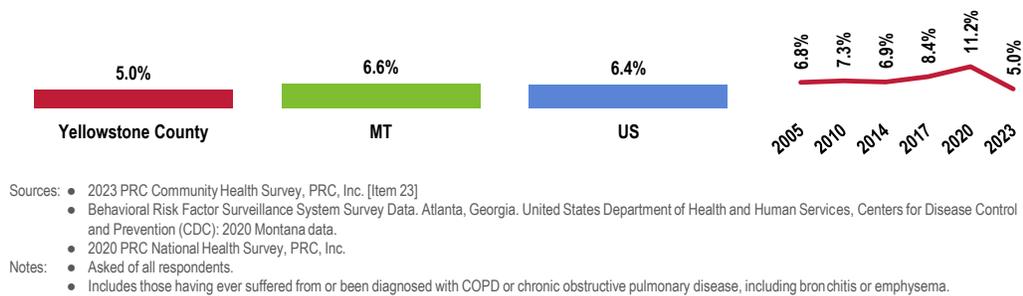
Chronic Obstructive Pulmonary Disease (COPD)

A total of 5.0% of Yellowstone County adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

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

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

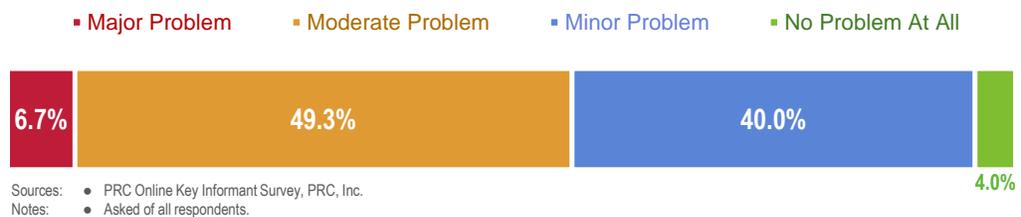
Yellowstone County



Key Informant Input: Respiratory Disease

Key informants taking part in an online survey generally characterized *Respiratory Disease* as a “moderate problem” in the community.

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



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

Tobacco Use

- I believe that the people that have these respiratory problems are former smokers. – Social Service Provider
- Cigarette smoking and vaping, also continual pot smoking. – Social Service Provider



Awareness/Education

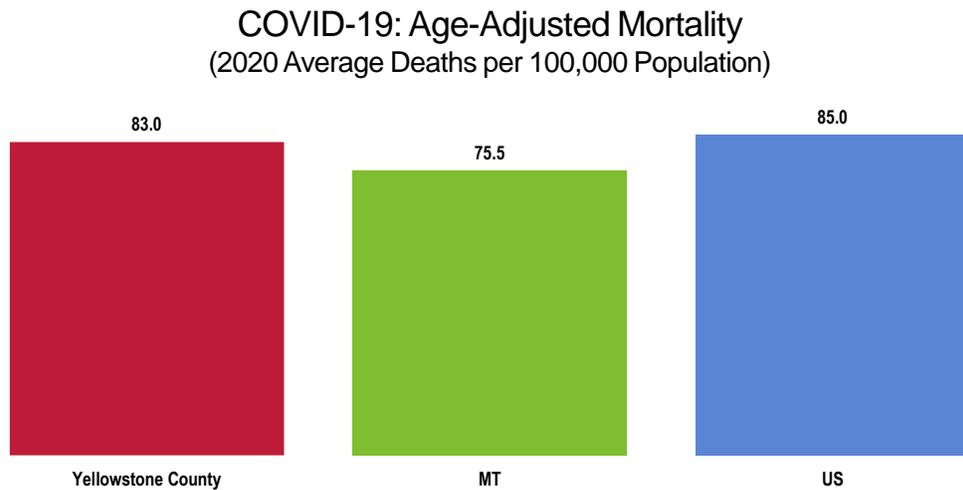
Understand the issues around respiratory disease such as allergies, asthma, smoking, air quality, etc. Access to or affordable equipment for respiratory issues. And, of course, all the issues around COVID. – Social Service Provider

Environmental Contributors

Refineries. – Community Leader

Coronavirus Disease/COVID-19 Deaths

The 2020 age-adjusted COVID-19 mortality rate was 83.0 deaths per 100,000 population in Yellowstone County.



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

Key Informant Input: Coronavirus Disease/COVID-19

Key informants taking part in an online survey generally characterized *Coronavirus Disease/COVID-19* as a “moderate problem” in the community.

Perceptions of Coronavirus Disease/COVID-19 as a Problem in the Community (Key Informants, 2023)



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



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

Awareness/Education

COVID-19 has been an illness that we as a community have all struggled to understand. Over the past few years, COVID-19 has been a learn-as-you-go problem that has been very exhausting to medical workers and mentally/physically hard to handle. Due to it being such a new illness, no communities have been able to prepare well for outbreaks and constantly having to work with changing protocols has majorly affected our community. – Community Leader

Great efforts were made by public health during the pandemic to keep us safe. However, recently the information has become more challenging to locate on best practices and we just are not seeing good leadership on what is next. Advisory information on vaccines moving ahead and plans for supporting employees who may have to miss work for COVID days out are not in place. – Social Service Provider

Lack of Adherence to Public Health Mitigation Measures

Yellowstone County residents (and even the health care and public health communities to an extent) seem to have decided that the pandemic is over. However, we are currently seeing a rising wave of COVID infections that is likely vastly undercounted because of the prevalence of home COVID testing that isn't being reported to public health. The lack of ability to do vaccine mandates, the disinterest in a large swath of the public in getting vaccinated, the lack of mask mandates in public areas and in schools that can be turned off/on depending on rates in the community, and general distrust and unwillingness of individuals to participate in restrictions for the public good all are contributing to my ranking of major problem. The virus will continue to mutate. Future variants could be more dangerous. Already strained health care will be more strained. And the economic impact of workers missing work and teachers missing school will continue to cause problems for the community – Other Healthcare Provider

Because the people of Yellowstone County didn't take things seriously enough at a time when they should have. I feel like the only reason it has gotten better, if it even has, is because of medical advancements and not behavior changes. – Community Leader

Low Vaccination Rates

Lack of participation in vaccinations and communicability. – Community Leader

People don't take it seriously. People are reluctant to get the vaccine. People won't take the necessary precautions to protect themselves and others. – Community Leader

Homeless Populations

Lack of quarantine services for homeless persons. Homeless persons have been released from health care after testing positive with no place to go. – Social Service Provider

Impact on Quality of Life

Current variants seem to be more contagious. And while hospitalizations have not been rising, more people are not able to work. I myself am on day five. – Social Service Provider

Lack of Trust

Yellowstone County residents do not trust health care sources on COVID-19 and preventative measures. It has caused a lot of division in the community. Our health care providers' response has been excellent during the pandemic. – Community Leader

Vulnerable Populations

It is still present among us in new iterations. It has affected our Native communities disproportionately and with severe emotional and financial toll. It continues to take lives, even as the strains weaken. It affects our social ways of gathering and the economy. – Community Leader



INJURY & VIOLENCE

ABOUT INJURY & VIOLENCE

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

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

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

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

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

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2018 and 2020, there was an annual average age-adjusted unintentional injury mortality rate of 60.1 deaths per 100,000 population in Yellowstone County.

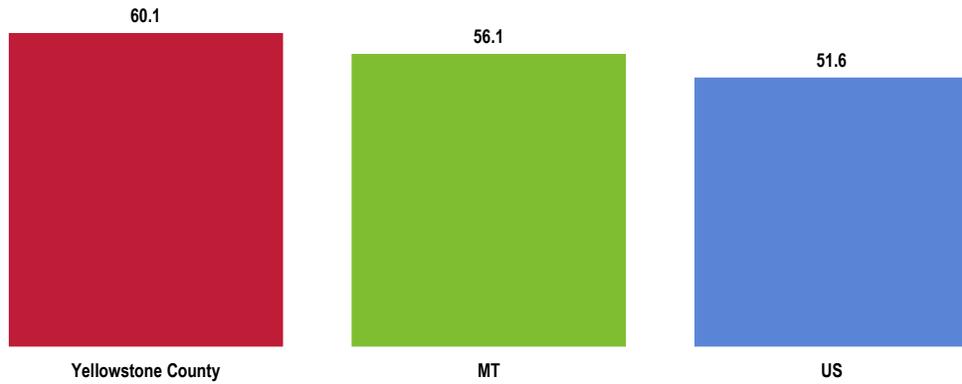
BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

TREND ► Increasing sharply to the highest rate recorded within the county in nearly a decade.



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

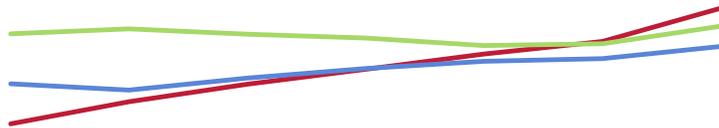
Healthy People 2030 = 43.2 or Lower



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

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

Healthy People 2030 = 43.2 or Lower



	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Yellowstone County	34.4	39.3	43.2	46.5	49.9	52.7	60.1
MT	54.4	55.5	54.3	53.5	51.8	52.2	56.1
US	43.3	41.9	44.6	46.7	48.3	48.9	51.6

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

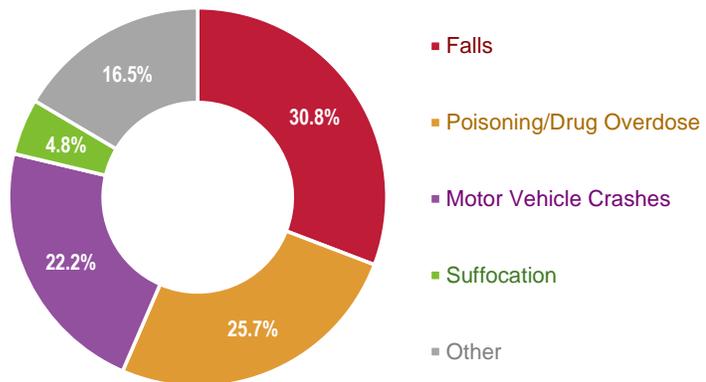


Leading Causes of Unintentional Injury Deaths

Falls, poisoning (including unintentional drug overdose), motor vehicle crashes, and suffocation accounted for most unintentional injury deaths in Yellowstone County between 2018 and 2020.

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
(Yellowstone County, 2018-2020)



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

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.

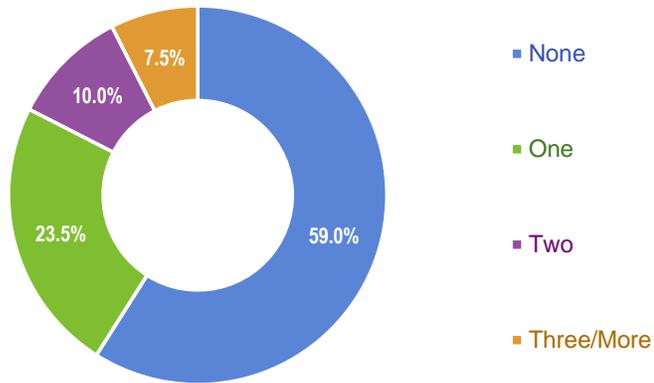
Modifiable fall risk factors include muscle weakness, gait and balance problems, poor vision, use of psychoactive medications, and home hazards. Falls among older adults can be reduced through evidence-based fall-prevention programs that address these modifiable risk factors. Most effective interventions 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 Yellowstone County 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, Yellowstone County, 2023)

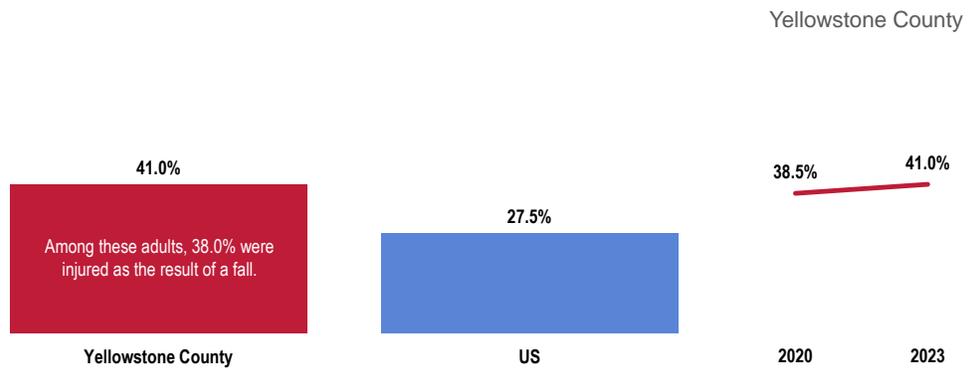


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 328]
Notes: • Asked of respondents age 45 and older.

However, 41.0% have experienced a fall at least once in the past year.

BENCHMARK ▶ Much higher than the national percentage.

Fell One or More Times in the Past Year (Adults Age 45 and Older, Yellowstone County, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Items 328-329]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of respondents age 45 and older .

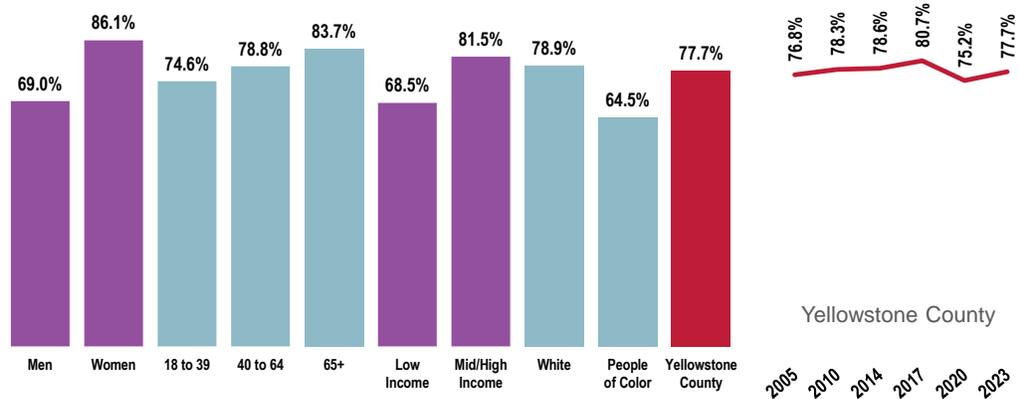


Seat Belt Usage

Most Yellowstone County adults (77.7%) report “always” wearing a seat belt when driving or riding in a vehicle.

DISPARITY ► Male respondents, adults younger than 65, lower-income adults, and persons of color are less likely to report consistent use of seat belts.

“Always” Wear a Seat Belt When Driving or Riding in a Vehicle
(Yellowstone County, 2023)



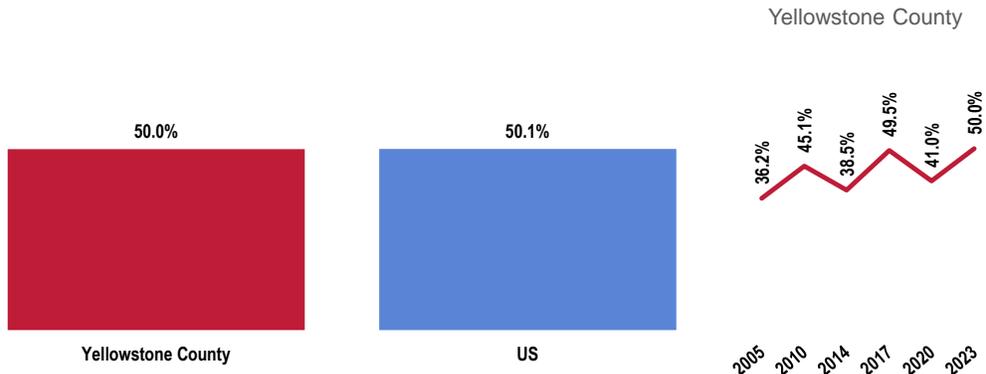
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 305]
Notes: • Asked of all respondents.

Bicycle Safety

One-half (50.0%) of Yellowstone County children age 5 to 17 are reported to “always” wear a helmet when riding a bicycle.

TREND ► Despite fluctuations, this represents an overall increase over time.

Child “Always” Wears a Helmet When Riding a Bicycle
(Parents of Children Age 5-17, Yellowstone County, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Items 340]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of respondents with children age 5 to 17 at home.

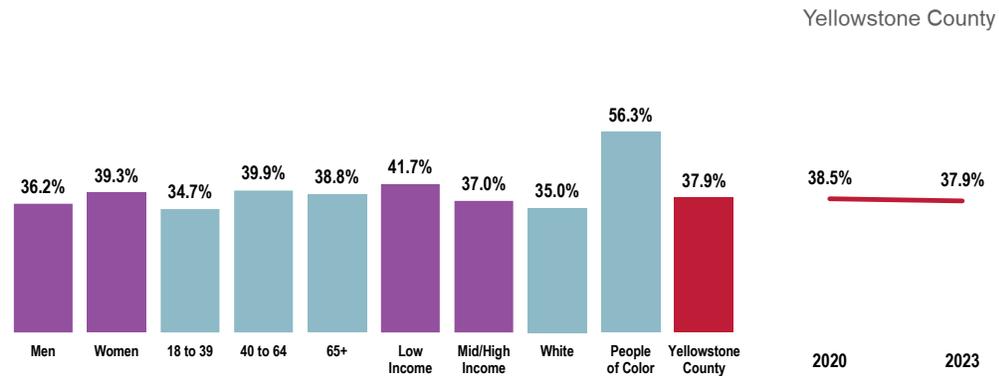


Family Emergency Planning

A total of 37.9% of survey respondents have a family emergency plan that describes what they will do before, during, and after a natural disaster or other emergency.

DISPARITY ▶ White residents are less likely than persons of color to have an emergency plan.

Family Has an Emergency Plan (Yellowstone County, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 308]
 Notes: • Asked of all respondents.
 • Defined as a plan that describes what the family will do before, during, and after a natural disaster or emergency.

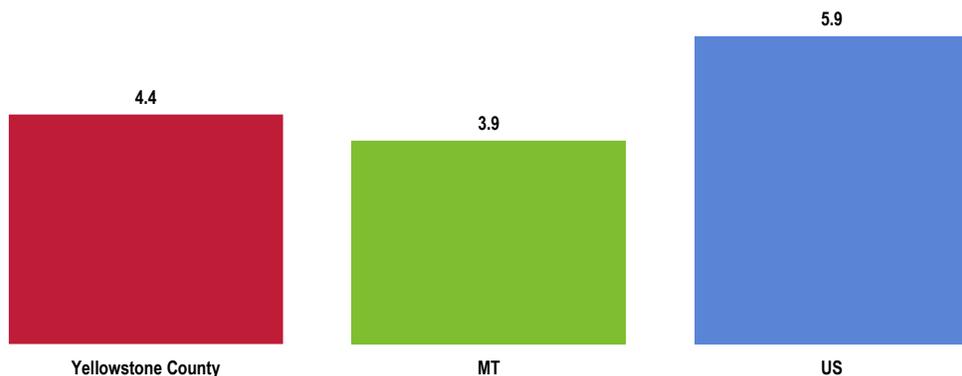
Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

In Yellowstone County, there were 4.4 homicides per 100,000 population (2018-2020 annual average age-adjusted rate).

BENCHMARK ▶ Lower than the US rate. Satisfies the Healthy People 2030 objective.

Homicide: Age-Adjusted Mortality (2018-2020 Annual Average Deaths per 100,000 Population) Healthy People 2030 = 5.5 or Lower



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

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



Violent Crime

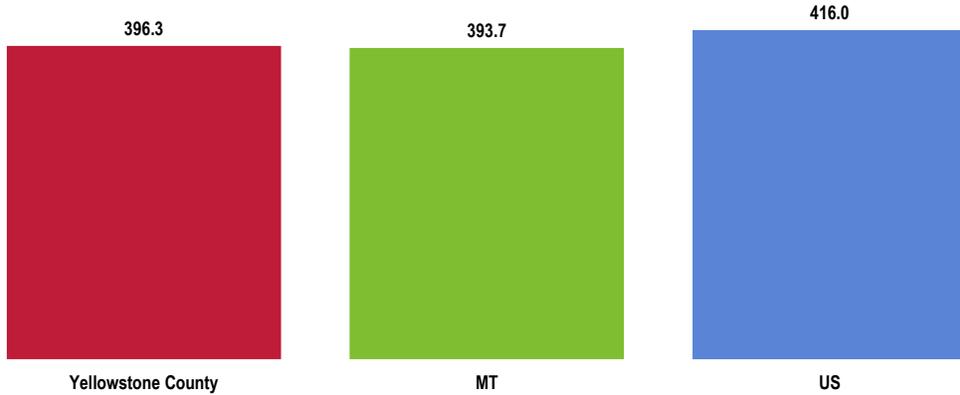
Violent Crime Rates

Between 2015 and 2017, there were a reported 396.3 violent crimes per 100,000 population in Yellowstone County.

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, 2015-2017)



- Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2022 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
 - Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Intimate Partner Violence

A total of 23.5% of Yellowstone County adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

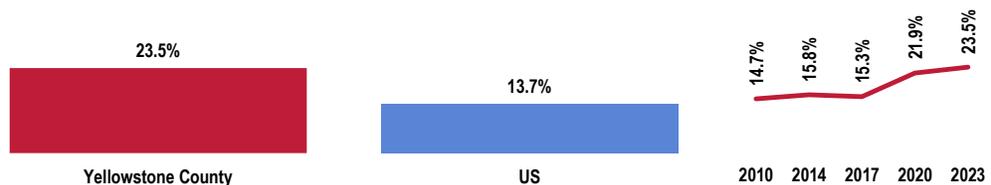
BENCHMARK ► Worse than the national finding.

TREND ► Marks a significant increase over time.

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."

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

Yellowstone County



- Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 39]
 - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Asked of all respondents.



Gun Safety

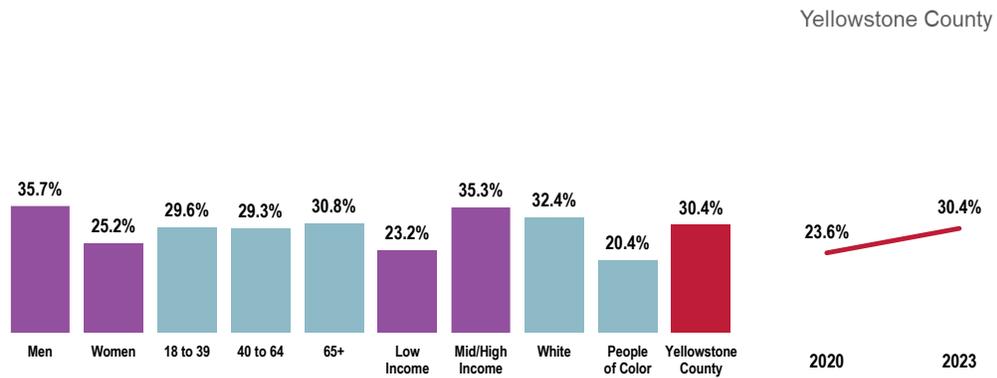
In this case, “unlocked” means that a key or combination is not needed to get to the gun or fire it. The safety is not counted as a lock.

A total of 30.4% of survey respondents have at least one unlocked firearm in or around their home or vehicles.

TREND ▶ Denotes a significant increase since 2020.

DISPARITY ▶ Men, those with higher incomes, and white respondents are more likely to report having an unlocked firearm.

Currently Have an Unlocked Firearm in or Around the Home or Vehicle (Yellowstone County, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 310]
Notes: • Asked of all respondents.
• In this case, the safety is not considered to be a lock.

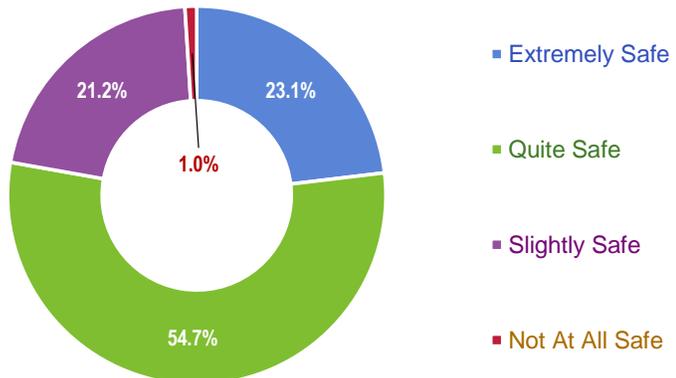
Perceived Neighborhood Safety

While most Yellowstone County adults consider their own neighborhoods to be “extremely safe” or “quite safe,” 22.2% consider them to be “slightly safe” or “not at all safe.”

TREND ▶ Denotes a significant increase since 2020.

DISPARITY ▶ Adults age 18 to 39 and those with lower incomes (especially) are more likely to perceive their neighborhoods as unsafe.

Perceived Safety of Own Neighborhood (Yellowstone County, 2023)

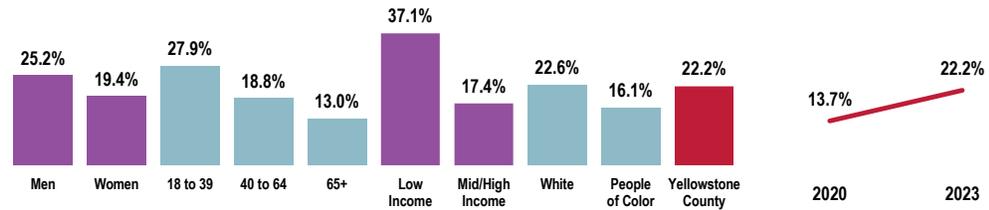


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 306]
Notes: • Asked of all respondents.



Perceive Own Neighborhood as “Slightly” or “Not At All” Safe (Yellowstone County, 2023)

Yellowstone County

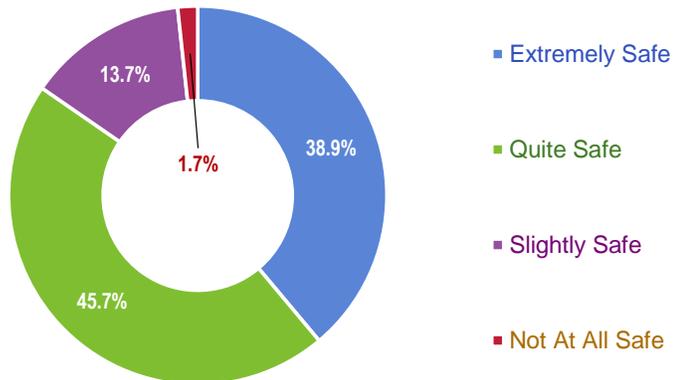


Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 306]
 Notes: ● Asked of all respondents.

In a related inquiry, 15.4% of respondents indicate they feel “slightly safe” or “not at all safe” walking alone in their neighborhood.

