



# Action Inc.

A COMMUNITY ACTION PARTNER

## Community Needs Assessment 2025





Action Inc.

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EVALUATION

This community needs assessment was conducted by JG Research and Evaluation in partnership with Action Inc.

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# Introduction

This community needs assessment (CNA) was conducted by JG Research and Evaluation (JG) to meet the Community Services Block Grant (CSBG) program requirements and inform Action Inc. (Human Resources Development Council [HRDC], District 12) of documented community needs in the six-county service area of Action Inc. These counties include Beaverhead, Deer Lodge, Granite, Madison, Powell, and Silver Bow. The results of this CNA will help ensure the agency's services match the needs of people with low incomes and identify gaps in current services as the agency plans for future programs and community engagement. The CNA includes recommendations on how to develop or modify programs for individuals and families with low incomes in the community, especially in high-priority areas of need, including those needs that are growing.

This introduction provides a short overview of Action Inc., describes how this CNA meets CSBG program requirements, and explains the goals of the needs assessment. This description is followed by an Executive Summary of findings. Section 1 of this assessment provides a description of the demographics of the population in the Action Inc. service area while identifying areas of need by presenting secondary data from sources such as the United States (U.S.) Census Bureau, U.S. Department of Labor, and Centers for Disease Control and Prevention (CDC). Patterns, themes, and trends are discussed in the subject areas of demographics, food security, housing, educational attainment, crime statistics, community assets/environment, and community health. Section 2 reports the findings from a community-wide survey of the six-county service area of Action Inc. Section 3 provides a more in-depth discussion of Action Inc. programs, partnerships, and community engagement strategies while reporting on outcomes, indicators, and measures of Action Inc. program participants. Section 3 concludes by presenting the findings of focus groups with program participants.

The CNA ends with a discussion on emerging community needs in Section 4 and recommendations for how Action Inc. can strengthen efforts to support the residents of the six-county service area.

## Action Inc.

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Action Inc. has been serving communities in southwest Montana since 1965 and has a history of helping individuals and families develop pathways out of poverty. As a Community Action Agency (CAA), Action Inc. services vulnerable individuals and families across Beaverhead, Deer Lodge, Granite, Madison, and Silver Bow Counties, with the administrative office in Butte. The agency focuses on providing services including housing, energy assistance, early childhood education, workforce development, meals, and emergency support.

As Action Inc. strives to provide compassionate support and meaningful change in the lives of those it serves, the agency draws on its foundational elements (mission statement and core values) alongside regularly conducted comprehensive community assessments to guide strategic planning, goal setting, and program implementation.

Action Inc. administers more than 10 core programs through over 20 funding sources. The efforts of the agency include a full range of programs and services for individuals and families including early childhood education, youth employment training, support for youth in foster care, food distribution, rental assistance, U.S. Department of Housing and Urban Development (HUD) Housing Choice Voucher Program (HCV), affordable and transitional housing, energy assistance, and weatherization.

In 2024, the agency managed over \$11 million in program funding to deliver comprehensive services to over 6,000 individuals in its six-county service area in southwest Montana. As of 2025, Action Inc. employs 99 agency staff.

## CSBG requirements



CNAs are conducted to inform CAAs of the documented community needs in the service area of their agency. The CNA must meet standards and criteria laid out by the CSBG requirements. The table below lists the CSBG standards directly related to the creation of a CNA and other standards to consider when writing a CNA. The types of data (i.e., primary, secondary, administrative) are described after the table.

**Table 1. CSBG standards**

CSBG standard		Strategy to meet standard
1.2	The organization analyzes information collected directly from low-income individuals as part of the CNA. Data can be collected through a variety of ways, including focus groups, interviews, community forums, and customer satisfaction survey data provided by the agency.	<ul style="list-style-type: none"> <li>• Primary data collection and analysis including surveys and a focus group</li> <li>• Secondary data collection and analysis</li> </ul>
2.2	The organization utilizes information gathered from key sectors of the community in assessing needs and resources during the community assessment process. These sectors would include community-based organizations, faith-based organizations, private sector, public sector, educational institutions.	<ul style="list-style-type: none"> <li>• Primary, secondary, and agency administrative data collection and analysis</li> <li>• Members of sectors included in focus group</li> <li>• Statewide survey sent to representatives of sectors during survey dissemination</li> </ul>
2.3	The organization communicates its activities and results to the community.	<ul style="list-style-type: none"> <li>• Presentation to board of directors and/or other community participants</li> </ul>
3.2	As part of the CNA, the organization collects and includes current data specific to poverty related to gender, age, race/ethnicity, and other trackable indicators used in previous assessments for the service area.	<ul style="list-style-type: none"> <li>• Primary and secondary data collection and analysis</li> </ul>
3.3	The organization collects and analyzes both qualitative and quantitative data on its geographic service area(s) in the CNA. These findings will be a vital component of the analysis section of the assessment.	<ul style="list-style-type: none"> <li>• Primary and secondary data collection and analysis</li> </ul>
3.4	The CNA includes key findings on the causes and conditions of poverty and the needs of individuals and families living in the communities assessed in the three-county service area.	<ul style="list-style-type: none"> <li>• Primary, secondary, and agency administrative data collection and analysis</li> <li>• Needs described at the individual/family, community, and agency level</li> </ul>

CSBG standard		Strategy to meet standard
3.5	The tripartite board/advisory body formally accepts the complete community assessment.	<ul style="list-style-type: none"> <li>● CNA findings accepted by board of directors</li> </ul>
Other CSBG standards to consider		
1.1	The department demonstrates low-income individuals' participation in its activities.	<ul style="list-style-type: none"> <li>● Agency administrative data on low-income participation included in the CNA to track overtime</li> </ul>
2.4	The department documents the number of volunteers and hours mobilized in support of its activities.	<ul style="list-style-type: none"> <li>● Agency administrative data on volunteer hours included in the CNA to track overtime</li> </ul>
6.4	Customer satisfaction data and customer input, collected as part of the CNA, is included in the strategic planning process, or comparable planning process.	<ul style="list-style-type: none"> <li>● Administrative client satisfaction data included in CNA</li> </ul>
Checklist for monitoring CNA for State CSBG offices-specific necessary indicators to include in CNA		
3.2	Poverty and gender	<ul style="list-style-type: none"> <li>● Secondary data</li> </ul>
3.2	Poverty and age	<ul style="list-style-type: none"> <li>● Secondary data</li> </ul>
3.2	Poverty and race/ethnicity	<ul style="list-style-type: none"> <li>● Secondary data</li> </ul>
3.2	Description of geographic location (i.e., counties and municipalities)	<ul style="list-style-type: none"> <li>● Primary and secondary data</li> </ul>

## Types of data to meet CSBG standard

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### Primary data

- Data collected for a specific project and designed for understanding the problem (or question) at hand (e.g., surveys, interviews, focus groups)
- **Family/individual level** (e.g., “I do not have access to a good paying job”)
- **Community level** (e.g., “the community lacks good paying jobs”)
- **Agency level** (e.g., “the agency does not have programs or resources directed at job training for available good paying jobs in the community”)

### Secondary data

- Data collected by someone else (e.g., using existing data generated by large government institutions or health care facilities)
- **Community level**

### Administrative data

- Data collected by the CAA during organizational activities
- **Agency level** and sometimes family/individual and community level

## Goals for the CNA

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- Conduct a local assessment of needs within the service area of HRC by compiling primary, administrative, and secondary data to portray characteristics of county residents and

agency program participants.

- Collect and analyze secondary data by researching national, state, and local data sets that document the characteristics and needs of residents in the Montana counties of Mineral, Missoula, and Ravalli.
- Collect and analyze primary and administrative data, including a community-wide survey of the counties within the service area of HRC collected during the first statewide triennial CNA, client satisfaction and feedback data, a focus group of program providers, and reported program outcome data of agency program partners and their participants to understand perceptions of agency activity impacts.
- Utilize program participant outcome measures from existing administrative reports and a focus group with program providers to understand outcomes and perspectives of agency activities among those who participate in agency programs.
- Facilitate an analysis process that identifies priority areas of needs for those in the HRC service area and informs recommendations.



# Executive Summary

## Section 1

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The six-county service area of Action Inc. includes 76,426<sup>1</sup> people, which has increased slightly since 2010 (70,541<sup>2</sup>) and has an average population density of only five people per square mile.<sup>3</sup> The population of each of the counties is 35,589 (Silver Bow); 9,590 (Beaverhead); 9,512 (Deer Lodge); 8,975 (Madison); 7,029 (Powell); and 3,419 (Granite).<sup>4</sup>

The six-county service area is 49.8% female and 50.2% male. Madison County has the highest median age at 54.1 years, which is higher than the median age in Montana overall (40.2). The most urban county, Silver Bow, has the lowest median age (40.3), which is higher than both the state and national average (38.7). The service area population is 91.07% White, 1.33% Black, 0.58% Asian, 2.01% Native American or Alaska Native, 0.64% “Some other race,” and 5.35% “Two or more races.”<sup>5</sup> The percentage of the population that are veterans is 10.52% in the service area versus 9.43% in Montana and 6.44% in the United States (U.S.).

The average median household income for the entire service area of Action Inc. is \$58,434.50, lower than the median household income in Montana (\$69,922).<sup>6</sup> The household median incomes for each of the counties in the service area (Madison \$67,420; Powell \$63,432; Beaverhead \$58,072; Silver Bow \$57,504; Granite \$54,646; Deer Lodge \$49,533) are also lower than Montana (\$69,922) and the U.S. (\$78,538).<sup>7</sup> The percentage of the population living below 100% of the Federal Poverty Line (FPL) in the Action Inc. service area is 14.03%. However, the poverty rate in the service area widely differs by county and ranges from 15.8% in Silver Bow County to a low of 9.1% in Madison County, compared to Montana (12.05%) and the U.S. (12.44%). Over 15% of children in the overall Action Inc. service area are below the FPL. Poverty rates also differ by race and ethnicity including White (13.15%), Black or African American (36.9%), American Indian or Alaska Native (40.1%), Asian (15.9%), Native Hawaiian or Pacific Islander (33.33%), “Some other race” (14.22%), and “Two or more races” (20.71%).<sup>8</sup>

For each county in the service area, the percentage of the population that is uninsured is 7.89% in Granite, 7.62% in Powell, 7.39% in Madison, 6.76% in Deer Lodge, 6.64% in Silver Bow, and 5.57% in Beaverhead compared to 8.44% in Montana. For the combined service area, 19.57% of the population has a disability, with the highest age group being those ages 65 or over (34.01%).<sup>9</sup> Of the 12,732 total female population ages 15 to 19, the teen birth rate is 14.5 per 1,000, which is lower than the state’s teen birth rate of 16.7 per 1,000. This finding ranges from the lowest county birth rate of 6.3 in Beaverhead County to the highest teen birth rate of 25.4 in Powell County.<sup>10</sup>

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1 U.S. Census Bureau. (2019–2023). American Community Survey 5-Year Estimates. <https://www.census.gov/programs-surveys/acs>

2 U.S. Census Bureau (2010)

3 American Community Survey (2019–2023)

4 American Community Survey (2019–2023)

5 U.S. Census Bureau (2020)

6 American Community Survey (2019–2023)

7 American Community Survey (2019–2023)

8 American Community Survey (2019–2023)

9 American Community Survey (2019–2023)

10 Centers for Disease Control and Prevention (CDC), National Vital Statistics System via County Health Rankings (2014–2020)

The rurality and low population density of most of the Action Inc. service area can cause problems in access to services and other amenities. For example, access to download speeds greater or equal to 100 megabits per second (Mbps), which is often necessary for virtual meetings and downloading important information or forms, is much lower over the combined service area (84.8%) than the U.S. average (93.47%). This finding ranges from 63.12% of the households in Powell County to 91.35% of households in Silver Bow County.<sup>11</sup> The county with the lowest value owner-occupied homes is Granite, while the highest median value of owner-occupied units is in Silver Bow County. Rent is most expensive in Madison County and least expensive in Deer Lodge County.

## Section 2

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Section 2 presents the findings from a statewide CNA survey and focuses on the service area of Action Inc. Questions covered a range of topics including individual, family, and community needs; access to services; and perceived barriers to participation. After exclusion criteria were applied, the statewide sample was n=3,864, while the survey sample for the service area of Action Inc. was n=464.

Survey respondents ranged from ages 18 to over 80, with the highest proportion in the 55 to 64 age group. Most survey respondents (74.4%) live in Silver Bow County, with Beaverhead County (11%) having the second most survey participants. In the Action Inc. service area, only 2.4% of participants reported household incomes less than \$1,000/month, while 7.3% of respondents (n=34) reported incomes of \$1001–\$2000/month. Taken together, participants who reported less than \$3,000/month made up less than one tenth (9.7%) of the survey sample. In other words, relatively few of the survey respondents were below the FPL; 2025 poverty guidelines for all U.S. states except Alaska and Hawaii for a household of four is \$32,150.<sup>12</sup> Granite County had the highest share of participants reporting \$3000 or less a month (33.4%), followed by Beaverhead (29.4%), Deer Lodge (18.7%), Madison (18%), Silver Bow (6.1%), and Powell (0%) Counties.

Across all counties within the service area of Action Inc. combined, 68.6% of respondents (n=184) reported working full-time in one or more jobs. Other common employment statuses included retired (16.4%, n=44), working part-time (less than 30 hours; 6.3%, n=17), disabled or on disability (4.1%, n=11), and homemaker or stay-at-home parent (2.6%, n=7). Powell County had the highest proportion of full-time workers (95.3%, n=20).

For educational attainment, a large share of survey respondents chose not to share (51%); 27% earned at least a four-year college degree; 7% earned a technical, associate, or two-year degree; and only 1% had not finished high school. Participants that completed a technical, associate, or equivalent two-year degree included respondents in Deer Lodge (18.8%, n=3), Granite (16.7%, n=1), Powell (14.3%, n=3), Beaverhead (9.8%, n=5), Madison (8%, n=2), and Silver Bow (4.9%, n=17) Counties. Participants that hold four-year degrees and/or completed graduate or professional school included respondents in Madison (52%, n=13), Deer Lodge (50%, n=8), Powell (42.9%, n=9), Beaverhead (33.3%, n=17), Granite (33.3%, n=2), and Silver Bow (22.3%, n=77) Counties.

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<sup>11</sup> Data Source: FCC FABRIC Data. Additional data analysis by CARES. June 2024.

<sup>12</sup> Office of the Assistant Secretary for Planning and Evaluation. (2025). 2025 poverty guidelines. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. <https://aspe.hhs.gov/sites/default/files/documents/dd73d4f00d8a819d10b2fdb70d254f7b/detailed-guidelines-2025.pdf>

Most participants reported living in stable housing; 71.9% (n=194) own their home, and 23.7% (n=64) rent their home. A smaller portion indicated less secure or shared housing arrangements. These participants included respondents “living with multiple generations and contributing to bills” (1.5%, n=4) and “living with family or friends for free” (1.1%, n=3). Only 1.1% (n=3) reported being unhoused, 0.7% reported living in their car, and 0.4% reported living in their recreational vehicle (RV).

Participants were asked to indicate their level of agreement with a series of statements about resources and support systems in their community, ranging from “strongly disagree” to “strongly agree.” Food access was the highest rated area of support; 65.1% somewhat or strongly agreed that resources are available for people with enough food. Child care, however, received less favorable responses. Only 28.1% somewhat or strongly agreed that child care is available for families with different income levels.

The top five community needs highlighted by participants included (1) “availability of safe and affordable housing,” (2) “availability of jobs that pay enough to live on,” (3) “access to mental health services,” (4) “access to substance use disorder services,” and (5) “access to affordable child care.” The top one to three individual and family needs by domain included (1) health/social and behavioral development: “affordable health care” (51.2%), “affordable dental care” (42.7%), and “mental health services” (40.2%); (2) income, infrastructure, and asset-building: “general financial issues” (51.2%) and “money management, saving, or budgeting” (30.5%); (3) employment: “jobs that pay more and have benefits” (52.2%), “knowing where to find job resources” (20.9%), and “learning technical skills” (20.9%); (4) housing: “good affordable housing to rent” (60.4%), “good affordable housing to buy” (33.3%), and “help with rent” (31.2%); (5) education and cognitive development needs: “help with college aid/Free Application for Federal Student Aid (FAFSA) forms” (39.5%) and “technical and vocational training” (32.6%); and (6) civic engagement and community development: “safe, walkable neighborhoods with sidewalks and parks” (48.1%) and “more medical specialists” (48.1%).

### Section 3

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Action Inc. addresses the layered and intertwined challenges faced by families with low incomes through a full spectrum of coordinated programs. These programs include energy assistance (i.e., Low Income Home Energy Assistance Program [LIHEAP], Energy Share Montana, weatherization), housing stability (i.e., U.S. Department of Housing and Urban Development [HUD] Housing Choice Voucher Program [HCV], subsidized housing, housing-first, emergency housing), early childhood education (Head Start), and a variety of supportive services such as meal distribution, youth workforce training, and foster youth transition.

Each program works toward its specific objectives and supports holistic, cross program coordination through case management and internal referrals. This bundling approach ensures clients have access to multiple services as needed, reducing duplication and enhancing impact. In 2023, for example, 4,154 individuals received utility payment assistance; 893 received housing support; and 2,110 individuals received meals. Overall, thousands of families and individuals have been assisted by Action Inc.’s services. In 2022, the agency served 6,224 individuals; in 2023, the agency served 6,560 individuals; and in 2024, the agency served 4,506 individuals.

Six interviews were conducted with clients of at least one Action Inc. program, and these

conversations highlighted the value and impact of Action Inc.'s services, especially housing and LIHEAP programs. Interview participants shed light on their experiences with poverty, with all participants sharing personal stories of generational trauma or substance misuse. One interview and a focus group (n=4) were held in March 2025 with program partners from the community. Focus group and interview participants included representatives from partnering service agencies, the county, K-12 education, and the faith community. The participants discussed what is working well, the challenges families face, and how local services, especially those from Action Inc. and the Montana Department of Public Health and Human Services (DPHHS), could be improved. Focus group participants' perspectives echoed the findings from the CNA survey. The biggest community and family needs discussed by focus group participants included the lack of affordable housing and child care, low-wage jobs, and mental health and substance use disorders.

In summary, Action Inc. works to provide vulnerable populations in the six-county service area of Beaverhead, Deer Lodge, Granite, Madison, Powell, and Silver Bow Counties with opportunities to access affordable housing, meals, education/training/employment services, and affordable child care, allowing them to work toward realizing a pathway out of poverty through a variety of vital programs.

## Section 4

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Emerging needs and recommendations are grounded in the top identified community- and individual/family-level needs from the CNA survey and other data from previous sections. In the Action Inc. service area, emerging needs include affordable housing, job opportunities that pay a living wage, and access to mental health services.

Survey respondents, clients interviewed, and program partners who engaged in the focus group discussed the need for more affordable housing, placing an emphasis on affordability. Challenges that seemed to be specific to the Action Inc. service area were related to the lack of safety and poor conditions of many of the affordable units available. Data from the American Community Survey support the need for more affordable housing options as 37% of rental households and 31% of owner-occupied households with a mortgage in the Action Inc. service area are cost-burdened.<sup>13</sup> Cost-burdened households spend more than 30% of their income on housing costs.

Survey respondents, clients interviewed, and program partners who engaged in the focus group discussed the need for more jobs that pay a living wage, which is the local wage rate that a full-time worker requires to cover the costs of their family's basic needs where they live.<sup>14</sup> The largest sectors by employment size in the Action Inc. service area are retail trade, which has an average annual salary of \$33,970, and accommodations and food services, which has an average annual salary of \$25,348.<sup>15</sup> In Silver Bow County, an hourly living wage for a single adult is \$20.47 (approximately \$42,250 annually), and hourly living wage for a single-child, two-parent household in which both parents work is \$21.46 (approximately \$44,293 annually per working parent).<sup>16</sup>

The need for mental health services was most evident in client interviews, during which all

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<sup>13</sup> American Community Survey (2019–2023)

<sup>14</sup> Massachusetts Institution of Technology (MIT). (2025). Living wage calculator. <https://livingwage.mit.edu/pages/methodology>

<sup>15</sup> American Community Survey (2019–2023)

<sup>16</sup> MIT (2025)

participants shared either their own challenges with mental health or substance use issues, challenges they experienced with friends or family, or evidence that members of their community struggle with mental health and substance use-related issues. The focus group discussion highlighted the prevalence of mental health and substance use issues within the community, the role those issues play in poverty, and the loss of local mental health services.

### **Priority recommendations**

- Continue to partner with local property owners and landlords to increase the supply of subsidized housing units and voucher-eligible housing options.
- Continue to partner with large community employers to develop creative solutions to increase affordable housing options for rent and purchase.
- Identify and partner with local organizations that provide job training and education support services to expand services to existing and prospective Action Inc. clients.
- Continue to explore additional funding opportunities to provide additional job training and education support services in-house.
- Utilize median wage, living wage calculations,<sup>17</sup> education, and housing cost data to advocate for raising the state minimum wage and to influence large local employers to raise wages.
- Continue to partner with local mental health providers to improve access to services for current and prospective Action Inc. clients.
- Develop strategies for supporting clients in the Medicaid application process.

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<sup>17</sup> MIT (2025)



# Section 1: Action Inc. Service Area Overview and County Profiles

Section 1 of the community needs assessment (CNA) focuses on providing a demographic overview of the six-county service area of Action Inc., including the community environment and assets, sex, age, educational attainment, race, ethnicity, household composition, poverty, income, food security, housing, and measures of community health. The section begins with an overview of the service area region and then presents a focused profile of each individual county. The demographic section largely relies on a combination of United States (U.S.) Census Bureau data from 2020 and American Community Survey five-year estimates data from 2019–2023- and one-year 2023 estimates to provide the most comprehensive estimates. Slight differences in estimates in some cases reflect the different data sources and years.