DISPARITY ► Women and those with lower incomes (especially) are more likely to perceive that it is unsafe to walk alone in their neighborhoods.

Perceived Safety of Walking Alone in the Neighborhood (Yellowstone County, 2023)

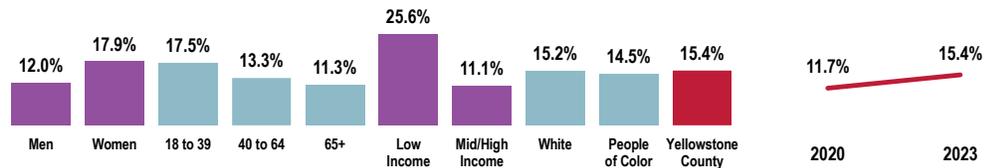


Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 307]
 Notes: ● Asked of all respondents.



Feel “Slightly/Not At All Safe” Walking Alone in the Neighborhood (Yellowstone County, 2023)

Yellowstone County

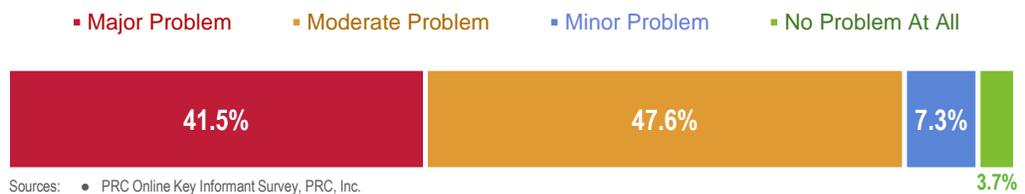


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 307]
Notes: • Asked of all respondents.

Key Informant Input: Injury & Violence

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

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



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

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

Incidence/Prevalence

Billings has been in the news a lot lately concerning the high rape, murder, aggravated assault, and so many other violent crime problems. According to the Billings Police Department’s annual report, the city of Billings accounted for almost half of all of Montana’s recorded homicides in 2020. Especially since the COVID-19 pandemic started, there has seemed to be a great increase in the amount of violence occurring. Also, as drugs and alcohol become more prevalent and easier to get, the violence and injury rates only go up. Also, accidents are one of the top leading causes of death in Montana. We see these high rates of injury especially from motor vehicle accidents. – Community Leader

Check out public health and safety data and crime reports with the City of Billings and County of Yellowstone. – Community Leader

Violence is on the rise. – Social Service Provider

Personal crimes and violence are two to two and a half times greater in our community than the national average. – Community Leader

The daily news showcases acts of injury and violence. Our EMS teams are running at max capacity and working long shifts to cover the needs of our community. Mental health, homelessness, and drug use contribute to the problem. Underserved populations come to our community from around the state overcrowding our services. – Community Leader



Even though crime rates are declining, violent crime in Billings continues to be a major issue. – Community Leader

With the demographics we work with, we see so much violence and injury. Additionally, violent crimes are on the rise in our community. – Community Leader

There isn't a day that goes by without hearing/reading about a violent incident or a police shooting. We have passed mill levies to add more police protection. – Other Healthcare Provider

The level of violent crime, abuse, and murder in Billings, per capita, is alarming to say the least. I believe our law enforcement is wrought with inadequacies that must be addressed. I personally have witnessed many times local law enforcement stigmatizes and mistreat those less fortunate. The stigmatization and isolation of suffering demographics just promotes more damage. The lack of funding to create spaces to address suffering demographics is sickening- the funding is wasted elsewhere. I have traveled and lived many places – I feel SAFER and better represented in places such as Baton Rouge, Albuquerque, Seattle, Missoula, even in most of Wyoming. Why are we allowing Billings to become a political warzone and a stale environment for health and safety progression? Current practices and discussions are unrealistic, and Billings will only worsen. – Public Health Representative

There are many more shootings and violent behavior that is visible within the community and reported. I believe this is due to drugs, alcohol, and the abundance of guns available to so many. It seems that domestic abuse and homelessness are on the rise as well. – Community Leader

I hear of gun-related police calls on a daily basis. There is a chronic crisis in our community, of drug related activity involving violence and injury. Usually involving guns, always involving violence. A police officer recently told me that in the summer, the Rims are the worst place to be at night. Because the area doesn't have city park status, the police cannot flush people out after 10. So, they come to the Rims when called, but in general can only drive through and shine the spotlight and once in a while interrupt underage drinking. He said the only thing that he finds that happens up there is fighting (sometimes with a weapon), robbery, or rape. It's a travesty! – Social Service Provider

High crime rates, high rates of abuse and battery. – Community Leader

Violence in the community continues to increase. The amount of crime that results in violence is on the rise. – Other Healthcare Provider

Crime and drugs. – Social Service Provider

Too many guns, impaired driving. Methadone-associated violence. – Public Health Representative

The number of shootings and violent crime in Billings is out of control. It seems every other day someone is getting shot or stabbed. It's happening in all areas of town. – Social Service Provider

Alcohol/Drug Use

Billings has a high illicit drug issue that leads to violence in and out of the home. – Social Service Provider

There is a major problem with substance abuse in this county and the crime has been a problem. – Social Service Provider

Methadone problem, not enough police officers, a lot of homeless with addictions and mental health issues. – Public Health Representative

Behavioral Health

Violence continues to increase in our community. Again, due to mental health issues, substance and alcohol abuse that is prevalent in our community. – Community Leader

High crime rates, lack of mental health access, substance use disorder. – Public Health Representative

Suicide Rates

High suicide rate due to firearms and alcohol. Traumas including MVA trauma, and assault due to substance use disorders and addiction. – Physician

Montana has one of the highest suicide rates in the country. Montana has very few laws in place to help promote gun safety. – Public Health Representative

Access to Care/Services

Not enough participant spaces available for the number of persons in need. – Other Healthcare Provider

Addiction

Violence continues to be a problem fueled by addictions. Also, breakdown in trust with our police department. The community perspective is that the police are very adversarial. – Community Leader

Domestic/Family Violence

Crime statistics. With a focus on domestic violence trends. – Community Leader



Homelessness Population

Due to the number of homeless people and recently-released criminals to the community, there appears to be an increase of violence and series injuries. – Social Service Provider

The chronically homeless are constantly victimized and preyed upon and beat up. – Other Healthcare Provider

Social Norms/Community Attitude

We live in a very angry and polarized world. I'm tired of everyone being so mean to each other over our differences and outright ignoring our similarities. – Community Leader



DIABETES

ABOUT DIABETES

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

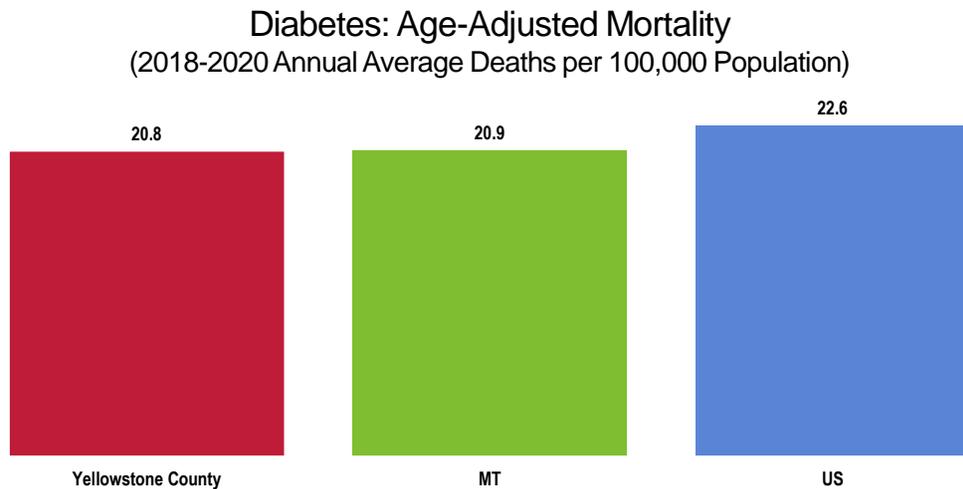
Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity,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

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

Age-Adjusted Diabetes Deaths

Between 2018 and 2020, there was an annual average age-adjusted diabetes mortality rate of 20.8 deaths per 100,000 population in Yellowstone County.

TREND ▶ Denotes a significant increase within the county over time.



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



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



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Yellowstone County	17.6	19.9	22.9	22.3	19.9	19.1	19.5	20.8
MT	19.9	19.3	21.1	22.4	23.2	21.4	20.2	20.9
US	22.4	22.3	21.3	21.2	21.3	21.3	21.5	22.6

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

Prevalence of Diabetes

A total of 8.9% of Yellowstone County adults report having been diagnosed with diabetes.

BENCHMARK ▶ More favorable than the US percentage.

DISPARITY ▶ Strongly correlated with age.

Prevalence of Diabetes

Another 11.4% of adults have been diagnosed with "pre-diabetes" or "borderline" diabetes.

Yellowstone County



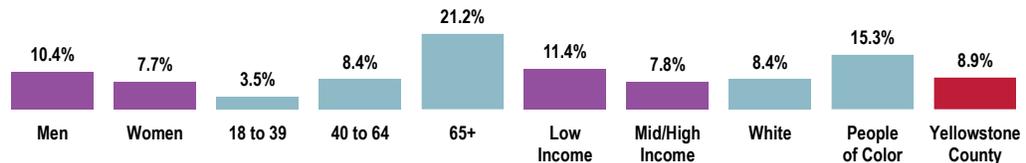
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 121]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2020 Montana data.
 • 2020 PRC National Health Survey,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

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



Prevalence of Diabetes (Yellowstone County, 2023)

Note that among adults who have not been diagnosed with diabetes, 42.7% report having had their blood sugar level tested within the past three years.

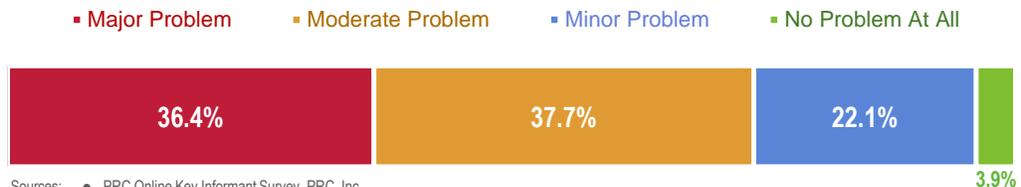


Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Items 33, 121]
 Notes: • Asked of all respondents.
 • Excludes gestational diabetes (occurring only during pregnancy).

Key Informant Input: Diabetes

Key informants taking part in an online survey generally characterized *Diabetes* as a “moderate problem” in the community.

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



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

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

Affordable Medications/Supplies

The cost of insulin, following a healthy diet, maintaining a healthy weight, the cost of testing strips. – Social Service Provider

The lack of affordable insulin for both the insured and uninsured is the largest challenge for people with diabetes. Lifestyle factors are also a concern. Billings is not a walkable city and could do more to improve the outdoor amenities that entice people to do physical activity on a regular basis, thus reducing type 2. – Other Healthcare Provider

Obtaining affordable medication, insulin. – Other Healthcare Provider

Access to Care/Services

Lifestyle resources and coaches to help people avoid or reduce the severity of diabetes. – Community Leader

For our homeless young adults, access, and education. – Social Service Provider

Lack of resources. – Community Leader

Nutrition

The biggest challenge I see is that we seem to have a community that makes poor nutrition and exercise choices. I think access and education could be made more available, but I'm not sure if access is the issue or if people just aren't willing to make healthier choices. – Community Leader

Healthy eating, cost of medication and health care. – Social Service Provider



Healthy eating, motivation to be active, and cost of medication. – Public Health Representative

Access to Affordable Healthy Food

Due to poor transportation and family income, nutritious foods are not accessible, or individuals cannot afford to buy them. Diet change is a difficult issue to change in individuals as it's an individual choice that training tries to influence – sometimes successfully and most of the time not. – Social Service Provider

The biggest challenge would be access to affordable healthy foods, lack of patient centered education to manage their disease, cost of supplies/medication to manage their disease. – Social Service Provider

Access to affordable healthy food choices. – Social Service Provider

Awareness/Education

Understanding how it develops. Many of the people I encounter have alcohol use problems and/or do not have access to affordable healthy food options. – Social Service Provider

I was a type 2 diabetic. Recently, I was able to get healthier, make serious life changes and recover. We need more diabetic training for not only assisting people with diabetes but, preventive education. I would recommend a diabetic outreach team to visit all through our community to include the reservations. Every day I see overweight people in stores, restaurant and in the community eating non-healthy foods. I believe trying more education even in the schools would be worth a try. – Social Service Provider

Follow-Up/Support

Access to support. – Community Leader

Support in managing the condition and making the lifestyle changes needed. – Public Health Representative

Lifestyle

Changing lifestyle. We need more outdoor events with a physical component. – Community Leader

Active lifestyles and access to medications and testing supplies. – Other Healthcare Provider

Obesity

Obesity is a growing problem. Along with obesity, are the other health care concerns like diabetes. Affording the medical supplies necessary to monitor and control the issue is one of the biggest challenges. – Community Leader

Obesity and overweight rates. – Public Health Representative

Incidence/Prevalence

According to diabetes.org: 77,847 people in Montana were with diagnosed diabetes in 2021 (estimated 11,677 in Yellowstone country) - 24,000 people in Montana have undiagnosed diabetes in 2021 (estimated 3,600 in Yellowstone country) - 282,000 people in Montana with prediabetes in 2021 (estimated 42,300 in Yellowstone country) - Every year 7,481 people are diagnosed with diabetes in 2021 (estimated 1,122 in Yellowstone country). These statistics show how great this issue is in Yellowstone County. Especially considering there are about 165,000 people who live in Yellowstone County, these are major percentages of the population who have diabetes or are in the direction of developing this disease. It is important to also note that there are low-income families who live here who don't always have access to fresh, healthy foods. Also, healthy eating and exercise learning needs to be updated so that our youth are learning how to properly care for their bodies at a young age. – Community Leader

Multiple Factors

Co-occurring mental health diseases, including substance use disorders. Affordable insulin and other medications. Access to care. Lack of safe neighborhoods. – Physician

Disease Management

Many type 2 diabetics don't take their condition seriously. Access to affordable insulin for all diabetics is a huge issue. – Other Healthcare Provider

Income/Poverty

Poor people make poor choices with healthy food purchases and preparation. – Social Service Provider

Lack of Providers

Not enough providers available, the unreasonably high cost of medications, especially for those not at poverty level or uninsured. – Other Healthcare Provider



KIDNEY DISEASE

ABOUT KIDNEY DISEASE

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

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

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

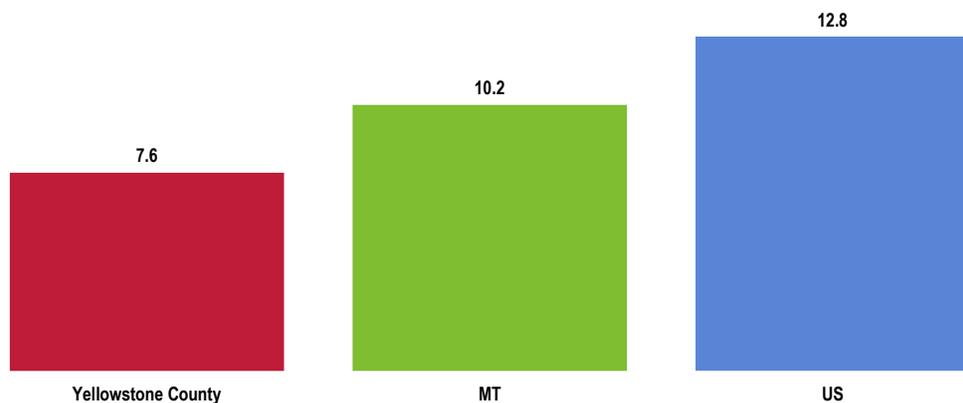
Age-Adjusted Kidney Disease Deaths

Between 2018 and 2020, there was an annual average age-adjusted kidney disease mortality rate of 7.6 deaths per 100,000 population in Yellowstone County.

BENCHMARK ▶ Lower than state and national rates.

TREND ▶ Marks a general decrease within the county over time.

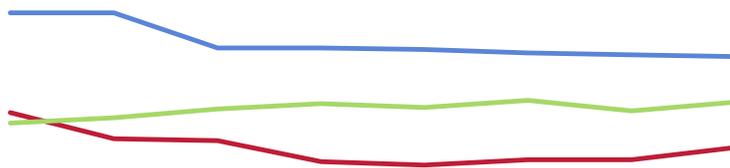
Kidney Disease: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)



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



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



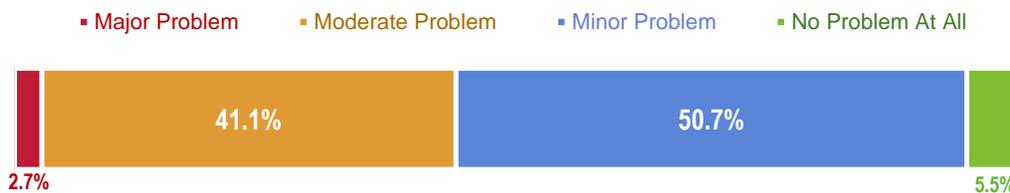
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Yellowstone County	9.6	8.1	8.0	6.8	6.6	6.9	6.9	7.6
MT	9.0	9.3	9.8	10.1	9.9	10.3	9.7	10.2
US	15.3	15.3	13.3	13.3	13.2	13.0	12.9	12.8

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

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, 2023)



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

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

Access to Care/Services

Not enough treatment spots, care manager support or payment support for persons unable to pay but not at poverty level or uninsured. – Other Healthcare Provider

Alcohol/Drug Use

Due to substance use disorders, we see many persons with liver and kidney disease. – Other Healthcare Provider



POTENTIALLY DISABLING CONDITIONS

Multiple Chronic Conditions

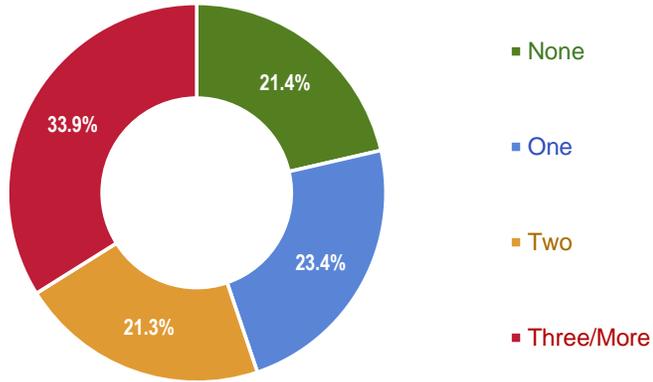
For the purposes of this assessment, chronic conditions include:

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

Multiple chronic conditions are concurrent conditions.

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

Number of Current Chronic Conditions (Yellowstone County, 2023)



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

Notes: • Asked of all respondents.

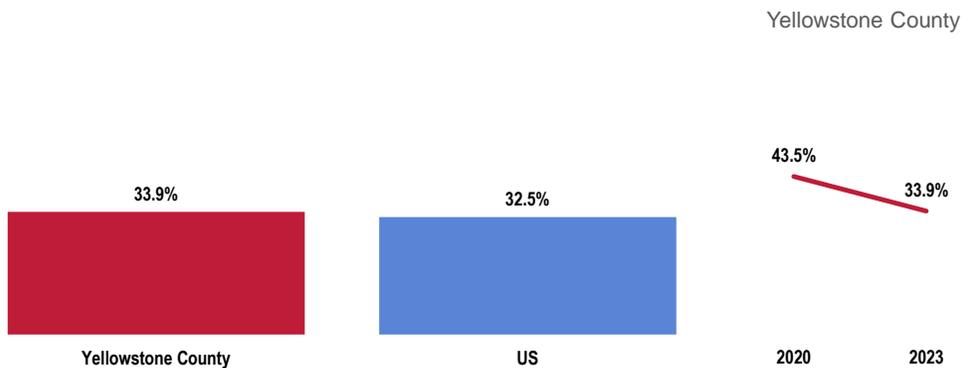
• In this case, chronic conditions include lung disease, arthritis, cancer, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, high-impact chronic pain, obesity, and/or diagnosed depression.

In fact, 33.9% of Yellowstone County adults report having three or more chronic conditions.

TREND ► Marks a significant decrease since 2020.

DISPARITY ► More often reported among adults age 40+ (especially those age 65+) and lower-income respondents.

Currently Have Three or More Chronic Conditions



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

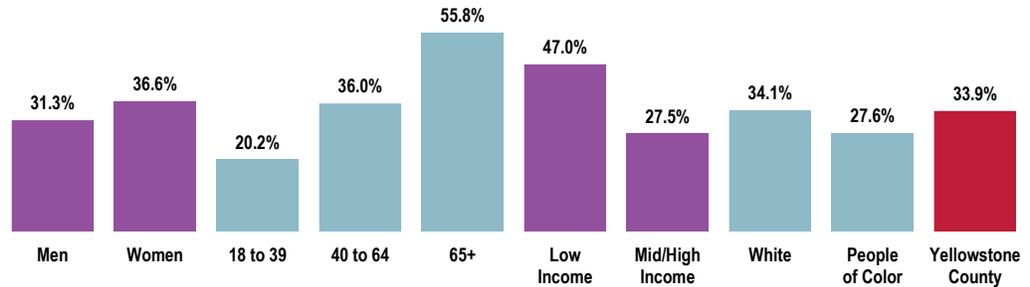
• 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

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



Currently Have Three or More Chronic Conditions (Yellowstone County, 2023)



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

Notes: • Asked of all respondents.

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

Activity Limitations

ABOUT DISABILITY & HEALTH

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

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

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

A total of 33.4% of Yellowstone County adults are limited in some way in some activities due to a physical, mental, or emotional problem.

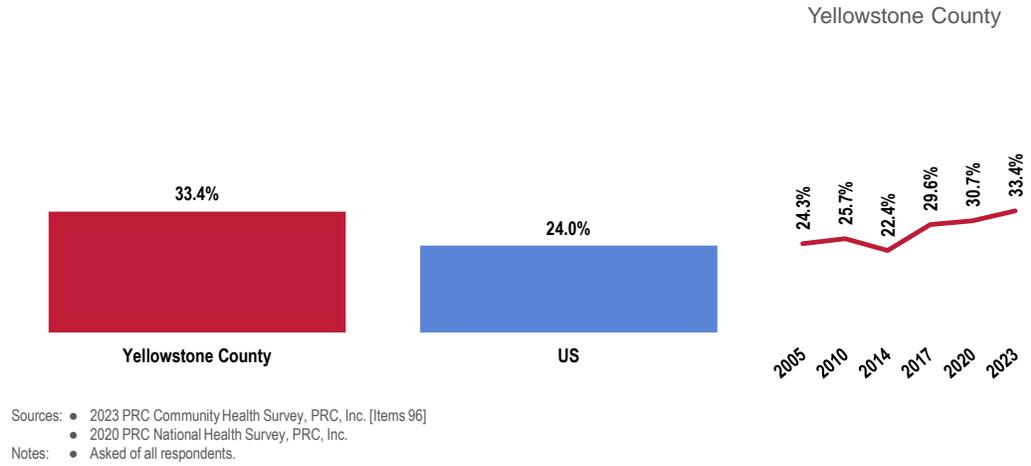
BENCHMARK ▶ Less favorable than the US percentage.

TREND ▶ Marks a significant increase over time.

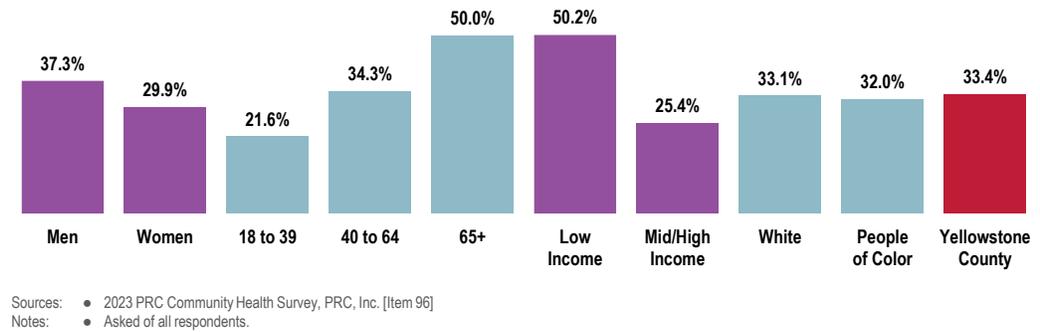
DISPARITY ▶ More often reported among adults age 40+ (especially those age 65+) and lower-income respondents.



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



Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem (Yellowstone County, 2023)



Chronic Pain

A total of 19.2% of Yellowstone County adults experience high-impact chronic pain, meaning physical pain that has limited their life or work activities “every day” or “most days” during the past six months.

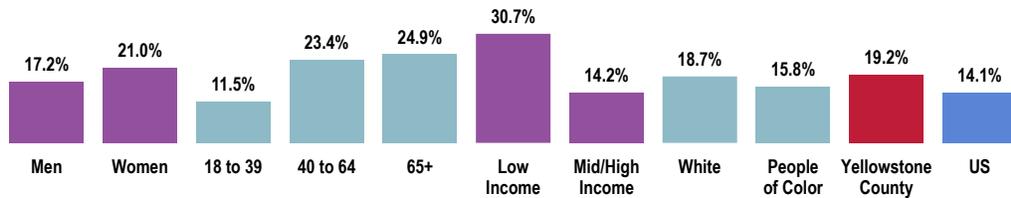
BENCHMARK ▶ Worse than the US finding. Far from satisfying the Healthy People 2030 objective.

DISPARITY ▶ More often reported among adults age 40+ and those with lower incomes.

Experience High-Impact Chronic Pain (Yellowstone County, 2023)

Healthy People 2030 = 7.0% or Lower

Separately, 31.9% of area adults age 50+ report that they have been diagnosed with arthritis.



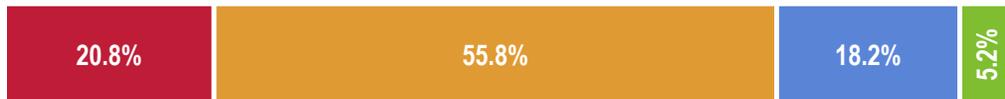
- Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Items 37, 158]
 - 2020 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Asked of all respondents.
 - High-impact chronic pain includes physical pain that limits life or work activities on “most days” or “every day” of the past six months.

Key Informant Input: Disability & Chronic Pain

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

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

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



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



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

Access to Care/Services

Not enough treatment methods available to assist all in need. Not enough treatment providers, especially in rural areas. Care is largely inaccessible if you cannot afford treatment but are not at poverty level or uninsured. – Other Healthcare Provider

With the population we serve, nobody will touch them, as they struggle with follow through and commitment and are believed to be just using the system. Yet some have real chronic pain. – Other Healthcare Provider

Difficulty in getting medical treatment and medications to manage pain. – Social Service Provider

Difficult for people to get around, especially in the winter months. Health care providers not well trained in how to manage chronic pain. Chronic pain may lead to drug addiction. – Public Health Representative

The time to get an appointment. Cost. – Community Leader

Alcohol/Drug Use

The opioid crisis contributes. Chronic pain sufferers wait months and months to receive medication assistance, and while there is good reason for this, the system is so convoluted and unreliable that patients fall out of care or turn to methods unprescribed and potentially dangerous. We need a smoother alternative; we will continue to risk subjecting patients to addiction and ongoing universal costs and worse. Insurance is another problem-uncontrolled pharmaceutical abuse, etc. – Public Health Representative

Transportation

Chronic pain in general is tough to diagnose, admittedly. However, those who do suffer from it are too often ignored or seen as a complainer. Disabilities are a hindrance in many ways in one's daily life. I know there is a special bus through public transit that is available, though it takes a certain amount of planning ahead, in order to get to appointments, support groups, run errands, etc. I have had interactions with some folks with disabilities and transportation is a large factor in their access to services. – Social Service Provider

Homelessness Populations

We work with individuals experiencing life on the streets and disability and chronic pain are present in nearly every individual we see. Autoimmune disorders are present in large numbers as well. – Community Leader

Impact on Quality of Life

On one hand, it is personal. I am 65 and I can see how pain is impacting my ability to do what I used to do. I know a number of individuals whose ability to engage with others is limited by disability and chronic pain. – Community Leader

Incidence/Prevalence

We serve many people with chronic pain and disabilities who either receive SSDI or are seeking disability help. – Social Service Provider

No Accommodations

Disabilities such as hearing-impaired individuals are not accommodated much either in social media, events, trainings, meetings, or other activities of this nature. Chronic pain leads to depression and other numerous other issues such as anger, domestic violence, addiction, etc. There are times that individuals with chronic pain prescriptions sell their pills to buy food for their children/family members. – Social Service Provider

Children

Children with developmental needs. Lack of support services for families and lack of access into therapy services. – Physician

Local Economy

These limit the ability to perform certain types of work in a local economy that could use more workers. – Physician



Alzheimer's Disease

ABOUT DEMENTIA

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

Dementia refers to a group of symptoms that cause problems with memory, thinking, and behavior. People with dementia are more likely to be hospitalized, and dementia is linked to high health care costs.

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

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

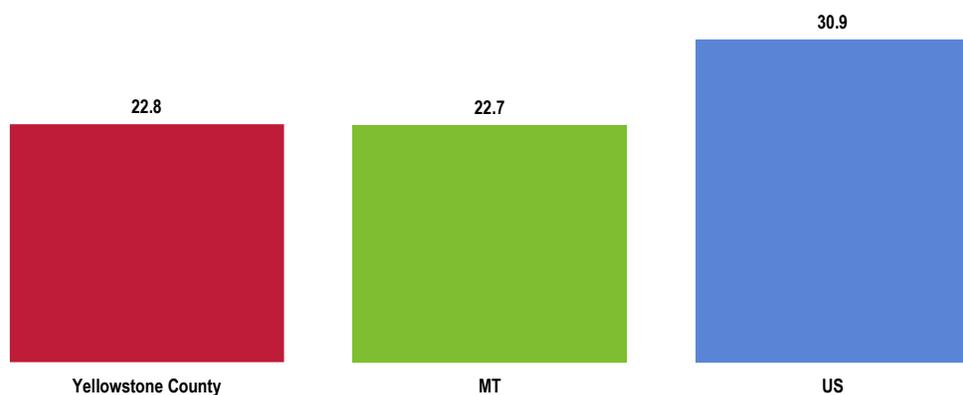
Age-Adjusted Alzheimer's Disease Deaths

Between 2018 and 2020, there was an annual average age-adjusted Alzheimer's disease mortality rate of 22.8 deaths per 100,000 population in Yellowstone County.

BENCHMARK ▶ Lower than the national rate.

TREND ▶ Marks a significant decrease within the county over time.

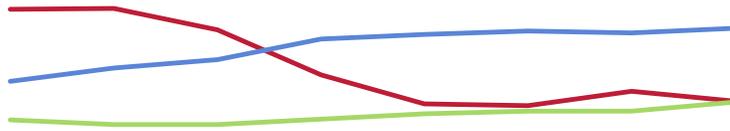
Alzheimer's Disease: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)



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



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



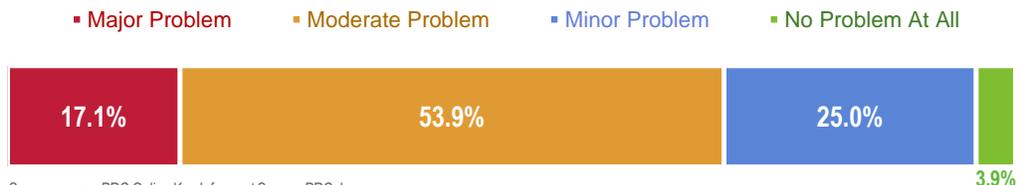
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Yellowstone County	33.0	33.1	30.7	25.7	22.5	22.3	23.9	22.8
MT	20.7	20.2	20.2	20.8	21.4	21.7	21.7	22.7
US	25.0	26.5	27.4	29.7	30.2	30.6	30.4	30.9

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

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, 2023)



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

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

Aging Population

Billings is a retirement destination. The number of adults over 65 will outnumber children under 18 in just a few years. Not only does the community lack the workforce resources to care for this population, there is a large gap of dementia awareness. – Other Healthcare Provider

Aging population. – Public Health Representative

An aging population with minimal specialists/facilities to adequately deal with the problem. – Other Healthcare Provider

Numbers effected in an aging population. – Community Leader

The aging nature of our community means that there aren't enough community placements for those with Alzheimer's and/or dementia necessitating inappropriate relocation to facilities such as the State Hospital at Warm Springs. – Social Service Provider

Yellowstone County has an aging population with many moving from rural Montana to urban centers as they age. – Community Leader

As the population ages he likelihood of more people getting dementia/Alzheimer's increases as well. There seems to be limited education, resources, and facilities to treat the increasing numbers. – Community Leader



Incidence/Prevalence

Dementia and Alzheimer's disease affects so many people, especially in long-term care. It is difficult to find enough care facilities and resources for these individuals. Especially as the boomer population continues to age, there isn't enough medical staff or housing to take care of these people. – Community Leader

We serve many seniors who either have been diagnosed with onset dementia or live with a person with the disease. – Social Service Provider

Access to Care/Services

There is not enough treatment, service, or respite, especially for client who don't have the finance to pay for care or services. – Social Service Provider

Affordable Care/Services

The cost and lack of available options. – Community Leader

Follow-Up/Support

The number of people with memory loss disease is rising, and there is very little plan to support families in caring for their loved ones, or community programs to this effect. We need more facilities and more support being built across the community. – Social Service Provider

Lack of Providers

Not enough care providers, affordable care, or support caregivers. – Other Healthcare Provider

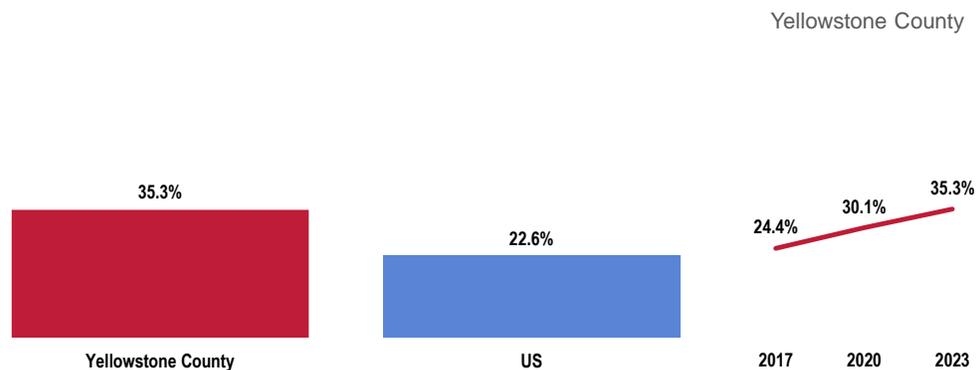
Caregiving

A total of 35.3% of Yellowstone County adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

BENCHMARK ▶ Much higher than the national percentage.

TREND ▶ Marks a significant increase over time.

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



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





BIRTHS

PRENATAL CARE

ABOUT INFANT HEALTH

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

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

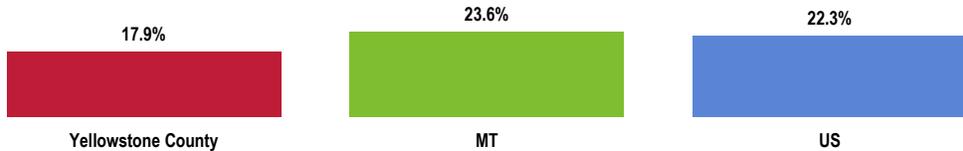
– Healthy People 2030 (<https://health.gov/healthypeople>)

Between 2018 and 2020, 17.9% of all Yellowstone County births did not receive prenatal care in the first trimester of pregnancy.

BENCHMARK ► More favorable than found across the state and nation.

Lack of Prenatal Care in the First Trimester (Percentage of Live Births, 2018-2020)

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



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted July 2022.

Note: • This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.



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



	2016-2018	2017-2019	2018-2020
— Yellowstone County	19.1%	18.5%	17.9%
— MT	25.5%	24.7%	23.6%
— US	22.6%	22.5%	22.3%

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted July 2022.

Note: • This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.



BIRTH OUTCOMES & RISKS

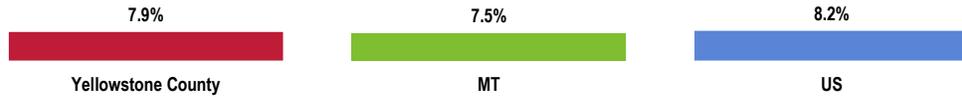
Low-Weight Births

A total of 7.9% of 2014-2020 Yellowstone County births were low-weight.

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

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

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



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

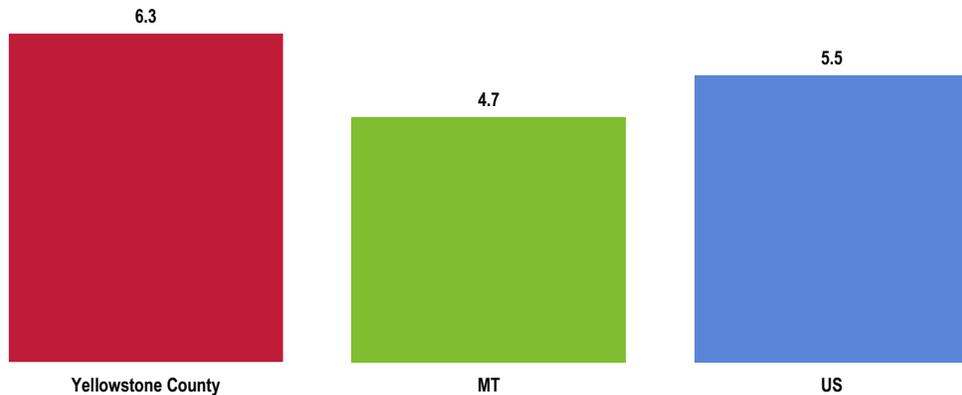
Infant Mortality

Between 2018 and 2020, there was an annual average of 6.3 infant deaths per 1,000 live births.

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

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

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2018-2020)
Healthy People 2030 = 5.0 or Lower



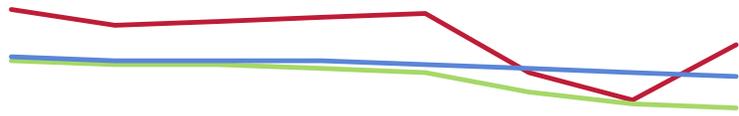
Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted July 2022.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
Notes: • 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.



Infant Mortality Trends

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

Healthy People 2030 = 5.0 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
— Yellowstone County	7.2	6.8	6.9	7.0	7.1	5.6	4.9	6.3
— MT	5.9	5.8	5.8	5.7	5.6	5.1	4.8	4.7
— US	6.0	5.9	5.9	5.9	5.8	5.7	5.6	5.5

Sources:

- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted July 2022.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes:

- US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.



FAMILY PLANNING

ABOUT FAMILY PLANNING

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

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

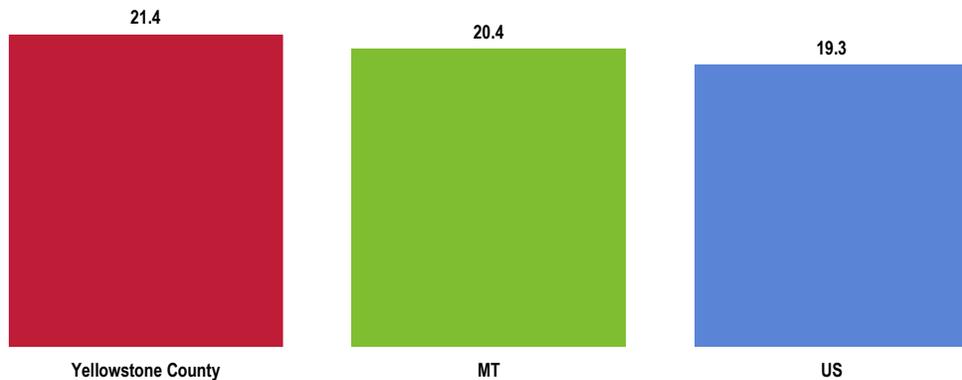
– Healthy People 2030 (<https://health.gov/healthypeople>)

Births to Adolescent Mothers

Between 2014 and 2020, there were 21.4 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in Yellowstone County.

DISPARITY ▶ Considerably higher among black and Hispanic female adolescents.

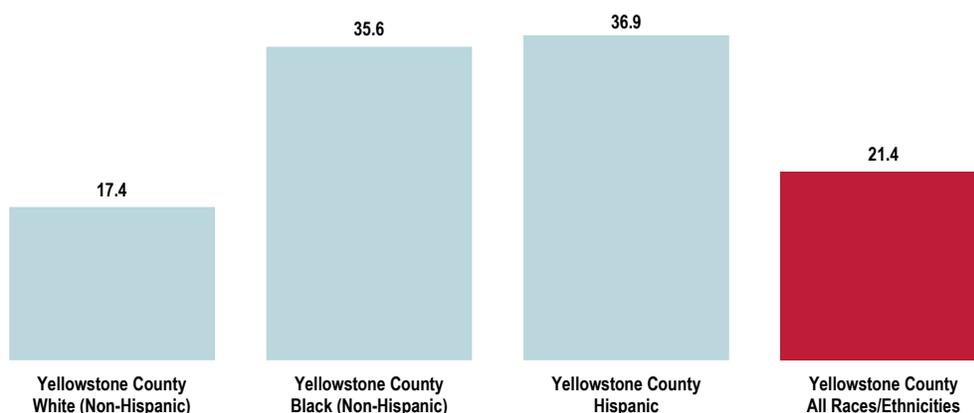
Teen Birth Rate
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2014-2020)



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
 - Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2022 via SparkMap (sparkmap.org).
- Notes:
- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.



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

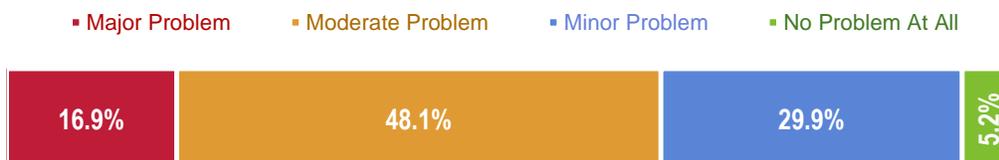


Sources: • Centers for Disease Control and Prevention, National Vital Statistics System.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2022 via SparkMap (sparkmap.org).
 Notes: • This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Key Informant Input: Infant Health & Family Planning

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

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



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

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

Limited Resources

- Not enough resources to afford having children. – Social Service Provider
- We serve low-income families who do not receive WIC, SNAP, or other programs that require reporting of child support. – Social Service Provider
- Lack of family planning options, high rates of poverty, inadequate utilization of prenatal care. – Public Health Representative
- Cost, the lack of insurance, the lack of education, and the lack of community support. – Community Leader

Access to Care/Services

- Getting into a pediatrician or family planning doctor can take several months if you do not have an emergency. A well child checkup for our son was several months out. I am thankful we did not have any concerns. – Community Leader
- Access to prenatal care, especially for community members living on the reservations and in more rural areas of the state. – Other Healthcare Provider



Awareness/Education

Sex education in the schools is not comprehensive. Minimal or no engagement in prenatal care by patient. Parental neglect due to drug use. Lack of quality day care. – Public Health Representative

I work with nine counties in Montana. One comment that has come up in six of these counties is that prior to COVID, there were quite a few people seeing the facilities about this subject. They have told me that now, there are nowhere near the same amount of people. I think to assist this would be to hold a large community health fair throughout our communities, advertise for it a few months in advance to assist with the attendance. – Social Service Provider

Infant & Maternal Mortality

Infant and maternal mortality is on the rise in our country. From studies it is show that training of OB/GYN doctors and facilities to listen to the mother would greatly reduce these risks, additionally we need more support for new mothers to make sure they can take adequate time with their young children. – Social Service Provider

Funding

Montana spends very little per capita on healthy starts for kids relative to other states in the country. Childhood development is impacted hugely by the environment a child is raised in during the 0-5 years. ACEs can have lifelong impacts on people. Access to family planning resources enables people to wait to have children until they are able to provide a stable and caring environment for the child. – Public Health Representative

Impact of Federal Laws

Concerns following the impact of the Supreme Court ruling and confusion for women in the state of Montana. Is there enough support for poor women to receive care? Is there enough support for poor babies to receive care? – Social Service Provider

Behavioral Health

I believe infant health/family planning are major problems in our community because of the prevalence of mental health issues, substance, and alcohol abuse present in our community. – Community Leader





MODIFIABLE HEALTH RISKS

NUTRITION

ABOUT NUTRITION & HEALTHY EATING

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

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

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

Daily Recommendation of Fruits/Vegetables

A total of 27.8% of Yellowstone County adults report eating five or more servings of fruits and/or vegetables per day.

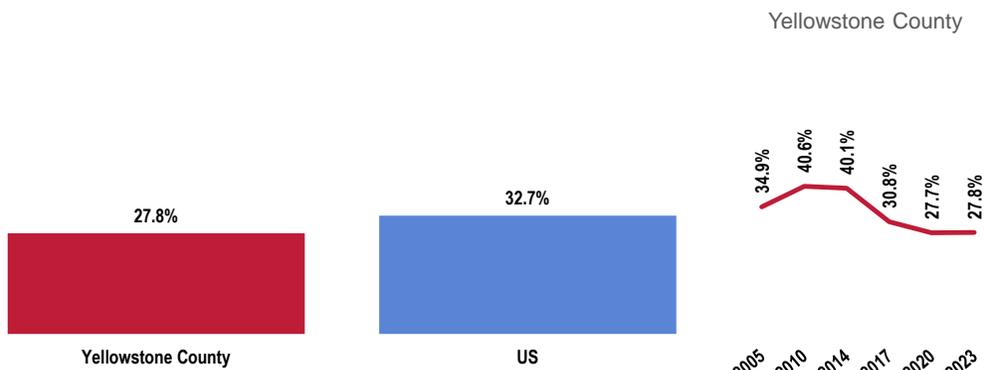
BENCHMARK ▶ Less favorable than the US finding.

TREND ▶ Represents a significant decrease over time.

DISPARITY ▶ White respondents are less likely than persons of color to report eating fruits and vegetables.

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

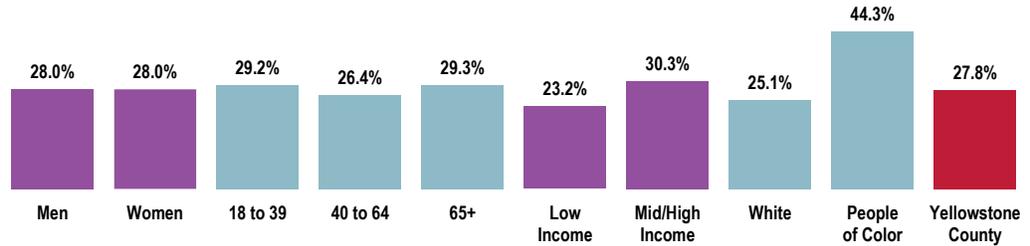
Consume Five or More Servings of Fruits/Vegetables Per Day



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



Consume Five or More Servings of Fruits/Vegetables Per Day (Yellowstone County, 2023)



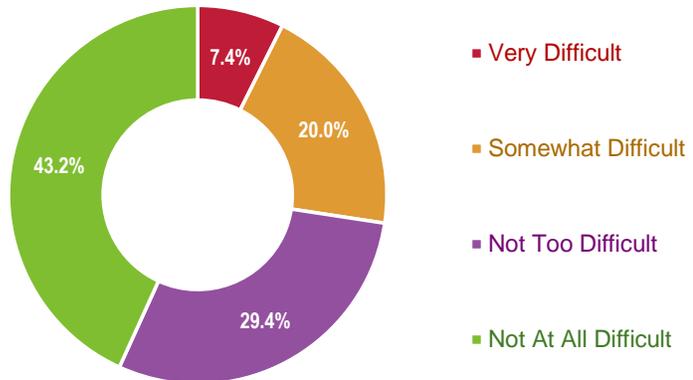
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 125]

Notes: • Asked of all respondents.
• For this issue, respondents were asked to recall their food intake on the previous day.

Difficulty Accessing Fresh Produce

Most Yellowstone County 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 (Yellowstone County, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 79]

Notes: • Asked of all respondents.

Respondents were asked: "How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: Very Difficult, Somewhat Difficult, Not Too Difficult, or Not At All Difficult?"

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



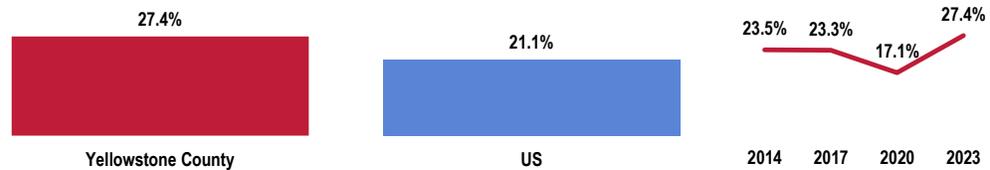
However, 27.4% of Yellowstone County adults find it “very” or “somewhat” difficult to access affordable fresh fruits and vegetables.

BENCHMARK ▶ Less favorable than found across the US.

DISPARITY ▶ More often reported among lower-income respondents and persons of color.

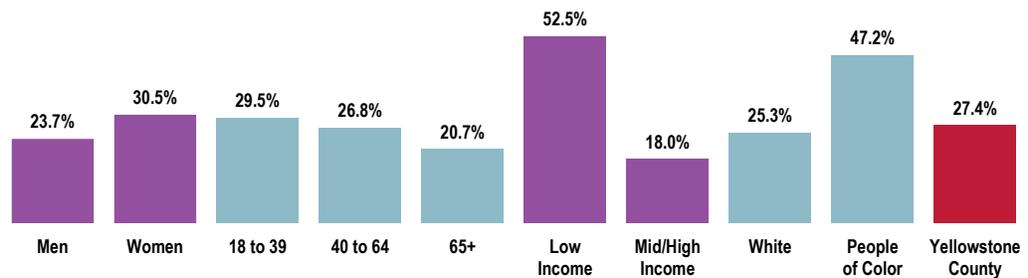
Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce

Yellowstone County



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

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce (Yellowstone County, 2023)



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

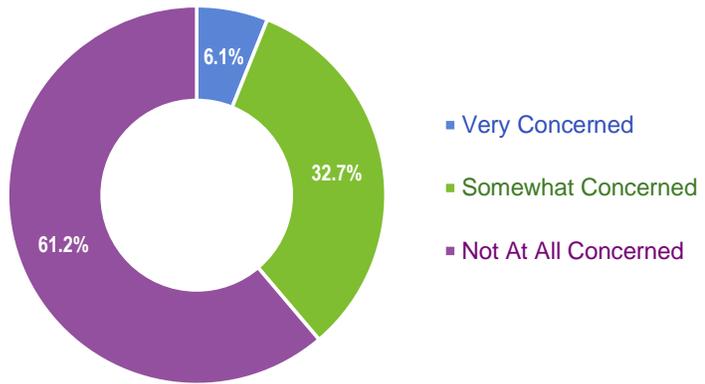


Food Safety

While most surveyed adults are not concerned about the safety of foods they purchase from restaurants and grocery stores, 6.1% report that they are “very concerned” about the safety of the food they buy.

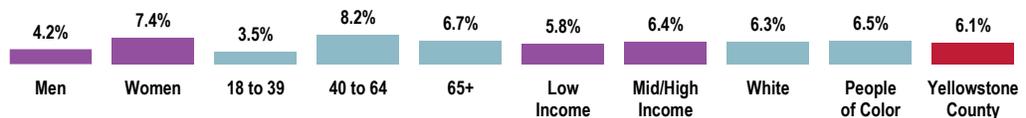
DISPARITY ► Adults age 40 and older more likely than younger adults to express concern.

Level of Concern for the Safety of Foods Purchased at Restaurants and Grocery Stores (Yellowstone County, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 337]
 Notes: • Asked of all respondents.

“Very Concerned” About the Safety of Food in Restaurants and Grocery Stores (Yellowstone County, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 337]
 Notes: • Asked of all respondents.

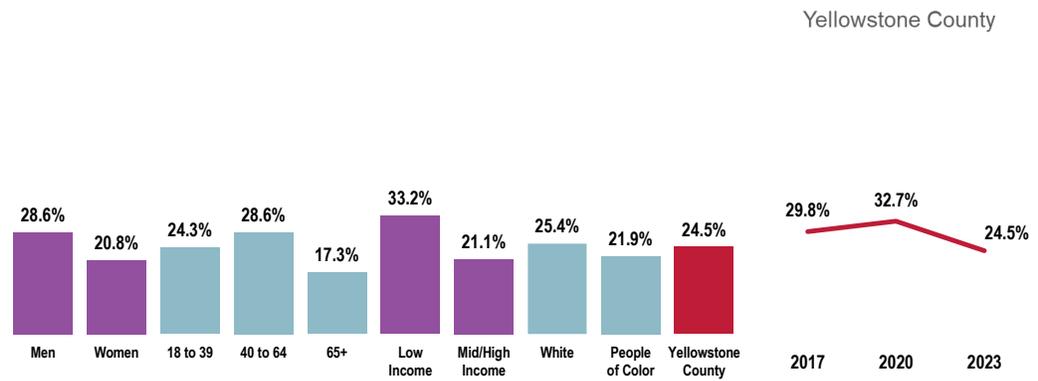


Sugar-Sweetened Beverages

Nearly one-fourth (24.5%) of Yellowstone County adults report drinking an average of at least one sugar-sweetened beverage per day in the past week.