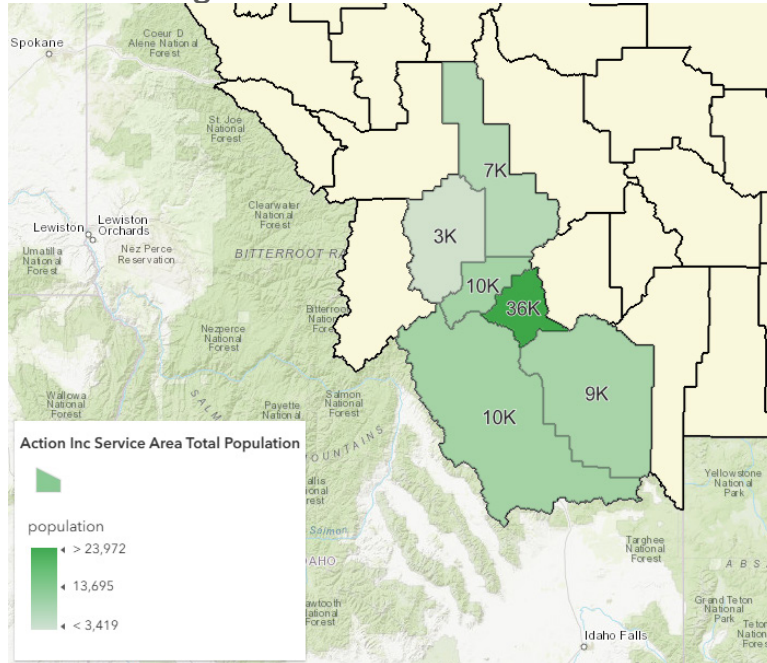
## About Beaverhead, Deer Lodge, Granite, Madison, Powell, and Silver Bow Counties

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### Service area, community environment, and assets

Action Inc. serves the southwest corner of Montana including Butte, the “Mining City.” The area has a rich history of producing copper, gold, silver, lead, and zinc. The communities in this area have been shaped, in part, by the boom-and-bust nature of mining, which created community cultures of resilience and cohesion. Spanning 14,631.6 square miles, the service area is bigger than the land area of the four smallest states in the U.S. (i.e., Rhode Island, Delaware, Connecticut, Hawaii) combined. Alternatively, the total population of the six-county service area is only 74,114 acres, for an average population density of five people per square mile. Silver Bow County—home to Butte, the most populous city in the service area—has an average population density of 50 people per square mile, while Beaverhead and Granite Counties, the least populated counties in the service area, have a population density of only two people per square mile. The service area of Action Inc. is primarily rural, with the city of Butte being the main population center. The six-county area is home to the state prison, state hospital, and two Montana University System campuses. Figure 1 shows the counties in Montana with their corresponding total population and population densities.

**Figure 1. Action Inc. service area<sup>18</sup>**



**Table 2. Service area population estimates<sup>19</sup>**

Service area	Total population	Total land area (square miles)	Population density (per square mile)
Action Inc. service area	74,114	14,631.6	5
Beaverhead	9,590	5,543.2	2
Deer Lodge	9,512	731.0	13
Granite	3,419	1,727.2	2
Madison	8,975	3,587.1	3
Powell	7,029	2,325.5	3
Silver Bow	35,589	717.6	50
Montana	1,105,072	145,550.17	8
U.S.	332,387,540	3,533,298.58	94

Between 2010 and 2024, two counties in the service area had a more significant population change than Montana overall (14.94%). The population of Madison County increased by 26.81%, and Granite County increased by 16.99%. Table 3 shows the populations of the six-county service area from 2010 to 2024.

<sup>18</sup> U.S. Census Bureau (2020)  
<sup>19</sup> U.S. Census Bureau (2020)

**Table 3. Service area population change (2010–2023)<sup>20</sup>**

Service area	Population estimates (2024)	Population, census (2020)	Population, census (2010)
Beaverhead	10,006	9,371	9,246
Deer Lodge	9,811	9,421	9,298
Granite	3,602	3,309	3,079
Madison	9,753	8,623	7,691
Powell	7,120	6,946	7,027
Silver Bow	36,134	35,133	34,200
Total	76,426	72,803	70,541

The population hub of Action Inc.’s service area, Butte, saw an increase of 2.9% (969) from 2010 to 2020. The average voter participation rate in the Action Inc. service area (67.5%) is close to the state-wide average (70.1%), demonstrating comparable community engagement to Montana. However, voter participation rates in only two counties in Action Inc.’s service area fell below the national average (63.8%) and included Deer Lodge County (58.5%) and Powell County (55%).

The rurality and low population density of most of the Action Inc. service area can cause challenges in access to the internet and transportation. Table 4 indicates access to broadband internet and households with computers for the Action Inc. service area and compares these findings with Montana and the U.S.

**Table 4. Internet and computer access<sup>21</sup>**

Service area	Total number of broadband serviceable locations	Access to download (DL) speeds $\geq$ 25 megabits per second (Mbps) and upload (UL) speeds $\geq$ 3 Mbps, percent	Access to DL speeds $\geq$ 100 Mbps and UL speeds $\geq$ 20 Mbps, percent	Households with no computer, percent
Total service area	39,662	87.81%	84.81%	8.33%
Beaverhead	5,242	80.69%	77.05%	6.12%
Deer Lodge	5,014	88.63%	87.48%	11.45%
Granite	2,871	82.06%	81.12%	9.53%
Madison	7,110	91.50%	85.82%	6.48%
Powell	3,411	71.21%	63.12%	13.46%
Silver Bow	16,014	92.81%	91.35%	7.55%
Montana	485,838	86.38%	73.38%	6.09%
U.S.	111,631,317	95.6%	93.47%	5.20%

As shown in the table, the percentage of households with no computer is higher in every county in the Action Inc. service area than Montana and the U.S. Households in the service area have slower internet speeds than the U.S. overall.

Transportation is another issue for the rural counties in the Action Inc. service area. However, despite the rural nature of the service area, the percentage of the population that commutes to work for over 60 minutes each direction is below the U.S. average (8.74%) in most counties, and the average across the service area (6.32%) is above the Montana average (4.81%). The population

<sup>20</sup> U.S. Census Bureau (2020)

<sup>21</sup> FCC FABRIC Data (2024)

percentage that commutes to work over 60 minutes each direction was higher in Madison (15.01%) and Granite (10.19%) Counties than the state and national percentages.

### Service area demographics

Table 5 gives an overview of demographics for the six counties in the service area including age, sex, race, ethnicity, veteran status, foreign-born status, and educational attainment. After the table, averages for the service area are discussed.

**Table 5. Action Inc. service area demographics<sup>22</sup>**

	Beaverhead	Deer Lodge	Granite	Madison	Powell	Silver Bow
<b>Age and sex</b>						
Persons under age 5, percent	4.97%	3.54%	4.50%	3.81%	3.44%	5.60%
Persons under age 18, percent	17.38%	12.45%	15.12%	15.70%	14.67%	20.61%
Persons ages 65 and over, percent	23.70%	25.46%	30.92%	30.55%	20.91%	19.24%
Median age by years	43.4	49.6	53.9	54.1	43.3	40.3
Female persons, percent	48.50%	46.79%	48.87%	46.94%	36.18%	48.26%
<b>Race and Hispanic origin</b>						
White, percent	92.30%	90.64%	92.72%	92.64%	88.06%	90.89%
Black or African American only, percent	0.62%	0.32%	0.73%	0.00%	1.24%	0.12%
Asian only, percent	0.27%	0.69%	0.64%	0.80%	1.89%	0.32%
American Indian or Alaska Native, percent	1.69%	1.73%	2.22%	0.43%	4.57%	2.04%
Native Hawaiian or Pacific Islander, percent	0.01%	0.08%	0.03%	0.00%	0.00%	0.02%
Two or more races, percent	4.84%	5.7%	3.01%	4.72%	3.71%	6.10%
Hispanic or Latino/a, percent, any race, percent	4.92%	3.36%	1.93%	3.53%	2.28%	4.61%
Not Hispanic or Latino/a, percent	95.08%	96.64%	98.07%	96.47%	97.72%	95.39%
<b>Population characteristics</b>						
Veterans, percent	8.97%	12.67%	11.10%	10.38%	13.21%	9.72%
Foreign-born persons, percent	0.77%	0.59%	2.08%	2.81%	1.79%	1.42%
<b>Gender and poverty</b>						
Female population in poverty, percent	13.66%	18.85%	9.51%	7.85%	5.36%	18.02%
Male population in poverty, percent	15.66%	17.49%	11.31%	5.82%	7.18%	14.42%
<b>Education<sup>23</sup></b>						
No high school diploma, percent	7.0%	7.2%	7.1%	4.6%	6.9%	6.0%
High school only, percent	26.6%	38.3%	33.1%	25.3%	45.9%	32.5%
Bachelor's degree or higher, percent	35.6%	22.3%	31.2%	34.4%	19.0%	27.7%

<sup>22</sup> American Community Survey (2019–2023)

<sup>23</sup> Education is calculated for persons ages 25 and over and is an estimated average for the period from 2019 to 2023.

The six-county service area is 49.8% female and 50.2% male. The highest median age is 54.1 year in Madison County, which is higher than the median age in Montana overall (40.2). The most urban county in the service area, Silver Bow County has the lowest median age (40.3). The service area population is 91.07% White, 0.33% Black, 0.58% Asian, 2.01% Native American or Alaska Native, 0.64% “Some other race,” and 5.35% “Two or more races.”<sup>24</sup> The percentage of the service area population who are veterans is 10.52%, which is greater than Montana (9.43%) and the U.S. (6.44%). The foreign-born population in the service area is 1.46% compared to 2.29% in Montana and 13.87% in the U.S. For education, 44.74% of the population ages 3 to 4 are enrolled in a preschool versus 45.57% in the U.S. In the service area, 28.07% of the population have at least a college bachelor’s degree, while 33.04% stopped their formal educational attainment after high school.<sup>25</sup>

### **Families and living arrangements**

Table 6 indicates the total number of households in each county, the number of persons per household, the percentage of persons 1 year or older living in the same household as one year ago (a way to measure how transient communities are), and households where a language other than English is spoken at home.

**Table 6. Action Inc. service area households**

<b>Families and living arrangements</b>	<b>Beaverhead</b>	<b>Deer Lodge</b>	<b>Granite</b>	<b>Madison</b>	<b>Powell</b>	<b>Silver Bow</b>
Households, 2019–2023	4,121	4,560	1,375	3,703	2,348	15,347
Persons per household, 2019–2023	2.21	1.91	2.41	2.36	2.29	2.24
Living in same house one year ago, percent of persons ages 1+, 2019–2023	81.0%	85.5%	86.9%	86.6%	81.9%	86.7%
Language other than English spoken at home, percent of persons ages 5+, 2019–2023	3.14%	1.86%	1.35%	4.29%	4.04%	2.71%

Table 7 below includes the total number and percentage of households by composition. According to the American Community Survey subject definitions, a family household is any housing unit in which the householder is living with one or more individuals related to them by birth, marriage, or adoption. A non-family household is any household occupied Family households and married-couple families do not include same-sex married couples. However, same-sex couple households are included in the family households category if there is at least one additional person related to the householder by birth or adoption.<sup>26</sup> The rightmost columns in the table indicate categories of households with children. In some cases, the percentages in the county do not total 100% because additional types of households are not included, such as households with two parents who are unmarried.

<sup>24</sup> U.S. Census Bureau (2020)

<sup>25</sup> American Community Survey (2019–2023)

<sup>26</sup> Description by SparkMap from the University of Wisconsin-Madison

**Table 7. Action Inc. service area total households and households with children<sup>27</sup>**

Service area	Total households	Family households, percent	Non-family households, percent	Married family households, (percent of households with children)	Single-male family households, (percentage of households with children)	Single-female family households, (percent of households with children)
Total service area	31,454	55.12%	44.88%	15.38%	2.28%	3.82%
Beaverhead	4,121	56.01%	43.99%	18.95%	1.38%	3.25%
Deer Lodge	4,560	49.96%	50.04%	13.88%	3.27%	4.93%
Granite	1,375	63.13%	36.87%	11.35%	2.69%	1.67%
Madison	3,703	66.32%	33.68%	14.37%	0.54%	0.86%
Powell	2,348	64.31%	35.69%	13.42%	4.13%	2.47%
Silver Bow	15,347	51.60%	48.40%	15.78%	2.33%	4.76%
Montana	452,683	60.72%	39.28%	17.61%	2.77%	5.10%
U.S.	127,482,865	64.50%	35.50%	19.49%	2.72%	7.42%

Household type is an important indicator to consider when identifying needs in the area, as single-parent households may have more difficulty meeting their financial obligations with only one income. Female-headed households become an important consideration when taking the wage gap between men and women into account, where women make less money than men on average for the same job. Single-parent female-headed households may lead to families requiring more help and assistance from organizations like Action Inc. to meet their basic needs. Deer Lodge County has the largest percentage of single female-headed family households in the Action Inc. service area, while Madison County has the lowest.

### **Service area economic context and poverty**

In the Action Inc. service area, the largest sector by employment size is “retail trade,” which employs 7,617 people in the service area for an average annual salary of \$33,970. The second and third largest sectors by employment size are “accommodation and food services” (average wage of \$25,348) and “finance and insurance” (average wage of \$56,618).<sup>28</sup> Table 8 shows the percentage of the population in each individual county ages 16 or over in the labor force, the household median income, and the percentage of persons in poverty.

<sup>27</sup> American Community Survey (2017–2021)

<sup>28</sup> U.S. Department of Commerce, U.S. Bureau of Economic Affairs Analysis (2022)

**Table 8. Action Inc. service area economy and poverty<sup>29</sup>**

	Beaverhead	Deer Lodge	Granite	Madison	Powell	Silver Bow
<b>Economy</b>						
In civilian labor force, total, percent of population ages 16+, 2019–2023	57.1%	54.7%	49.6%	53.6%	42.5%	58.0%
In civilian labor force, female, percent of population ages 16+, 2019–2023	55.9%	56.5%	50.2%	52.7%	51.0%	54.8%
<b>Income and poverty</b>						
Median household income (in 2023 dollars), 2019–2023	\$58,072	\$49,533	\$54,646	\$67,420	\$63,432	\$57,504
Per capita income in past 12 months (in 2021 dollars), 2017–2021	\$34,683	\$32,758	\$36,922	\$39,413	\$30,316	\$34,925
Persons in poverty, percent	12.9%	13.0%	11.6%	9.1%	16.8%	15.8%

Poverty is considered a key driver of health status, as the effects of poverty are wide-ranging. The population percentage living below 100% Federal Poverty Line (FPL) in the Action Inc. service area is 14.03%. However, the poverty rate in the service area widely differs by county and ranges from 18.15% in Deer Lodge County to a low of 6.34% in Powell County compared to Montana (12.05%) and the U.S. (12.44%). Poverty can be particularly problematic for children.

### **Children, youth, and families living under the FPL**

Poverty creates barriers to accessing healthy food, community health services, and other necessities that can negatively impact development and consequently future life outcomes for children.<sup>30</sup> Thus, measuring overall poverty rates and child poverty remains an important indicator for understanding the need for Action Inc.-led programs that are designed to meet these needs for children and families.

<sup>29</sup> U.S. Census Bureau. (2022). QuickFacts. <https://www.census.gov/quickfacts/>; U.S. Census Bureau, Population Estimates Program. (2022). <https://www.census.gov/quickfacts/>; American Community Survey (2019–2023); Data for the total service area not provided by QuickFacts.

<sup>30</sup> American Community Survey (2019–2023) via University Missouri CARES CHNA tool

**Table 9. Action Inc. service area child poverty<sup>31</sup>**

Service area	Total population	Population under age 18	Population under age 18 in poverty	Population under age 18 in poverty, percent
Total service area	70,303	12,638	1,947	15.41%
Beaverhead	9,174	1,571	209	13.30%
Deer Lodge	9,086	1,134	236	20.81%
Granite	3,347	493	9	1.83%
Madison	8,903	1,392	114	8.19%
Powell	5,250	864	54	6.25%
Silver Bow	34,543	7,184	1,325	18.44%
Montana	1,079,200	229,927	31,816	13.84%
U.S.	324,567,147	72,472,636	11,829,878	16.32%

Over 15% of children in the overall Action Inc. service area are below the FPL. However, there are large variations between counties. For example, in Deer Lodge County, 20.81% of children are below the FPL, while only 1.83% are in Granite County.

### Age and poverty

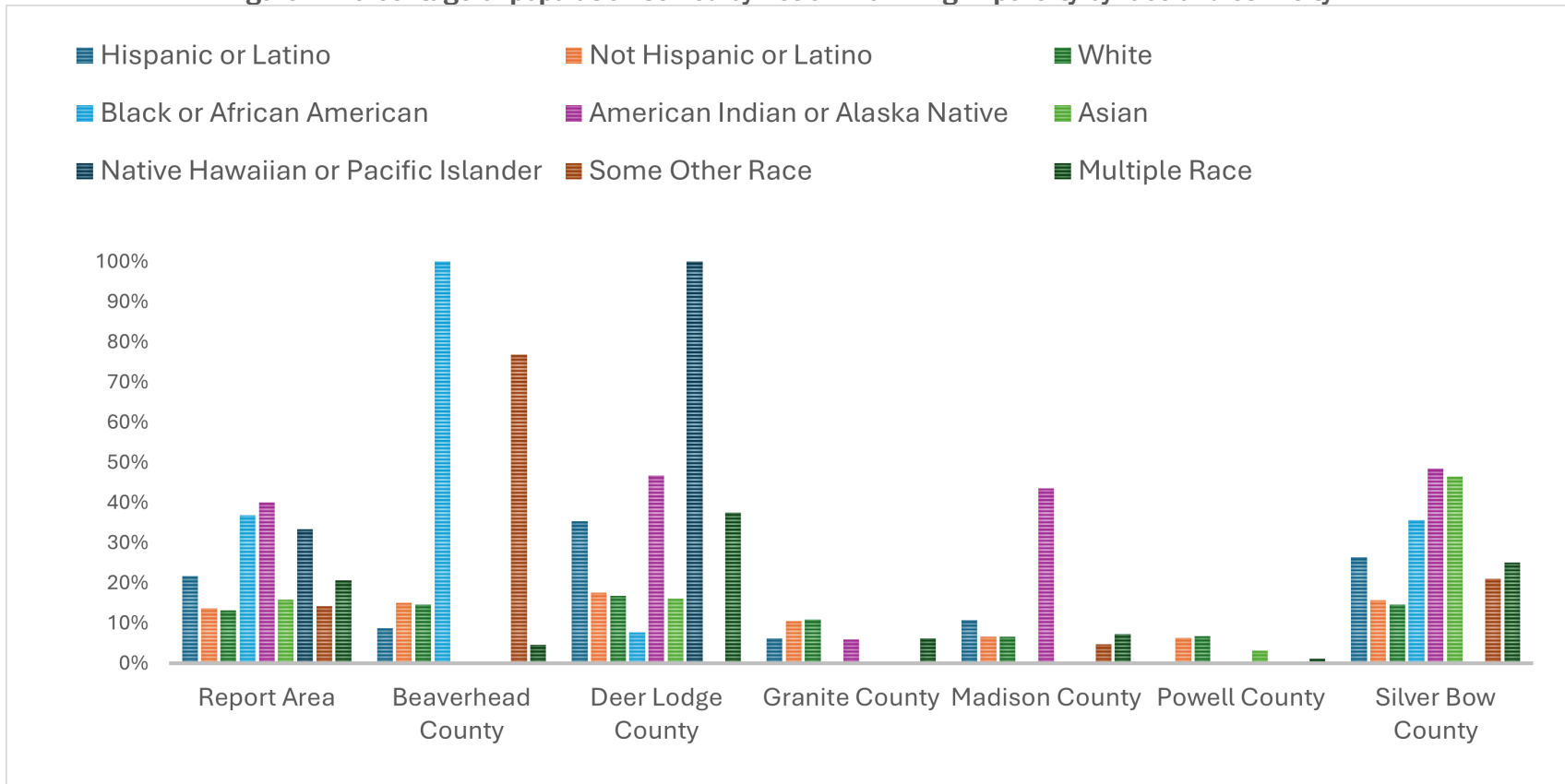
When looking at poverty rates by different age groupings for the six-county service area, young adults have the highest levels of poverty (24.4% for persons ages 18 to 24 and 17.9% for persons ages 25 to 34) followed by children ages 17 and under (14.8%). The overall poverty rate is 14.03%, which is higher than the rate for older adults (12.5% for persons ages 65 to 74 and 9.2% for persons ages 75 and over).

### Race, ethnicity, and poverty

Poverty differs by race and ethnicity. Figure 2 shows the population in poverty by race and ethnicity only. In the Action Inc. service area, the racial group with the highest percentage living in poverty is American Indian or Alaska Native (40.10%) followed by Black or African American (36.90%), and the group with the lowest percentage living in poverty is White (13.15%) followed by some other race (14.22%).