DISPARITY ▶ Men, adults age 40 to 64, and lower-income adults are more likely to report drinking beverages sweetened with sugar.

Had Seven or More Sugar-Sweetened Beverages in the Past Week (Yellowstone County Adults, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 159]
 Notes: • Asked of all respondents.
 • Includes non-diet beverages like soda, Kool-Aid, sweetened fruit juice, sports drinks, energy drinks, or sweet tea.



PHYSICAL ACTIVITY

ABOUT PHYSICAL ACTIVITY

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

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

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

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 29.3% of Yellowstone County adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).



BENCHMARK ▶ More favorable than found across the US.

DISPARITY ▶ Those less likely to report meeting the recommendations include older adults, those with lower incomes, and white respondents.

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

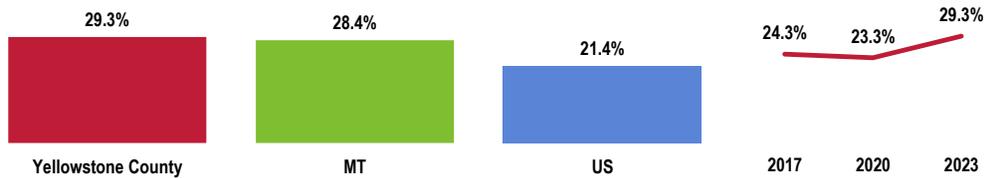
Aerobic activity is one of the following: at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous activity, or an equivalent combination of both.

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

Meets Physical Activity Recommendations

Healthy People 2030 = 28.4% or Higher

Yellowstone County



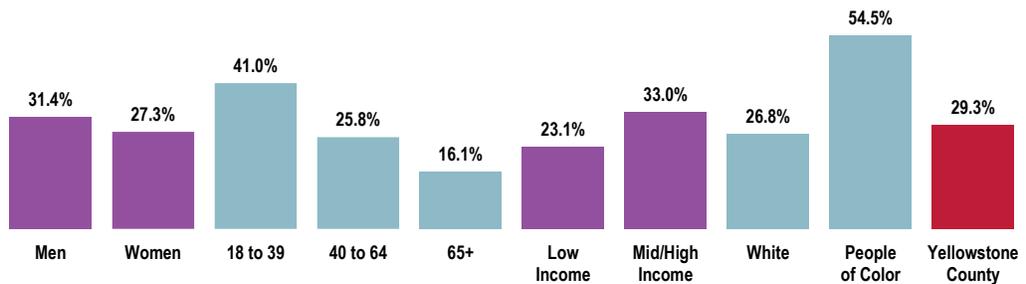
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 126]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Montana data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

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

Meets Physical Activity Recommendations

(Yellowstone County, 2023)

Healthy People 2030 = 28.4% or Higher



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 126]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

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

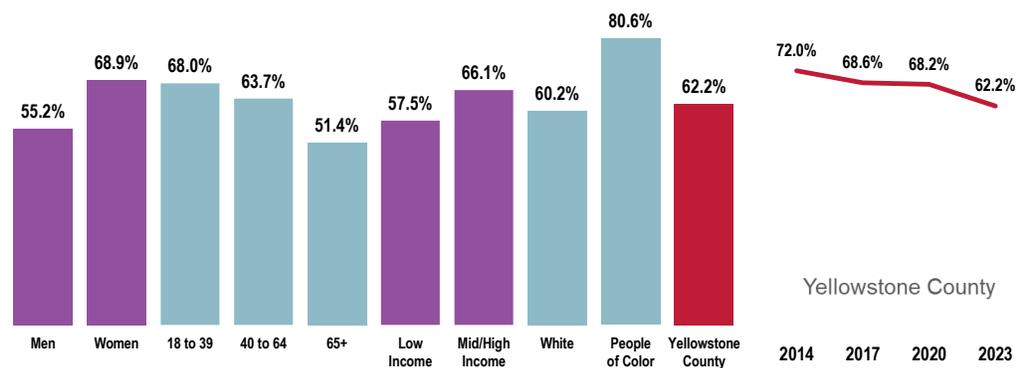


In all, 62.2% of survey respondents made an attempt in the past year to increase their physical activity through changes to everyday behavior, such as taking the stairs, parking further from destinations, walking or biking instead of driving, or making housework and errands more active.

TREND ► Denotes a significant decrease over time.

DISPARITY ► Less often reported among men, adults age 65+, and white residents.

Made an Attempt in the Past Year to Increase Activity Through Changes to Everyday Behavior (Yellowstone County, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 315]

Notes: • Asked of all respondents.

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

Children

CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

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

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

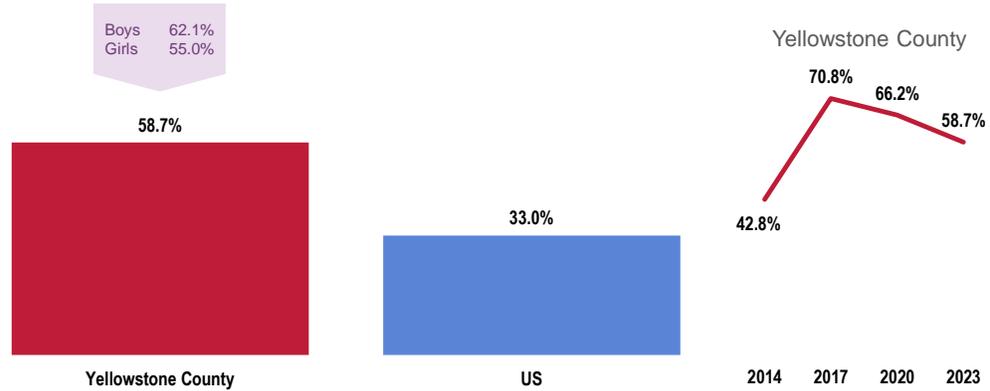
Among Yellowstone County children age 2 to 17, 58.7% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

BENCHMARK ► Considerably higher than the national finding.

TREND ► Declining in recent years, but significantly above the baseline finding in 2014.



Child Is Physically Active for One or More Hours per Day (Parents of Children Age 2-17)



Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 109]
 ● 2020 PRC National Health Survey, PRC, Inc.
 Notes: ● Asked of all respondents with children age 2-17 at home.
 ● Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Screen Time

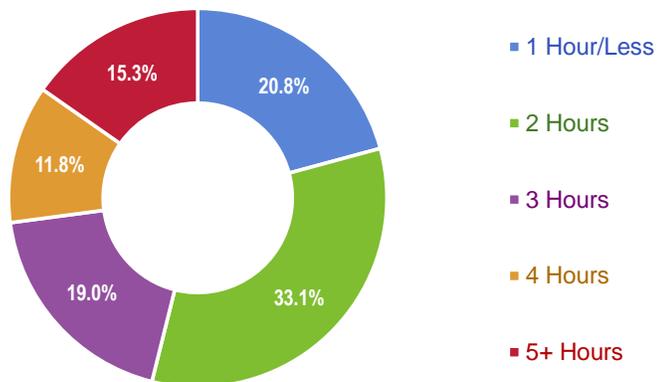
Adults

Among Yellowstone County adults, 46.1% report spending three or more hours on screen time for entertainment (whether television or computer, internet, or video games) on an average day.

TREND ▶ Marks a significant decrease since 2017.

DISPARITY ▶ Both younger and (especially) older adults report a higher daily screen time.

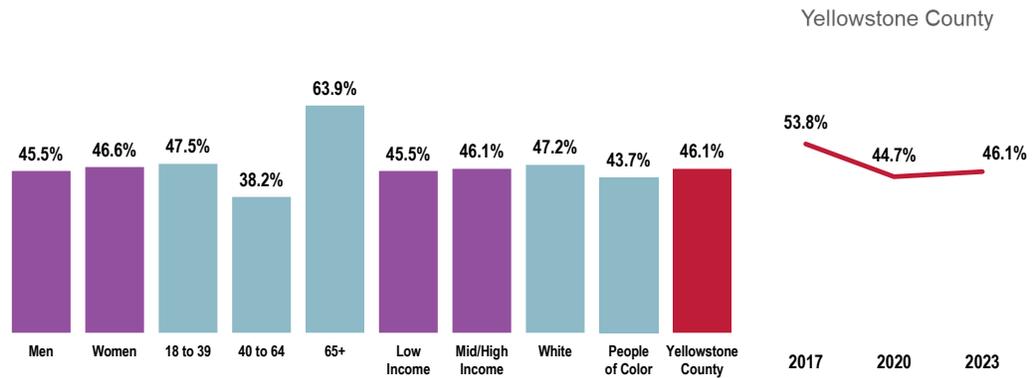
Daily Screen Time for Entertainment (Yellowstone County Adults, 2023)



Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 316]
 Notes: ● Asked of all respondents.
 ● Includes watching TV, playing video games, and using a computer or the internet.



3+ Hours of Daily Screen Time for Entertainment (Yellowstone County Adults, 2023)



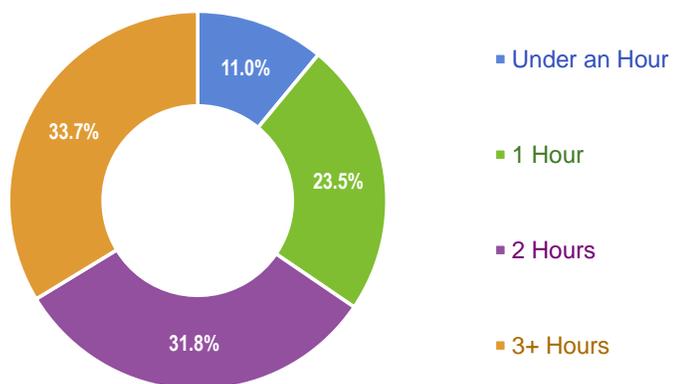
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 316]
 Notes: • Asked of all respondents.
 • Includes watching TV, playing video games, and using a computer or the internet.
 • "3+ hours" includes reported screen time of 180 minutes or more per day.

Children

Among Yellowstone County children age 5 to 17, 33.7% are reported to spend three or more hours on screen time for entertainment (whether television or computer, internet, or video games) on an average school day.

TREND ► Marks a significant increase over time.

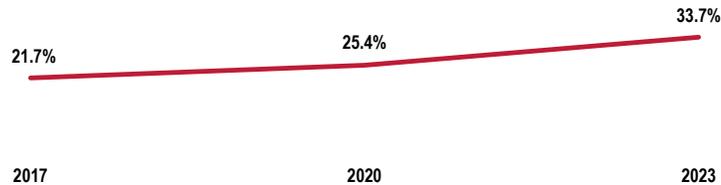
Child's Screen Time for Entertainment on an Average School Day (Parents of Children Age 5-17, Yellowstone County, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 339]
 Notes: • Asked of respondents with a child age 5 to 17 in the household.



Child Spends 3+ Hours on Screen Time for Entertainment on an Average School Day (Parents of Children Age 5-17, Yellowstone County, 2023)



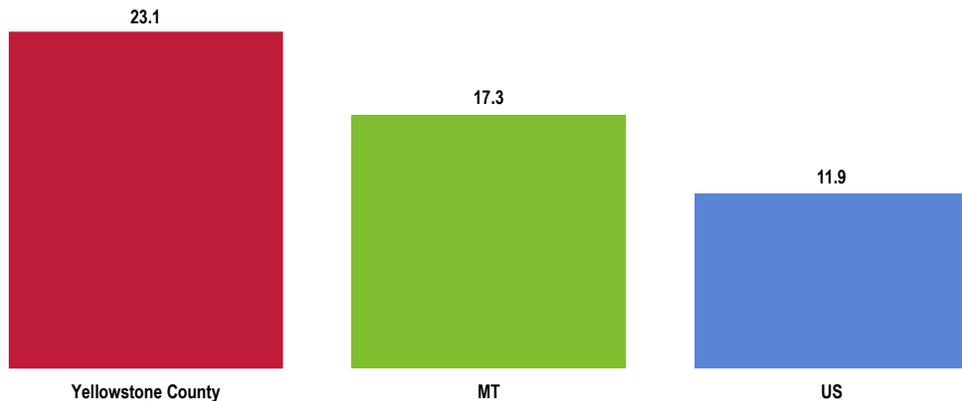
- Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 161]
 Notes: • Asked of respondents with a child age 5 to 17 in the household.
 • Includes watching TV, playing video games, and using a computer or the internet.
 • "3+ hours" includes reported screen time of 180 minutes or more per day.

Access to Physical Activity

In 2020, there were 23.1 recreation/fitness facilities for every 100,000 population in Yellowstone County.

BENCHMARK ▶ More favorable than found statewide and nationally.

Population With Recreation & Fitness Facility Access (Number of Recreation & Fitness Facilities per 100,000 Population, 2020)



- Sources: • US Census Bureau, County Business Patterns. Additional data analysis by CARES.
 • Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2022 via SparkMap (sparkmap.org).
 Notes: • Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities." Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.* This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Here, recreation/fitness facilities 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.



WEIGHT STATUS

ABOUT OVERWEIGHT & OBESITY

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

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

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

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] x 703.

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

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

Adult Weight Status

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

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



Overweight Status

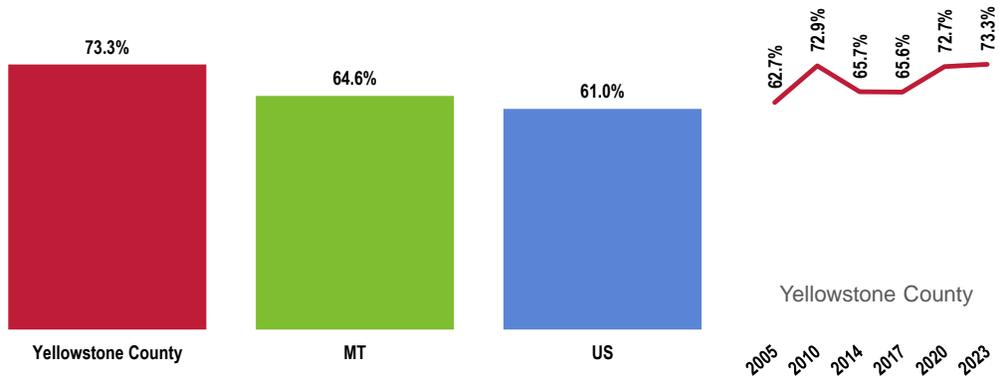
Nearly three fourths (73.3%) of Yellowstone County adults are classified as **overweight**.

BENCHMARK ▶ Less favorable than state and US percentages.

TREND ▶ Represents a significant increase over time.

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

Prevalence of Total Overweight (Overweight and Obese)



- Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 128]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Montana data.
 - 2020 PRC National Health Survey, PRC, Inc.
- Notes:
- Based on reported heights and weights, asked of all respondents.
 - The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

The overweight prevalence above includes 36.2% of Yellowstone County adults who are classified as **obese**.

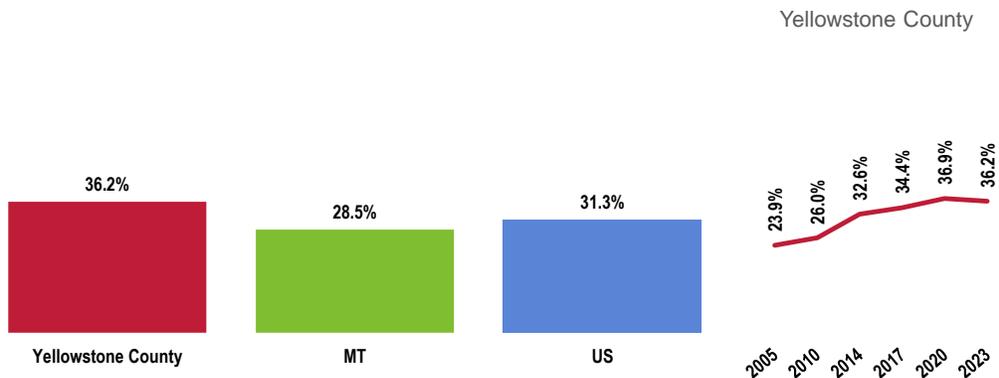
BENCHMARK ▶ Less favorable than state and US percentages.

TREND ▶ Represents a significant increase over time.

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

Prevalence of Obesity

Healthy People 2030 = 36.0% or Lower

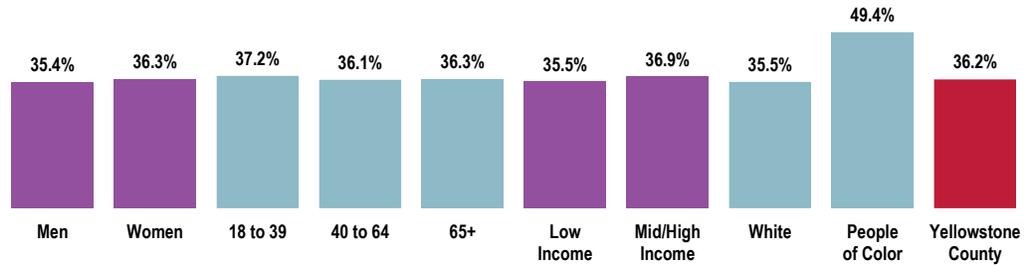


- Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Item 128]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Montana data.
 - 2020 PRC National Health Survey, PRC, Inc.
 - US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>
- Notes:
- Based on reported heights and weights, asked of all respondents.
 - The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.



Prevalence of Obesity (Yellowstone County, 2023)

Healthy People 2030 = 36.0% or Lower



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 128]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

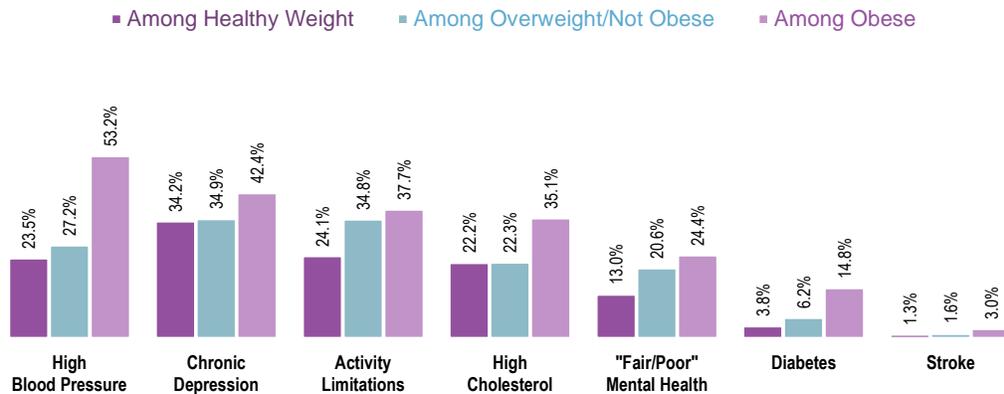
Notes: • Based on reported heights and weights, asked of all respondents.
 • The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Relationship of Overweight With Other Health Issues

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

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

Relationship of Overweight With Other Health Issues (Yellowstone County, 2023)



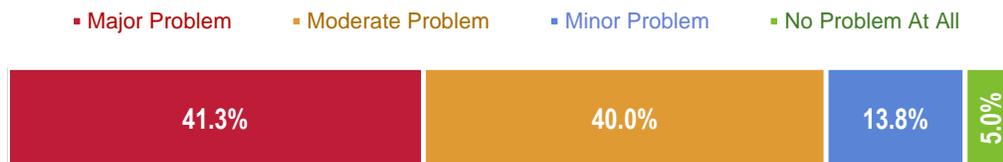
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 128]
 Notes: • Based on reported heights and weights, asked of all respondents.



Key Informant Input: Nutrition, Physical Activity & Weight

Key informants taking part in an online survey most often characterized *Nutrition, Physical Activity & Weight* as a “major problem” in the community (although nearly as many characterized it as a “moderate problem”).

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community (Key Informants, 2023)



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

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

Access to Affordable Healthy Food

Access to affordable, nutritious, local, and organic foods. City wide promotion of the benefits of a healthy lifestyle, affordable gym memberships. – Community Leader

Healthy foods are more expensive and take more forethought and planning. Many families cannot afford a lifestyle centered around nutritious foods. The systems are so broken to receive any financial help if you are a middle-class family. It is a shame that as a society we have made it so that it's easier to not work and qualify for the items you need vs. helping someone get on their feet and make a better life. Physical activity works the same way. These things often cost, and we make it difficult on working families. Finding ways to make these things more affordable is often the key to opening the door for inclusivity of all. – Community Leader

Access to affordable and healthy food choices. Also, a support system to teach/encourage physical activity. – Social Service Provider

Food is expensive, perhaps a lack of motivation to participate in physical activities. The cost of sport activities for children and teens which leads to weight gain. Activity vs. screen time. – Social Service Provider

Cost of healthy food, lack of access, inability to cook or prepare healthy food, not knowing how to cook healthy food, lack of time. – Social Service Provider

Limited access to fresh fruits and vegetables in some neighborhoods. Incomplete trail systems, lack of connectivity. Limited funding sources for public parks. – Community Leader

Food desserts, and lack of affordable produce. With Albertsons as our main grocery store and the infrequency of trucks our produce is town is pretty dismal. Also, poverty doesn't lend itself to a balanced diet. – Community Leader

Access to fresh, healthy, affordable food. – Other Healthcare Provider

The lack of access to affordable, nutritious food. Lack of understanding of the importance of physical activity, even just walking. The incentive, personal or otherwise, to make a lifestyle change. – Other Healthcare Provider

Lack of access to affordable healthy food. Lack of access to safe neighborhoods. – Physician

Awareness/Education

Education, early intervention, and access to affordable food. – Other Healthcare Provider

In recent years, there has been a big push for healthier eating and learning about ingredients and nutrition facts of the food we are putting in our bodies. However, the lack of proper education related to nutrition and exercise is severely lacking. Especially the education for the youth of Yellowstone County is not up to date. Healthy living needs to be properly taught at a young age so that our youth can learn how to properly care for their bodies. – Community Leader



Income/Poverty

Community members have higher needs so prioritize. Most prioritize their bills, groceries, child care needs etc. over nutrition, physical activity, or weight management. So, helping them understand the importance of these things and how they all integrate together can help with whole (self) care. – Other Healthcare Provider
Poverty and support for nutrition to low-income families. Lack of safe spaces to exercise. – Physician

Nutrition

Willingness to choose healthy, nutritious foods. Affordability of nutritious foods. – Community Leader
A large number of fast food or quick food restaurants are prevalent in the community. Affordable family-style restaurants are limited, especially in the Heights. There are a lot of trails but not all connected. Limited options for non-trail walking exercise, such as Indoor pools, frisbee golf, pickle ball, ice skating, and safe bike paths are limited. Free nutrition counseling would help as many do not want to pursue fad diets but would like inexpensive non-stigmatizing help. – Public Health Representative

Affordable Care/Services

The cost of gym memberships, people that are obese do not want to have other people watch them work out and so they just don't do it. Eating healthy fruits and vegetables are more expensive than buying unhealthy food choices. Portions in restaurants are very large, they need to present more menu options for healthy portions. – Social Service Provider

Due to COVID-19

Nationwide individuals gained significant weight during the past two years, COVID pandemic. Lack of access to healthy food and desire to participate in physical activity are driving factors of this weight gain, in addition to stress the pandemic has created for everyone. – Social Service Provider

Environmental Contributors

Winter months. Sidewalks are not clear and daylight hours are limited. In some neighborhoods it is not safe to get out and walk. High consumption of sugary beverages. Many do not have the time or won't take the time to prepare healthy foods. – Public Health Representative

Insufficient Physical Activity

Inactivity. – Community Leader

Insurance Issues

Insurance not covering needed services such as weight loss surgery, supplements, etc. – Social Service Provider

Lifestyle

People are always in a hurry and most of the time do not make healthy choices. Due to life, work, and others, they lack physical activity. – Social Service Provider

Obesity

We have an obesity problem due to a lack of health foods. The cost of healthy food and an excess of carbs and bread products, as they are cheap and affordable. – Other Healthcare Provider

Social Norms/Community Attitude

Society/marketing/media promote poor, easy/cheap nutritional eating. In conjunction with reduced physical activity in society which leads to unhealthy weight. – Community Leader

Transportation

Billings has food deserts and is hard to get around in without a car, leaving people with limited transportation. Few options for healthy food choices, particularly on the South side. Inflation is making health food choices more expensive for people. – Public Health Representative

Safe Neighborhoods

Active transportation/safety does relate to health/physical activity. – Social Service Provider



SUBSTANCE ABUSE

ABOUT DRUG & ALCOHOL USE

More than 20 million adults and adolescents in the United States have had a substance use disorder in the past year. ...Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

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

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

Age-Adjusted Cirrhosis/Liver Disease Deaths

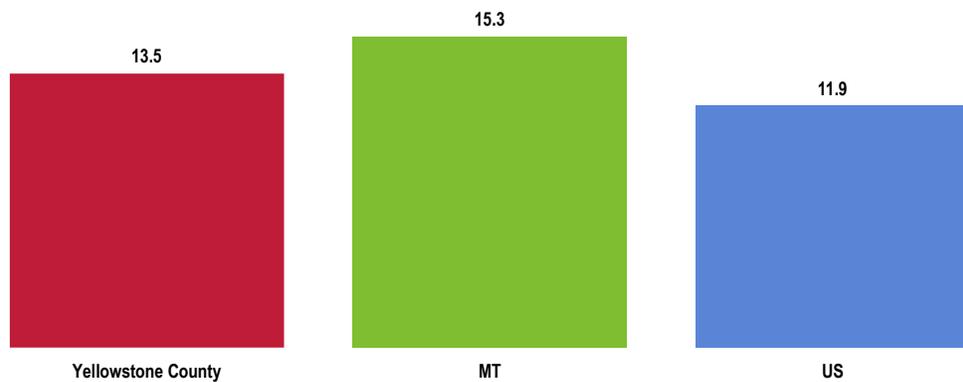
Between 2018 and 2020, Yellowstone County reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 13.5 deaths per 100,000 population.

BENCHMARK ▶ Fails to satisfy the Healthy People 2030 objective.

TREND ▶ Denotes a general increase within the county over time.

Cirrhosis/Liver Disease: Age-Adjusted Mortality (2018-2020 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 10.9 or Lower

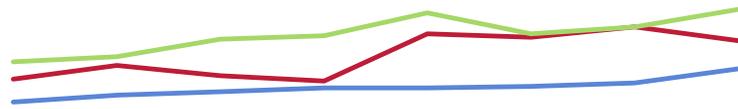


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted July 2022.
• US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>



Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends (Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 10.9 or Lower



	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Yellowstone County	11.3	12.1	11.5	11.2	13.9	13.7	14.3	13.5
MT	12.3	12.6	13.6	13.8	15.1	13.9	14.3	15.3
US	10.0	10.4	10.6	10.8	10.8	10.9	11.1	11.9

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

Alcohol Use

Excessive Drinking

A total of 23.2% of area adults are excessive drinkers (heavy and/or binge drinkers).

TREND ▶ Marks a significant increase over time.

DISPARITY ▶ Higher among younger adults, higher-income respondents, and white residents.

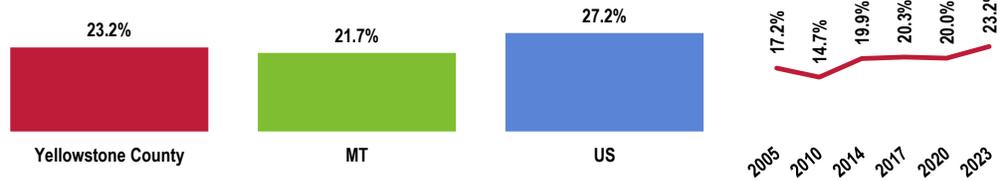
Excessive drinking includes heavy and/or binge drinkers:

- **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.



Excessive Drinkers

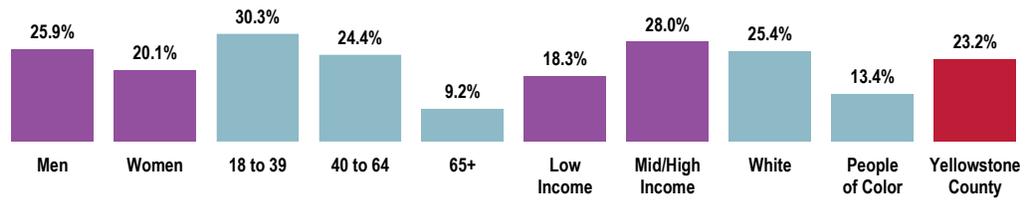
Yellowstone County



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 136]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Montana data.
 • 2020 PRC National Health Survey, PRC, Inc.

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

Excessive Drinkers (Yellowstone County, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 136]
 • Asked of all respondents.
 • Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.



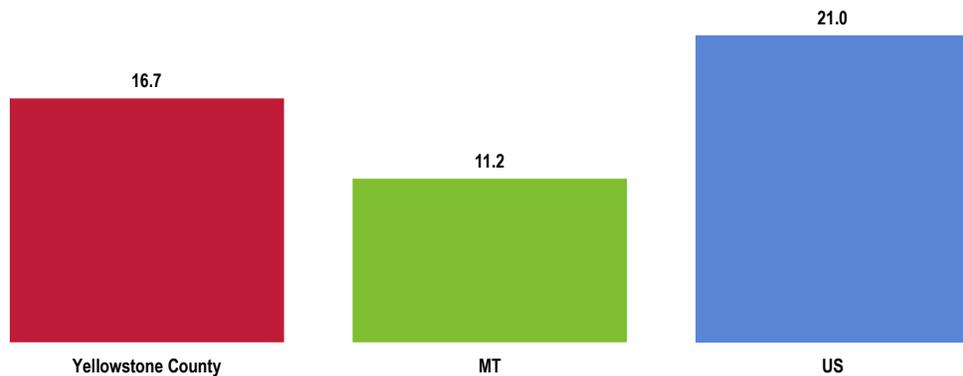
Age-Adjusted Unintentional Drug-Related Deaths

Between 2018 and 2020, there was an annual average age-adjusted unintentional drug-related mortality rate of 16.7 deaths per 100,000 population in Yellowstone County.

BENCHMARK ▶ Better than the national rate but worse than the statewide rate.

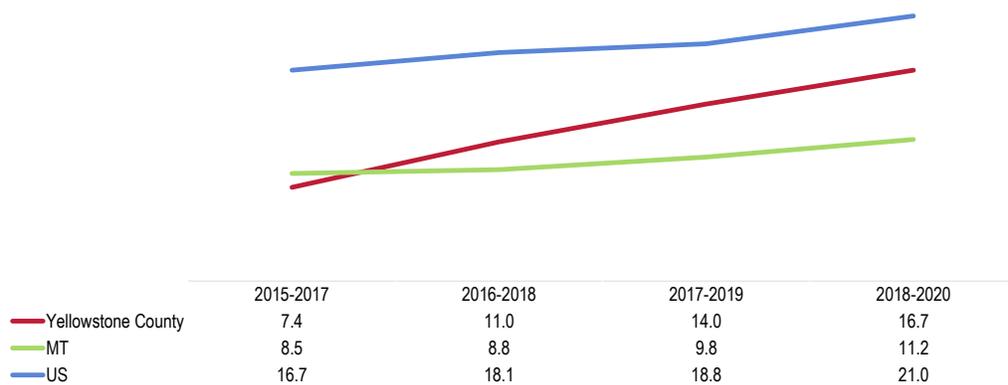
TREND ▶ Marks a significant increase within the county over the past few years.

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



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

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



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



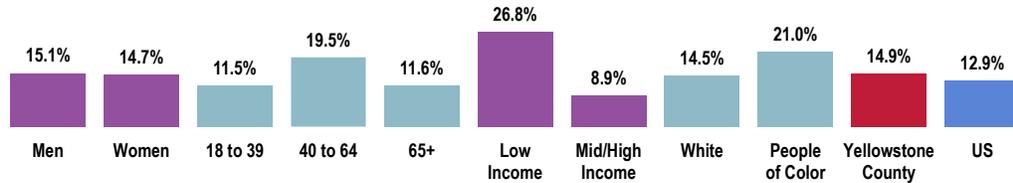
Use of Prescription Opioids

Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.

A total of 14.9% of Yellowstone County adults report using a prescription opioid drug in the past year.

DISPARITY ► More often reported among adults age 40 to 64 and respondents with lower incomes.

Used a Prescription Opioid in the Past Year (Yellowstone County, 2023)



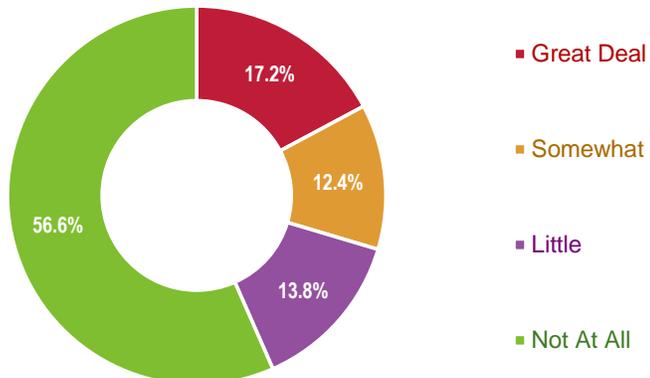
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 50]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.

Personal Impact From Substance Abuse

Area adults were also asked to what degree their lives have been impacted by substance abuse (whether their own abuse or that of another).

A majority of Yellowstone County residents' lives have not been negatively affected by substance abuse (either their own or someone else's).

Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other's) (Yellowstone County, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 52]
 Notes: • Asked of all respondents.

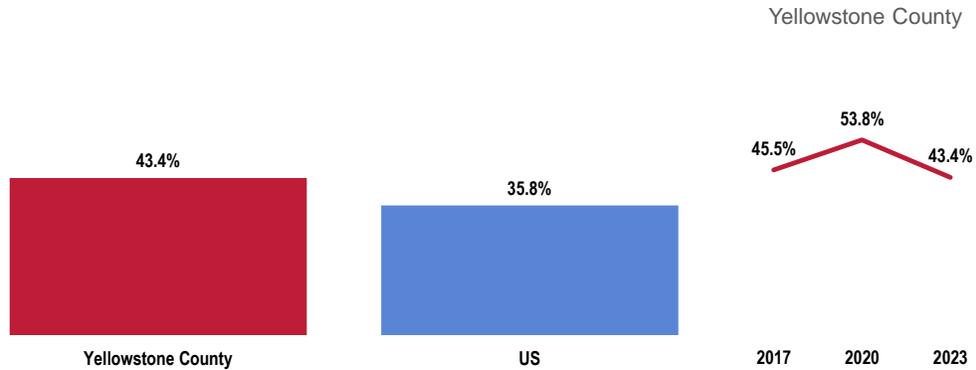


However, 43.4% have felt a personal impact to some degree (“a little,” “somewhat,” or “a great deal”).

BENCHMARK ▶ Worse than the US finding.

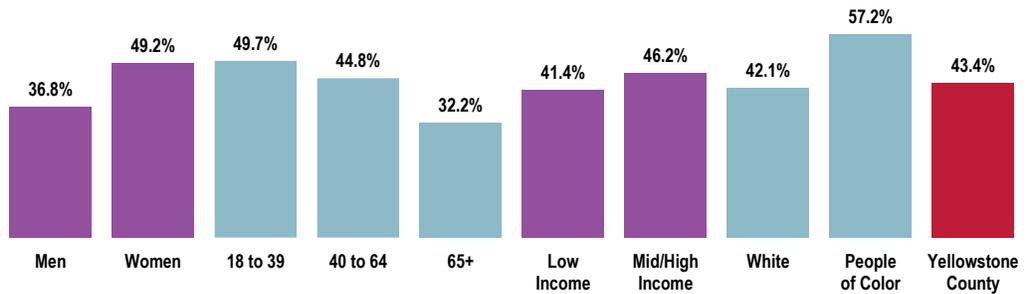
DISPARITY ▶ More often reported among women, younger adults, and persons of color.

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



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 52]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents.
 • Includes responses of “a great deal,” “somewhat,” and “a little.”

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else) (Yellowstone County, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 52]
 Notes: • Asked of all respondents.
 • Includes responses of “a great deal,” “somewhat,” and “a little.”



Key Informant Input: Substance Abuse

Nearly three-fourths 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, 2023)



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

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

Access to Care/Services

- Billings is a small community. It is hard to form healthy relationships in the recovery process. There is a lack of services to meet the need. There is lack of workforce to meet the need. Consuming alcohol is too culturally acceptable in Montana. – Community Leader
- Available beds in a treatment facility are first. Also being able to find funding to support the programs for Outpatient treatment, ensuring the patients have access when they have come to the point, they are ready for help. – Social Service Provider
- Rimrock Foundation. Access to detox beds, treatment, etc. and insurance not covering the treatment needed. – Social Service Provider
- Schedules are not always beneficial to clients that work during the day. Transportation, client denial, affordable assessments. Access to professional staff that they feel they can trust such as same race counselors or forums. – Social Service Provider
- Lack of resources and the willingness of those with substance abuse issues willing to seek treatment. – Social Service Provider
- Barriers to treatment. – Social Service Provider
- Possibility of being criminally charged. Few programs in the community. – Social Service Provider
- Not enough treatment facilities. Lack of insurance coverage for treatment. – Public Health Representative
- Not enough options. Rimrock doesn't return calls. Need to have affordable, no wait time availability for both detox and inpatient and outpatient treatment. People with no insurance or poor insurance have NO options. Transportation is also a barrier for low-income families. – Community Leader
- Substance addiction may be the single-greatest health issue in our community with the least available resources. Billings is blessed to have significant resources, but none of those resources/agencies have the capacity to serve the number of people that have needs. In addition, we have only one state-paid in-patient facility in the state. It is located in Butte and takes a maximum of 45 people. Like much of health care, access to these services is insurance driven and most individuals seeking treatment do not have insurance resources sufficient to meet the need. Additionally, because of this, programs are often too short in length to be effective and are not well connected so that people have a full continuum of services. As individuals with addiction are also often dealing with co-occurring mental illness, there also needs to be more coordination and availability of services that treat co-occurring disorders and the family dysfunction that accompanies these issues. – Community Leader
- Not having more detoxing facilities. The wait list on the Inpatient facilities. Culturally appropriate therapeutic interventions for Native Americans. – Other Healthcare Provider
- Capacity constraints with providers and the lack of coordination of existing resources. – Other Healthcare Provider
- Referring entities don't utilize all of the community's resources in an effective fashion. – Other Healthcare Provider
- We do not have enough treatment program space for addicts wanting treatment. Addiction is not linear. Waiting on beds and jumping through hoops to get into treatment. Being told we cannot get you into treatment unless you are using meth at a daily rate rather than weekly. "We care" seems to only go so far as the comfort zones of those more fortunate and those that our considered our community leaders. – Public Health Representative



This community is currently underserved. Although we have a great organization, Rimrock, that serves substance abuse issues within our community they are strained. Also, some clients are not being served because they are blacklisted from resources in our community. Staffing continues to be an issue for much of these nonprofit organizations. – Public Health Representative

Affordable Care/Services

The cost. Housing. Access. – Community Leader

Affordable programs. – Social Service Provider

Cost and treatment availability. – Social Service Provider

The cost of treatment. – Other Healthcare Provider

Money. – Social Service Provider

I believe that a large percentage of substance abuse users do not have the means for treatment, whether that be financial or family/other support. Unfortunately, again I think that perhaps a lot of users are below poverty level, they may have been subject to abuse, or have mental health issues. – Social Service Provider

The treatments are available, however, may not be cost effective for those who suffer from substance abuse. Also, there is the desire to be treated that plays an important role. – Community Leader

Cost to patients, funding for programs, lack of facilities, lack of providers. – Physician

Funding

Funding. City and county government don't want to recognize we have a mental health and substance abuse issue. Out of sight is out of mind. Silo's organizations are not working together to deliver services, they are building kingdoms. Example, MRM and Rimrock. – Social Service Provider

The greatest barrier to accessing needed substance abuse treatment in our community is financial resources to help eliminate the substance first. Then treat the individuals abusing the substance. – Community Leader

Funding sources. Limited providers make waiting time long from time deciding to seek treatment to receiving treatment. – Community Leader

Funding, discrimination, case management. – Community Leader

Funding and illegal substances too easily accessible such as marijuana. – Other Healthcare Provider

Funding and availability. Medicare does not pay for LAC services, which is a barrier for elderly and disabled patients. – Other Healthcare Provider

Denial/Stigma

The difficulty I have with substance abuse is that the people who likely need the most help don't view themselves as having a problem. Not only the cases of denial, but also the people who know they are addicted but don't particularly feel like they need to stop because they are at least accepting of the life they live. – Community Leader

Destigmatizing the ability to get help and awareness of the bad effects of substance abuse on everyday living. – Social Service Provider

Shame. It's a small community, and having Rimrock as the main local source keeps people who are afraid to admit need from receiving care. There is nowhere to be anonymous in town. – Community Leader

Criminalization of substance use, stigma, and not enough services to meet needs. Shelters don't allow people in if they are using, which takes away a significant entry point and opportunity for intervention. – Public Health Representative

Easy Access

Very easy access to marijuana, fentanyl, alcohol, cigarettes, other drugs. Legalization of marijuana is not going to make substance abuse easier to overcome. As long as we as a society support making money and freedom of choice over the negative impacts of substance abuse on individuals and communities, we will always be fighting this issue. Also, outreach and education about what services are available, making referrals from one medical provider to another, people not admitting they need help, – Community Leader

Too much supply and legalized marijuana didn't help. – Social Service Provider

Lifestyle

Not all, but some, of the substance abuse people I work with unfortunately do not want the help. I have more sad stories than success stories when it deals with this subject. – Social Service Provider

Substance abuse is on the rise. Getting folks to want to seek treatment. Having quality and affordable substance abuse treatment facilities available. – Other Healthcare Provider



Alcohol/Drug Use

Alcohol, prescription medications, marijuana, street drugs, and over-the-counter medications are a few examples of common substances abused. The greatest barriers related to accessing needed treatment would be early use and addiction of these substances, ease of access, and not knowing where to receive proper substance abuse treatment. These treatments need to be better advertised to susceptible areas of Yellowstone Country. In addition, the major mental health issues that Yellowstone County faces have a linked factor to substance abuse. – Community Leader

Legalization of Marijuana

I think we need to watch how the legalization of recreational marijuana unfolds. We are hearing about OB providers who are telling pregnant women that marijuana is safe during pregnancy. I think we will need to watch for childhood poisoning and how we prevent recreational use of marijuana from normalizing use in children. – Public Health Representative

Housing

Yellowstone County needs to take a “housing first” approach, starting with a low/no barrier shelter option for people who are non-sober and/or disabled and/or cycling in and out of crisis due to being unhoused or unsheltered. It is extremely difficult to tackle substance abuse disorders or even limit substance use when a person does not have a safe, dry place to sleep overnight. Same goes for mental health issues. – Social Service Provider

Co-Occurrences

Tied to mental health. So much access, very little treatment option. Lack of room in the jails means many struggling with mental health and substance use are left to continue wrestling with the issue without access to a system to help them get on their feet. – Community Leader

Access for Medicare/Medicaid Patients

Persons on Medicaid are put on long waiting lists and then they lose hope and give up and continue drug use. – Other Healthcare Provider

Multiple Factors

Cultural beliefs, homelessness, mental health, cost, and image. – Community Leader

Disease Management

Individual's need or desire to seek help, availability of resource, aftercare to reduce relapse. – Social Service Provider

Follow-Up/Support

Consistent long-term strategy, boots on the ground. – Social Service Provider

Homelessness

Substance abuse seems to be a leading problem with outcomes of homelessness and violent crime. – Community Leader

Methadone

There is a huge methadone problem in Billings. – Social Service Provider



Most Problematic Substances

Key informants (who rated this as a “major problem”) identified **alcohol** and **methamphetamine/other amphetamines** as causing the most problems in the community, followed by **heroin/other opioids**.

SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Abuse as a “Major Problem”)	
ALCOHOL	29.6%
METHAMPHETAMINE OR OTHER AMPHETAMINES	28.2%
HEROIN OR OTHER OPIOIDS	22.5%
PRESCRIPTION MEDICATIONS	7.7%
COCAINE OR CRACK	4.9%
MARIJUANA	2.8%
SYNTHETIC DRUGS (e.g. Bath Salts, K2/Spice)	2.1%
CLUB DRUGS (e.g. MDMA, GHB, Ecstasy, Molly)	1.4%
HALLUCINOGENS OR DISSOCIATIVE DRUGS (e.g. Ketamine, PCP, LSD, DXM)	0.7%



TOBACCO USE

ABOUT TOBACCO USE

More than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year.

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

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

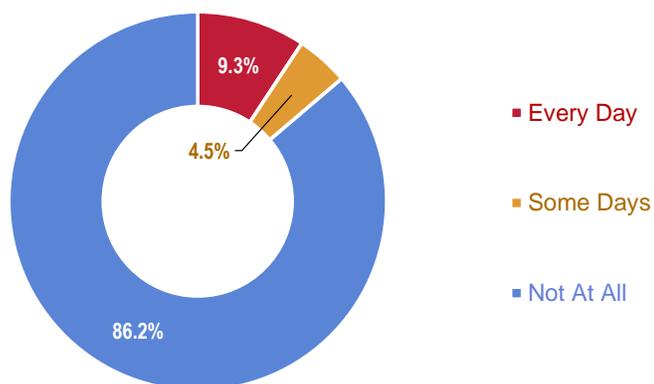
– Healthy People 2030 (<https://health.gov/healthypeople>)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 13.8% of Yellowstone County adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).

Cigarette Smoking Prevalence
(Yellowstone County, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 40]
Notes: • Asked of all respondents.



Note the following findings related to cigarette smoking prevalence in Yellowstone County.

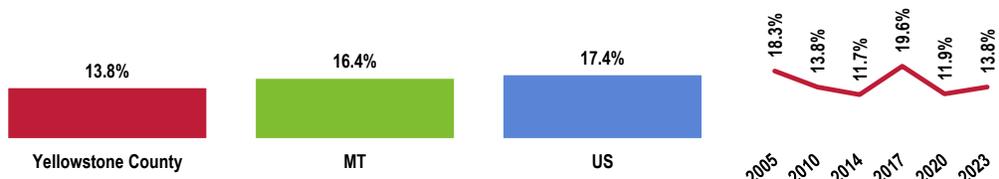
BENCHMARK ▶ Lower than found across the US. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ▶ More often reported among men, adults age 18 to 39, lower-income respondents, and persons of color.

Current Smokers

Healthy People 2030 = 5.0% or Lower

Yellowstone County



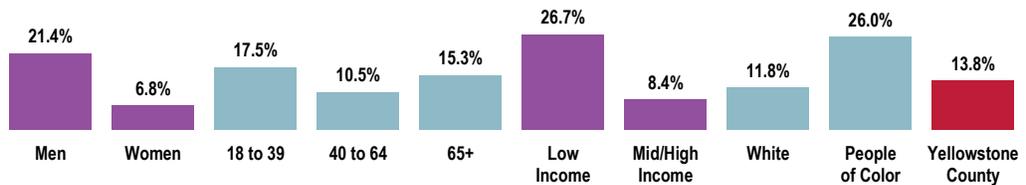
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 40]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2020 Montana data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.
 • Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

Current Smokers

(Yellowstone County, 2023)

Healthy People 2030 = 5.0% or Lower



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 40]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.
 • Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).



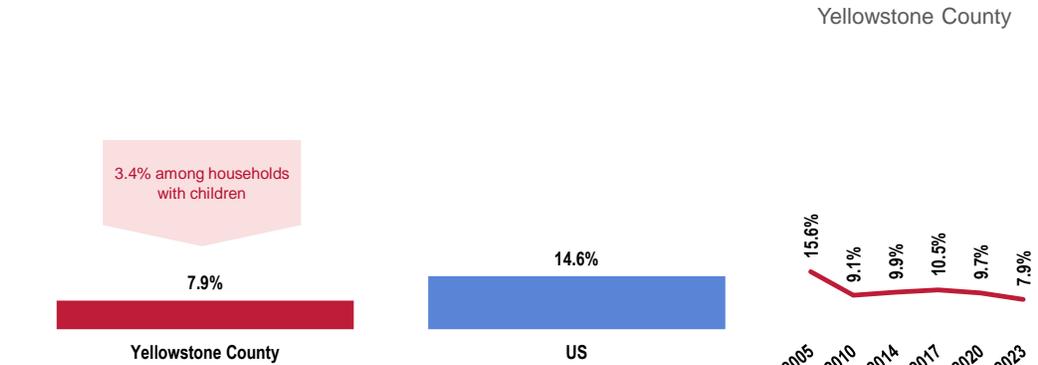
Environmental Tobacco Smoke

Among all surveyed households in Yellowstone County, 7.9% report that someone has smoked cigarettes in their home on an average of four or more times per week over the past month.

BENCHMARK ▶ More favorable than the national percentage.

TREND ▶ Represents a significant decrease over time.

Member of Household Smokes at Home



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Items 43, 134]
• 2020 PRC National Health Survey, PRC, Inc.

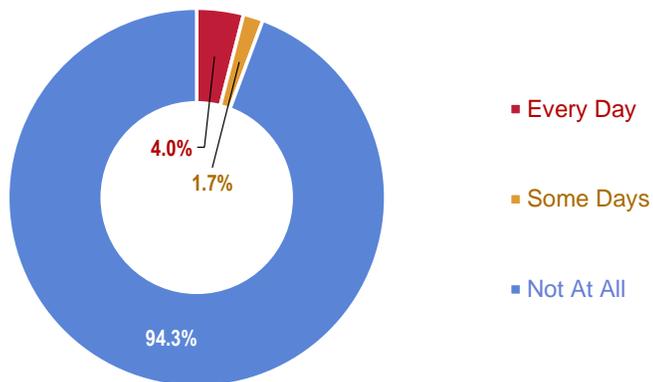
Notes: • Asked of all respondents.
• "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Other Tobacco Use

Use of Vaping Products

Most Yellowstone County adults do not use electronic cigarettes (e-cigarettes) or other electronic vaping products.

Use of Vaping Products (Yellowstone County, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 45]
Notes: • Asked of all respondents.



However, 5.7% currently use vaping products either regularly (every day) or occasionally (on some days).

BENCHMARK ▶ Lower than found across the US.

DISPARITY ▶ More often reported among adults under the age of 40 and among persons of color.

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

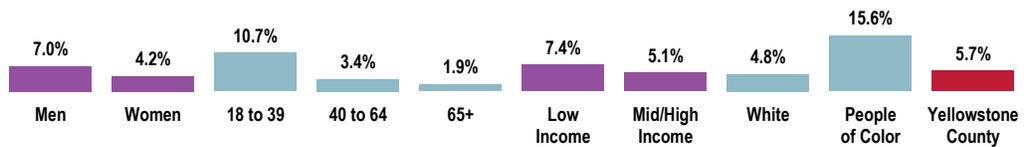
Yellowstone County



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 45]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Montana data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.
 • Includes regular and occasional users (those who use electronic vaping devices every day or on some days).
 • *The 2017 survey asked only about the use of e-cigarettes.

Currently Use Vaping Products (Yellowstone County, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 45]
 Notes: • Asked of all respondents.
 • Includes regular and occasional users (those who use electronic vaping devices every day or on some days).



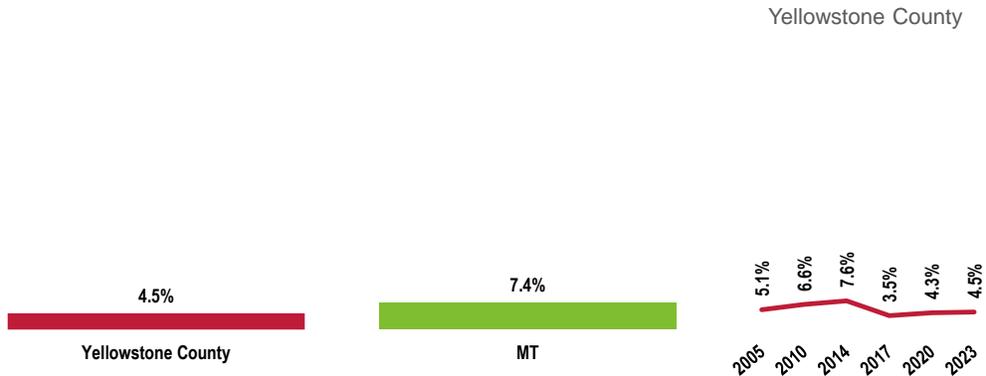
Smokeless Tobacco

Examples of smokeless tobacco include chewing tobacco, snuff, or “snus.”

A total of 4.5% of Yellowstone County adults use some type of smokeless tobacco every day or on some days.

BENCHMARK ▶ Lower than found across Montana.