<sup>31</sup> American Community Survey (2019–2023)

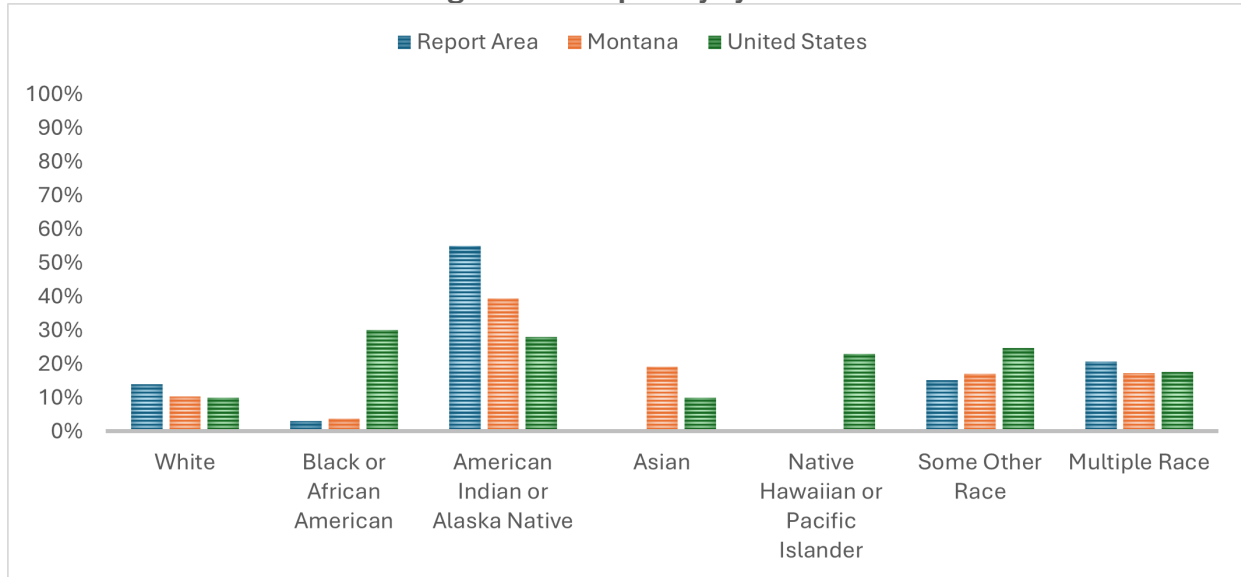
**Figure 2. Percentage of population served by Action Inc. living in poverty by race and ethnicity<sup>32</sup>**



There are also distinct racial differences and inequalities for children living in poverty. Figure 3 demonstrates the percentage of children under age 18 in poverty by race only and compares these percentages to Montana and the U.S.

<sup>32</sup> American Community Survey (2019–2023)

**Figure 3. Child poverty by race<sup>33</sup>**



In the Action Inc. service area, Black or African American children have the lowest level of poverty for any group (3.13%), while American Indian or Alaska Native children have the highest level of poverty (55.03%) in the service area. For Black or African American children, this percentage is skewed given that the Black or African American population makes up only 0.33% of the total service area population. Relative to total population, the poverty rate of Non-Hispanic White children (14.04%) is a more relevant contrast to the high poverty level of American Indian or Alaska Native Children because 91.07% of the population of the service area are White and 2.01% of the population of the service area are American Indian or Alaska Native. In the Action Inc. service area, there are 1,503 Non-Hispanic White, 93 American Indian or Alaska Native, and 2 Black or African American children living in households with incomes below the FPL.<sup>34</sup>

### **Food security and environment**

Poverty may translate to a deficit in secure access to food for children. One useful indicator signifying a lack of food security includes the number of public-school students who are eligible for reduced-price or free lunch in an area. Free or reduced-price lunches are served to qualifying students in families with incomes between under 185% (reduced price) or 130% (free lunch) FPL as part of the National School Lunch Program (NSLP).

<sup>33</sup> American Community Survey (2017–2021)

<sup>34</sup> American Community Survey (2017–2021)

**Table 10. Children eligible for reduced-price or free lunch<sup>35</sup>**

Service area	2019–2020, percent
Total service area	40.7%
Beaverhead	35.6%
Deer Lodge	52.8%
Granite	41.3%
Madison	28.6%
Powell	49.1%
Silver Bow	40.4%
Montana	40.3%
U.S.	52.1%

The table above shows the percentage of children eligible for reduced-price or free lunch for the 2019–2020 school year. Most children in Deer Lodge County (52.8%) are eligible for reduced-price or free lunch compared to 40.3% in Montana or 52.1% in the U.S.

Access to healthy food is another indicator and key driver of health status. The U.S. Department of Agriculture (USDA) Food Access Research Atlas defines a food desert as any neighborhood that lacks healthy food courses due to income level, distance to supermarkets, or vehicle access. None of the population in the service area of Action Inc. is living in a food desert.<sup>36</sup>

### **Housing, housing affordability, and people experiencing homelessness**

In this section, some data are from the American Community Survey one-year estimates (2023), and some data are from the five-year estimates (2019–2023). The table below indicates the overall number of housing units for each county in the service area, the owner-occupied rate, the median value of owner-occupied housing units, the monthly owner costs, and the median gross rent for the area (2023).

**Table 11. Action Inc. service area housing (2019–2023)<sup>37</sup>**

Housing	Beaverhead	Deer Lodge	Granite	Madison	Powell	Silver Bow
Housing units, July 1, 2022 (V2024)	4,973	5,506	2,605	6,405	2,969	17,396
Owner-occupied housing unit rate (2019–2023)	2,774	3,168	1,051	2,986	1,631	10,818
Median value of owner-occupied housing units, 2019–2023	\$829	\$827	\$608	\$849	\$893	\$944
Median selected monthly owner costs, with a mortgage, 2018–2022	\$1,456	\$1,418	\$1,610	\$1,681	\$1,472	\$1,348
Median selected monthly owner costs, without a mortgage, 2018–2022	\$436	\$401	\$476	\$526	\$549	\$490
Median gross rent, 2018–2022	\$800	\$661	\$734	\$1,159	\$770	\$810

<sup>35</sup> American Community Survey (2017–2021)

<sup>36</sup> U.S. Department of Agriculture, Economic Research Services, Food Access Research Atlas (2019)

<sup>37</sup> U.S. Census Bureau (2022); U.S. Census Bureau, Population Estimates Program (2023); American Community Survey (2019–2023); Data for the total service area not provided by QuickFacts.

Granite County has the lowest value owner-occupied homes, while Silver Bow County has the highest median value of owner-occupied units. Rent is most expensive in Madison County and least expensive in Deer Lodge County. Average rents skew higher than median values, with Butte monthly average rent closer to \$1,400.<sup>38</sup>

Vacancy rates are important to consider in terms of programs and needs because when vacancy rates are lower, housing can be more difficult to acquire, especially for those with low incomes. Of all the 39,854 housing units in the service area, 31,454 (or 78.92%) are occupied, and 8,400 (or 21.08%) are vacant.<sup>39</sup> Granite County has the highest percentage of vacant units (47.22%), while Silver Bow County has the lowest percentage of vacant units (11.78%).<sup>40</sup> The service area has a higher vacancy rate (21.08%) than Montana (13.43%) and the U.S. (10.43%).

**Table 12. Action Inc. service area occupied and vacant housing<sup>41</sup>**

Service area	Total housing units	Occupied, total	Vacant, total	Occupied, percent	Vacant, percent
Total service area	39,854	31,454	8,400	78.92%	21.08%
Beaverhead	4,973	4,121	852	82.87%	17.13%
Deer Lodge	5,506	4,560	946	82.82%	17.18%
Granite	2,605	1,375	1,230	52.78%	47.22%
Madison	6,405	3,703	2,702	57.81%	42.19%
Powell	2,969	2,348	621	79.08%	20.92%
Silver Bow	17,396	15,347	2,049	88.22%	11.78%
Montana	522,939	452,683	70,256	86.57%	13.43%
U.S.	142,332,876	127,482,865	14,850,011	89.57%	10.43%

Although Montana is rich in natural beauty, housing affordability remains an ongoing challenge in amenity-rich areas. Income disparities and lack of buildable land often contribute to the lack of housing.<sup>42</sup> In the last 25 years, nearly 20% of all public housing units in the U.S. have been eliminated,<sup>43</sup> leaving a sizable gap in the availability of affordable housing across the country. In 2017, over half of Americans spent at least 30% of their income on rent,<sup>44</sup> which was before housing and rental prices increased during the COVID-19 pandemic.

<sup>38</sup> Zillow. (2025, May 21). Butte, MT rental market. <https://www.zillow.com/rental-manager/market-trends/butte-mt/>

<sup>39</sup> U.S. Census Bureau (2020)

<sup>40</sup> U.S. Census Bureau (2020)

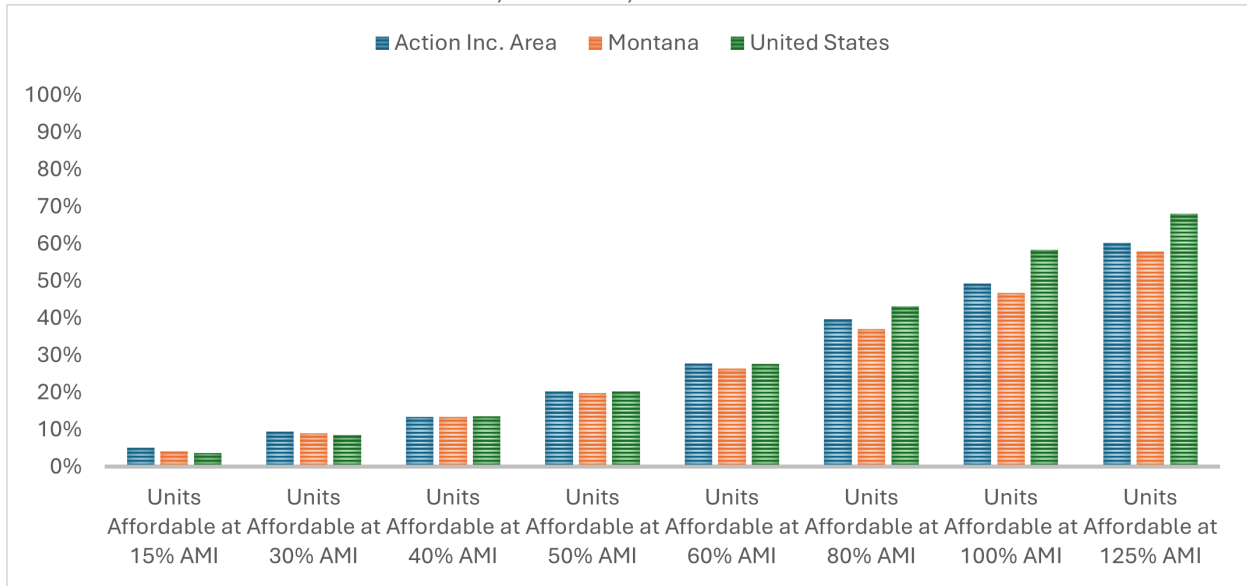
<sup>41</sup> U.S. Census Bureau (2020)

<sup>42</sup> Lawson, M. & Smith, K. (2023). Amenity trap: How high-amenity communities can avoid being loved to death. (Rep. R3b). Headwaters Economics. <https://headwaterseconomics.org/wp-content/uploads/2023HE-Amenity-Report-R3b-LOWRES.pdf>

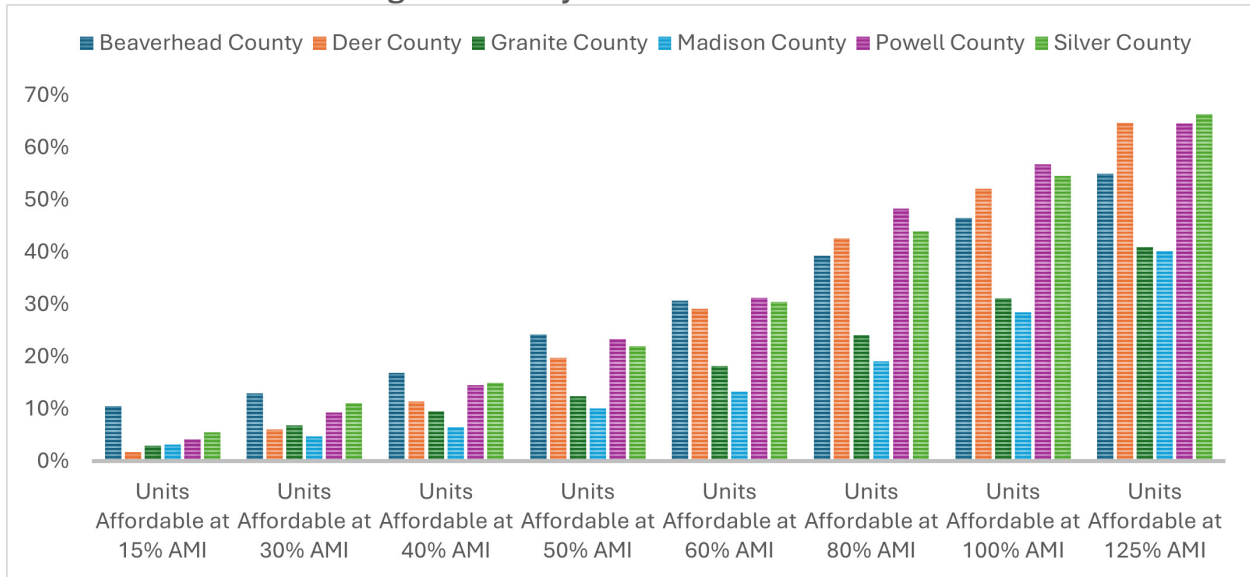
<sup>43</sup> HUD (2010)

<sup>44</sup> Joint Center for Housing Studies (2019)

**Figure 4. Affordable housing by area median household income (AMI), comparing Action Inc. service area, Montana, and the U.S.<sup>45</sup>**



**Figure 5. County units affordable at AMI<sup>46</sup>**



As the figures show, housing becomes more affordable as income increases. Thus, for households with less than the AMI, finding available affordable housing can be difficult.

The structure, condition, and quality of housing, including issues such as overcrowding, evictions, and affordability, have been linked to multiple health and life outcomes. In the service area of Action Inc., 37.18% of all rental households are cost-burdened, while 30.55% of owner-occupied households with mortgages are cost-burdened.<sup>47</sup> Cost-burdened households are defined as those that spend more than 30% of their household income on housing costs. Understanding where these households exist assists in identifying geographic areas with needs linked to housing

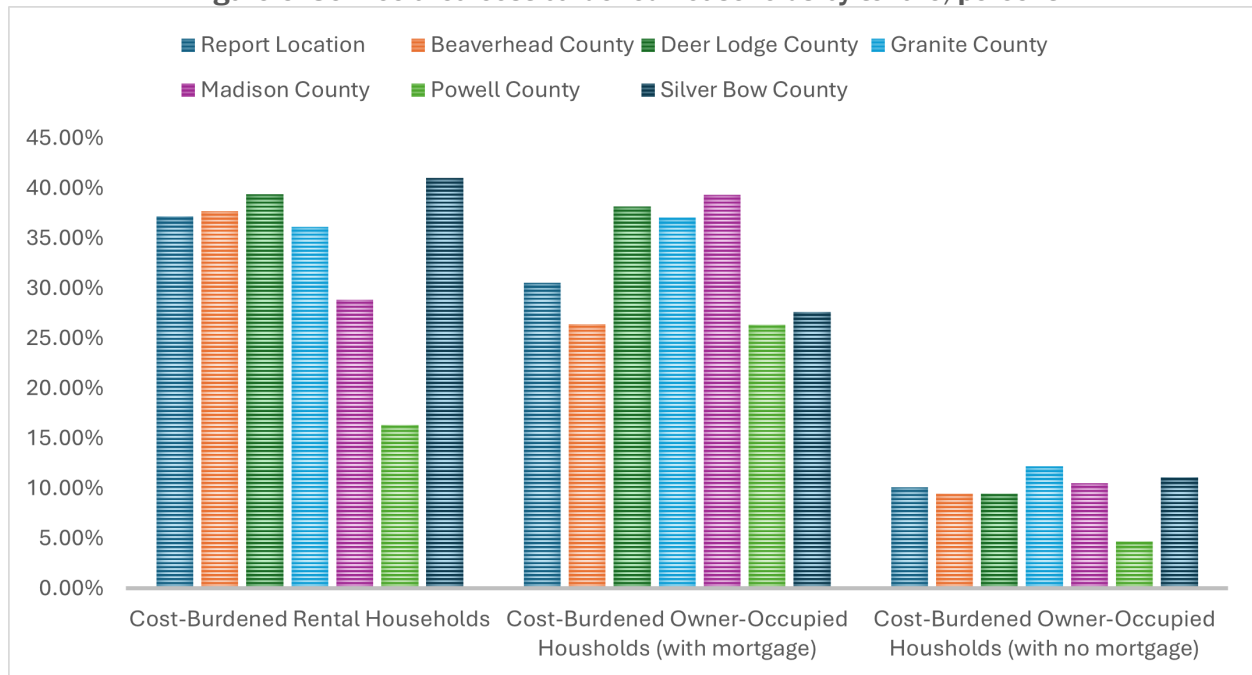
<sup>45</sup> American Community Survey (2019–2023)

<sup>46</sup> American Community Survey (2019–2023)

<sup>47</sup> American Community Survey (2017–2021)

affordability and shelter costs in an area. These data can be used to inform efforts to develop housing programs focused on supporting needs in these communities of the service area.

**Figure 6. Service area cost-burdened households by tenure, percent<sup>48</sup>**



Quality of housing also matters when considering disparities in life outcomes or quality of life for communities. Of the 31,454 total occupied housing units in the Action Inc. service area, 25.75% have been identified to have one or more substandard conditions.<sup>49</sup> This percentage ranges from 28.27% in Deer Lodge County to 16.01% in Powell County.

In 2022 in Montana, the official point-in-time information on the population of people experiencing homelessness from the U.S. Department of Housing and Urban Development (HUD) listed a total number of 1,585 unhoused persons in Montana.<sup>50</sup> This finding is likely a gross undercount, especially given that in 2025 in Butte alone, the Montana Continuum of Care Coalition counted 140 individuals experiencing homelessness<sup>51</sup> in their Point In Time Count 2025. Being unhoused is due in part to the high cost of housing, but it is also a consequence of lacking access to other resources, such as health care.

### Service area community health and behaviors

The social determinants of health are the conditions in the environment where people are born, learn, live, play, work, worship, and age that impact a wide range of quality-of-life outcomes<sup>52</sup> and health. For residents of Silver Bow County, poverty, prevalence of mental health issues and substance misuse, and housing challenges are among the most important community health

<sup>48</sup> American Community Survey (2019–2023)

<sup>49</sup> American Community Survey (2017–2021)

<sup>50</sup> U.S. Department of Housing and Urban Development (HUD). (2022). HUD 2022 continuum of care homeless assistance programs homeless populations and subpopulations. [https://files.hudexchange.info/reports/published/CoC\\_PopSub\\_State\\_MT\\_2022.pdf](https://files.hudexchange.info/reports/published/CoC_PopSub_State_MT_2022.pdf)

<sup>51</sup> Montana Continuum of Care Coalition. (2025). Homeless population point in time count 2025. [https://greatfallsmt.net/sites/default/files/fileattachments/finance/page/25371/infographic\\_montana\\_coc\\_2025\\_1.pdf](https://greatfallsmt.net/sites/default/files/fileattachments/finance/page/25371/infographic_montana_coc_2025_1.pdf)

<sup>52</sup> U.S. Department of Health and Human Services (HHS). Healthy people 2030.

issues. This finding is likely consistent with other residents in the Action Inc. service area.<sup>53</sup> Throughout this CNA, several social determinants of health in the six-county service area of Action Inc. are being examined, including housing, access to nutritious food, and income. This section includes an overview of the health indicators and outcomes in the six-county service area of Action Inc. that help to give a better picture of the needs, obstacles, and strengths in the service area.

Lack of health insurance is a useful metric for understanding key drivers of health status within a community. For each county in the service area, the percentage of the population that is uninsured is 7.89% in Granite, 7.62% in Powell, 7.39% in Madison, 6.76% in Deer Lodge, 6.64% in Silver Bow, and 5.57% in Beaverhead, compared to 8.44% in Montana.<sup>54</sup> Beginning in April 2023, after the COVID-19 public health emergency, Montana began removing people from their Medicaid rolls. As of November 2023, approximately 112,442 people have been removed from the rolls for reasons such as “failure to provide requested information,” “determined ineligible,” “other reason,” or “returned mail, no new address.”<sup>55</sup> The impact of losing Medicaid benefits has been catastrophic on low-income populations and should be considered.

Additional indicators of the health care needs of a community include the percentage of the population with any disability and the teen birth rate. For the whole service area, 19.57% of the population has a disability, with the age group with the highest percentage being those ages 65 and over (34.01%).<sup>56</sup> The teen birth rate is an important key indicator for understanding needs in the county and how they are reflected in household demographics. Of the 12,732 total female population ages 15 to 19, the teen birth rate is 14.5 per 1,000, which is lower than the state’s teen birth rate of 16.7 per 1,000. This percentage ranges from the lowest county birth rate in Beaverhead County (6.3) to the highest teen birth rate in Powell County (25.4).<sup>57</sup> The percentage of low birthweight births, as shown in the table below, is another important indicator of needs.

Cancer incidence rate, the mortality rate of those with heart disease, indicators of chronic conditions (e.g., diabetes), and sexually transmitted infection (STI) rates help provide the picture of health care needs in a community. Measuring morbidity and mortality rates helps assess the links between the social determinants of health and outcomes, which helps to better understand how certain community health needs may be addressed through interventions.

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<sup>53</sup> Community Health Needs Assessment – Silver Bow County, Montana (2023)

<sup>54</sup> American Community Survey (2024)

<sup>55</sup> Montana Department of Public Health and Human Services (DPHHS). (2024). Montana Medicaid redetermination. <https://dphhs.mt.gov/interactivedashboards/MontanaMedicaidRedetermination>

<sup>56</sup> American Community Survey (2019–2023)

<sup>57</sup> CDC, National Vital Statistics System (2014–2020)

**Table 13. Health outcomes, Action Inc. service area**

Service area	Percentage low birthweight births <sup>58</sup>	Adults with obesity (body mass index [BMI] >30), percent <sup>59</sup>	Coronary heart disease age-adjusted death rate (per 100,000) <sup>60</sup>	Cancer incidence rate (per 100,000) <sup>61</sup>	Adults age 20+ with diabetes (age-adjusted), percent <sup>62</sup>
Total service area	No data available	26.9%	189.8	437.4	8.1%
Beaverhead	5.9%	26.9%	114.4	358.5	7%
Deer Lodge	9.9%	27.4%	168.0	426.4	8.9%
Granite	No data	25.5%	175.1	358.4	7%
Madison	7.0%	23.0%	156.9	372.6	5.7%
Powell	6.3%	28.9%	160.5	522.5	7.9%
Silver Bow	10.1%	27.5%	231.6	479.1	9.2%
Montana	7.6%	28.2%	130.6	457.0	7.5%
U.S.	8.4%	30.1%	111.0	442.3	8.9%

For STIs, both the chlamydia incidence rate per population of 100,000 (257.33) and the gonorrhea incidence rate (31.50) are lower than the Montana averages (chlamydia: 322.65; gonorrhea: 67.7).<sup>63</sup> The prevalence of HIV is notably higher in the Action Inc. service area (133.51) than in Montana (75.3).

Behaviors, such as tobacco use and substance abuse, can contribute to poor health status, making them important measures to consider. In the service area, 25.04% of adults reported heavy alcohol consumption,<sup>64</sup> and 15.8% (age-adjusted) of the population report being current smokers. Behavioral health measures are also important to consider regarding overall health status. Behavioral health generally refers to mental health and substance use disorders.<sup>65</sup> The table below provides indicators related to behavioral health for each county. Please note that drug overdose deaths per county were not available for each county.

**Table 14. Behavioral health outcomes by county<sup>66</sup>**

Service area	Poor mental health days in past 30 days (2019)	Percent of adults reporting binge or heavy drinking (2019)	Percent of driving deaths with alcohol involvement (2016–2020)	Ratio of population to mental health providers (2022)	Percentage of adults ages 18 and over reporting no leisure physical activity (2020)
Beaverhead	5.3	23%	50%	490:1	23%
Deer Lodge	6.2	23%	43%	170:1	23%
Granite	5.5	24%	42%	1,800:1	23%
Madison	4.7	27%	27%	1,190:1	19%
Powell	5.2	27%	40%	710:1	25%
Silver Bow	6.0	25%	18%	170:1	22%

58 University of Wisconsin Population Health Institute, County Health Rankings (2017–2023)

59 CDC, National Center for Chronic Disease Prevention and Health Promotion (2021)

60 CDC, National Vital Statistics System. Accessed via CDC WONDER (2016–2020)

61 State Cancer Profiles (2016–2020)

62 CDC, National Center for Chronic Disease Prevention and Health Promotion (2021)

63 CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (2023)

64 CDC, Behavioral Risk Factor Surveillance System (2022)

65 American Medical Association. (2022, August 22). What is behavioral health? <https://www.ama-assn.org/delivering-care/public-health/what-behavioral-health>

66 County Health Rankings and Roadmaps. Compare counties. Retrieved May 22, 2025, from [countyhealthrankings.org](https://countyhealthrankings.org)

## Beaverhead County profile

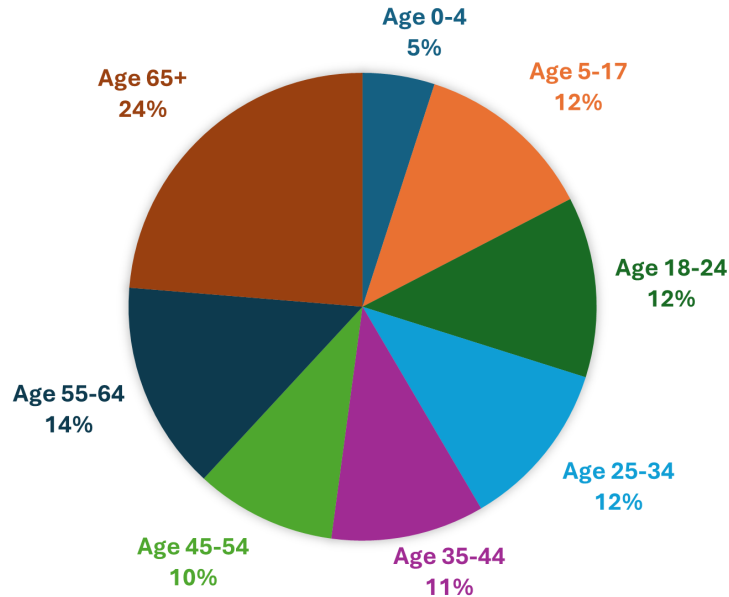
The Big Hole River runs through Beaverhead County, which is the largest county in Montana by area (5,542 square miles). The county seat is Dillon, home to the University of Montana Western. The former county seat, Banack, is now a ghost town and state park. Beaverhead County offers wonderful views of mountains in various ranges, including the Beaverhead Mountains, Pioneer Mountains, and Anaconda Range.

The total population is estimated at 9,590<sup>67</sup> people within a land area of 5,542 square miles for a resulting population density of two people per square mile.<sup>68</sup> Beaverhead County's population is 47.26% urban and 52.74% rural.<sup>69</sup> The voter participation rate is 73.7%,<sup>70</sup> which is slightly higher than Montana (70.1%). Beaverhead County's annual rate for property crimes is 572.2 per 100,000, while Montana's is 2,575.4. The annual rate for violent crimes is 167.10 compared to Montana (393.7).<sup>71</sup> The percentage of the population with access to broadband internet download speeds greater than 100 Mbps (77.05%) is nearly the same as Montana (78.38%) and lower than the national average (93.47%).<sup>72</sup>

### Demographics

The median age in Beaverhead County is 43.4, slightly older than the Montana median age of 40.2 and the U.S. median age of 38.7.<sup>73</sup> With only 17.38% of the population under age 18 and 23.70% of the population ages 65 and over, Beaverhead County has an aging population.<sup>74</sup>

Figure 7. Total population by age group, Beaverhead County<sup>75</sup>



67 U.S. Census QuickFacts, Beaverhead County (2023)

68 U.S. Census Bureau (2020)

69 U.S. Census Bureau (2020)

70 Townhall.com election results (2020)

71 FBI Uniform Crime Reports. Accessed via the Inter-university Consortium for Political and Social Research (2014 and 2016) and (2015–2017)

72 FCC FABRIC Data (2024)

73 American Community Survey (2019–2023)

74 American Community Survey (2019–2023)

75 U.S. Census Bureau (2020)

Beaverhead County is 92.30% White, 1.69% Native American or Alaska Native, 4.84% “Two or more races,” and 4.92% Hispanic or Latino/a.<sup>76</sup>

**Table 15. Total population by race only and ethnicity, Beaverhead County<sup>77</sup>**

Service area	White, percent	Black, percent	Asian, percent	Native American or Alaska Native, percent	Native Hawaiian or Pacific Islander, percent	Some other race, percent	Two or more races, percent	Hispanic or Latino/a (any race), percent
Beaverhead	92.30%	0.62%	0.27%	1.69%	0.01%	0.27%	4.84%	4.92%
Montana	85.68%	0.54%	0.83%	5.71%	0.04%	1.21%	5.98%	4.39%
U.S.	63.44%	12.36%	5.82%	0.88%	0.19%	6.60%	10.71%	18.99%

Beaverhead County is 48.50% female and 51.50% male. A higher percentage of men reported having a disability (21.34%) than women (15.73%). Overall, 99% of the county’s population speak English “very well” versus 92% of the U.S., and only 0.77% of the county’s population are foreign-born versus 13.87% of the U.S. The county has a larger percentage of veterans (8.97%) than the U.S. (6.44%).<sup>78</sup>

### **Economic context and poverty**

The largest sector by employment size in Beaverhead County is “government and government enterprises,” with an annual average salary of \$66,375 per year. The second largest industry is “construction jobs,” with an annual average salary of \$77,990.<sup>79</sup> The unemployment rate (2.8%) is lower than the national average of 4.4%,<sup>80</sup> and the county has a higher percentage of the population below 100% FPL (14.68%) than the U.S. (12.44%). The median household income (\$58,072) is lower than the U.S. median household income of \$78,538. In the county, 5.8% of the population receives Supplemental Nutrition Assistance Program (SNAP) benefits versus 7.9% of Montana,<sup>81</sup> and 13.30% of children ages 0 to 17 live in households with incomes below the FPL.<sup>82</sup>

**Table 16. Children below 100% FPL, Beaverhead County<sup>83</sup>**

Service area	Total population	Population under age 18	Population under age 18 in poverty	Population under age 18 in poverty, percent
Beaverhead	9,174	1,571	209	13.30%
Montana	1,079,200	229,927	31,816	13.84%
U.S.	324,567,147	72,472,636	11,829,878	16.32%

### **Education and housing**

For education, 46.98% of the children ages 3 to 4 are enrolled in preschool (versus 36.32% in Montana or 45.57% in the U.S.). Regarding educational attainment for individuals ages 25 years

<sup>76</sup> U.S. Census Bureau (2020)

<sup>77</sup> American Community Survey (2019–2023)

<sup>78</sup> American Community Survey (2019–2023)

<sup>79</sup> U.S. Department of Commerce, U.S. Bureau of Economic Analysis (2019)

<sup>80</sup> U.S. Department of Labor, U.S. Bureau of Labor Statistics (2025)

<sup>81</sup> U.S. Census Bureau, Small Area Income and Poverty Estimates (2023)

<sup>82</sup> American Community Survey (2019–2023)

<sup>83</sup> American Community Survey (2019–2023)

and over, 24.5% of Beaverhead County residents have a bachelor’s degree.<sup>84</sup>

**Table 17. Educational attainment, Beaverhead County<sup>85</sup>**

Service area	No high school diploma, percent	High school only, percent	Some college, percent	Associate degree, percent	Bachelor’s degree, percent	Graduate or professional degree, percent
Beaverhead	7.0%	26.6%	21.5%	9.4%	24.5%	11.1%
Montana	5.4%	27.9%	22.5%	9.7%	22.8%	11.7%
U.S.	10.6%	26.2%	19.4%	8.8%	21.3%	13.7%

For housing, of the total 4,918 housing units in the county, 810 are vacant for a 16.47% vacancy rate compared to 13.01% in Montana.<sup>86</sup> Of the 4,108 occupied housing units in Beaverhead County, 25.12% reported one or more substandard conditions, similar to 28.30% of Montana’s households overall. Cost-burdened households are those where housing costs account for 30% or more of total household income. In Beaverhead County, 23.54% of households are cost-burdened versus 26.23% of households in Montana.<sup>87</sup>

### Community health and behaviors

A lower percentage of Beaverhead County residents are uninsured (5.57%) than in Montana overall (8.44%).<sup>88</sup> The table below shows various health outcomes and conditions as compared to Montana and the U.S.

**Table 18. Health outcomes, Beaverhead County**

Service area	Percent low birthweight births <sup>89</sup>	Adults with obesity (BMI>30), percent <sup>90</sup>	Coronary heart disease age-adjusted death rate (per 100,000) <sup>91</sup>	Cancer incidence rate (per 100,000) <sup>92</sup>	Teen births (rate per 1,000 females ages 15-19) <sup>93</sup>	Adults ages 20+ with diabetes (age-adjusted), percent <sup>94</sup>
Beaverhead	5.9%	26.9%	114.4	358.5	6.3	7%
Montana	7.6%	28.2%	130.6	457.0	16.7	7.5%
U.S.	8.4%	30.1%	111.0	442.3	16.6	8.9%

For STIs, the chlamydia rate per population of 100,000 is 343.96 (versus Montana at 322.65), the gonorrhea incidence rate is 20.2 (versus Montana at 67.7), and the rate of HIV/AIDS is 418.5<sup>95</sup> (versus Montana at 75.3). In the county, 23.19% of adults reported excessive drinking of alcohol as opposed to 25.65% in Montana or 19.35% nationally.<sup>96</sup> Of adults ages 18 and over, 14.9% reported being current smokers (Montana is 15.9%).<sup>97</sup>

84 American Community Survey (2019–2023)

85 American Community Survey (2019–2023)

86 American Community Survey (2017–2021)

87 American Community Survey (2017–2021)

88 American Community Survey (2017–2021)

89 University of Wisconsin Population Health Institute, County Health Rankings (2014–2020)

90 CDC, National Center for Chronic Disease Prevention and Health Promotion (2019)

91 CDC, National Vital Statistics System (2016–2020)

92 State Cancer Profiles (2016–2020)

93 CDC, National Vital Statistics System (2014–2020)

94 CDC, National Center for Chronic Disease Prevention and Health Promotion (2019)

95 CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (2020)

96 CDC, Behavioral Risk Factor Surveillance System (2022)

97 CDC, Behavioral Risk Factor Surveillance System (2021)

## Deer Lodge County profile

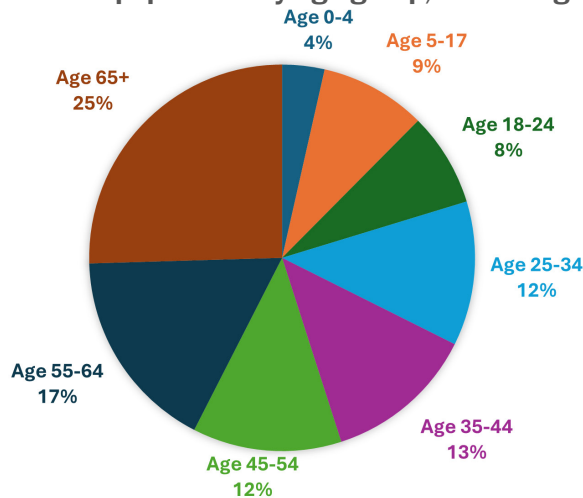
Deer Lodge County is surrounded by three mountain ranges, the Flint Creek Range, Garnet Range, and Pintler Range. Lost Creek State Park in the Flint Creek Range features limestone cliffs and breathtaking waterfalls. The county is home to Anaconda (county seat), a small town in Southwest Montana that was central to the area’s mining history. Evidence of the mining that was done in the area still exists and is impossible to overlook. Anaconda Smoke Stack State Park announces its presence with the tallest surviving masonry structure in the world, an over 500-foot-tall smelter stack (brick chimney) and a large hill of black slag piles that resemble black sand. These nods to the area’s mining history are present at the famous Old Works Golf Course where sand traps are made of black slag and old mining equipment and structures add character.

The total population is estimated at 9,512<sup>98</sup> people within a land area of 736.68 square miles for a resulting population density of 13 people per square mile.<sup>99</sup> Deer Lodge County is 71.09% urban and 28.91% rural.<sup>100</sup> The voter participation rate is 58.5%,<sup>101</sup> which is lower than Montana’s (70.1%). Deer Lodge County’s annual rate for property crimes is 2,940.1 per 100,000, while Montana is 2,575.4. The annual rate for violent crimes is 406.60 compared to Montana (393.7).<sup>102</sup> The percentage of the population with access to broadband internet download speeds greater than 100 Mbps (87.48%) is much higher than Montana (70.87%) and slightly less than the national average (93.47%).<sup>103</sup>

### Demographics

The median age in Deer Lodge County is 49.6, older than the Montana median age of 40.2 and the U.S. median age of 38.7.<sup>104</sup> Deer Lodge County is an aging county, with a large portion of the county ages 65 and over (25.46%).

Figure 8. Total population by age group, Deer Lodge County<sup>105</sup>



98 U.S. Census QuickFacts, Deer Lodge County (2023)

99 U.S. Census Bureau (2020)

100 U.S. Census Bureau (2020)

101 Townhall.com (2020)

102 FBI Uniform Crime Reports (2014, 2016, 2015–2017)

103 FCC FABRIC Data (2024)

104 American Community Survey (2019–2023)

105 U.S. Census Bureau (2020)

Deer Lodge County is 90.64% White, 1.73% Native American or Alaska Native, 5.70% “Two or more races,” and 3.36% Hispanic or Latino/a.<sup>106</sup>

**Table 19. Total population by race only and ethnicity, Deer Lodge County<sup>107</sup>**

Service area	White, percent	Black, percent	Asian, percent	Native American or Alaska Native, percent	Native Hawaiian or Pacific Islander, percent	Some other race, percent	Two or more races, percent	Hispanic or Latino/a (any race), percent
Deer Lodge	90.64%	0.32%	0.69%	1.73%	0.08%	0.83%	5.70%	3.36%
Montana	78.33%	0.14%	0.12%	16.49%	0.00%	0.03%	4.89%	4.39%
U.S.	63.44%	12.36%	5.82%	0.88%	0.19%	6.60%	10.71%	18.99%

Deer Lodge County is 46.79% female and 53.21% male. A much higher percentage of men reported having a disability (30.45%) than women (21.24%). Overall, 99% of the county’s population speak English “very well” versus 92% of the U.S. Only 0.59% of the county’s population are foreign-born versus 13.87% of the U.S. The county has a larger percentage of veterans (12.67%) than the U.S. (6.44%).<sup>108</sup>

### **Economic context and poverty**

The largest sector by employment size in Deer Lodge County is “government and government enterprises,” with an annual average salary of \$60,192 per year. The second largest industry is “health care and social assistance,” with an annual average salary of \$64,170.<sup>109</sup> The unemployment rate (3.7%) is lower than the national average of 4.4%,<sup>110</sup> and the county has a higher percentage of the population below 100% FPL (18.15%) than the U.S. (12.44%). The median household income (\$49,533) is lower than the U.S. median household income of \$78,538. In Deer Lodge County, 9.0% of the population receives SNAP benefits versus 7.9% of Montana,<sup>111</sup> and 20.81% of children aged 0 to 17 live in households with incomes below the FPL<sup>112</sup>.

**Table 20. Children below 100% FPL, Deer Lodge County<sup>113</sup>**

Service area	Total population	Population under age 18	Population under age 18 in poverty	Population under age 18 in poverty, percent
Deer Lodge	9,086	1,134	236	20.81%
Montana	1,079,200	229,927	31,816	13.84%
U.S.	324,567,147	72,472,636	11,829,878	16.32%

### **Education and housing**

For education, 38.10% of the children ages 3 to 4 are enrolled in preschool (versus 36.32% in Montana or 45.57% in the U.S.). Regarding educational attainment for individuals ages 25 and

<sup>106</sup> U.S. Census Bureau (2020)

<sup>107</sup> American Community Survey (2019–2023)

<sup>108</sup> American Community Survey (2019–2023)

<sup>109</sup> U.S. Bureau of Economic Analysis (2019)

<sup>110</sup> U.S. Bureau of Labor Statistics (2025)

<sup>111</sup> U.S. Census Bureau, Small Area Income and Poverty Estimates (2020)

<sup>112</sup> American Community Survey (2019–2023)

<sup>113</sup> American Community Survey (2019–2023)

over, 15.5% of Deer Lodge County residents have a bachelor's degree.<sup>114</sup>

**Table 21. Educational attainment, Deer Lodge County<sup>115</sup>**

Service area	No high school diploma, percent	High school only, percent	Some college, percent	Associate degree, percent	Bachelor's degree, percent	Graduate or professional degree, percent
Deer Lodge	7.2%	38.3%	26.6%	5.7%	15.5%	6.8%
Montana	5.4%	27.9%	22.5%	9.7%	22.8%	11.7%
U.S.	10.6%	26.2%	19.4%	8.8%	21.3%	13.7%

For housing, of the total 5,493 housing units in the county, 1,209 are vacant for a 22.01% vacancy rate compared to Montana (13.01%).<sup>116</sup> Of the total occupied housing units (4,284) in Deer Lodge County, 28.27% reported one or more substandard conditions, similar to 28.30% of Montana's households overall. Cost-burdened households are those where housing costs account for 30% or more of total household income. In Deer Lodge County, 27.32% of households are cost-burdened versus 26.23% of households in Montana.<sup>117</sup>

### Community health and behaviors

A lower percentage of Deer Lodge County residents are uninsured (6.76%) than in Montana overall (8.44%).<sup>118</sup> The table below shows various health outcomes and conditions as compared to Montana and the U.S.

**Table 22. Health outcomes, Deer Lodge County**

Service area	Percent low birthweight births <sup>119</sup>	Adults with obesity (BMI>30), percent <sup>120</sup>	Coronary heart disease age-adjusted death rate (per 100,000) <sup>121</sup>	Cancer incidence rate (per 100,000) <sup>122</sup>	Teen births (rate per 1,000 females ages 15-19) <sup>123</sup>	Adults ages 20+ with diabetes (age-adjusted), percent <sup>124</sup>
Deer Lodge	9.9%	27.4%	168.0	426.4	14.6	8.9%
Montana	7.6%	28.2%	130.6	457.0	16.7	7.5%
U.S.	8.4%	30.1%	111.0	442.3	16.6	8.9%

For STIs, the chlamydia rate per population of 100,000 is 155.07 (versus Montana at 322.65), the gonorrhea incidence rate is 20.7 (versus Montana at 67.7), and the rate of HIV/AIDS is 137.8<sup>125</sup> (versus Montana at 75.3). In the county, 23.26% of adults reported excessive drinking of alcohol as opposed to 25.65% in Montana or 19.35% nationally.<sup>126</sup> Of adults ages 18 and over, 16.4% reported being current smokers (versus 15.9% in Montana overall).<sup>127</sup>

114 American Community Survey (2019–2023)

115 American Community Survey (2019–2023)

116 American Community Survey (2019–2023)

117 American Community Survey (2019–2023)

118 American Community Survey (2017–2021)

119 University of Wisconsin Population Health Institute (2014–2020)

120 CDC, National Center for Chronic Disease Prevention and Health Promotion (2019)

121 CDC, National Vital Statistics System (2016–2020)

122 State Cancer Profiles (2016–2020)

123 CDC, National Vital Statistics System (2014–2020)

124 CDC, National Center for Chronic Disease Prevention and Health Promotion (2019)

125 CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (2020)

126 CDC, Behavioral Risk Factor Surveillance System (2022)

127 CDC, Behavioral Risk Factor Surveillance System (2021)

## Granite County profile

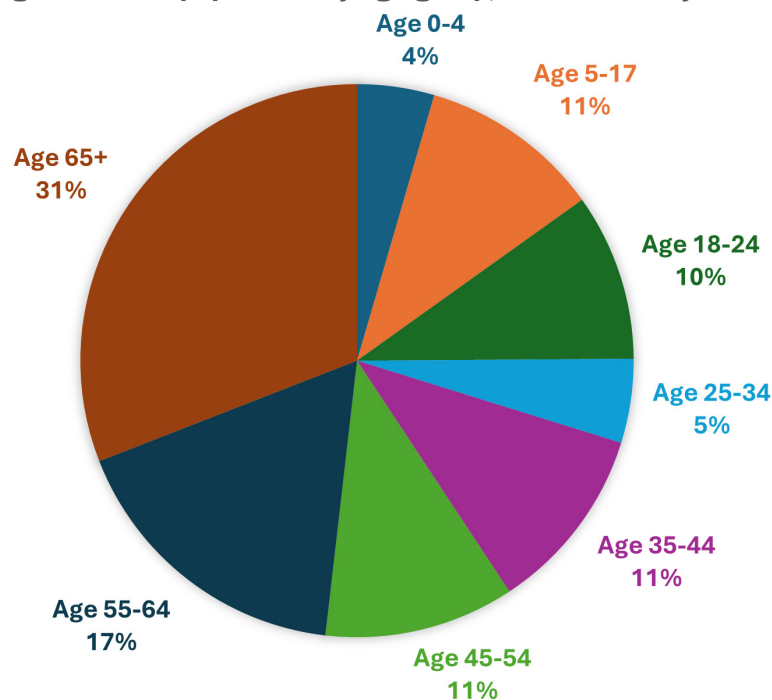
Granite County is home to Philipsburg (the county seat), Discovery Ski Area, Georgetown Lake, rugged mountains, and various rivers and creeks. Like many of its neighboring counties, Granite County has a rich mining history with ghost towns such as Garnet Ghost Town and Granite Ghost Town State Park.