Currently Use Smokeless Tobacco (Yellowstone County, 2023)

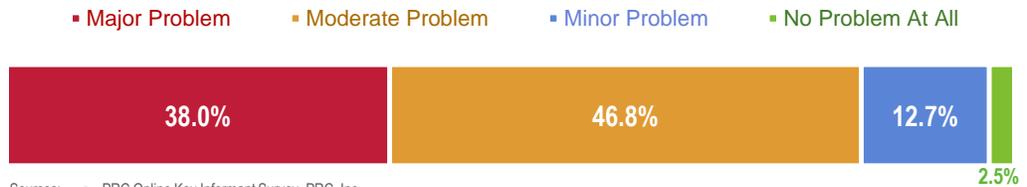


- Sources:
- 2023 PRC Community Health Survey, PRC, Inc. [Items 311]
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Montana data.
- Notes:
- Asked of all respondents.
 - Smokeless tobacco includes chewing tobacco, snuff, or snus.
 - Includes regular and occasional users (every day or on some days).

Key Informant Input: Tobacco Use

Key informants taking part in an online survey generally characterized *Tobacco Use* as a “moderate problem” in the community.

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



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

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

Incidence/Prevalence

- Very prevalent, vaping is also a huge problem. Is a major contributor to heart disease, cancer, high blood pressure, and diabetes, especially in our Native American residents. – Other Healthcare Provider
- There are a lot of people here that either smoke, chew, or both. I will not lie; I am one of them. – Social Service Provider
- Way too many people still smoke and vape. – Community Leader



We have not moved beyond tobacco abuse like other areas of the country. It's still very present in MT. – Community Leader

Tobacco use and vaping on the rise. – Other Healthcare Provider

There is an overabundance of people who still smoke or chew. – Other Healthcare Provider

E-Cigarettes

With more young people using vapes, we are seeing more young people using nicotine than ever before. Although there is much research to be done about long-term health effects of these products, I fear that we will have a strain on the health care system as the young people get older. – Public Health Representative

Vaping has made smoking seem like a healthy choice; many are still also smoking traditional cigarettes despite the science showing the poor health impacts. – Community Leader

Trends like vaping and nicotine substitutes, pouches, are appealing to the younger population and seem to be easily accessible. The legalization of recreational marijuana and widespread use concerns me. – Community Leader

I believe that teens and their vaping have caused more tobacco use. – Social Service Provider

E-cigs continue to become more popular, especially among our younger generation, creating major issues with tobacco use. – Social Service Provider

Co-Occurrences

Tobacco becomes the gateway to many other things for people. – Community Leader

I notice it when out in the community. It is a complementary issue to substance abuse and mental health issues. It complicates other health issues. – Other Healthcare Provider

Easy Access

Increase in vape shops and vaping. – Physician

Access to it, marketing to youth, cancer rates. – Community Leader

Impact on Quality of Life

Multiple health issues due to smoking. – Other Healthcare Provider

Tobacco kills, and costs so much in medical bills every year. It is pushed on the youth, and yet we complain about detrimental issues such as recreational marijuana or who uses the bathroom. I don't think I need to elaborate. – Public Health Representative

Income/Poverty

Many poor people smoke or use tobacco. – Social Service Provider

Social Norms/Community Attitude

It's so normalized, and not too much prevention is available. Tobacco and vaping become a coping mechanism, so participants are dealing with all these others issues but never addressing their tobacco intake or the health risks of it. – Other Healthcare Provider

Teen/Young Adult Usage

Tobacco companies continue to target and advertise to young people. – Public Health Representative



SEXUAL HEALTH

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

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

HIV

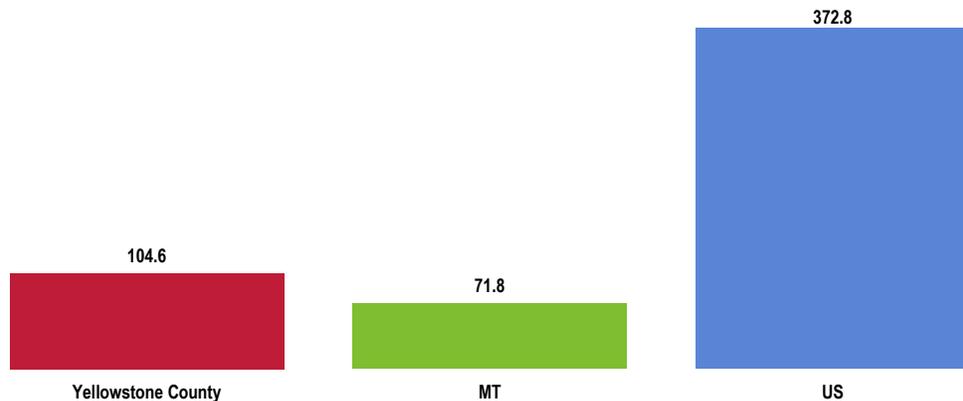
HIV Prevalence

In 2018, there was a prevalence of 104.6 HIV cases per 100,000 population in Yellowstone County.

BENCHMARK ▶ Much more favorable than the national rate but less favorable than the statewide rate.

DISPARITY ▶ Considerably high among black residents; also relatively high among Hispanic residents.

HIV Prevalence
(Prevalence Rate of HIV per 100,000 Population, 2018)



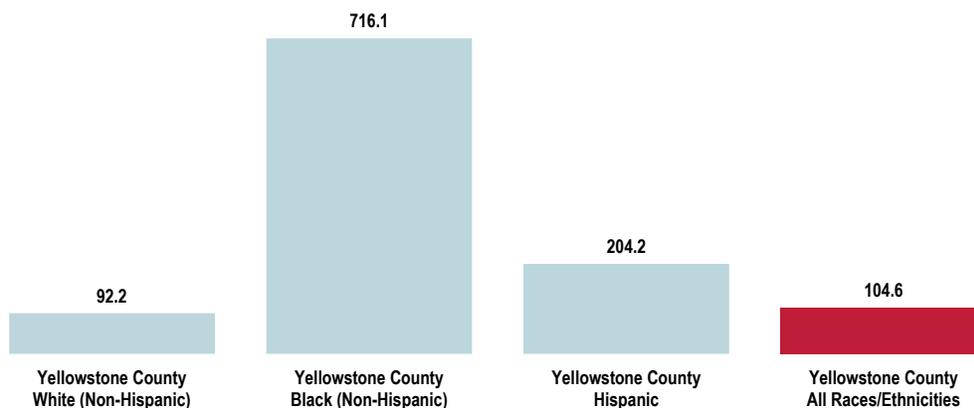
Sources: ● Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.

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

Notes: ● This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.



HIV Prevalence by Race/Ethnicity (Rate per 100,000 Population, 2018)



Sources:

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2022 via SparkMap (sparkmap.org).

Notes:

- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

Sexually Transmitted Infections (STIs)

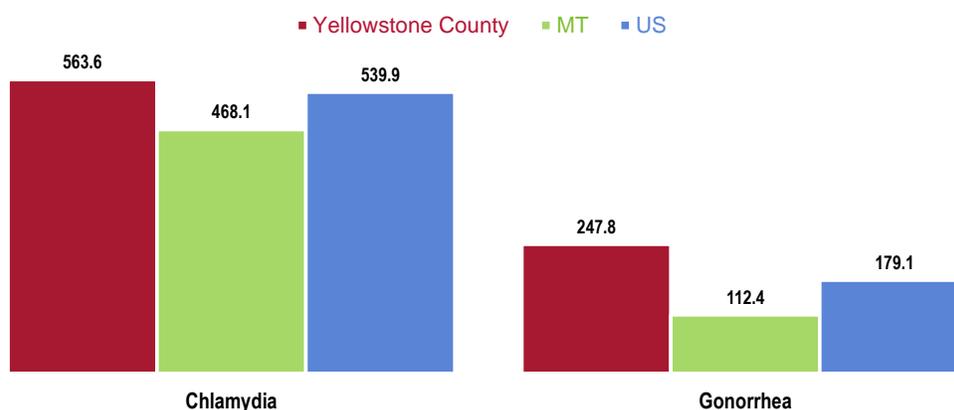
Chlamydia & Gonorrhea

In 2018, the chlamydia incidence rate in Yellowstone County was 563.6 cases per 100,000 population.

The Yellowstone County gonorrhea incidence rate in 2018 was 247.8 cases per 100,000 population.

BENCHMARK ► The chlamydia rate is less favorable than the state rate. The gonorrhea rate is less favorable than both the state and national rates.

Chlamydia & Gonorrhea Incidence (Incidence Rate per 100,000 Population, 2018)



Sources:

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2022 via SparkMap (sparkmap.org).

Notes:

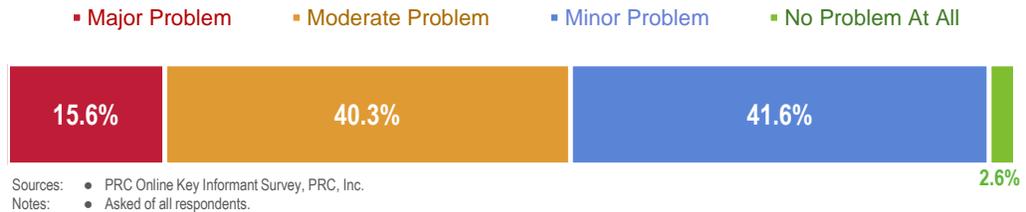
- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.



Key Informant Input: Sexual Health

Key informants taking part in an online survey generally characterized *Sexual Health* as a “minor problem” in the community.

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



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

Awareness/Education

Lack of comprehensive sex education in the schools. Sex for drugs. – Public Health Representative

Lack of quality education around sexual health. Access to prevention. Overturning Roe v. Wade. Stigma and messaging that puts sexual health primarily on the female. Lack of access to resources. – Community Leader

Lack of communication, confusion, too many transients. – Social Service Provider

Syphilis is out of control here. STD treatment is stigmatized. Education about Prep and other preventatives is only pushed out by a small part of RSH. The schools cannot help educating young persons at age-appropriate levels because most parents here want to live in 1955. We have to stop doing what has not been working.

CHANGE can save our children, save us money, reduce transmissible disease, and empower. How? Educate each other with factual info and people will take better care of themselves when armed with knowledge, rather than fear and embarrassment and ignorance. – Public Health Representative

Incidence/Prevalence

STDs are increasing at a rapid rate, particularly syphilis. We are starting to see cases of congenital syphilis, which has significant impact on the baby and could point to a breakdown in screening for syphilis during pregnancy. – Public Health Representative

STD rates on the rise. – Other Healthcare Provider

Funding

Access to sexual health care is being targeted, funding has been reduced, legislation against access. Education in the school is controversial. – Community Leader

Vulnerable Populations

Homelessness and drug use causes extortion of both males and females for sex. Methadone brings violent sexual abuse. – Social Service Provider

Prevention/Screenings

Preventable transmission of STDs is higher than it should be for a city of this size with the variety of well-funded medical institutions compared to population size. – Social Service Provider

Hepatitis C

Hepatitis C due to IV use. – Other Healthcare Provider





ACCESS TO HEALTH CARE

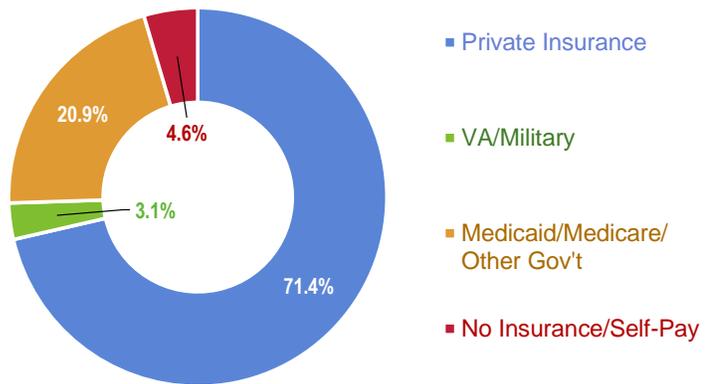
HEALTH INSURANCE COVERAGE

Type of Health Care Coverage

Survey respondents were asked a series of questions to determine their health care insurance coverage, if any, from either private or government-sponsored sources.

A total of 71.4% of Yellowstone County adults age 18 to 64 report having health care coverage through private insurance. Another 24.0% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Health Care Insurance Coverage
(Adults Age 18-64; Yellowstone County, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 137]
Notes: • Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for health care services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 4.6% report having no insurance coverage for health care expenses.

BENCHMARK ► More favorable than found across the state and US. Satisfies the Healthy People 2030 objective.

TREND ► Denotes a significant decrease over time.



Lack of Health Care Insurance Coverage (Adults Age 18-64)

Healthy People 2030 = 7.9% or Lower

Yellowstone County



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 137]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC); 2020 Montana data.
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents under the age of 65.

Lack of Health Care Insurance Coverage (Adults Age 18-64; Yellowstone County, 2023)

Healthy People 2030 = 7.9% or Lower



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 137]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents under the age of 65.



DIFFICULTIES ACCESSING HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. ...About 1 in 10 people in the United States don't have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

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

Difficulties Accessing Services

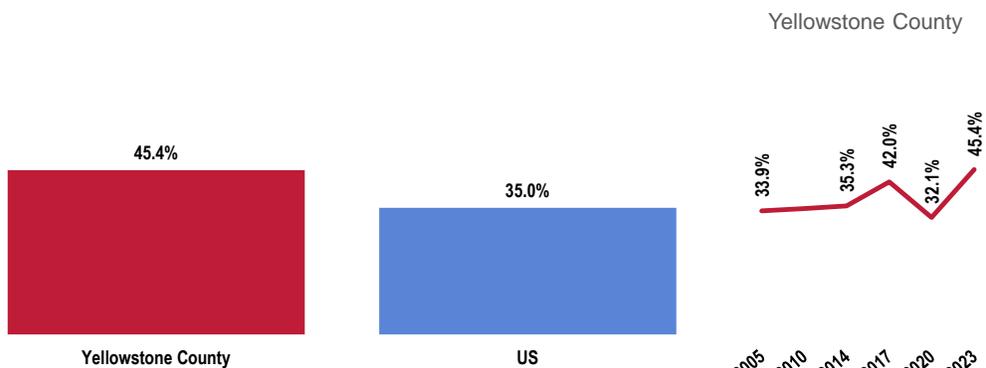
A total of 45.4% of Yellowstone County adults report some type of difficulty or delay in obtaining health care services in the past year.

BENCHMARK ▶ Worse than the US percentage.

TREND ▶ Marks an overall increase over time.

DISPARITY ▶ Women are more likely than men to report difficulties or delays in accessing services.

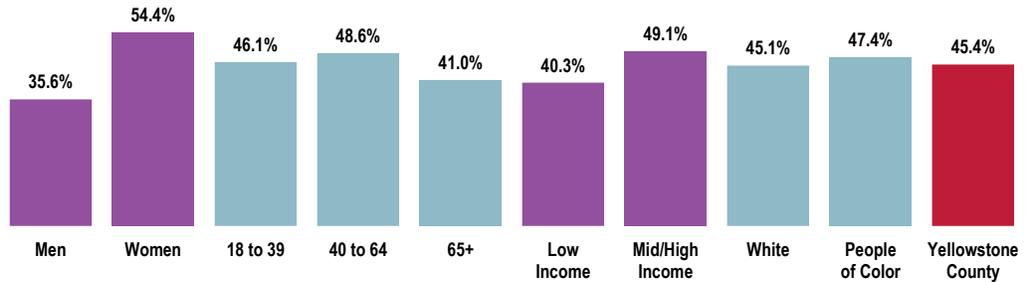
Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



Sources: ● 2023 PRC Community Health Survey, PRC, Inc. [Item 140]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.



Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year (Yellowstone County, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 140]
Notes: • Asked of all respondents.
• Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Barriers to Health Care Access

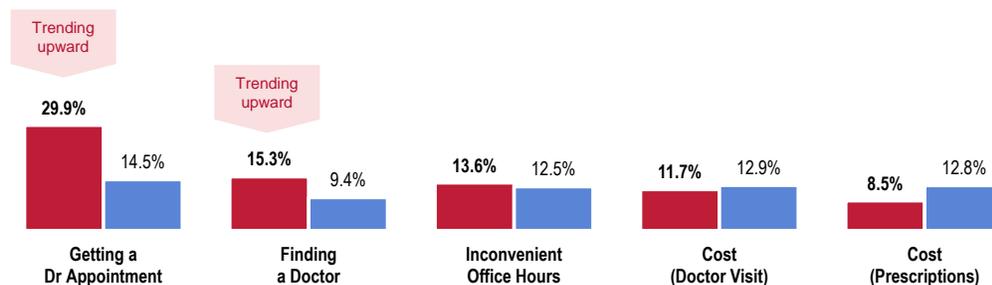
Of the tested barriers, appointment availability impacted the greatest share of Yellowstone County adults.

BENCHMARK ▶ Two of the tested barriers were found to have a higher impact locally than nationally: **appointment availability** and **finding a physician**.

TREND ▶ Since 2005, mention of **appointment availability** and **finding a physician** as barriers have increased significantly.

Barriers to Access Have Prevented Medical Care in the Past Year

■ Yellowstone County ■ US



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Items 7-9, 11, 13]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

To better understand health care access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

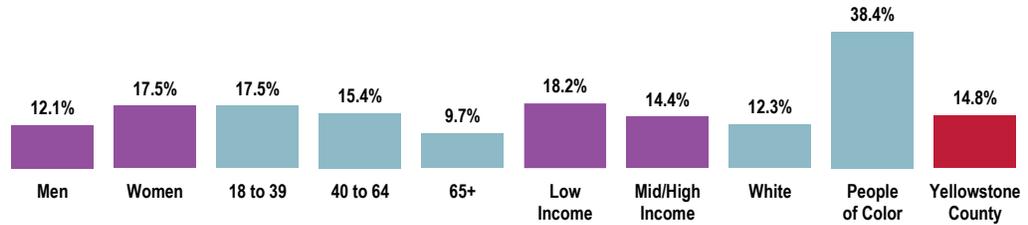


Care Avoidance During Pandemic

A total of 14.8% of respondents have chosen to avoid receiving medical care at some point during the pandemic because of concerns about coronavirus.

DISPARITY ► More often reported among younger adults and persons of color.

Went Without Needed or Planned Medical Care Due to the Pandemic (Yellowstone County, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 331]
 Notes: • Asked of all respondents.
 • Beginning of pandemic specified as March 2020.

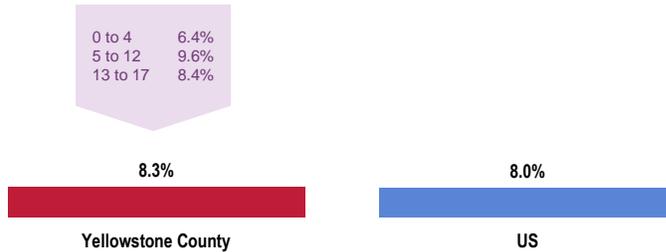
Accessing Health Care for Children

A total of 8.3% of parents say there was a time in the past year when they needed medical care for their child but were unable to get it.

TREND ► Denotes a significant increase.

Had Trouble Obtaining Medical Care for Child in the Past Year (Parents of Children 0-17)

Yellowstone County



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 104]
 • 2020 PRC National Health Survey, PRC, Inc.
 Notes: • Asked of all respondents with children age 0 to 17 in the household.

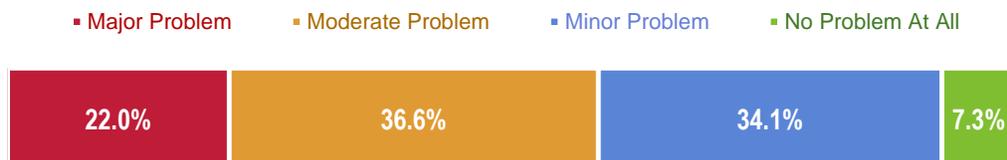
Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.



Key Informant Input: Access to Health Care Services

Key informants taking part in an online survey generally characterized *Access to Health Care Services* as a “moderate problem” in the community.

Perceptions of Access to Health Care Services as a Problem in the Community (Key Informants, 2023)



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

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

Wait Times for Appointments

Getting a doctor appointment can take weeks, sometimes months. Pre-COVID, walk-in services were easier and more accessible. Specialty care can take a really long time to get in. The physicians are so busy that it seems they oftentimes don't have the time to really listen to what you are experiencing and get to the bottom of the root cause. Instead, they are offering a band-aid approach with a quick prescription that may or may not be what you even need. They are so far behind, the physician oftentimes does not run the necessary tests until you are in their office a number of times. – Community Leader

Availability. The wait times for appointments particularly for mental health issue are quite long. – Social Service Provider

Being able to get into to see a physician in a reasonable about of time. When issues arise getting into a family physician or specialist within a couple of days would be reasonable, rather than having to go to the emergency room. – Social Service Provider

Lack of EMS and prehospital care. Lack of access to timely physician for regular family practice. – Community Leader

Long waiting time to see primary doctors. Lack of surge capacity with hospitals during COVID. – Public Health Representative

Time to get in to see a specialist, time to get in for a procedure or surgery. Access to mental health services. – Other Healthcare Provider

Access to Mental Health Services

Mental health services, not enough resources for the general public. Billings Clinic Psychiatric Center/Services have declined. I feel it is revenue driven rather than the appropriate level of care for individuals and families. Montana has one of the highest suicide rates in the nation. General public has limited service in psychiatric services. The low-income, poor homeless population has almost zero opportunity for services. Individuals have been taken by police to the ER/BC Psych Center due to being a danger to themselves and others but are back on the streets, sometimes even before the officers get back on the streets. The same lack of services can be said for substance abuse. Agencies are chasing the dollars, revenue-driven rather than the appropriate care and treatment. – Social Service Provider

Lack of professional behavioral health providers. – Social Service Provider

Access to mental health workers is the biggest issue, especially for youth. Also, crisis care for youth that is purely mental and not partnered with addiction. – Community Leader

Access to mental health services is a big challenge. As well as factors effecting social determinants of health, shelters and low barrier living situations. – Other Healthcare Provider

Access to Care

Cost, transportation, language, and cultural differences. Cost of medications. – Other Healthcare Provider



Too much use of emergency departments for primary care. Need to develop pathways to refer non-emergency patients, especially low income, to RiverStone Health Clinic rather than reinforce inappropriate use. – Public Health Representative

Cost. Lack of doctors. Lack of insurance. Billings, Republican, Legislators being opposed to expanded health care insurance coverage. The Affordable Care Act. – Community Leader

The payment system is the single biggest challenge. The profit motive needs to be totally eliminated from the mainstream of health care. – Community Leader

Income/Poverty

Poverty leads to negative health outcomes. – Community Leader

Given income and cultural disparities, our community has problems aligning services with need. Mostly this materializes as a lack of understanding and motivation on behalf of the consumer. – Other Healthcare Provider

Many of our low-income and elderly residents don't seem to know how to access. Feel that they have the time to access or are afraid of incurring debt over access to health care. – Community Leader

Recruiting/Retaining Physicians

Billings is Montana's largest city and has the largest health care providers. Healthcare drives the Billings economy. Yet, Billings has a very hard time recruiting and retaining physicians. We must ask why. The community needs to change, or this problem will continue and will become a larger problem. Over the last three years, I have seen five doctors, four of them left Billings. – Community Leader

Need for Local Collaboration

A need for agencies, organizations, nonprofits to work more together and stop enabling to effectively address the challenges we face in our community. – Social Service Provider

Diversity, Equity, and Inclusion Efforts

Diversity, equity, and inclusion is a major crisis in our community. – Social Service Provider

Key Informant Input: Oral Health

Key informants taking part in an online survey generally characterized *Oral Health* as a “minor problem” in the community.

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

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



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

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

Access to Care/Services

Access. – Other Healthcare Provider

A lot of our clients have no teeth or tooth pain and cannot get the care. And continued drug problems. – Other Healthcare Provider

Little access for homeless. – Social Service Provider

Access to dental care is exceedingly difficult in this community unless you have an already established dentist/oral surgeon and significant insurance. I spent a significant period of time working with individuals with substance addiction issues, most of whom had not had any dental care in years. Although we have a few dentists providing reduced or free care for a single service once or twice a year, RiverStone has the only community dental clinic. Wait lists are long and they are not equipped to handle the sometimes-serious oral surgery needs of individuals with long time care needs. – Community Leader



Affordable Care/Services

Dentist services are very expensive, and the insurance policies are usually out-of-pocket after medical insurance. So, getting to the dentist is a hardship for many people to have regular cleanings, fillings, and/or extractions. Also, with meth being actively used in this community, there is a lot of meth-related dental damage. – Social Service Provider

Co-Occurrences

I have seen quite a few people without teeth in our community, this is bad. Mouth issues cause other issues throughout the body. – Social Service Provider

Fear

Many people fear the dentist, have not been in years and know that when they do go it comes with a large bill. – Community Leader

Access for Medicare/Medicaid Patients

Not enough dentists accept Medicaid. If someone has insurance, the coverage is very limited as to what will be paid for and the astronomical bill remaining for good dental care. – Social Service Provider

Prevention/Screenings

Bad oral health comes from lack of screening and education for children, drug use, and the expense of dental care. – Social Service Provider



PRIMARY CARE SERVICES

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

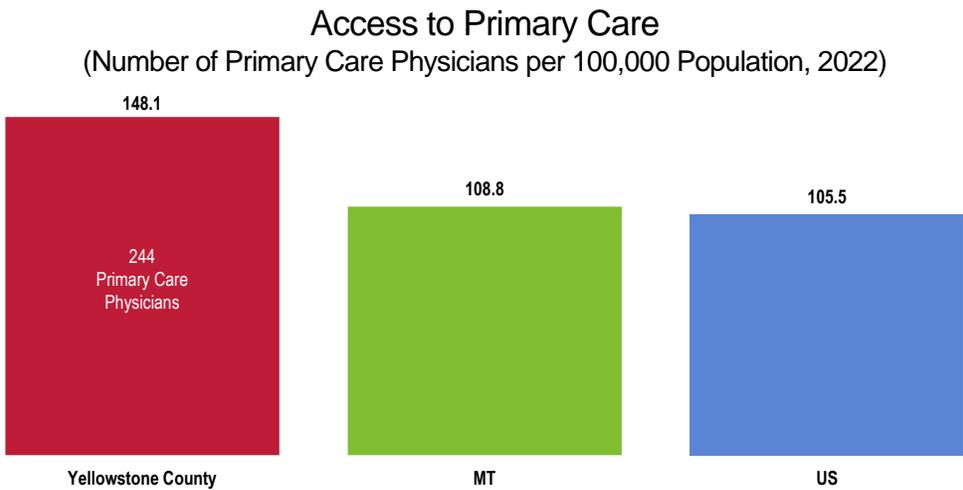
Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

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

Access to Primary Care

In 2022, there were 244 primary care physicians in Yellowstone County, translating to a rate of 148.1 primary care physicians per 100,000 population.