The total population is estimated at 3,419<sup>128</sup> people within a land area of 1,727.16 square miles for a resulting population density of two people per square mile. Granite County is 100% rural.<sup>129</sup> The voter participation rate is 76.2%,<sup>130</sup> which is slightly higher than Montana's (70.1%). Granite County's annual rate for property crimes per 100,000 is 1,693.1, while Montana is 2,575.4. The annual rate for violent crimes is 120.70 compared to Montana (393.7).<sup>131</sup> The percentage of the population with access to broadband internet download speeds greater than 100 Mbps (81.12%) is similar to Montana (78.38%) and lower than the national average (93.47%<sup>132</sup>).

### Demographics

The median age in Granite County is 53.9, considerably older than the Montana median age of 40.2 and the U.S. median age of 38.7.<sup>133</sup> Granite County is an aging county, with a large portion of the county ages 65 and over (30.92).<sup>134</sup>

Figure 9. Total population by age group, Granite County<sup>135</sup>



128 U.S. Census QuickFacts, Granite County (2023)

129 U.S. Census Bureau (2020)

130 Townhall.com election results (2020)

131 FBI Uniform Crime Reports (2014, 2016, 2015–2017)

132 FCC FABRIC Data (2024)

133 American Community Survey (2019–2023)

134 American Community Survey (2019–2023)

135 U.S. Census Bureau (2020)

Granite County is 92.72% White, 2.22% Native American or Alaska Native, 3.01% “Two or more races,” and 1.93% Hispanic or Latino/a.<sup>136</sup>

**Table 23. Total population by race only and ethnicity, Granite County<sup>137</sup>**

Service area	White, percent	Black, percent	Asian, percent	Native American or Alaska Native, percent	Native Hawaiian or Pacific Islander, percent	Some other race, percent	Two or more races, percent	Hispanic or Latino/a (any race), percent
Granite	92.72%	0.73%	0.64%	2.22%	0.03%	0.64%	3.01%	1.93%
Montana	85.68%	0.54%	0.83%	5.71%	0.04%	1.21%	5.98%	4.39%
U.S.	63.44%	12.36%	5.82%	0.88%	0.19%	6.60%	10.71%	18.99%

Granite County is 48.87% female and 51.13% male. A slightly higher percentage of men reported having a disability (18.08%) than women (16.77%). Overall, 99% of the county’s population speak English “very well” versus 92% of the U.S. Only 2.08% of the county’s population are foreign-born versus 13.87% of the U.S. The county has a larger percentage of veterans (11.10%) than the U.S. (6.44%).<sup>138</sup>

### **Economic context and poverty**

The largest sector by employment size in Granite County is “government and government enterprises,” with an annual average salary of \$60,198 per year. The second largest industry is “retail trade,” with an annual average salary of \$20,122.<sup>139</sup> The unemployment rate (5.2%) is higher than the national average (4.4%),<sup>140</sup> and the county has a lower percentage of the population below 100% FPL (10.43%) than the U.S. (12.44%). The median household income (\$54,646) is lower than the U.S. median household income of \$78,538. In Granite County, 4.1% of the population receives SNAP benefits versus 7.9% of Montana,<sup>141</sup> and 1.83% of children ages 0 to 17 live in households with incomes below the FPL.<sup>142</sup>

**Table 24. Children below 100% FPL, Granite County<sup>143</sup>**

Service area	Total population	Population under age 18	Population under age 18 in poverty	Population under age 18 in poverty, percent
Granite	3,347	493	9	1.83%
Montana	1,079,200	229,927	31,816	13.84%
U.S.	324,567,147	72,472,636	11,829,878	16.32%

### **Education and housing**

For education, 40.80% of the children ages 3 to 4 are enrolled in preschool (versus 36.32% in Montana or 45.57% in the U.S.). Regarding educational attainment for individuals ages 25 and over, 26.4% of Granite County residents have a bachelor’s degree.<sup>144</sup>

<sup>136</sup> U.S. Census Bureau (2020)

<sup>137</sup> American Community Survey (2019–2023)

<sup>138</sup> American Community Survey (2019–2023)

<sup>139</sup> U.S. Bureau of Economic Analysis (2019)

<sup>140</sup> U.S. Bureau of Labor Statistics (2025)

<sup>141</sup> U.S. Census Bureau, Small Area Income and Poverty Estimates (2020)

<sup>142</sup> American Community Survey (2019–2023)

<sup>143</sup> American Community Survey (2019–2023)

<sup>144</sup> American Community Survey (2019–2023)

**Table 25. Educational attainment, Granite County<sup>145</sup>**

Service area	No high school diploma, percent	High school only, percent	Some college, percent	Associate degree, percent	Bachelor's degree, percent	Graduate or professional degree, percent
Granite	7.1%	33.1%	18.9%	9.7%	26.4%	4.8%
Montana	5.4%	27.9%	22.5%	9.7%	22.8%	11.7%
U.S.	10.6%	26.2%	19.4%	8.8%	21.3%	13.7%

For housing, of the total 2,601 housing units in the county, 1,097 are vacant for a 42.18% vacancy rate compared to Montana (13.01%).<sup>146</sup> Of the total occupied housing units (1,504) in Granite County, 24.22% reported one or more substandard conditions, slightly lower than the 28.30% of Montana's households overall. Cost-burdened households are those where housing costs account for 30% or more of total household income. In Granite County, 20.65% of households are cost-burdened versus 26.23% of households in Montana.<sup>147</sup>

### Community health and behaviors

A lower percentage of Granite County residents are uninsured (7.89%) than in Montana (8.44%).<sup>148</sup> The table below shows various health outcomes and conditions as compared to Montana and the U.S.

**Table 26. Health outcomes, Granite County**

Service area	Percent low birthweight births <sup>149</sup>	Adults with obesity (BMI>30), percent <sup>150</sup>	Coronary heart disease age-adjusted death rate (per 100,000) <sup>151</sup>	Cancer incidence rate (per 100,000) <sup>152</sup>	Teen births (rate per 1,000 females ages 15-19) <sup>153</sup>	Adults ages 20+ with diabetes (age-adjusted), percent <sup>154</sup>
Granite	No data	25.5%	175.1	358.4	No data	7%
Montana	7.6%	28.2%	130.6	457.0	16.7	7.5%
U.S.	8.4%	30.1%	111.0	442.3	16.6	8.9%

For STIs, the chlamydia rate per population of 100,000 is 83.45 (versus Montana at 322.65), the gonorrhea incidence rate is 0.0 (versus Montana at 67.7), and the rate of HIV/AIDS is suppressed<sup>155</sup> (versus Montana at 75.3). In the county, 23.89% of adults reported excessive drinking of alcohol as opposed to 25.65% in Montana or 19.35% nationally.<sup>156</sup> Of adults ages 18 and over, 17.4% reported being current smokers (Montana is 15.9%).<sup>157</sup>

145 American Community Survey (2019–2023)

146 American Community Survey (2019–2023)

147 American Community Survey (2019–2023)

148 American Community Survey (2019–2023)

149 University of Wisconsin Population Health Institute (2014–2020)

150 CDC, National Center for Chronic Disease Prevention and Health Promotion (2019)

151 CDC, National Vital Statistics System (2016–2020)

152 State Cancer Profiles (2016–2020)

153 CDC, National Vital Statistics System (2014–2020)

154 CDC, National Center for Chronic Disease Prevention and Health Promotion (2019)

155 CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (2020)

156 CDC, Behavioral Risk Factor Surveillance System (2022)

157 CDC, Behavioral Risk Factor Surveillance System (2021)

## Madison County profile

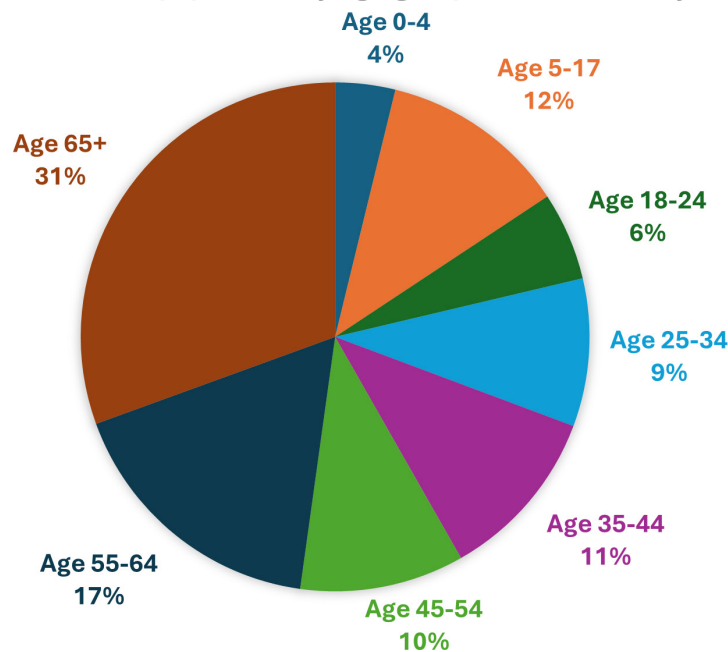
Madison County is split by the Tobacco Root Mountains and the Gravelly Range into three main valleys drained by three rivers. The northern part of the county is drained by the Jefferson River, the eastern part by the Madison River, and the western part by the Ruby River. The county seat is Virginia City, a national historic landmark district that has been preserved to capture the town in its heyday of the late 1800s/early 1900s.

The total population is estimated at 8,975<sup>158</sup> people within a land area of 3,588.16 square miles for a resulting population density of three people per square mile.<sup>159</sup> Madison County is 100% rural.<sup>160</sup> The voter participation rate is 86.6%,<sup>161</sup> which is higher than Montana's (70.1%). Madison County's annual rate for property crimes per 100,000 is 541.3, while Montana is 2,575.4. The annual rate for violent crimes is 67.2 compared to Montana (393.7).<sup>162</sup> The percentage of the population with access to broadband internet download speeds greater than 100 Mbps (85.82%) is higher than Montana (78.38%) and lower than the national average (93.47%).<sup>163</sup>

### Demographics

The median age in Madison County is 54.1, considerably older than the Montana median age of 40.2 and the U.S. median age of 38.7.<sup>164</sup> Madison County is an aging county, with a large portion of the population ages 65 and over (30.55%).<sup>165</sup>

Figure 10. Total population by age group, Madison County<sup>166</sup>



158 U.S. Census QuickFacts, Madison County (2023)

159 U.S. Census Bureau (2020)

160 U.S. Census Bureau (2020)

161 Townhall.com (2020)

162 FBI Uniform Crime Reports (2014, 2016, 2015-2017)

163 FCC FABRIC Data (2024)

164 American Community Survey (2019-2023)

165 American Community Survey (2019-2023)

166 U.S. Census Bureau (2020)

Madison County is 92.64% White, 0.43% Native American or Alaska Native, 4.72% “Two or more races,” and 3.53% Hispanic or Latino/a.<sup>167</sup>

**Table 27. Total population by race only and ethnicity, Madison County<sup>168</sup>**

Service area	White, percent	Black, percent	Asian, percent	Native American or Alaska Native, percent	Native Hawaiian or Pacific Islander, percent	Some other race, percent	Two or more races, percent	Hispanic or Latino/a (any race), percent
Madison	92.64%	0.00%	0.80%	0.43%	0.00%	1.40%	4.72%	3.53%
Montana	85.68%	0.54%	0.83%	5.71%	0.04%	1.21%	5.98%	4.39%
U.S.	63.44%	12.36%	5.82%	0.88%	0.19%	6.60%	10.71%	18.99%

Madison County is 46.94% female and 53.06% male. A slightly higher percentage of men reported having a disability (14.66%) than women (12.16%). Overall, 99% of the county’s population speak English “very well” versus 92% of the U.S. Only 2.81% of the county’s population are foreign-born versus 13.87% of the U.S. The county has a larger percentage of veterans (10.38%) than the U.S. (6.44%).<sup>169</sup>

### **Economic context and poverty**

The largest sector by employment size in Madison County is “accommodation and food services,” with an annual average salary of \$75,553 per year. The second largest industry is “farm jobs,” with an annual average salary of \$28,659.<sup>170</sup> The unemployment rate (4.1%) is slightly lower than the national average of 4.4%,<sup>171</sup> and the county has a lower percentage of the population below 100% FPL (6.77%) than the U.S. (12.44%). The median household income (\$67,420) is lower than the U.S. median household income of \$78,538. In Madison County, 2.9% of the population receives SNAP benefits versus 7.9% of Montana,<sup>172</sup> and 8.19% of children ages 0 to 17 live in households with incomes below the FPL.<sup>173</sup>

**Table 28. Children below 100% FPL, Madison County<sup>174</sup>**

Service area	Total population	Population under age 18	Population under age 18 in poverty	Population under age 18 in poverty, percent
Madison	8,903	1,392	114	8.19%
Montana	1,079,200	229,927	31,816	13.84%
U.S.	324,567,147	72,472,636	11,829,878	16.32%

### **Education and housing**

For education, 48.28% of the children ages 3 to 4 are enrolled in preschool (versus 36.32% in Montana or 45.57% in the U.S.). Regarding educational attainment for individuals ages 25 and over, 25.3% of Madison County residents have a bachelor’s degree.<sup>175</sup>

<sup>167</sup> U.S. Census Bureau (2020)

<sup>168</sup> American Community Survey (2019–2023)

<sup>169</sup> American Community Survey (2019–2023)

<sup>170</sup> U.S. Bureau of Economic Analysis (2019)

<sup>171</sup> U.S. Bureau of Labor Statistics (2025)

<sup>172</sup> U.S. Census Bureau, Small Area Income and Poverty Estimates (2020)

<sup>173</sup> American Community Survey (2019–2023)

<sup>174</sup> American Community Survey (2019–2023)

<sup>175</sup> American Community Survey (2019–2023)

**Table 29. Educational attainment, Madison County<sup>176</sup>**

Service area	No high school diploma, percent	High school only, percent	Some college, percent	Associate degree, percent	Bachelor's degree, percent	Graduate or professional degree, percent
Madison	4.6%	25.3%	24.1%	11.7%	25.3%	9.1%
Montana	5.4%	27.9%	22.5%	9.7%	22.8%	11.7%
U.S.	10.6%	26.2%	19.4%	8.8%	21.3%	13.7%

For housing, of the total 6,379 housing units in the county, 2,373 are vacant for a 37.2% vacancy rate compared to Montana (13.01%).<sup>177</sup> Of the total occupied housing units (4,006) in Madison County, 25.84% reported one or more substandard conditions, slightly less than the 28.30% of Montana's households overall. Cost-burdened households are those where housing costs account for 30% or more of total household income. In Madison County, 23.41% of households are cost-burdened versus 26.23% of households in Montana.<sup>178</sup>

### Community health and behaviors

A lower percentage of Madison County residents are uninsured (7.39%) than in Montana (8.44%).<sup>179</sup> The table below shows various health outcomes and conditions as compared to Montana and the U.S.

**Table 30. Health outcomes, Madison County**

Service area	Percent low birthweight births <sup>180</sup>	Adults with obesity (BMI>30), percent <sup>181</sup>	Coronary heart disease age-adjusted death rate (per 100,000) <sup>182</sup>	Cancer incidence rate (per 100,000) <sup>183</sup>	Teen births (rate per 1,000 females ages 15-19) <sup>184</sup>	Adults ages 20+ with diabetes (age-adjusted), percent <sup>185</sup>
Madison	7.0%	23.0%	156.9	372.6	8.4	7%
Montana	7.6%	28.2%	130.6	457.0	16.7	7.5%
U.S.	8.4%	30.1%	111.0	442.3	16.6	8.9%

For STIs, the chlamydia rate per population of 100,000 is 84.02 (versus Montana at 322.65), the gonorrhea incidence rate is 0.0 (versus Montana at 67.7), and the rate of HIV/AIDS is 72.6<sup>186</sup> (versus Montana at 75.3). In the county, 26.74% of adults reported excessive drinking of alcohol as opposed to 25.65% in Montana or 19.35% nationally.<sup>187</sup> Of adults ages 18 and over, 14.7% reported being current smokers (Montana is 15.9%).<sup>188</sup>

<sup>176</sup> American Community Survey (2019–2023)

<sup>177</sup> American Community Survey (2017–2021)

<sup>178</sup> American Community Survey (2017–2021)

<sup>179</sup> American Community Survey (2017–2021)

<sup>180</sup> University of Wisconsin Population Health Institute (2014–2020)

<sup>181</sup> CDC, National Center for Chronic Disease Prevention and Health Promotion (2019)

<sup>182</sup> CDC, National Vital Statistics System (2016–2020)

<sup>183</sup> State Cancer Profiles (2016–2020)

<sup>184</sup> CDC, National Vital Statistics System (2014–2020)

<sup>185</sup> CDC, National Center for Chronic Disease Prevention and Health Promotion (2019)

<sup>186</sup> CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (2020)

<sup>187</sup> CDC, Behavioral Risk Factor Surveillance System (2022)

<sup>188</sup> CDC, Behavioral Risk Factor Surveillance System (2021)

## Powell County profile

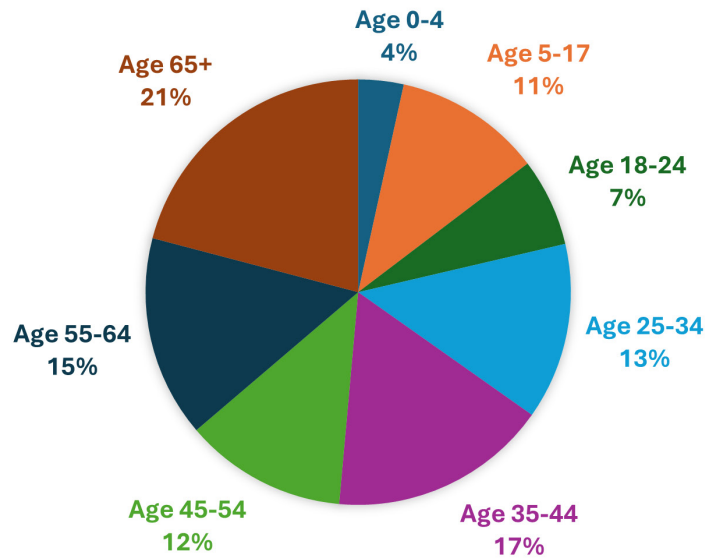
The Little Blackfoot River, a tributary of the Clark Fork River, runs through Powell County and adds to the beauty created by the mountains of the Flint Creek Range, Lewis and Clark Range, and Flathead Alps. Deer Lodge is the county seat and has numerous historic tourist attractions, such as the Old Montana Prison, Montana Auto Museum, and Grant-Kohrs Ranch National Historic Site.

The total population is estimated at 7,029<sup>189</sup> people within a land area of 2,326.04 square miles for a resulting population density of three people per square mile.<sup>190</sup> Powell County is 100% rural.<sup>191</sup> The voter participation rate is 55%,<sup>192</sup> which is lower than Montana's (70.1%). Powell County's annual rate for property crimes per 100,000 is 1,962.4, while Montana is 2,575.4. The annual rate for violent crimes is 316.70 compared to Montana (393.7).<sup>193</sup> The percentage of the population with access to broadband internet download speeds greater than 100 Mbps (63.12%) is lower than Montana (78.38%) and much lower than the national average (93.47%).<sup>194</sup>

### Demographics

The median age in Powell County is 43.3, slightly older than the Montana median age of 40.2 and the U.S. median age of 38.7.<sup>195</sup> Powell County has a more balanced age distribution for a rural county. In the county, 20.91% of the population are ages 65 and over.<sup>196</sup>

Figure 11. Total population by age group, Powell County<sup>197</sup>



Powell County is 88.06% White, 4.57% Native American or Alaska Native, 3.71% “Two or more

189 U.S. Census QuickFacts, Powell County (2023)

190 U.S. Census Bureau (2020)

191 U.S. Census Bureau (2020)

192 Townhall.com (2020)

193 FBI Uniform Crime Reports (2014, 2016, 2015–2017)

194 FCC FABRIC Data (2024)

195 American Community Survey (2019–2023)

196 American Community Survey (2019–2023)

197 U.S. Census Bureau (2020)

racess,” and 2.28% Hispanic or Latino/a.<sup>198</sup>

**Table 31. Total population by race only and ethnicity, Powell County<sup>199</sup>**

Service area	White, percent	Black, percent	Asian, percent	Native American or Alaska Native, percent	Native Hawaiian or Pacific Islander, percent	Some other race, percent	Two or more races, percent	Hispanic or Latino/a (any race), percent
Powell	88.06%	1.24%	1.89%	4.57%	0.00%	0.53%	3.71%	2.28%
Montana	85.68%	0.54%	0.83%	5.71%	0.04%	1.21%	5.98%	4.39%
U.S.	63.44%	12.36%	5.82%	0.88%	0.19%	6.60%	10.71%	18.99%

Powell County is 36.18% female and 63.82% male. A lower percentage of men reported having a disability (21.24%) than women (24.12%). Overall, 99% of the county’s population speak English “very well” versus 92% of the U.S., and only 1.79% of the county’s population are foreign-born versus 13.87% of the U.S. The county has a larger percentage of veterans (13.21%) than the U.S. (6.44%).<sup>200</sup>

### **Economic context and poverty**

The largest sector by employment size in Powell County is “government and government enterprises,” with an annual average salary of \$74,664 per year. The second largest industry is “farm jobs,” with an annual average salary of \$21,079.<sup>201</sup> The unemployment rate (4.4%) is the same as the national average of 4.4%,<sup>202</sup> and the county has a lower percentage of the population below 100% FPL (6.34%) than the U.S. (12.44%). The median household income (\$63,432) is lower than the U.S. median household income of \$78,538. In Powell County, 7.2% of the population receives SNAP benefits versus 7.9% of Montana,<sup>203</sup> and 6.25% of children ages 0 to 17 live in households with incomes below the FPL.<sup>204</sup>

**Table 32. Children below 100% FPL, Powell County<sup>205</sup>**

Service area	Total population	Population under age 18	Population under age 18 in poverty	Population under age 18 in poverty, percent
Powell	5,250	864	54	6.25%
Montana	1,079,200	229,927	31,816	13.84%
U.S.	324,567,147	72,472,636	11,829,878	16.32%

### **Education and housing**

For education, 5.66% of the children ages 3 to 4 are enrolled in preschool (versus 36.32% in Montana or 45.57% in the U.S.). Regarding educational attainment for individuals ages 25 and over, 13.8% of Powell County residents have a bachelor’s degree.<sup>206</sup>

198 U.S. Census Bureau (2020)

199 American Community Survey (2019–2023)

200 American Community Survey (2019–2023)

201 U.S. Bureau of Economic Analysis (2019)

202 U.S. Bureau of Labor Statistics (2025)

203 U.S. Census Bureau, Small Area Income and Poverty Estimates (2020)

204 American Community Survey (2019–2023)

205 American Community Survey (2019–2023)

206 American Community Survey (2019–2023)

**Table 33. Educational attainment, Powell County<sup>207</sup>**

Service area	No high school diploma, percent	High school only, percent	Some college, percent	Associate degree, percent	Bachelor's degree, percent	Graduate or professional degree, percent
Powell	6.9%	45.9%	21.4%	6.8%	13.8%	5.2%
Montana	5.4%	27.9%	22.5%	9.7%	22.8%	11.7%
U.S.	10.6%	26.2%	19.4%	8.8%	21.3%	13.7%

For housing, of the total 2,900 housing units in the county, 526 are vacant for a 18.14% vacancy rate compared to Montana (13.01%).<sup>208</sup> Of the total occupied housing units (2,374) in Powell County, 16.01% reported one or more substandard conditions, considerably less than the 28.30% of Montana's households overall. Cost-burdened households are those where housing costs account for 30% or more of total household income. In Powell County, 14.22% of households are cost-burdened versus 26.23% of households in Montana.<sup>209</sup>

### Community health and behaviors

A lower percentage of Powell County residents are uninsured (7.62%) than in Montana (8.44%).<sup>210</sup> The table below shows various health outcomes and conditions as compared to Montana and the U.S.

**Table 34. Health outcomes, Powell County**

Service area	Percent low birthweight births <sup>211</sup>	Adults with obesity (BMI>30), percent <sup>212</sup>	Coronary heart disease age-adjusted death rate (per 100,000) <sup>213</sup>	Cancer incidence rate (per 100,000) <sup>214</sup>	Teen births (rate per 1,000 females ages 15-19) <sup>215</sup>	Adults ages 20+ with diabetes (age-adjusted), percent <sup>216</sup>
Powell	6.3%	28.9%	160.5	522.5	25.4	7.9%
Montana	7.6%	28.2%	130.6	457.0	16.7	7.5%
U.S.	8.4%	30.1%	111.0	442.3	16.6	8.9%

For STIs, the chlamydia rate per population of 100,000 is 280.39 (versus Montana at 322.65), the gonorrhea incidence rate is 14.0 (versus Montana at 67.7), and the rate of HIV/AIDS is 94.8<sup>217</sup> (versus Montana at 75.3). In the county, 27.28% of adults reported excessive drinking of alcohol as opposed to 25.65% in Montana or 19.35% nationally.<sup>218</sup> Of adults ages 18 and over, 19.4% reported being current smokers (Montana is 15.9%).<sup>219</sup>

<sup>207</sup> American Community Survey (2019–2023)

<sup>208</sup> American Community Survey (2019–2023)

<sup>209</sup> American Community Survey (2019–2023)

<sup>210</sup> American Community Survey (2019–2023)

<sup>211</sup> University of Wisconsin Population Health Institute (2014–2020)

<sup>212</sup> CDC, National Center for Chronic Disease Prevention and Health Promotion (2019)

<sup>213</sup> CDC, National Vital Statistics System (2016–2020)

<sup>214</sup> State Cancer Profiles (2016–2020)

<sup>215</sup> CDC, National Vital Statistics System (2014–2020)

<sup>216</sup> CDC, National Center for Chronic Disease Prevention and Health Promotion (2019)

<sup>217</sup> CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (2020)

<sup>218</sup> CDC, Behavioral Risk Factor Surveillance System (2022)

<sup>219</sup> CDC, Behavioral Risk Factor Surveillance System (2021)

## Silver Bow County profile

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Silver Bow County is home to Butte, the “richest hill on earth” with its mining history embedded into the landscape. The town was built on a hill, which is sprinkled with mining headframes that are over 100 feet tall. On the east side of uptown Butte is the Berkeley Pit, a large open-pit copper mine that is roughly one mile long and a half mile wide. Overlooking the pit and the town, on the East Ridge of the Continental Divide, is the Lady of the Rockies, a 90-foot statue resembling Mary, the mother of Jesus. From town there is also a great view of the Highland Mountains. Butte is the county seat and nearly comprises the entirety of the county, along with the separate municipality of Walkerville, just north of Butte.

The total population is estimated at 35,589<sup>220</sup> people within a land area of 717.99 square miles for a resulting population density of 50 people per square mile.<sup>221</sup> Silver Bow County is 86.12% urban and 13.88% rural.<sup>222</sup> The voter participation rate is 65.2%,<sup>223</sup> which is slightly lower than Montana’s (70.1%). Silver Bow County’s annual rate for property crimes per 100,000 is 4,725.5, while Montana is 2,575.4. The annual rate for violent crimes is 423 compared to Montana (393.7).<sup>224</sup> The percentage of the population with access to broadband internet download speeds greater than 100 Mbps (91.35%) is higher than Montana (78.38%) and similar to the national average (93.47%).<sup>225</sup>

### Demographics

The median age in Silver Bow County is 40.3, roughly the same as the Montana median age of 40.2 and slightly older than the U.S. median age of 38.7.<sup>226</sup> Silver Bow is the youngest county in the service area, with a larger portion of the county ages 18 and under. Of the total population in the county, the percentage of the population ages 18 and under is 20.61%, which is roughly the same as Montana at 21.26%. At the other end of the age spectrum, 19.24% of the population are ages 65 and over, which is also roughly the same as Montana at 19.7%.<sup>227</sup>

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220 U.S. Census QuickFacts, Silver Bow County (2023)

221 U.S. Census Bureau (2020)

222 U.S. Census Bureau (2020)

223 Townhall.com (2020)

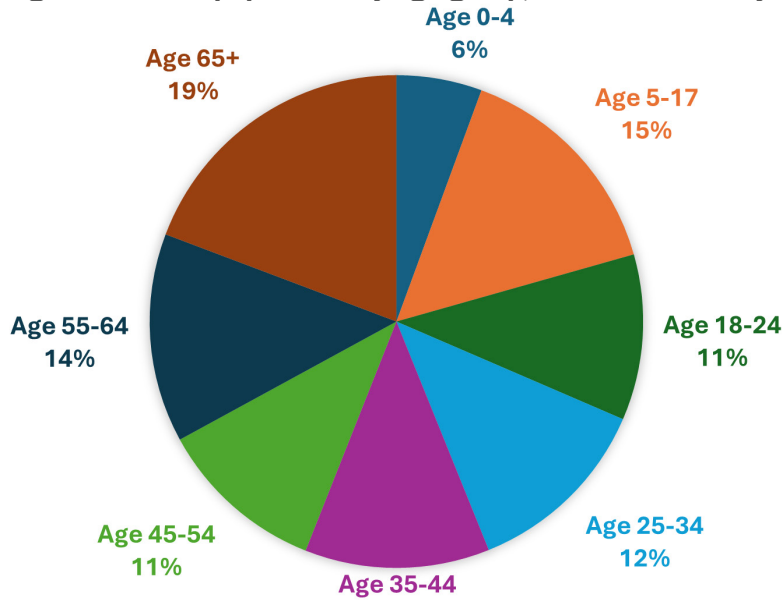
224 FBI Uniform Crime Reports (2014, 2016, 2015–2017)

225 FCC FABRIC Data (2024)

226 American Community Survey (2019–2023)

227 American Community Survey (2019–2023)

**Figure 12. Total population by age group, Silver Bow County<sup>228</sup>**



Silver Bow County is 90.89% White, 2.04% Native American or Alaska Native, 6.10% “Two or more races,” and 4.61% Hispanic or Latino/a.<sup>229</sup>

**Table 35. Total population by race only and ethnicity, Silver Bow County<sup>230</sup>**

Service area	White, percent	Black, percent	Asian, percent	Native American or Alaska Native, percent	Native Hawaiian or Pacific Islander, percent	Some other race, percent	Two or more races, percent	Hispanic or Latino/a (any race), percent
Silver Bow	90.89%	0.12%	0.32%	2.04%	0.02%	0.51%	6.10%	4.61%
Montana	30.47%	0.17%	0.58%	63.76%	0.20%	1.32%	3.50%	4.39%
U.S.	63.44%	12.36%	5.82%	0.88%	0.19%	6.60%	10.71%	18.99%

Silver Bow County is 48.26% female and 51.74% male. The percentage of men who reported having a disability (19.68%) was similar to the percentage of women who reported having a disability (19.19%). Overall, 99% of the county’s population speak English “very well” versus 92% of the U.S. Only 1.42% of the county’s population are foreign-born versus 13.87% of the U.S. The county has a larger percentage of veterans (9.72%) than the U.S. (6.44%).<sup>231</sup>

### **Economic context and poverty**

The largest sector by employment size in Silver Bow County is “health care and social assistance,” with an annual average salary of \$61,370 per year. The second largest industry is “government and government enterprises,” with an annual average salary of \$74,022.<sup>232</sup> The unemployment rate (3.6%) is lower than the national average of 4.4%,<sup>233</sup> and the county has a higher percentage

<sup>228</sup> U.S. Census Bureau (2020)

<sup>229</sup> U.S. Census Bureau (2020)

<sup>230</sup> American Community Survey (2019–2023)

<sup>231</sup> American Community Survey (2019–2023)

<sup>232</sup> U.S. Bureau of Economic Analysis (2019)

<sup>233</sup> U.S. Bureau of Labor Statistics (2025)

of the population below 100% FPL (16.17%) than the U.S. (12.44%). The median household income (\$57,504) is lower than the U.S. median household income of \$78,538. In Silver Bow County, 10.9% of the population receives SNAP benefits versus 7.9% of Montana,<sup>234</sup> and 18.44% of children ages 0 to 17 live in households with incomes below the FPL.<sup>235</sup>

**Table 36. Children below 100% FPL, Silver Bow County<sup>236</sup>**

Service area	Total population	Population under age 18	Population under age 18 in poverty	Population under age 18 in poverty, percent
Silver Bow	34,543	7,184	1,325	18.44%
Montana	1,079,200	229,927	31,816	13.84%
U.S.	324,567,147	72,472,636	11,829,878	16.32%

## Education and housing

For education, 48.95% of the children ages 3 to 4 are enrolled in preschool (versus 36.32% in Montana or 45.57% in the U.S.). Regarding educational attainment for individuals ages 25 and over, 18.2% of Silver Bow County residents have a bachelor’s degree.<sup>237</sup>

**Table 37. Educational attainment, Silver Bow County<sup>238</sup>**

Service area	No high school diploma, percent	High school only, percent	Some college, percent	Associate degree, percent	Bachelor’s degree, percent	Graduate or professional degree, percent
Silver Bow	6.0%	32.5%	23.8%	10.0%	18.2%	9.5%
Montana	5.4%	27.9%	22.5%	9.7%	22.8%	11.7%
U.S.	10.6%	26.2%	19.4%	8.8%	21.3%	13.7%

For housing, of the total 17,247 housing units in the county, 1,797 are vacant for a 10.42% vacancy rate compared to Montana (13.01%).<sup>239</sup> Of the total occupied housing units (15,450) in Silver Bow County, 26.77% reported one or more substandard conditions, similar to 28.30% of Montana’s households overall. Cost-burdened households are those where housing costs account for 30% or more of total household income. In Silver Bow County, 25.83% of households are cost-burdened versus 26.23% of households in Montana.<sup>240</sup>

## Community health and behaviors

A lower percentage of Silver Bow County residents are uninsured (6.64%) than in Montana (8.44%).<sup>241</sup> The table below shows various health outcomes and conditions as compared to Montana and the U.S.

<sup>234</sup> U.S. Census Bureau, Small Area Income and Poverty Estimates (2020)

<sup>235</sup> American Community Survey (2019–2023)

<sup>236</sup> American Community Survey (2019–2023)

<sup>237</sup> American Community Survey (2019–2023)

<sup>238</sup> American Community Survey (2019–2023)

<sup>239</sup> American Community Survey (2019–2023)

<sup>240</sup> American Community Survey (2017–2021)

<sup>241</sup> American Community Survey (2017–2021)

**Table 38. Health outcomes, Silver Bow County**

Service area	Percent low birthweight births <sup>242</sup>	Adults with obesity (BMI>30), percent <sup>243</sup>	Coronary heart disease age-adjusted death rate (per 100,000) <sup>244</sup>	Cancer incidence rate (per 100,000) <sup>245</sup>	Teen births (rate per 1,000 females ages 15-19) <sup>246</sup>	Adults ages 20+ with diabetes (age-adjusted), percent <sup>247</sup>
Silver Bow	10.1%	27.5%	231.6	479.1	17.0	9.2%
Montana	7.6%	28.2%	130.6	457.0	16.7	7.5%
U.S.	8.4%	30.1%	111.0	442.3	16.6	8.9%

For STIs, the chlamydia rate per population of 100,000 is 319.03 (versus Montana at 322.65), the gonorrhea incidence rate is 52.3 (versus Montana at 67.7), and the rate of HIV/AIDS is 77.4<sup>248</sup> (versus Montana at 75.3). In the county, 25.27% of adults reported excessive drinking of alcohol as opposed to 25.65% in Montana or 19.35% nationally.<sup>249</sup> Of adults ages 18 and over, 15.3% reported being current smokers (Montana is 15.9%).<sup>250</sup>

242 University of Wisconsin Population Health Institute (2014–2020)

243 CDC, National Center for Chronic Disease Prevention and Health Promotion (2019)

244 CDC, National Vital Statistics System (2016–2020)

245 State Cancer Profiles (2016–2020)

246 CDC, National Vital Statistics System (2014–2020)

247 CDC, National Center for Chronic Disease Prevention and Health Promotion (2019)

248 CDC, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (2020)

249 CDC, Behavioral Risk Factor Surveillance System (2022)

250 CDC, Behavioral Risk Factor Surveillance System (2021)



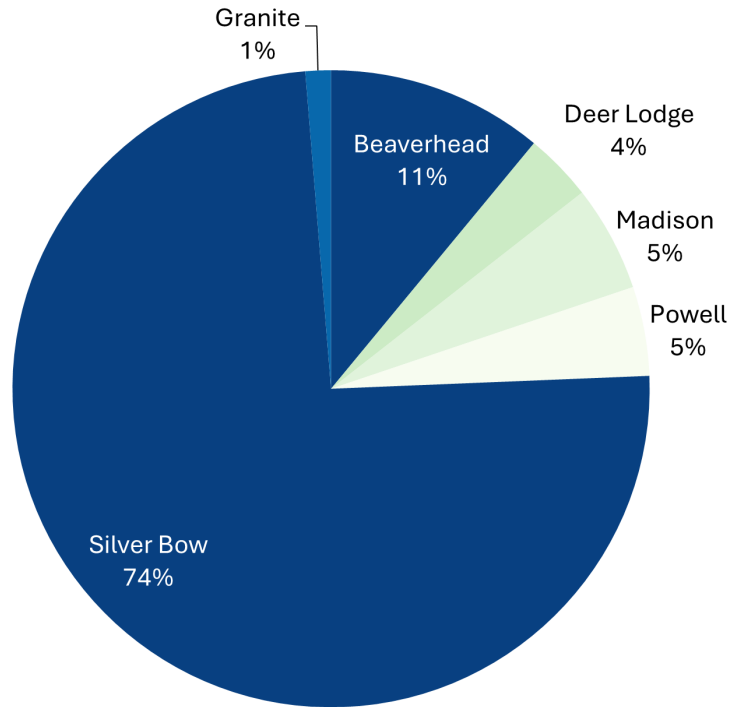
# Section 2: Action Inc. Service Area Survey Findings

## Introduction

Section 1 of the Action Inc. CNA provides a detailed demographic, economic, housing, and health profile of the six-county service area of Action Inc. including Beaverhead, Deer Lodge, Granite, Madison, Powell, and Silver Bow Counties. Using data from sources such as the American Community Survey and other federal and state datasets, Section 1 examined the region's population trends, community environment, and assets. It included county-level profiles on factors such as poverty rates, education levels, housing affordability, transportation access, and health outcomes. This baseline information offers essential context for understanding the social determinants of health and the structural challenges that may shape residents' ability to access programs and services.



**Figure 13. County of survey participants**



As shown in the figure, most survey participants were from Silver Bow County (74%), with 1% from Granite, 11% from Beaverhead, 4% from Deer Lodge, 5% from Madison, and 5% from Powell Counties.

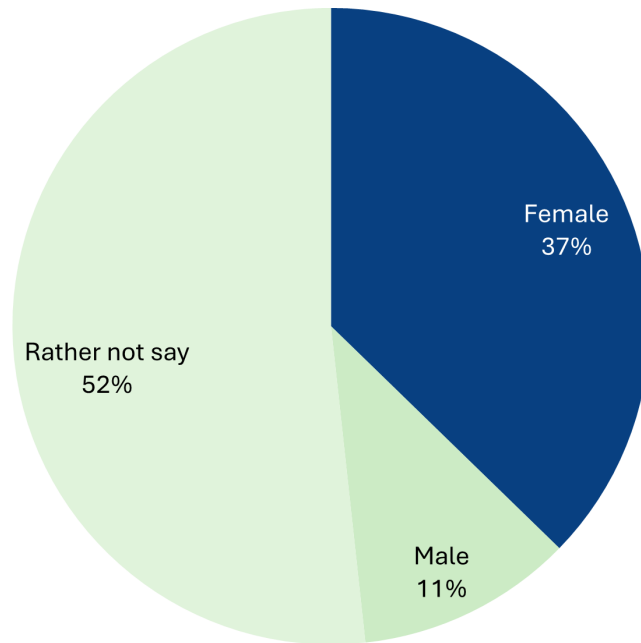
**Sex of survey participants**

**Table 39. Distribution of sex**

Sex	n	Percent
Female	173	37.3%
Male	51	11.0%
Rather not say	240	51.7%
Total	464	100%

Among survey respondents in the Action Inc. region who disclosed their sex (n=224), 77.2% (n=173) identified as female, and 22.8% (n=51) identified as male. This breakdown is comparable to the statewide average, where 74.9% (n=2,076) of disclosing survey respondents were female and 25.1% (n=696) were male.

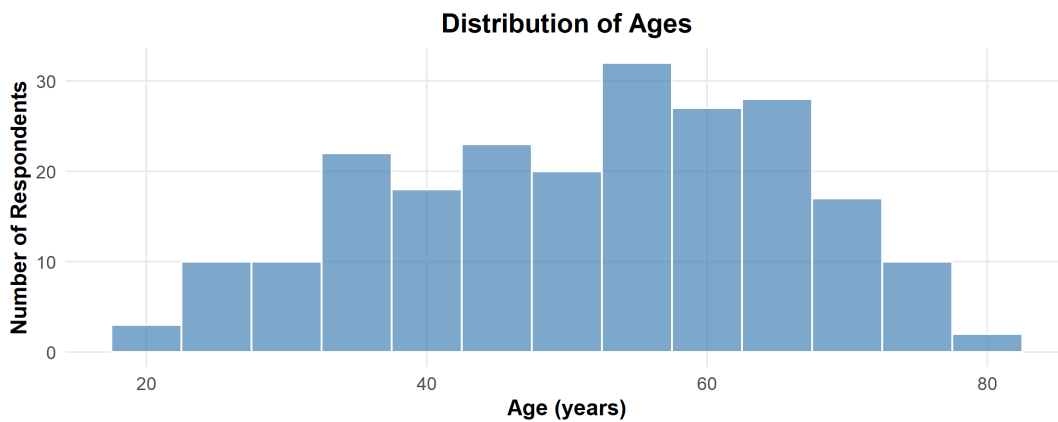
**Figure 14. Sex of participants**



**Age of survey participants**

Among survey respondents who disclosed their age, most Action Inc. participants were between the ages of 45 and 64, with relatively few younger adults represented. The age distribution reflects a somewhat older participant base than other regions of Montana, with notable underrepresentation of individuals under 35.