BENCHMARK ► More favorable than found across the state and nation.



Sources:

- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2022 via SparkMap (sparkmap.org).

Notes:

- Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.



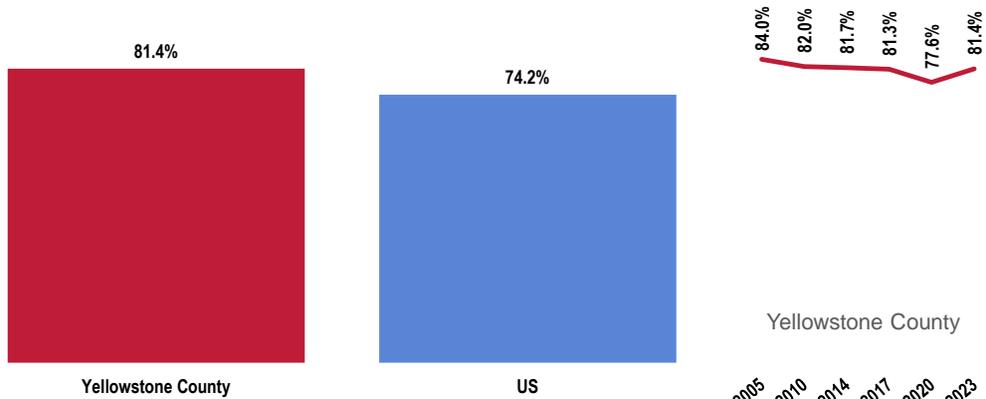
Specific Source of Ongoing Care

A total of 81.4% of Yellowstone County adults were determined to have a specific source of ongoing medical care.

BENCHMARK ▶ Better than found nationally. Similar to the Healthy People 2030 objective.

Have a Specific Source of Ongoing Medical Care

Healthy People 2030 = 84.0% or Higher



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 139]
 • 2020 PRC National Health Survey, PRC, Inc.
 • US Department of Health and Human Services. Healthy People 2030. August 2020. <http://www.healthypeople.gov>

Notes: • Asked of all respondents.

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

Utilization of Primary Care Services

Adults

Two-thirds of adults (67.0%) visited a physician for a routine checkup in the past year.

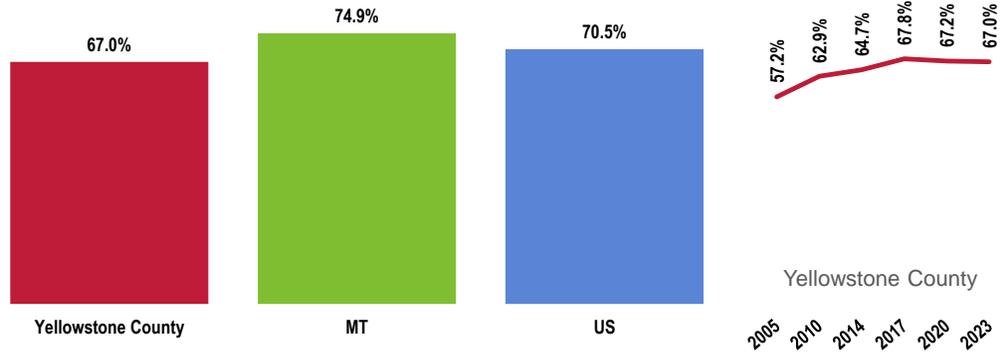
BENCHMARK ▶ Less favorable than the Montana percentage.

TREND ▶ Similar to more recent findings, but an increase over earlier findings.

DISPARITY ▶ Strongly correlated with age.



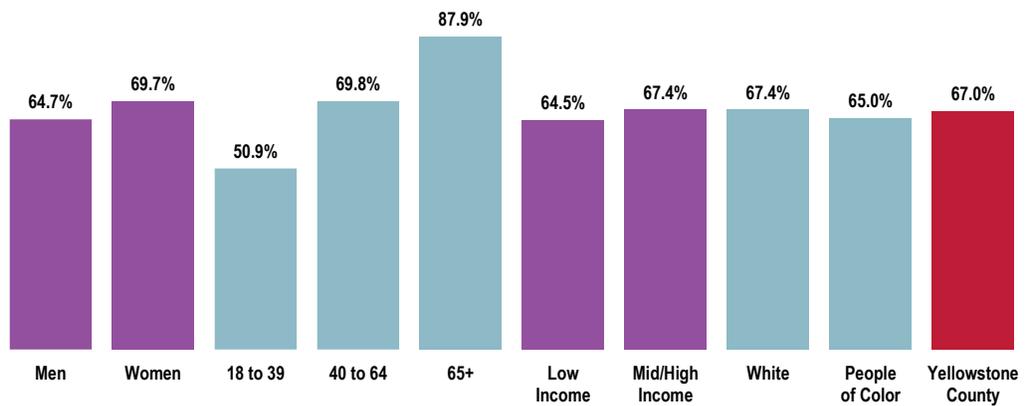
Have Visited a Physician for a Checkup in the Past Year



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 18]
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2020 Montana data.
 • 2020 PRC National Health Survey, PRC, Inc.

Notes: • Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year (Yellowstone County, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 18]
 Notes: • Asked of all respondents.



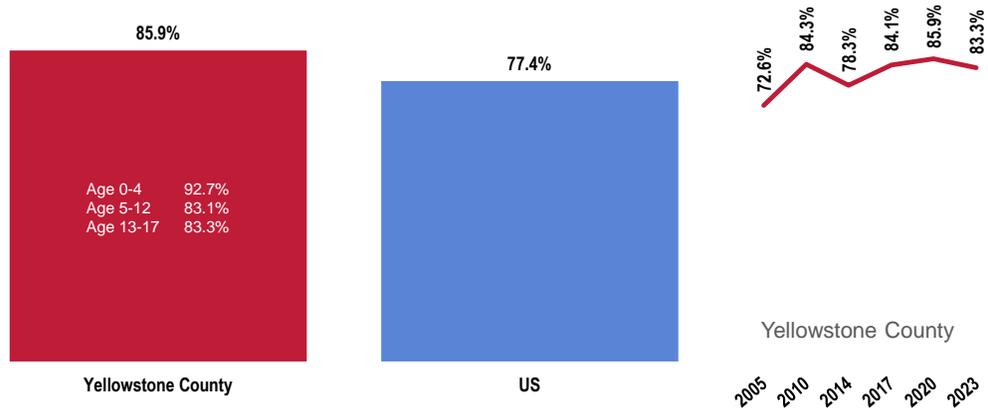
Children

Among surveyed parents, 85.9% report that their child has had a routine checkup in the past year.

BENCHMARK ▶ More favorable than the US finding.

TREND ▶ Marks a significant increase over time.

Child Has Visited a Physician for a Routine Checkup in the Past Year (Parents of Children 0-17)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 105]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents with children age 0 to 17 in the household.

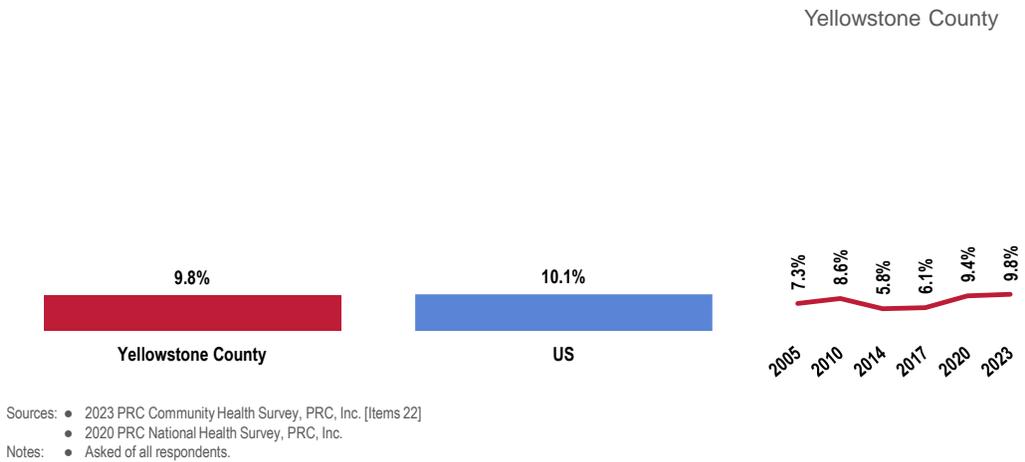


EMERGENCY ROOM UTILIZATION

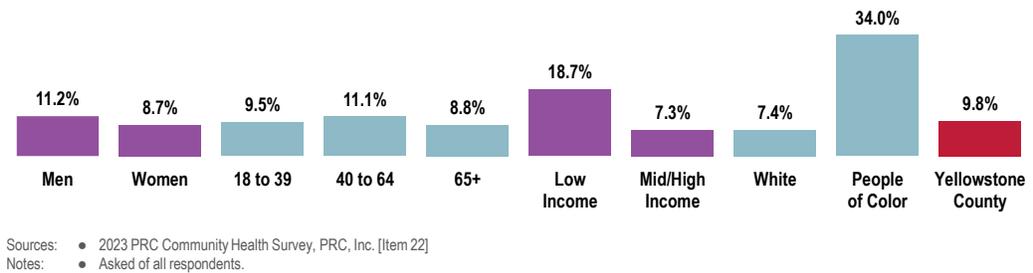
A total of 9.8% of Yellowstone County adults have gone to a hospital emergency room more than once in the past year about their own health.

DISPARITY ► More often reported among residents with lower incomes and persons of color.

Have Used a Hospital Emergency Room More Than Once in the Past Year



Have Used a Hospital Emergency Room More Than Once in the Past Year (Yellowstone County, 2023)



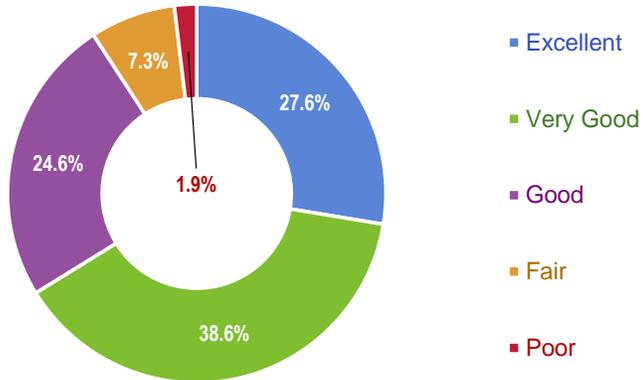


LOCAL RESOURCES

PERCEPTIONS OF LOCAL HEALTH CARE SERVICES

Most Yellowstone County adults rate the overall health care services available in their community as “excellent” or “very good.”

Rating of Overall Health Care Services Available in the Community
(Yellowstone County, 2023)



Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 9.2% of residents characterize local health care services as “fair” or “poor.”

DISPARITY ► Younger adults (especially those under 40), lower-income respondents, and those with difficulty accessing health care services are more likely to give unfavorable ratings of local services.

Perceive Local Health Care Services as “Fair/Poor”
(Yellowstone County, 2023)

With Access Difficulty 15.8%
No Access Difficulty 3.6%



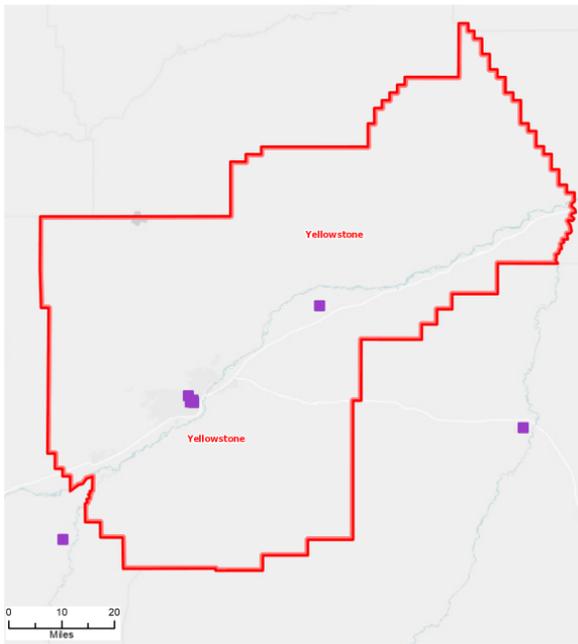
Sources: • 2023 PRC Community Health Survey, PRC, Inc. [Item 6]
• 2020 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.



HEALTH CARE RESOURCES & FACILITIES

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within Yellowstone County as of September 2020.



Federally Qualified Health Centers, POS
September 2020

Map Legend

Report Location, County

SparkMap



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

- Affordable Care Act
- Big Sky Senior Services
- Billings Clinic
- Billings Urban Indian Health and Wellness Center
- Children's Health Insurance Program
- City of Billings
- Community Health Centers
- County Commissioners
- Doctor's Offices
- Flex Family Health
- Fuller Family Medicine
- Health Care for the Homeless
- Human Resources Development Council
- Indian Health Services
- Medicaid
- Mental Health Center
- Psychiatric Stabilization Unit
- Rimrock Foundation
- RiverStone Health
- School System
- SCL Health
- Senior Services
- St. Vincent Healthcare
- Substance Abuse Treatment
- Veterans Affairs

Cancer

- American Cancer Association
- American Cancer Society
- Billings Clinic
- Frontier Cancer Center
- Naturopathic Clinic
- Relay 4 Life
- RiverStone Health
- SCL Health
- St. Vincent Healthcare

Coronavirus Disease/COVID-19

- Billings Clinic
- Billings First United Methodist Church
- Center for Disease Control and Prevention
- Church
- Doctor's Offices
- Pharm 406
- RiverStone Health
- School System
- SCL Health
- St. John's United
- St. Vincent Healthcare
- Unified Health Command
- United Way

Dementia/Alzheimer's Disease

- Adult Resource Alliance
- Affordable Care Act
- Alzheimer's Association
- Big Sky Senior Services
- Billings Clinic
- Dementia Friendly Billings
- Lifespan Respite
- RiverStone Health
- SCL Health
- St. John's United
- St. Vincent Healthcare
- Support Groups

Diabetes

- Adult Resource Alliance
- Billings Clinic
- Billings Food Bank
- Billings Urban Indian Health and Wellness Center
- Church
- Community Health Workers
- Cooks and Chefs of Montana
- Diabetes Medication Management Programs
- Diabetes Prevention Programs



- Diabetic Education Classes
- Doctor's Offices
- Family Services
- Farmer's Markets
- Fitness Centers/Gyms
- Indian Health Services
- Montana 211
- Parks and Recreation
- Prescription Drug Assistance Program
- Private Running Groups
- Public Health Information
- RiverStone Health
- School System
- SCL Health
- Senior Centers
- Senior Meal Sites
- St. Vincent Healthcare
- Supplemental Nutrition Assistance Program
- Women, Infants, and Children
- YMCA

Disability & Chronic Pain

- Affordable Care Act
- Billings Clinic
- Doctor's Offices
- Living Independently For Today and Tomorrow
- Medical Marijuana
- Mental Health Center
- MET Transit
- Molly Ward, Disability Lawyer
- Pain Clinic
- RiverStone Health
- Safe on All Roads
- St. Vincent Healthcare
- STEP
- Substance Abuse Treatment
- Veteran Affairs
- Vocational Rehab

Heart Disease & Stroke

- American Heart Association
- Billings Clinic
- Billings Urban Indian Health and Wellness Center
- City of Billings
- Doctor's Offices
- Montana Cardiovascular Health Program
- RiverStone Health
- SCL Health
- St. Vincent Healthcare
- YMCA

Infant Health & Family Planning

- Affordable Care Act
- Best Beginnings Coalition
- Billings Birth Center
- Billings Clinic
- Bright by Text
- Children's Special Health Services
- Family Services
- Head Start Programs
- Healthy Montana Families
- Indian Health Services
- Nurse Family Partnership Program
- Planned Parenthood
- RiverStone Health
- St. Vincent Healthcare
- United Way
- YMCA

Injury & Violence

- Angela's Piazza
- Behavioral Health Alliance
- Billings Clinic
- Billings First Congregational Church
- Billings Police Department
- Community Crisis Center
- Department of Corrections Transitional Programs
- Drug Court
- Gun Locks, Gun Safety Classes
- Law Enforcement
- Mental Health Center
- Montana Rescue Mission
- MT Department of Public Health and Human Services/Children and Family Services
- Rimrock Foundation
- RiverStone Health
- Sober Living Houses
- St. Vincent de Paul
- St. Vincent Healthcare
- Substance Abuse Connect
- Suicide Prevention Coalition
- Treatment Centers
- Victims Witness Advocacy
- Women and Family Shelter
- YMCA

Kidney Disease

- Billings Clinic
- Doctor's Offices
- RiverStone Health



Mental Health

406 Pride
 Adult Resource Alliance
 Affordable Care Act
 Behavioral Health Alliance
 Billings Clinic
 Billings Police Department
 Billings Urban Indian Health and Wellness Center
 Community Crisis Center
 Community Mental Health Services
 Continuum of Care
 Doctor's Offices
 Downtown Resource Officers
 Head Start Programs
 Licensed Clinical Professional Counselor
 Living Independently For Today and Tomorrow
 Montana Rescue Mission
 Mental Health Advisory Board
 Mental Health Center
 Mental Health Clinics
 Mental Health First Aid Program
 Mountain Health CO-OP
 Montana Psych
 Montana Rescue Mission
 Montana State University Billings
 National Affordable Housing Management Association
 National Alliance on Mental Illness
 New Day
 Nonprofits
 Passages
 Private Counselors and Therapists
 Psychiatric Center
 Rimrock Foundation
 RiverStone Health
 SCL Health
 Social Workers
 South Central Montana Health Center
 St. Vincent Healthcare
 Substance Abuse Connect
 Suicide Hotline
 Suicide Prevention Coalition
 Suicide Prevention Council
 United Way
 Veterans Affairs
 Women and Family Shelter
 Workforce Employee Assistance Programs
 Yellowstone Boys and Girls Ranch
 Yellowstone Counseling Center

Nutrition, Physical Activity, & Weight

9 Round
 Adult Resource Alliance
 Big Sky Economic Development Authority
 Billings Clinic
 Billings Urban Indian Health and Wellness Center
 City of Billings
 Doctor's Offices
 Family Services
 Farmer's Markets
 Fitness Centers/Gyms
 Food Bank
 Healthy by Design
 Implementing Change
 Library
 Montana State University
 Nonprofits
 Parks and Recreation
 Peace Lutheran Food Bank
 Researching Better Lifestyles
 RiverStone Health
 Salvation Army Food Truck
 School System
 SCL Health
 St. Vincent de Paul
 St. Vincent Healthcare
 Supplemental Nutrition Assistance Program
 The Phoenix
 Women, Infants, and Children
 Yellowstone Valley Food Hub
 YMCA

Oral Health

Brewer Dental
 Dentist's Offices
 RiverStone Health
 School System

Respiratory Disease

Billings Clinic
 Billings Urban Indian Health and Wellness Center
 RiverStone Health
 St. Vincent Healthcare
 Veterans Affairs



Sexual Health

406 Pride
Billings Clinic
Billings Urban Indian Health and Wellness Center
Doctor's Offices
Nonprofits
Planned Parenthood
RiverStone Health
School District 2
School System

Substance Abuse

Affordable Care Act
Alcoholics Anonymous/Narcotics Anonymous
Apsaalooke Healing Center
Billings Addiction Counseling
Billings Bicycle Cops
Billings Clinic
Billings Police Department
Billings Urban Indian Health and Wellness Center
Brighter Sky Counseling
Church
Community Crisis Center
Community Leaderships and Development Inc./Hannah House
Community Medical Services
Compass
Court System
Drug Enforcement Administration
Doctor's Offices
Drug Court
Gratitude in Action
Group Homes
Ideal Option
Indian Health Providers
Jail
Law Enforcement
Licensed Addiction Counselors
Mental Health Center
Mental Health Clinics
Methadone Clinic
Montana Chemical Dependency Center
Montana Rescue Mission
Motivated Addiction Alternative Program
Montana State University
New Day
Northern Cheyenne Recovery Center
Power of Abundant Recovery
Passages
Phoenix Gym

Private Counselors and Therapists
Recovery Court Programs
Rimrock Foundation
RiverStone Health
Rocky Mountain Rehab
SCL Health
Sober Living Houses
Sober Living Programs
St. Vincent Healthcare
Substance Abuse Connect
Substance Abuse Specialties
United Way
Veterans Affairs
White Oak Recovery

Tobacco Use

1-800-QUIT-NOW
Billings Clinic
Dentist's/Doctor's Offices
Medicaid
Montana Quit Line
My Life My Quit
Online Smoking Cessation Guidance
Rimrock Foundation
RiverStone Health
School System
St. Vincent Healthcare
Substance Abuse Connect
Substance Abuse Specialties





APPENDICES

BILLINGS CLINIC: EVALUATION OF PAST ACTIVITIES

Community Benefit

Over the past three years, Billings Clinic has invested in improving the health of our community's most vulnerable populations. Our commitment to this goal is reflected in:

- Over \$55.5 million in community benefit, excluding uncompensated Medicare.
- More than \$58.8 million in charity care and other financial assistance programs.

Our work also reflects a focus on community health improvement, as described below.

Since 2005, Billings Clinic has completed several Community Health Needs Assessments (CHNAs) for Yellowstone County, Montana with our Alliance partners, RiverStone Health and SCL Health. Based on the 2005 data, the Alliance created the Healthy By Design Coalition, with the goal of creating an environment where all community members can easily access healthy choices in their everyday lives. Through coordinated efforts and collective impact, Billings Clinic is able to partner with Healthy By Design to further community health improvement.

Billings Clinic addresses these CHNA-identified needs at the organizational level with efforts to improve awareness and education, as well as to remove barriers to care. Work is done with clinical departments, service lines, nursing and medical education, community relations, population health, care management, city/county health department, and the state and federal government. Billings Clinic is part of several community-wide coalitions to address community health needs in a collaborative way.

Billings Clinic participated in improving access to health care through appointment availability, transportation from appointments, cost of prescriptions and increased telemedicine offerings in rural communities. This year, more than 52 Billings Clinic physicians in 22 specialties traveled in excess of 260,000 miles to provide specialty care for residents of rural Montana, Wyoming, and North Dakota. Billings Clinic is the home office of the Eastern Montana Telemedicine Network, which provided more than 5,500 telemedicine appointments with medical specialists, as well as administrative and operational support to more 4,000 people attending education and meetings through 40 partner sites in Montana, western North Dakota, and northern Wyoming.

Billings Clinic supports medical careers classes in local high schools, clinical rotations for nursing students, dietary students and pharmacy students each year to help increase students in the healthcare rural workforce pipeline. Billings Clinic provides free transportation for patients who are financially unable to get home from outpatient and inpatient stays, for a total, unreimbursed cost of \$110,000. For the last 15 years, Billings Clinic has offered HealthLine, which is a free service available to all community members to ask health-related questions to medical professionals, twenty-four hours a day, seven days a week. Last year, Billings Clinic spent \$662,000 on HealthLine-related costs to ensure that this service is available to the community.

Billings Clinic Medication Assistance Program served 4,814 uninsured and underinsured patients with more than 22,305 Prescriptions processed in 2021, including financial assistance for necessary medications. The total value of the donated medications was over \$657,400.



Addressing Significant Health Needs

Billings Clinic conducted its last CHNA in 2020 and reviewed the health priorities identified through that assessment. Taking into account the top-identified needs — as well as hospital resources and overall alignment with the hospital’s mission, goals and strategic priorities — it was determined at that time that Billings Clinic would focus on developing and/or supporting strategies and initiatives to improve:

- Access to Health Care Services
- Diabetes
- Mental Health
- Heart Disease & Stroke
- Nutrition, Physical Activity, and Weight

Strategies for addressing these needs were outlined in Billings Clinic’s Implementation Strategy. Pursuant to IRS requirements, the following sections provide an evaluation of the impact of the actions taken by Billings Clinic to address these significant health needs in our community.



Evaluation of Impact

Priority Area: Access to Health Care Services	
Community Health Need	Improve access to primary care and specialty services.
Goal(s)	<ul style="list-style-type: none"> Reducing transportation as a barrier to accessing healthcare services. Increased attendance at appointments Increase home health and virtual care visit options

Strategy: Grow outreach clinics in local community clinics to create ease of access for specialty care	
Strategy Was Implemented?	Yes
Target Population(s)	Low-income residents in the eastern Montana region
Partnering Organization(s)	Internal: Scheduling, Telemedicine and provider relations External: Partnering health care facilities
Results/Impact	<ul style="list-style-type: none"> Billings Clinic specialists average 145 outreach clinics per month at 23 regional locations for residents of rural Montana, Wyoming, and North Dakota.

Strategy: Assist with transportation for patients who are unable to travel to and from appointments	
Strategy Was Implemented?	Yes
Target Population(s)	Low-income residents in Yellowstone county and beyond
Partnering Organization(s)	Internal: Population health, community benefit External: Uber Health
Results/Impact	<ul style="list-style-type: none"> Transported an average of 6 patients daily from critical appointments. Expanded from cancer center to include Psychiatry, ED, and other inpatient units

Strategy: Increase access to telehealth and home visits	
Strategy Was Implemented?	Yes
Target Population(s)	Low-income residents in the eastern Montana region
Partnering Organization(s)	Internal: Eastern telemedicine network External: Dispatch health, OnCall,
Results/Impact	<ul style="list-style-type: none"> Billings Clinic is the home office of the Eastern Montana Telemedicine Network, which provided more than 5,500 telemedicine appointments with medical specialists, as well as administrative and operational support to more 4,000 people attending education and meetings through 40 partner sites in Montana, western North Dakota, and northern Wyoming.



Priority Area: Diabetes

Community Health Need	Improve education and access to prevent and treat disease
Goal(s)	<ul style="list-style-type: none"> • Increase participation in Diabetes prevention programs • Increase participation in educational and community events designed to increase activity

Strategy: Increase resources and education in neighborhoods experiencing limited access to food and nutrition

Strategy Was Implemented?	Yes
Target Population(s)	Adolescents, parents/caregivers, individuals with disease
Partnering Organization(s)	Internal: Registered Dietitians External: Montana Cardiovascular and Diabetes Prevention Program
Results/Impact	<ul style="list-style-type: none"> • Gardeners market on South side increased vendors and created new outreach events to attract community members •

Strategy: Communication campaign with Registered dietitians

Strategy Was Implemented?	Yes
Target Population(s)	Adolescents, parents/caregivers, individuals with disease
Partnering Organization(s)	Internal: Registered Dietitians and External: Education foundation
Results/Impact	<ul style="list-style-type: none"> • Communication campaign on social media to provide resources for diabetes education • RD provide free education and assistance during community events targeting underserved communities

Strategy: Sponsor and partner with community organizations to boost wellness and education

Strategy Was Implemented?	Yes
Target Population(s)	Adolescents, parents/caregivers, individuals with disease
Partnering Organization(s)	Internal: community relations, foundation External: YMCA, Montana Women's Run, Education foundation
Results/Impact	<ul style="list-style-type: none"> • Sponsor local events promoting wellness, exercise and nutrition • Partner with education foundation and school district to provide backpack meals for low income students



Priority Area: Mental Health

Community Health Need	Improve access to mental health services
Goal(s)	<ul style="list-style-type: none"> • Build connection and community through safer neighborhoods and increase opportunities for social connections • Work with local law enforcement and non-profits to further develop crisis receiving and mental health services • Develop education pipeline for mental health providers to increase access in our community.