**Figure 15. Histogram of age**



The following table provides the number and percentage of survey participants per age category.

**Table 40. Age of survey participants**

Age group	n	Percent
18-24	8	1.7%
25-34	26	5.6%
35-44	38	8.2%
45-54	45	9.7%
55-64	61	13.1%
65-79	44	9.5%
80+	4	0.9%
Rather not say	238	51.3%
Total	464	100%

As illustrated in the above table, 32% of participants who disclosed their age were ages 55 and over, while only 7.3% were ages 34 and under. In other words, most survey participants were middle-aged or older. Overall, 13.1% (n=61) of participants were ages 55 to 64, and 9.5% (n=44) were ages 65 to 79. Additionally, 51.3% of participants chose not to disclose their age.

### **Race and ethnicity**

Survey data from Action Inc.'s service area shows that 46.1% (n=214) of respondents identified as White, while more than half of all participants (52.2%, n=242), selected "Rather not say/Other" in response to the race and ethnicity questions.

Other respondents identified as Hispanic or Latino (1.9%, n=9), "Two or more races" (0.9%, n=4), American Indian or Alaska Native (0.4%, n=2), Asian (0.2%, n=1), and Pacific Islander or Native Hawaiian (0.2%, n=1). No participants in the Action Inc. region identified as Black or African American.

**Table 41. Race and ethnicity**

Race and ethnicity	n	Percent
White	214	46.1
American Indian or Alaska Native	2	0.4
Asian	1	0.2
Pacific Islander or Native Hawaiian	1	0.2
Two or more races	4	0.9
Hispanic or Latino/a	9	1.9
Rather not say/Other	242	52.2
Total	464	100

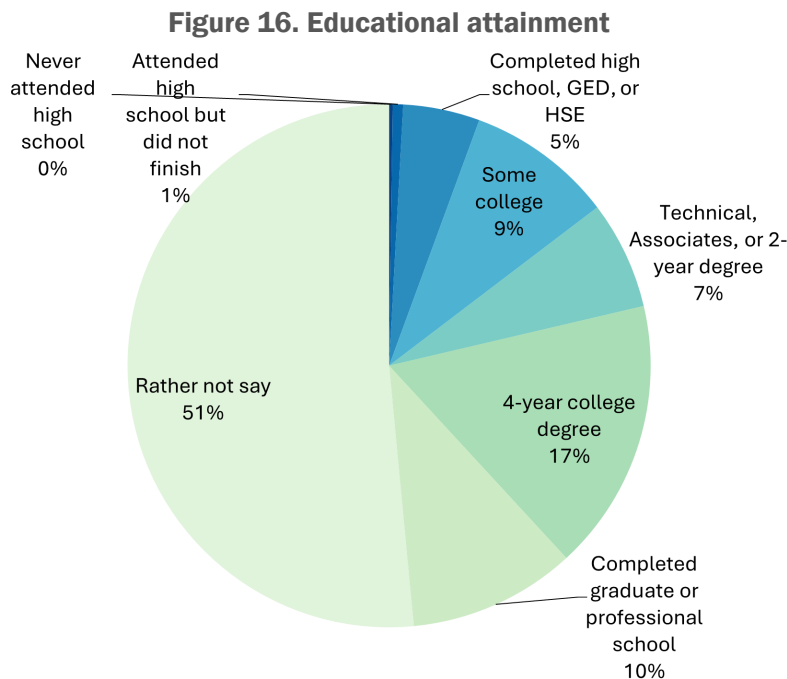
In Beaverhead and Powell Counties, more than 70% of respondents identified as White. In Silver Bow County, 35.9% (n=124) identified as White, and 63.2% (n=218) selected "Rather not say/Other." Granite County had the highest share of American Indian or Alaska Native respondents (33.3%, n=2), although the number of total responses from Granite was small.

**Table 42. Race and ethnicity by county**

County	White	American Indian/ Alaska Native	Asian	Pacific Islander/ Native Hawaiian	Two or more races	Hispanic/ Latino	Rather not say/Other
Beaverhead	70.6% (n=36)	0% (n=0)	0% (n=0)	0% (n=0)	3.9% (n=2)	7.8% (n=4)	25.5% (n=13)
Deer Lodge	87.5% (n=14)	0% (n=0)	0% (n=0)	0% (n=0)	0% (n=0)	0% (n=0)	12.5% (n=2)
Granite	66.7% (n=4)	33.3% (n=2)	0% (n=0)	0% (n=0)	0% (n=0)	0% (n=0)	0% (n=0)
Madison	68% (n=17)	0% (n=0)	0% (n=0)	0% (n=0)	0% (n=0)	4% (n=1)	32% (n=8)
Powell	90.5% (n=19)	0% (n=0)	4.8% (n=1)	0% (n=0)	0% (n=0)	0% (n=0)	4.8% (n=1)
Silver Bow	35.9% (n=124)	0% (n=0)	0% (n=0)	0.3% (n=1)	0.6% (n=2)	1.2% (n=4)	63.2% (n=218)
Total	46.1% (n=214)	0.4% (n=2)	0.2% (n=1)	0.2% (n=1)	0.9% (n=4)	1.9% (n=9)	52.2% (n=242)

**Educational attainment and income**

For educational attainment, 16.8% (n=78) earned a four-year college degree, and 10.3% (n=48) attained a graduate or professional degree. An additional 6.7% (n=31) earned a technical, associate, or two-year degree, and 9.1% (n=42) completed some college but had not yet earned a degree. Overall, 4.7% (n=22) reported completing only high school earned a General Educational Development (GED) certificate or obtained a high school equivalency (HSE) credential, while 0.6% (n=3) had attended high school but did not finish. Only one respondent (0.2%) reported never having attended high school. More than half of respondents (51.5%, n=239), selected “Rather not say.”



**Table 43. Educational attainment by county**

County	Never attended high school	Attended high school but did not finish	Completed high school, GED, or HSE	Some college	Technical, associate, or two-year degree	Four-year college degree	Completed graduate or professional school	Rather not say
Beaverhead	2% (n=1)	0% (n=0)	5.9% (n=3)	23.5% (n=12)	9.8% (n=5)	17.6% (n=9)	15.7% (n=8)	25.5% (n=13)
Deer Lodge	0% (n=0)	6.2% (n=1)	6.2% (n=1)	12.5% (n=2)	18.8% (n=3)	25% (n=4)	25% (n=4)	6.2% (n=1)
Granite	0% (n=0)	16.7% (n=1)	16.7% (n=1)	16.7% (n=1)	16.7% (n=1)	33.3% (n=2)	0% (n=0)	0% (n=0)
Madison	0% (n=0)	0% (n=0)	4% (n=1)	8% (n=2)	8% (n=2)	32% (n=8)	20% (n=5)	28% (n=7)
Powell	0% (n=0)	0% (n=0)	19% (n=4)	19% (n=4)	14.3% (n=3)	14.3% (n=3)	28.6% (n=6)	4.8% (n=1)
Silver Bow	0% (n=0)	0.3% (n=1)	3.5% (n=12)	6.1% (n=21)	4.9% (n=17)	15.1% (n=52)	7.2% (n=25)	62.9% (n=217)
Total	0.2% (n=1)	0.6% (n=3)	4.7% (n=22)	9.1% (n=42)	6.7% (n=31)	16.8% (n=78)	10.3% (n=48)	51.5% (n=239)

Silver Bow reported the highest share of respondents who declined to state their education level (62.9%, n=217). Madison and Powell Counties had relatively high levels of post-secondary attainment, with more than 28% of respondents in each county reporting a graduate or professional degree. Beaverhead and Deer Lodge respondents also showed higher-than-average rates of four-year degrees. In contrast, counties like Granite had fewer respondents overall but a more consistent distribution across education categories.

These results suggest a mix of educational attainment in the Action Inc. region, with a meaningful share of respondents possessing college or graduate degrees. While many respondents chose not to disclose their education level (51.5%, n=239), the available data suggest a skew toward individuals with college-level or higher education. This finding may reflect either the actual education distribution of program participants or a response bias, where those with higher education levels are more likely to disclose.

### **Income range**

Among respondents who reported their monthly household income, the most reported income range was \$2,001–\$3,000, accounting for 9.5% (n=44) of total survey participants, followed by 8.6% of participants (n=40) in the \$3,001–\$4,000 bracket. The \$1,001–\$2,000 and \$4,001–\$5,000 brackets each accounted for 7.3% (n=34) of responses. Lower-income brackets (less than \$1,000) were less frequently reported, only 2.4% (n=11) of total participants, while upper-income categories, such as \$6,001–\$9,000, were sparsely represented, with fewer than 2% in each bracket. Only 4.7% (n=22) reported incomes above \$9,000.

**Table 44. Income by county**

County	Less than \$1000/ month	\$1001-\$2000/ month	\$2001-\$3000/ month	\$3001-\$4000/ month	\$4001-\$5000/ month	\$5001-\$6000/ month	\$6001-\$7000/ month	\$7001-\$8000/ month	\$8001-\$9000/ month	\$9001 or more/ month	Rather not say/ Other
Beaverhead	7.8% (n=4)	21.6% (n=11)	13.7% (n=7)	9.8% (n=5)	5.9% (n=3)	5.9% (n=3)	5.9% (n=3)	0% (n=0)	2% (n=1)	2% (n=1)	25.5% (n=13)
Deer Lodge	6.2% (n=1)	12.5% (n=2)	18.8% (n=3)	0% (n=0)	6.2% (n=1)	12.5% (n=2)	0% (n=0)	6.2% (n=1)	12.5% (n=2)	18.8% (n=3)	6.2% (n=1)
Granite	16.7% (n=1)	16.7% (n=1)	50% (n=3)	0% (n=0)	0% (n=0)	0% (n=0)	0% (n=0)	16.7% (n=1)	0% (n=0)	0% (n=0)	0% (n=0)
Madison	4% (n=1)	12% (n=3)	8% (n=2)	8% (n=2)	16% (n=4)	4% (n=1)	0% (n=0)	8% (n=2)	4% (n=1)	8% (n=2)	28% (n=7)
Powell	0% (n=0)	0% (n=0)	14.3% (n=3)	19% (n=4)	19% (n=4)	9.5% (n=2)	4.8% (n=1)	4.8% (n=1)	0% (n=0)	23.8% (n=5)	4.8% (n=1)
Silver Bow	1.2% (n=4)	4.9% (n=17)	7.5% (n=26)	8.4% (n=29)	6.4% (n=22)	2.3% (n=8)	1.2% (n=4)	1.2% (n=4)	0.6% (n=2)	3.2% (n=11)	63.2% (n=218)
Total	2.4% (n=11)	7.3% (n=34)	9.5% (n=44)	8.6% (n=40)	7.3% (n=34)	3.4% (n=16)	1.7% (n=8)	1.9% (n=9)	1.3% (n=6)	4.7% (n=22)	51.7% (n=240)

When excluding “Rather not say/Other” responses, the distribution leans modestly toward middle-income brackets, with the largest shares falling between \$2,000 and \$4,000 per month. Of the 224 respondents who reported income (excluding 240 who did not), about 19.6% reported earning \$2,001–\$3,000, and 17.9% reported \$3,001–\$4,000. The proportion earning less than \$2,000 among income-reporting respondents is around 20%, lower than the regional average of 23.9%.

Across these counties, the pattern suggests that most income-reporting households fall in the \$2,000–\$5,000/month range, consistent with regional employment and housing cost trends.

### **Current housing situation**

Most survey participants in the Action Inc. service area reported stable housing situations, though housing type varied by county. Overall, 71.9% (n=194) of respondents reported owning their home, while 23.7% (n=64) shared that they rent. These rates of homeownership are higher than the Montana statewide average of 56.8% (n=1,932).

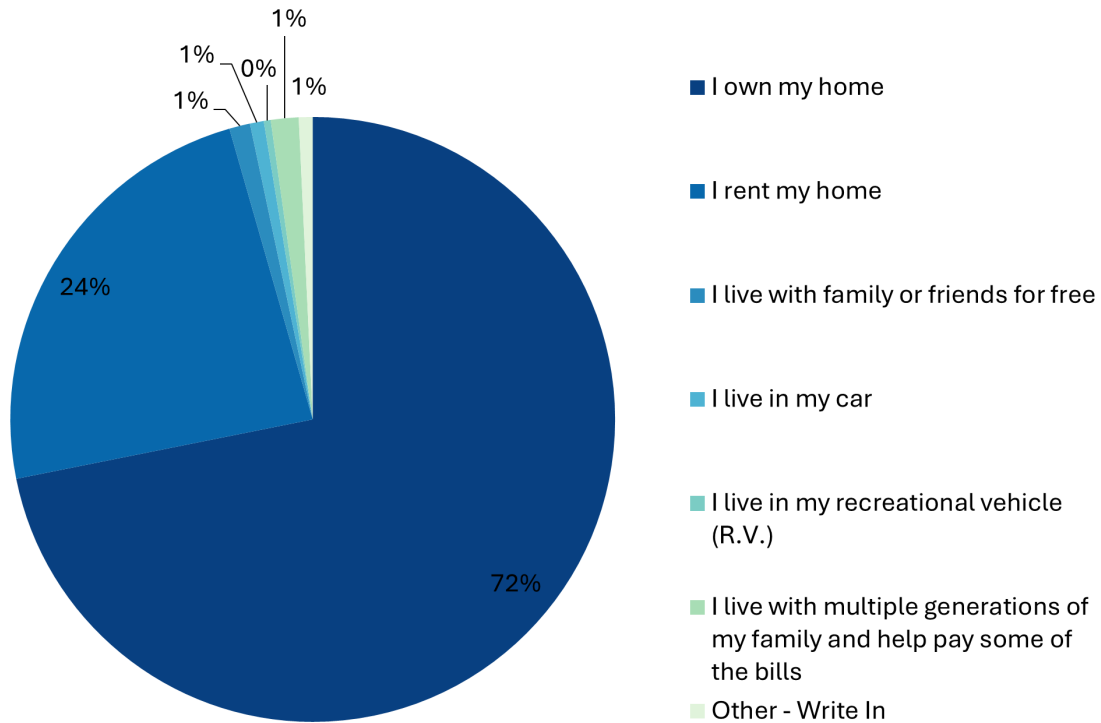
**Table 45. Housing**

Housing	n	Percent
I live in my car.	2	0.7%
I live in my recreational vehicle (RV).	1	0.4%
I own my home.	194	71.9%
I rent my home.	64	23.7%
I live with family or friends for free.	3	1.1%
I live with multiple generations of my family and help pay some of the bills.	4	1.5%
I live in employee housing.	0	0.0%
I live with two or more unrelated families in the same house.	0	0.0%
I live in a nursing home, long-term care, or assisted living.	0	0.0%
I live in a shelter.	0	0.0%
I am unhousted.	0	0.0%
Other	2	0.7%
<b>Total</b>	<b>270</b>	<b>100%</b>

Multiple survey participants reported precarious housing arrangements. Overall, 0.7% (n=2) reported living in their car, 0.4% (n=1) live in an RV, 1.1% (n=3) live with family or friends for free, and 1.5% (n=4) contribute to multigenerational households. None reported living in shelters, long-term care facilities, or being unhousted.

The figure below shows reported type of home as a percentage of overall participants who answered this question.

**Figure 17. Home type**



At the county level, homeownership was highest in Madison County (88%, n=22) and Granite County (83.3%, n=5). Silver Bow County reported 70.4% (n=107) homeownership and 25.7% (n=39) rental rates, with a small number living with family or in multigenerational households. Beaverhead County showed more housing diversity, including 4% (n=2) of respondents living in their car and 2% (n=1) in an RV.

### Household size

The size of households in the Action Inc. region varies, though most survey participants reported living in small to mid-sized households (one to four people). Overall, 23.7% (n=110) of Action Inc. participants live in two-person households, while 18.8% (n=87) reported living in households three to four people. A smaller share (11%, n=51) live alone, and even fewer live in larger households: 3% (n=14) live in homes with five to six people, and only 0.6% (n=3) reported living with seven or more people.

**Table 46. Household size**

Household size	n	Percent
1 person	51	11%
2 people	110	23.7%
3-4 people	87	18.8%
5-6 people	14	3.0%
7+ people	3	0.6%
Missing/Invalid	199	42.9%
Total	464	100%

When comparing Action Inc. to other regions across Montana, the share of single-person households (11%) was below the statewide average of 19.4%. The share of larger households (five or more people) in the Action Inc. region was also lower (3.6%, combined) than statewide (11.1%).

### Number of children in the home

**Table 47. Number of children in the home**

Number of children	n	Percent
0 children	179	38.6%
1 child	42	9.1%
2 children	33	7.1%
3 children	11	2.4%
4-5 children	3	0.6%
Missing/Invalid	196	42.2%
Total	464	100%

Among Action Inc. survey respondents, a significant share (38.6%, n=179) reported having no children in the household. Smaller percentages of participants reported having one child (9.1%, n=42), two children (7.1%, n=33), or three children (2.4%, n=11). Only 0.6% (n=3) reported having four to five children, and no respondents reported six or more children in their household. Overall, 42.2% (n=196) of responses were either missing or invalid.

## Number of seniors in the home

Table 48. Number of seniors in the home

Number of seniors	n	Percent
0 seniors	163	35.1%
1 senior	57	12.3%
2 seniors	49	10.6%
3-4 seniors	1	0.2%
Missing/Invalid	194	41.8%
Total	464	100%

According to the Action Inc. survey data, 35.1% (n=163) of respondents reported having no seniors in the household. Another 12.3% (n=57) reported living with one senior, and 10.6% (n=49) reported living with two seniors. Only 0.2% (n=1) of households included three to four seniors, and a substantial 41.8% (n=194) of responses were either missing or invalid.

## Veteran status in the household

Table 49. Veteran status

Veteran status	n	Percent
No	189	84.8%
No, but another adult in my house is a veteran	11	4.9%
Yes	23	10.3%
Total	223	100%

Of respondents, 10.3% (n=23) identified as veterans; 84.8% (n=189) of survey participants from the Action Inc. region indicated that they are not veterans. An additional 4.9% (n=11) reported that they are not veterans but live with another adult in the household who is a veteran. Within the Action Inc. service area, Powell County had the highest proportion of veteran respondents, with 26.3% (n=5) reporting veteran status. By contrast, Deer Lodge reported no veterans among survey participants, and Granite, Madison, and Silver Bow Counties each had between 10% and 17% of respondents identifying as veterans.

## Employment

Most respondents in the Action Inc. region reported being employed full-time in a single job, with 60.8% (n=163) selecting this option. An additional 7.8% (n=21) reported working full-time across multiple jobs. While these rates of full-time employment are relatively high, a notable share of respondents identified as retired (16.4%, n=44) or working part-time (6.3%, n=17). Smaller groups reported working sometimes (1.9%, n=5), being students (1.5%, n=4), or identifying as homemakers/stay-at-home parents (2.6%, n=7).

**Table 50. Employment status<sup>251</sup>**

Employment status	n	Percent
Work full-time in one job (30 hours or more)	163	60.8%
Work full-time at more than one job (30 hours or more)	21	7.8%
Work part-time (less than 30 hours)	17	6.3%
Work sometimes	5	1.9%
Student	4	1.5%
Homemaker or stay-at-home parent	7	2.6%
Retired	44	16.4%
Unemployed	5	1.9%
Disabled or on disability	11	4.1%
Other: work hours vary	2	0.7%
Chronically ill or injured	0	0.0%
Volunteer	0	0.0%
Care for sick family member	0	0.0%
Rather not say/Other	0	0.0%
Total	269	100%

Among respondents who were not working, 4.1% (n=11) reported being on disability, and 1.9% (n=5) identified as unemployed. Only 0.7% (n=2) chose “Other: work hours vary,” and no respondents reported being chronically ill, volunteering, or providing unpaid care for a sick family member.

County-level analysis reveals variation across the Action Inc. service area. Powell County had the highest rate of full-time single-job employment at 90.5% (n=19), while Granite had a more consistent distribution between full-time and part-time roles. Beaverhead had the highest share of individuals working multiple full-time jobs (16%, n=8) and the highest proportion of retirees (26%, n=13). This variation suggests different economic dynamics across rural and urban parts of the region.

## **Community role, assets, environment, and community-level needs**

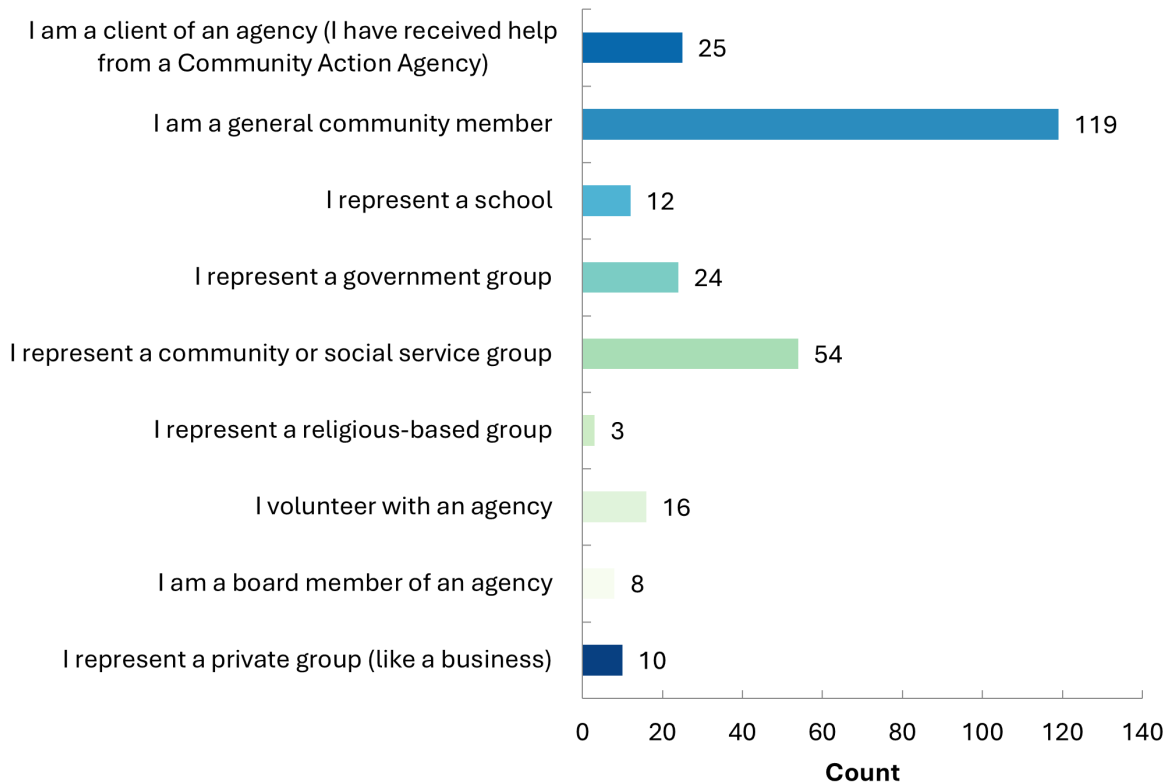
This section examines how residents perceive and engage with their communities, focusing on issues such as the availability of local resources. The goal is to identify community-level needs and priorities that can inform planning. The survey also asked participants to select the role choice that best fit them while taking the survey.