Strategy: Work with local nonprofits to support crisis receiving and response

Strategy Was Implemented?	Yes
Target Population(s)	Yellowstone County residents
Partnering Organization(s)	Internal: External: Substance abuse connect, crisis center
Results/Impact	<ul style="list-style-type: none"> • Worked with Substance abuse connect to develop hotline and plans for mobile crisis response unit • Worked with the Community Crisis Center for people with co-occurring disorders of mental health and substance use through financial support, leadership and staffing of mental health workers and social workers, as well as board membership by our Director of Psychiatric Services. • Billings Clinic provides psychiatric hospital admissions at the only inpatient psychiatric hospital for children, teens and adults in central/eastern Montana and northern Wyoming.

Strategy: Create placemaking and healthy activities for residents in neighborhoods to help with community connection and wellness

Strategy Was Implemented?	Yes
Target Population(s)	Yellowstone County residents
Partnering Organization(s)	Internal: External: Healthy By Design coalition
Results/Impact	<ul style="list-style-type: none"> • Created placemaking opportunities in neighborhoods to promote social connection between neighbors

Strategy: Develop the pipeline for mental health providers and caregivers in underserved communities.

Strategy Was Implemented?	Yes
Target Population(s)	Low-income residents in the eastern Montana region
Partnering Organization(s)	Internal: External: University of Washington
Results/Impact	<ul style="list-style-type: none"> • Developed Montana's first psychiatry residency program, and accepted three new residents. • Increased medical student rotations and education in behavioral health, primary care and emergency receiving



Priority Area: Heart Disease & Stroke

Community Health Need	Improve access to preventative care primary care and specialty services.
Goal(s)	<ul style="list-style-type: none"> • Increase access to necessary medications for treatment of disease • Support other organizations for collective impact in treating and preventing chronic disease and conditions • Provide education for resources for chronic conditions

Strategy: Increase medication assistance, education and support for individuals with chronic illness

Strategy Was Implemented?	Yes
Target Population(s)	Low-income residents in the eastern Montana region
Partnering Organization(s)	Internal: Pharmacy and MAP External:
Results/Impact	<ul style="list-style-type: none"> • Last year, MAP served 4,800+ uninsured and underinsured patients with more than 22,300 prescriptions, including financial assistance for necessary medications. The total value of the donated medications was over \$657,400.

Strategy: Provide financial and in-kind leadership for organizations promoting prevention, research and advocacy

Strategy Was Implemented?	Yes
Target Population(s)	Underserved residents in the eastern Montana region
Partnering Organization(s)	Internal: Cardiology External: American heart association
Results/Impact	<ul style="list-style-type: none"> • Billings Clinic makes annual financial donations and provides in-kind leadership, health policy advocacy, special event and committee support for organizations supporting prevention, research and advocacy for many chronic diseases, including the American Heart Association. • Billings Clinic also partners with the Alliance for Healthy Montanans to advocate for health policies that benefit persons with chronic diseases, including support for Medicaid expansion.

Strategy: Partner with local organizations to advocate for health policies benefiting individuals with chronic disease

Strategy Was Implemented?	Yes
Target Population(s)	Underserved residents in Montana and surrounding region
Partnering Organization(s)	Internal: Cardiac rehab External: Alliance for Healthy Montanans
Results/Impact	<ul style="list-style-type: none"> • Billings Clinic offers free community education during Heart Month and throughout the year including awareness for the signs and symptoms of heart attack and through our cardiac rehabilitation program.



Priority Area: Nutrition, Physical Activity, and Weight

Community Health Need	Improve access to resources, education and nutrition in underserved communities
Goal(s)	<ul style="list-style-type: none"> Improve access to healthy nutrition and physical activity for underserved residents through sponsorship of local community organizations Provided access to low-cost fruits and veggies in underserved area

Strategy: Participation and sponsorship of community events and organizations.

Strategy Was Implemented?	Yes
Target Population(s)	Residents in Yellowstone County
Partnering Organization(s)	Internal: External: Big Sky State Games, Women's Run, Saturday Live
Results/Impact	<ul style="list-style-type: none"> For over 30 years, Billings Clinic has been the medical provider of first aid during the state games. Last year, Billings Clinic employees donated over 500 hours of first aid coverage for a variety of events to promote physical activity and healthy weight

Strategy: Provide access to low-cost fresh fruits and vegetables in underserved neighborhoods

Strategy Was Implemented?	Yes
Target Population(s)	Underserved residents in Yellowstone County
Partnering Organization(s)	Internal: Community Relations External: Healthy by Design
Results/Impact	<ul style="list-style-type: none"> The Healthy By Design Gardeners' Market provided access to low-cost fresh fruits and vegetables by accepting WIC and SNAP for payment. An average of 211 people attended the market every week in 2021.

Strategy: Communication and education campaign in school district

Strategy Was Implemented?	Yes
Target Population(s)	Adolescents, parents/caregivers, individuals with disease
Partnering Organization(s)	Internal: Registered Dietitians External: YMCA, School district
Results/Impact	<ul style="list-style-type: none"> Billings Clinic also supports local schools in the promotion of physical activity and wellness through the "Superstar Awards" \$100 grant awards for 10 teachers per year to encourage physical activity and wellness in their classrooms, for all grades, in partnership with the YMCA.



ST. VINCENT HEALTHCARE: EVALUATION OF PAST ACTIVITIES

Addressing Significant Health Needs

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

- **Access to Health Care Services**
- **Behavioral Health (Mental Health and Substance Use)**
- **Nutrition, Physical Activity, and Weight**

Strategies for addressing these needs were outlined in St. Vincent Healthcare’s Implementation Strategy. In fulfillment of our charitable mission and in alignment with IRS requirements, the following sections provide an evaluation of the impact of the actions taken by St. Vincent Healthcare to address these significant health needs in our community.



Evaluation of Impact

Priority Area: Access to Health Care Services	
Community Health Vision	All residents will have access to comprehensive health services.
Goal(s)	<ul style="list-style-type: none"> The percentage of Yellowstone County adults reporting difficulty or delay in obtaining healthcare services will decrease by 5% from 32.1% to 30.5% in 2023. (CHNA) The percentage of Yellowstone County adults reporting a routine check-up will increase by 5%; from 67.2% to 70.6% in 2023. (CHNA)

Strategy 1: Increase opportunities to access health services both in person and virtually.	
Strategy Was Implemented?	Yes
Tactics	<ul style="list-style-type: none"> Mobile mammography coach travels to rural and tribal communities to provide increased access to mammography screening Implement primary care clinic in Lockwood Implement additional walk-in clinic location. Virtual health visits to decrease barriers to access Virtual health outreach to rural communities Specialty care outreach to rural and tribal communities Acute in-patient rehabilitation services Outreach events for preventative screenings
Partnering Organizations	<ul style="list-style-type: none"> SCL Health Medical Group Indian Health Services Primary Children's Hospital Holy Rosary Healthcare St. James Healthcare The Rehabilitation Hospital of Montana
Results/Impact	<ul style="list-style-type: none"> 3,340 mobile mammograms provided to 60 sites including 503 screened at Indian Health Service sites Primary care clinic opened in Lockwood Walk-in clinics opened in Heights, Lockwood and Laurel Average of 848 virtual health visits per month Outreach to 22 communities with 41 specialties via virtual health Specialty outreach to 23 rural and tribal communities by 19 specialties 34 acute in-patient rehabilitation beds to serve Montana and Wyoming Four outreach screening events including diabetes and blood pressure screening



Strategy 2: Increase workforce capacity to provide healthcare services.

Strategy Was Implemented?	Yes
Partnering Organizations	<ul style="list-style-type: none"> • City College-MSU-Billings • Great Falls College • Montana State University Billings • Montana State University Bozeman • University of Montana Missoula
Tactics	<p>Training at St. Vincent Healthcare for students:</p> <ul style="list-style-type: none"> • Nursing students complete clinical rotations • Pharmacy students and pharmacy residents complete training • Surgical tech students complete training • Clinical Pastoral Education (CPE) students • Montana Family Residency students • Dietary students
Results/Impact	<ul style="list-style-type: none"> • 87 nursing students • 36 pharmacy students • 6 surgical tech students annually • 13 CPE students • 24 Family Practice residents annually • 2 dietary students annually



Priority Area: Behavioral Health	
Community Health Vision	All residents will have improved mental health and less reported substance use.
Goal(s)	<ul style="list-style-type: none"> The percentage of Yellowstone County adults rating their overall mental health as good, very good or excellent will increase 5%; from 79.8% to 83.79% in 2023 (CHNA) The percentage of Yellowstone County adults reporting a negative impact on their lives by substance use will decrease 5%; from 53.8% to 56.49% in 2023 (CHNA)

Strategy 1: Improve access to mental health services and resources	
Strategy Was Implemented?	Yes
Partnering Organizations	<ul style="list-style-type: none"> Community Crisis Center Corporation for National and Community Service Healthy By Design Coalition SCL Health Medical Group Substance Abuse Connect Coalition Suicide Prevention Coalition of Yellowstone Valley United Way of Yellowstone County Walla Walla University Billings Mental Health Clinic
Tactics	<ul style="list-style-type: none"> Integrate behavioral health services into primary care clinic locations throughout Montana to increase access and decrease stigma Increase knowledge of available community resources to address mental health concerns Provide support for community access to mental health services Provide support for community organizations and coalitions addressing mental health needs Prenatal mental health and substance use screening Provide electronic support to new mothers with mental health and substance use needs Create opportunities for increased social connection Provide mentoring for youth by low-income seniors through the St. Vincent Healthcare Foster Grandparent Program
Results/Impact	<ul style="list-style-type: none"> 10 clinics with integrated behavioral health 4,267 individuals used MT211 for community resources 13,500 client visits to the Community Crisis Center 7 organizations or coalitions addressing mental health supported in-kind or financially 100% of obstetric patients screened for mental health and substance use during prenatal visits Plan developed for social connection by the Healthy By Design Coalition 6 kept appointments per month at Walla Walla University Billings free mental health clinic 5 counties including two tribal communities served by Foster Grandparents



Strategy 2: Improve supports for substance use treatment and prevention	
Strategy Was Implemented?	Yes
Partnering Organizations	<ul style="list-style-type: none"> • Community Crisis Center • Healthy By Design Coalition • Montana Healthcare Foundation • Rimrock • Substance Abuse Connect Coalition • SCL Health Medical Group • United Way of Yellowstone County
Tactics	<ul style="list-style-type: none"> • Prenatal substance use and mental health screening • Provide electronic support to new mothers with substance abuse and mental health needs • Integrate behavioral health services into primary care clinic locations throughout Montana to increase access and decrease stigma • Increase knowledge of available resources to address substance use • Provide support for community organizations addressing substance use
Results/Impact	<ul style="list-style-type: none"> • 8 clinics with integrated behavioral health • 399 moms supported with the Healthy SPARK initiative • 4,267 individuals used MT211 for community resources • 13,500 client visits to the Community Crisis Center • 7 organizations or coalitions addressing mental health supported in-kind or financially • 100% of obstetric patients screened for mental health and substance use during prenatal visits • Community plan for social connection developed by the Healthy By Design Coalition



Priority Area: Healthy Weight, Nutrition and Physical Activity	
Community Health Vision	All residents will be at a healthy weight.
Goal(s)	<ul style="list-style-type: none"> Increase the proportion of residents who are at a healthy weight in Yellowstone County by 5%; from 27.3% to 28.6% by 2023 (CHNA)

Strategy 1: Improve access to physical activity opportunities and healthier food choices	
Strategy Was Implemented?	Yes
Partnering Organizations	<ul style="list-style-type: none"> City-County Planning Department Healthy By Design Coalition School District 2
Tactics	<ul style="list-style-type: none"> Increase access to affordable produce through support of Healthy By Design Coalition Gardeners' Market Support efforts to create neighborhood focused efforts including creative place making and built environment to increase physical activity and healthy lifestyles Provide support for Kids in Motion Program to assist with bike repair for students
Results/Impact	<ul style="list-style-type: none"> 80% of customers at the Healthy By Design Coalition Gardeners' Market reported eating 5 or more servings of fruits and vegetables 15 locations and 458 student bicycles repaired through Kids in Motion sponsored by St. Vincent Healthcare Plan developed for Healthy Neighborhoods by Healthy By Design Coalition

Strategy 2: Increase access to individual interventions and opportunities for obesity prevention and healthy lifestyles	
Strategy Was Implemented?	Yes
Partnering Organization(s)	<ul style="list-style-type: none"> Billings Family YMCA Big Sky State Games Montana Department of Health and Human Services (DPHHS) SCL Health Medical Group Surgical Associates
Tactics	<ul style="list-style-type: none"> Diabetes and Heart Disease Prevention Program Weight Management Clinic Pediatric Nutrition Programs Active event support
Results/Impact	<ul style="list-style-type: none"> 52% of Diabetes and Heart Disease Prevention participants had an average weight loss of 7% Reduction in BMI for bariatric patients from 44.43 to 31.45 one-year post-op One program for pediatric weight management offered 6 active events supported



THE REHABILITATION HOSPITAL OF MONTANA: EVALUATION OF PAST ACTIVITIES

Addressing Significant Health Needs

The Rehabilitation Hospital of Montana conducted its last CHNA in 2021 and reviewed the health priorities identified through that assessment. Considering the top-identified needs — as well as hospital resources and overall alignment with the hospital's mission, goals, and strategic priorities — it was determined at that time that the Rehabilitation Hospital of Montana would focus on developing and/or supporting strategies and initiatives to improve:

- **Access to Health Care Services**
- **Stroke and Brain Injury**
- **Falls Prevention**

Strategies for addressing these needs were outlined in the Rehabilitation Hospital of Montana's Implementation Strategy. Pursuant to IRS requirements, the following sections provide an evaluation of the impact of the actions taken by the Rehabilitation Hospital of Montana to address these significant health needs in our community since the adoption of the implementation strategy in May 2022.



Evaluation of Impact

Priority Area: Access to Health Care Services

Strategy 1: Increase provider awareness of services through Clinical Liaison and Medical Director outreach.

Strategy Was Implemented? Yes

Tactics	<ul style="list-style-type: none"> • Outreach session for Therapists and Hospitalists at Bozeman Health • Stroke Conference and Post-Acute Stroke Conference vendor booth and conference attendance • LifePoint Health Subject Matter Expert presentation at Stroke Conference • Presentation at Billings Clinic Continuum of Care quarterly meeting • Central Montana Medical Center tour of facility
Partnering Organizations	<ul style="list-style-type: none"> • Bozeman Health • LifePoint Health • Billings Clinic • St. Vincent Healthcare • Central Montana Medical Center
Results/Impact	<ul style="list-style-type: none"> • Outreach session at Bozeman Health June 2022 • Stroke Conference and Post-Acute Stroke Conference May 2022 • Presentation to 250 people at the Post-Acute Stroke Conference • Presentation to 15 care sites in attendance at Billings Clinic Continuum of Care Quarterly meeting in August 2022 • Tour for Central Montana Medical Center providers in August 2022

Strategy 2: Increase workforce capacity through healthcare student rotations for therapy students, certified nursing assistants, and nursing students

Strategy Was Implemented? • Yes

Partnering Organizations	<ul style="list-style-type: none"> • City College-MSU-Billings • Montana State University Billings • Montana State University Bozeman • Rocky Mountain College
Tactics	<p>Training at the Rehabilitation Hospital of Montana for students:</p> <ul style="list-style-type: none"> • Nursing students complete clinical rotations • Certified Nursing Assistants complete clinical rotations • Therapy students complete clinical rotations
Results/Impact	<ul style="list-style-type: none"> • 1 therapy student is currently completing training





Priority Area: Brain Injury and Stroke

Strategy 1: Provide community health education to increase awareness of signs of stroke

Strategy Was Implemented? Yes

Tactics

- Social media
- Earned media
- Awareness events

Results/Impact

- 20+ Facebook posts around stroke awareness- May through August 2022
- Large Stroke Awareness Community and Media Event – May 2022
- NBC, CBS, US New and World Report, USA Today earned media on the technology used to treat stroke patients – May 2022

Strategy 2: Provide community health education on brain injury

Strategy Was Implemented? • Yes

Partnering Organizations • LifePoint

Tactics

- Create a TBI recovery support group
- Social media to raise awareness of TBI

Results/Impact

- Introductory meeting to start TBI recovery support group was held. The support group is planned to start in Fall 2022.
- 5 Facebook posts regarding TBI from Rehabilitation Hospital of Montana
- Planned Facebook posts from LifePoint

Strategy 3: Develop pet therapy program

Strategy Was Implemented? • No

Tactics • Develop a pet therapy program

Results/Impact • The program is tabled at this time after the owner and pet moved out of state.





Priority Area: Falls Prevention

Strategy 1: Provide community health education

Strategy Was Implemented? Yes

Tactics

- Social media

Results/Impact

- Social media post regarding trips to prevent falls while at home and in the community

Strategy 2: Implement fall scale designed for rehabilitation population

Strategy Was Implemented?

- In progress

Tactics

- Fall scale specifically designed for rehabilitation population will be implemented

Results/Impact

- In progress

Strategy 3: Collaborate with community efforts for falls prevention

Strategy Was Implemented?

- In progress

Partnering Organizations

- Billings Clinic
- St. Vincent Healthcare
- RiverStone Health

Tactics

- Analysis of community falls through the 2023 CHNA data

Results/Impact

- Potential collaborations will be determined



RIVERSTONE HEALTH: 2022 PUBLIC HEALTH RE-ACCREDITATION

The CHNA addresses myriad accreditation domains set forth by the national Public Health Accreditation Board (PHAB) and serves as an important point-in-time statistically valid survey of the health status of Yellowstone County residents. In addition, the CHNA is a foundational step for additional public health activities such as the community health improvement plan, service delivery, policy work, and more, that further meet PHAB requirements. The CHNA and associated staffing are collaboratively sponsored by Billings Clinic, RiverStone Health, and St. Vincent Healthcare. This assessment meets both the IRS community benefit criteria for hospitals and the requirements to maintain public health accreditation. Primary data from this assessment is supported by other national, state, and regional datasets such as the Montana Youth Risk Behavior Surveillance System (BRFSS) survey, County Health Rankings, and Healthy People 2030. A public forum centered on the data from the CHNA helped to prioritize areas of opportunity according to 1) ability to impact and 2) scope and severity. The CHNA becomes the galvanizing data source from which the Community Health Improvement Plan is developed, implemented, and evaluated.

CHNA Adherence to Public Health Accreditation Standards, version 2022

Domain 1. Assess and monitor population health status, factors that influence health, and community needs and assets.

- ☞ Standard 1.1. Participate in or lead a collaborative process resulting in a comprehensive community health assessment.
- ☞ Standard 1.2. Collect and share data that provide information on conditions of public health importance and on the health status of the population.
- ☞ Standard 1.3. Analyze public health data, share findings, and use results to improve population health.

Domain 3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.

- ☞ Standard 3.1. Provide Information on public health issues and public health functions through multiple methods to a variety of audiences.
- ☞ Standard 3.2. Use health communication strategies to support prevention, health, and well-being.

Domain 4. Strengthen, support, and mobilize communities and partnerships to improve health.

- ☞ Standard 4.1. Engage with the public health system and the community in promoting health through collaborative processes.

Domain 7. Contribute to an effective system that enables equitable access to the individual services and care needed to be healthy.

- ☞ Standard 7.1. Engage with partners in the health care system to assess and improve health service availability.
- ☞ Standard 7.2. Connect the population to services that support the whole person.

Domain 9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.

- ☞ Standard 9.2. Use and contribute to developing research, evidence, practice-based insights, and other forms of information for decision-making.

Source: Public Health Accreditation Standards. Version 2022. Public Health Accreditation Board. Accessed September 20, 2022. Available: <https://phaboard.org/accreditation-recognition/version-2022/>



YELLOWSTONE COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN: PROGRESS TO DATE

A Longstanding Partnership to Improve Community Health in Yellowstone County, Montana

Billings Clinic | RiverStone Health | St. Vincent Healthcare

Leading the Way for Collective Action

2020-2023 Yellowstone County Community Health Improvement Plan

- Reviewed and adopted by Billings Clinic, RiverStone Health, and St. Vincent Healthcare
- Comprehensive, collaborative community health strategies that focus on upstream, policy, system, and built environment approaches to improve health
- Implemented by members of the Healthy By Design Coalition, created and sponsored by Billings Clinic, RiverStone Health, and St. Vincent Healthcare
- Coalition membership includes more than 50 individuals and organizations working to **make the healthy choice, the easy choice** in Yellowstone County



Examples:

- Best Beginnings Council of Yellowstone County
- BillingsWorks – Workforce Development Council
- Community Crisis Center
- SD2 School Health Advisory Committee
- Continuum of Care Coalition to Address Homelessness
- MET Transit Coordination Committee
- Montana Family Medicine Residency Program
- Opioid Prevention Task Force
- Substance Abuse Connect Coalition
- Suicide Prevention Coalition

Strategic Partnerships



Examples:

- Advocacy for Medicaid Expansion in Montana
- Medication Assistance Programs
- Integrated Behavioral Health in Primary Care
- Kids in Motion Bicycle Repair and Curriculum
- PAX: Good Behavior Game (RiverStone Health)
- Psychiatric Residency Program (Billings Clinic)
- Reducing Substance Abuse During Pregnancy Program (St. Vincent Healthcare)
- Yellowstone County Safe Routes to Schools Committee

Mutually Reinforcing Activities



Yellowstone County Community Health Improvement Plan Progress to Date

Leading the Way for Collective Action:

2020-2023 Community Health Improvement Plan (CHIP) Overview

The Healthy By Design Coalition (HBD) is a diverse, cross sector collaboration of local organizations and advocates committed to making the healthy choice, the easy choice in Yellowstone County. Our Coalition works together to identify policy, systems, and built environment opportunities to address our community's most complex community health needs – identified through the CHNA and CHIP.

For more information on the Coalition, visit: www.hbdyc.org

Vision – Make the Healthy Choice, the Easy Choice		
<p>Overall Approach - Healthy By Design, through policy, systems and environmental change efforts that are collectively established, equitable, and community informed, will see a positive effect in Yellowstone County residents' physical, behavioral and social wellbeing related to mental health, nutrition, physical activity and weight, and substance abuse.</p>		
<p>Long Term Measurement Goal - Increase proportion of Yellowstone County residents who self-report good or better overall health from 83.3% to 87.5%.</p>	<p>2023: 84.7%</p>	
CHIP Objectives (in no particular order)		
<p>By 2023, increase the proportion of Yellowstone County residents who self-report good or better mental health from 79.8% to 83.8%</p>	<p>By 2023, increase the proportion of Yellowstone County residents who are at a healthy weight from 26.9% to 28.2%</p>	<p>By 2023, decrease the proportion of Yellowstone County residents whose lives have been negatively affected by substance abuse (their own or someone else's) from 53.8% to 51.1%</p>
2005: 93.1% 2010: 89.9% 2014: 89.4% 2017: 86.6% 2020: 79.8% 2023: 79.3%	2005: 35.8% 2010: 25.4% 2014: 31.9% 2017: 32.1% 2020: 26.9% 2023: 26.7%	2005: N/A 2010: N/A 2014: N/A 2017: 45.5% 2020: 53.8% 2023: 43.4%
<i>Based on guidance from Healthy People 2020.</i>		
Adopted Healthy By Design Strategies for the 2020-2023 CHIP Cycle		
<ol style="list-style-type: none"> 1. Healthy Neighborhoods 2. Healthy Connections 3. Healthy Investments 4. Strengthening Partnerships 		





Yellowstone County Healthy By Design Coalition Update Community Health Improvement (CHIP) Efforts

The Healthy By Design Coalition, which consists of diverse stakeholders from various sectors and walks of life, uses a collective impact model to make the healthy choice, the easy choice throughout Yellowstone County. Members seek innovative and cross-cutting policy, systems and environmental strategies to measurably improve the health of area residents.



Healthy Neighborhoods



Healthy Connections



Healthy Investments



Strengthening Partnerships

- Hosted the 12th annual Gardeners' Market at South Park and completed another USDA grant in fall 2021, increasing senior customers and vendor leadership
- Completed the South Side Healthy Neighborhood Project, resulting in 19 residential properties with sidewalks restored and printed with poetry, 5 walking routes created, and the completion of a grocery store feasibility study
- Partnered with Pioneer Park neighborhood to identify resident priorities and opportunities to expand social networking, traffic calming, and maintaining a welcoming Pioneer Park
- Organized a *Be A Good Neighbor* campaign, encouraging residents to build social connections and snow shovel to promote winter physical activity in Billings
- Launched Age Friendly Billings Coalition June 2022, accepted into AARP's Aging Friendly Communities Network
- Launched Billings Beets On the Streets – a creative placemaking project that promotes civic pride, engagement, and walkability, funded by Space2Place
- Developed several factsheets related to CHI topics for MT legislation
- Created a *Local Best Practices for Health in All Investments* resource
- Co-hosted a Livability and Accessibility forum for 2021 city office candidates
- Multi-year CDC grant awarded to launched *Resilient Yellowstone* initiative to recruit, train, and deploy community health workers to identify and address health disparities exacerbated by COVID-19
- Declared 2022 the Year of Walkability in Billings, which included walkability resources, "Walk Your Block" neighborhood tours, and *WeWalk* campaign
- Co-hosted a livability and walkability presentation from walkability expert Jeff Speck in Billings in April 2022
- Launched a new Healthy By Design website
- Completed a Data Across Sectors for Health mentorship
- Established Collective Impact Core Leaders Collaborative with local collective impact coalition staff to align efforts and resources
- Assisted the City of Billings and Billings Arts Association in successful National Endowment of the Arts grant award \$50,000 to support walkable, vibrant neighborhoods through creative placemaking
- Informed health in all policies, including the 2020 Complete Streets Progress Report, Project Re:Code, 2022 Community Transportation Safety Plan, 2022 Safe Routes to Schools Study, 2022 MET Transportation Study, and more.

To learn more about the CHIP or Healthy By Design Coalition, contact:
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