### **Role in community**

Participants reported they had a variety of roles in their communities (n=271). Some of these choices include being a general community member, a client of the agency, or volunteering with the agency.

<sup>251</sup> Participants could select more than one answer. The denominator is the number of respondents that answered the question. Write-in responses were manually recoded into existing and new categories. New categories include “disabled or on disability,” “volunteer,” “chronically ill or injured,” “care for sick family member,” and “Other: work hours vary.” “Other: work hours vary” includes the write-in responses of self-employed, seasonal workers, ranch hands, and entrepreneurs.

**Figure 18. Role in community<sup>252</sup>**



**Table 51. Role in community**

Community role	n	Percent
I am a client of an agency.	25	9.2%
I am a general community member.	119	43.9%
I represent a community or social service group.	54	19.9%
I represent a government group.	24	8.9%
I represent a private group (like a business).	10	3.7%
I represent a religious-based group.	3	1.1%
I represent a school.	12	4.4%
I volunteer with an agency.	16	5.9%
I am a board member of an agency.	8	3.0%
I am retired or disabled.	0	0.0%

Survey participants from Action Inc.’s service area reported they had a variety of roles in their community. The largest share (43.9%, n=119) identified as general community members, while nearly one in five (19.9%, n=54) said they represent a community or social service group. About 9.2% (n=25) reported being clients of an agency, meaning they had received services such as rental assistance, utility support, or child care through programs like Head Start. Others said

<sup>252</sup> Write-in responses were manually recoded into existing categories. Survey participants who had write-in responses that indicated they worked in home health care environments were categorized as “I represent a community or social service group.”

they represent government groups (8.9%, n=24), private businesses (3.7%, n=10), faith-based organizations (1.1%, n=3), or schools (4.4%, n=12). Smaller numbers indicated that they volunteer (5.9%, n=16), serve on a board (3%, n=8), or are retired or disabled (0%).

Across the region, county-level data show that general community membership was most common in all counties, with Silver Bow (31.8%), Beaverhead (60%), and Powell (70%) reporting the highest shares. Representation from community or social service groups was particularly high in Silver Bow (27.3%), Deer Lodge (18.8%), and Powell (15%), indicating strong engagement from local service providers. Government group affiliation was highest in Madison (16%), Granite (16.7%), and Powell (10%), while board members were reported most frequently in Deer Lodge (12.5%) and Madison (8%).

Notably, the proportion of respondents who identified as agency clients ranged from 0% in several counties (including Madison and Powell) to 16.7% in Granite and 12% in Beaverhead. Silver Bow County, the most populous in the region, had the most diverse respondent pool, including participants from every listed category—clients, service group representatives, government, school, faith, and business sectors—suggesting a well-connected community with multiple overlapping roles.

### Community assets and environment

This section presents survey responses to a series of questions about community circumstances and strengths, with participants rating each item on a scale from “1 (No)” to “5 (Yes).” The tables display the percentage and number of respondents for each rating, allowing for an assessment of how residents perceive different aspects of their community. These data provide a foundation for analyzing strengths, challenges, and patterns in local perceptions.

**Table 52. Quality-of-life questions**

Quality-of-life questions	1 (No)	2	3	4	5 (Yes)	Nor applicable (N/A)	Total (n)
Is your community a good place to raise children?	5.6% (n=14)	6.8% (n=17)	25.2% (n=63)	29.6% (n=74)	29.2% (n=73)	3.6% (n=9)	250
Are there good job opportunities in your community?	12.5% (n=31)	27% (n=67)	38.7% (n=96)	13.7% (n=34)	6% (n=15)	2% (n=5)	248
Is your community a safe place to live?	1.2% (n=3)	10.1% (n=25)	21.8% (n=54)	36.7% (n=91)	29.8% (n=74)	0.4% (n=1)	248
Are there support networks for people and families?	2% (n=5)	12.4% (n=31)	24.9% (n=62)	31.7% (n=79)	25.7% (n=64)	3.2% (n=8)	249
Are you happy with the quality of life in your community?	3.6% (n=9)	8.8% (n=22)	22.9% (n=57)	31.3% (n=78)	30.5% (n=76)	2.8% (n=7)	249

When asked whether their community is a good place to raise children, more than half of Action Inc. respondents gave high ratings, with 29.6% (n=74) selecting “4” and 29.2% (n=73) selecting “5.” Neutral ratings were also common (25.2%, n=63), while few gave low scores (5.6%, n=14 for “1 [No]”; 6.8%, n=17 for “2”).

Job opportunities received more moderate assessments. The largest share of participants rated this option a “3” (38.7%, n=96), followed by 27% (n=67) selecting “2,” and 13.7% (n=34) selecting “4.” Only 6% (n=15) gave the most positive rating of “5,” while 12.5% (n=31) selected “1 (No).” Statewide, positive ratings were somewhat higher at the top end (13.4% for “5 [Yes]”), suggesting job opportunities may be viewed less favorably in the Action Inc. area.

Perceptions of safety were among the most favorable findings. In the Action Inc. service area, 36.7% (n=91) selected “4,” and 29.8% (n=74) selected “5,” with only 1.2% (n=3) choosing “1 (No).” Ratings for support networks for people and families also leaned positive, with 31.7% (n=79) giving a “4” and 25.7% (n=64) giving a 5. Neutral scores accounted for 24.9% (n=62), and 14.4% combined selected “1” or “2.” Overall quality of life received strong ratings in the Action Inc. area, with 31.3% (n=78) selecting “4” and 30.5% (n=76) selecting “5.” Neutral scores made up 22.9% (n=57), while only 3.6% (n=9) selected “1 (No).” In other words, participants were largely satisfied with their overall quality of life.

These five items were also summed to create a quality-of-life scale ranging from 0–20. The value for Cronbach’s Alpha was  $\alpha=0.781$ , indicating acceptable internal reliability for this scale. Respondents who identified as White rated their communities as having a lower overall quality of life (M=8.96, SD=9.07) compared to people of color (M=18.24, SD=4.63;  $t(21)=7.713$ ;  $p<0.001$ ).

### Community resources assessment

This section assesses local perceptions of key community resources, including housing, health care, food access, child care, transportation, and civic environment. Participants rated the availability and quality of these resources on a five-point scale from “strongly disagree” to “strongly agree.” The results provide insight into both areas of strength and areas where residents see gaps in services or accessibility.

**Table 53. Community resources**

Community resource item	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	I don’t know	Total (n)
My community has many affordable homes for people to buy.	62.8% (n=157)	25.6% (n=64)	6.4% (n=16)	4.8% (n=12)	0.4% (n=1)	0% (n=0)	250
My community has many affordable places to rent.	67.2% (n=168)	23.6% (n=59)	6.8% (n=17)	1.6% (n=4)	0.8% (n=2)	0% (n=0)	250
My community has help for people who are houseless.	26.7% (n=66)	21.5% (n=53)	18.6% (n=46)	23.9% (n=59)	9.3% (n=23)	0% (n=0)	247
My community has help available for the behavioral health needs of adults.	27.8% (n=69)	27.4% (n=68)	16.9% (n=42)	23.8% (n=59)	4% (n=10)	0% (n=0)	248
My community has help available for the mental health care needs of adults.	27.6% (n=69)	28.4% (n=71)	17.6% (n=44)	21.6% (n=54)	4.8% (n=12)	0% (n=0)	250
My community has help available for physical health care needs of adults.	9.7% (n=24)	18.2% (n=45)	21.5% (n=53)	36.4% (n=90)	14.2% (n=35)	0% (n=0)	247

Community resource item	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	I don't know	Total (n)
My community has resources available for people who don't have enough food.	6% (n=15)	13.7% (n=34)	15.3% (n=38)	47.8% (n=119)	17.3% (n=43)	0% (n=0)	249
My community has child care for individuals and families with different incomes.	10.8% (n=27)	20.1% (n=50)	41% (n=102)	21.7% (n=54)	6.4% (n=16)	0% (n=0)	249
My community has enough public transportation available.	23.4% (n=58)	23% (n=57)	16.1% (n=40)	26.6% (n=66)	10.9% (n=27)	0% (n=0)	248
My community is welcoming and friendly at public meetings and events.	3.6% (n=9)	11.7% (n=29)	28.3% (n=70)	36.8% (n=91)	19.4% (n=48)	0% (n=0)	247
Public officials in my community work to help people and families with low incomes.	15.4% (n=38)	28.7% (n=71)	30% (n=74)	17.8% (n=44)	8.1% (n=20)	0% (n=0)	247

Housing affordability stood out as a major concern among Action Inc. survey participants. Nearly nine in 10 participants strongly or somewhat disagreed that their community has many affordable homes to buy (88.4%, n=221) or affordable places to rent (90.8%, n=227).

Perceptions of resources for individuals experiencing homelessness were mixed. While 48.2% (n=119) somewhat or strongly disagreed with the statement, nearly one third (33.2%, n=82) somewhat or strongly agreed, and 18.6% (n=46) were neutral. Access to behavioral and mental health services for adults received more negative than positive ratings. For behavioral health needs, 55.2% (n=137) somewhat or strongly disagreed, while only 27.8% (n=69) somewhat or strongly agreed. Mental health care access was rated similarly, with 56% (n=140) disagreeing and 26.4% (n=66) agreeing.

Physical health care access was viewed more favorably, with a majority somewhat or strongly agreeing (50.6%, n=125) and 27.9% (n=69) somewhat or strongly disagreeing. Food resources received strong positive ratings, with 65.1% (n=162) somewhat or strongly agreeing that their community has resources for those without enough food. Child care availability for families across income levels was most often rated neutrally (41%, n=102), with 30.9% (n=77) somewhat or strongly disagreeing and 28.1% (n=70) agreeing.

Public transportation access was split, with 46.4% (n=115) somewhat or strongly disagreeing and 37.5% (n=93) agreeing. Most respondents agreed their community is welcoming at public meetings and events (56.2%, n=139), with relatively few expressing disagreement (15.3%, n=38). Views on whether public officials work to help people with low incomes were more evenly distributed: 44.1% (n=109) disagreed, 25.9% (n=64) agreed, and 30% (n=74) were neutral.

### Ranked community needs

Participants were asked to identify their top five community needs, ranking them from most important (score of "5") to least important (score of "1"). Scores for each need were calculated by summing the points assigned by all participants. The "Number of rankings" column reflects how many participants included that need in their top five chosen needs. This data helps clarify which issues are most urgent for community members and how those concerns compare to

trends across the state.

**Table 54. Ranked community needs**

Community need	Score	Number of rankings
Availability of safe and affordable housing	639	174
Availability of jobs that pay enough to live on	524	160
Access to mental health services	451	135
Access to substance use disorder services	269	84
Access to affordable child care	216	77
Access to health care	204	69
Needs or services for youth	171	67
Needs of older adults or seniors	170	67
Help for people who are unhoused	170	63
Crime and/or public safety	157	60
Planning for growth and development (like water resources, etc.)	155	54
Lack of affordable food or hunger	123	49
Access to early childhood education	108	38
Availability or cost of transportation	70	33
Access to reliable and fast internet	59	22
Cultural awareness	37	15

Survey participants in the Action Inc. service area ranked the “availability of safe and affordable housing” as their highest priority, with a score of 639 and 174 participants including it in their top five. The second-highest-ranked local priority was “availability of jobs that pay enough to live on” (score 524, n=160), followed by “access to mental health services” (score 451, n=135).

“Access to substance use disorder services” was the fourth-highest-ranked need (score 269, n=84). “Access to affordable child care” ranked fifth locally (score 216, n=77). Other needs with moderate scores locally included “access to health care” (score 204, n=69), “needs or services for youth” (score 171, n=67), and “needs of older adults or seniors” (score 170, n=67). “Help for people who are unhoused” also scored 170 (n=63).

Lower-ranked priorities in the Action Inc. area included “crime and public safety” (score 157, n=60), “planning for growth and development” (score 155, n=54), “lack of affordable food or hunger” (score 123, n=49), “access to early childhood education” (score 108, n=38), “availability or cost of transportation” (score 70, n=33), “access to reliable and fast internet” (score 59, n=22), and “cultural awareness” (score 37, n=15).

Statistical testing from the Action Inc. dataset found significant associations between some top-ranked needs and lower overall quality-of-life scores. Respondents who ranked housing, living-wage jobs, mental health services, child care, or health care among their top needs reported significantly lower quality of life ( $p < 0.001$  for each), indicating that these issues are not only priorities but also linked to broader perceptions of well-being.

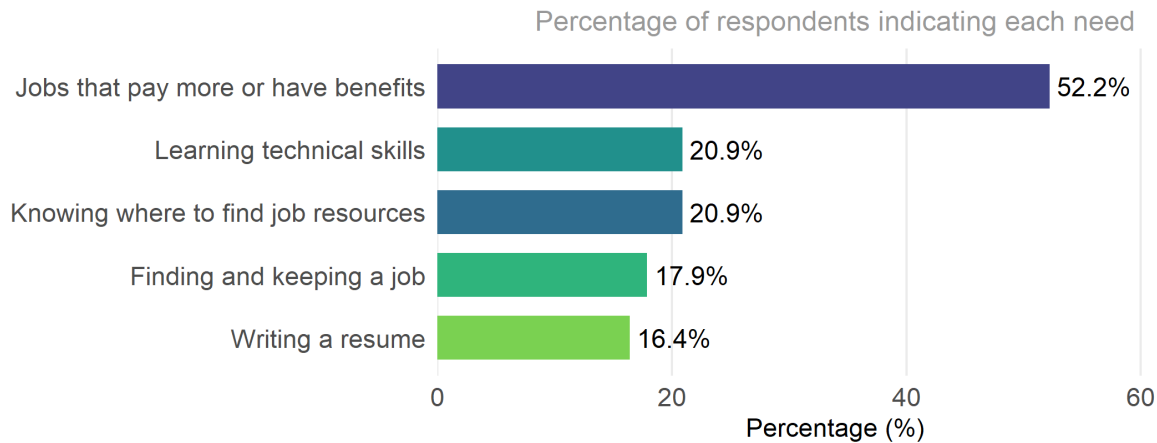
## Individual and family needs

This section examines the types of needs reported by individuals and families in the Action Inc. service area. Survey participants were asked whether they currently had needs in several key domains, including employment, education, financial stability, housing, health, and community engagement. For each domain where a need was identified, participants selected specific items from a list and could provide open-ended comments for additional context. The goal of this section is to identify the range and nature of needs across households to better understand the challenges facing the community.

### Employment

Just over one quarter of survey respondents in the Action Inc. service area (27.3%, n=67) reported having employment-related needs in the past 12 months, slightly lower than the 31.1% (n=948) reported statewide. Among those who replied that they did have job-related needs, participants selected from a list of common employment barriers and goals.

**Figure 19. Employment needs<sup>253</sup>**



**Table 55. Employment needs<sup>254</sup>**

Employment	n	Percent
Jobs that pay more or have benefits	35	52.2%
Knowing where to find job resources	14	20.9%
Learning technical skills	14	20.9%
Finding and keeping a job	12	17.9%
Writing a resume	11	16.4%
Training for the types of jobs available in the area	10	14.9%
Getting the right clothes for a job	9	13.4%
Job training	8	11.9%
Interviewing for a job	8	11.9%

<sup>253</sup> Percentages represent the share of these participants who selected each need. Participants could select more than one need.  
<sup>254</sup> Participants could select more than one need, so counts exceed the total number of respondents and do not sum to the total survey population (N=464).

Employment	n	Percent
Having access to the internet for work	6	9.0%
Learning soft skills	5	7.5%
Background check issues	4	6.0%
Criminal background issues	2	3.0%
Offender standing issues	2	3.0%

Employment was a significant area of need among respondents in the Action Inc. service area. Over half of those reporting job-related needs (52.2%, n=35) said they needed “jobs that pay more or have benefits,” making this the most frequently selected employment priority. Other notable needs included “knowing where to find job resources” (20.9%, n=14) and “learning technical skills” (20.9%, n=14), followed by “finding and keeping a job” (17.9%, n=12) and “writing a resume” (16.4%, n=11). Smaller proportions reported needs related to “training for the types of jobs available in the area” (14.9%, n=10), “job training” (11.9%, n=8), and “interviewing for a job” (11.9%, n=8).

Open-ended responses provided further insight into these figures. Illustrating how family responsibilities can influence employment opportunities, participants explained:

*“Child care is outrageous. And, if you aren’t poverty [stricken you] get zero help.”*

Showing how employment needs can intersect with age and financial security, another respondent stated:

*“I am a retired senior that currently has a need for additional income/especially when my husband passes away because then I will not be able to afford to live in the apartment I now live in.”*

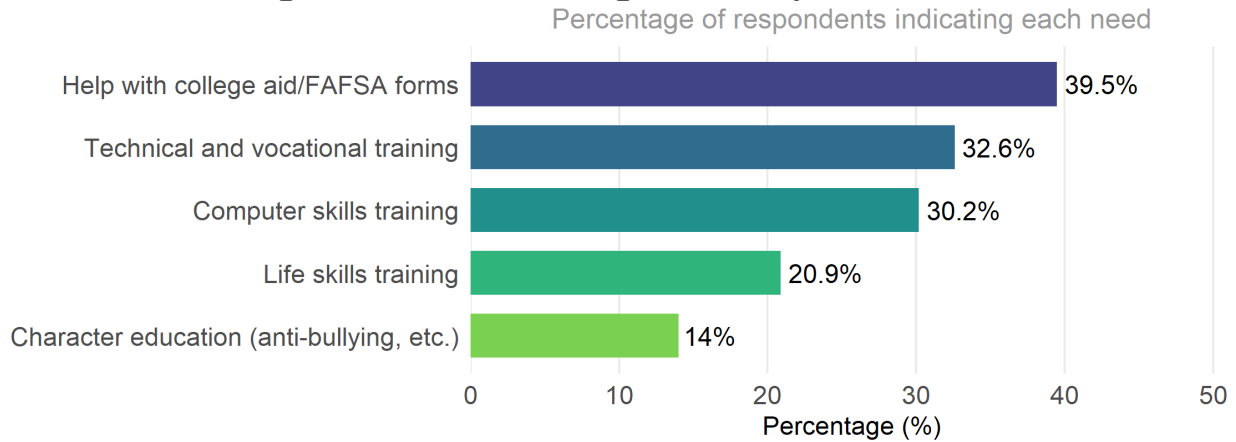
These comments, along with others, suggest that employment challenges in the service area are linked not only to wages and job availability but also to personal circumstances and support systems.

The survey results show that a substantial share of the community is navigating barriers related to pay, job stability, and access to employment resources. The combination of high interest in “better-paying jobs with benefits” and moderate demand for “training and skill development” points to a broad spectrum of employment-related concerns in the Action Inc. service area.

### Education and cognitive development

Survey participants most often identified “help with college aid Free Application for Federal Student Aid (FAFSA) forms,” “technical and vocational training,” and “computer skills training” as their top education-related needs. Other needs included “life skills training,” “character education,” and child care, with fewer respondents citing GED or language classes.

**Figure 20. Education and cognitive development needs<sup>255</sup>**



**Table 56. Education needs<sup>256</sup>**

Education and cognitive development	n	Percent
Help with college aid/FAFSA forms	17	39.5%
Technical and vocational training	14	32.6%
Computer skills training	13	30.2%
Life skills training	9	20.9%
Character education (anti-bullying, etc.)	6	14.0%
Affordable and good child care	5	11.6%
Parenting education and skills	5	11.6%
Early childhood education programs	4	9.3%
GED classes/high school equivalency	2	4.7%
English as a second language (ESL) classes	0	0.0%
Literacy classes	0	0

Among respondents reporting education-related needs, the most common was “help with college aid/FAFSA forms” (39.5%, n=17). This need was followed by “technical and vocational training” (32.6%, n=14) and “computer skills training” (30.2%, n=13). Smaller but notable proportions indicated a need for “life skills training” (20.9%, n=9) and “character education (anti-bullying, etc.)” (14.0%, n=6). “Affordable and good child care” (11.6%, n=5) and “parenting education and skills” (11.6%, n=5) were also mentioned, along with “early childhood education programs” (9.3%, n=4). Few participants identified “GED classes/high school equivalency” (4.7%, n=2) as a need, and no respondents selected “English as a second Language (ESL) classes” or “literacy classes.”

Write-in responses add important context to these figures. Some respondents reflected on specific program gaps, such as “*Special needs children programs*” and “*higher education and independent living support for student[s] with special needs/neurodiverse.*” Other respondents highlighted general academic resources, including “*Places to study that are open late into the night*” and “*Special Education.*” Skills training needs were also noted in practical terms, like Microsoft Excel, Microsoft

<sup>255</sup> Top five education and cognitive development needs reported by participants with education needs (n=43). Percentages represent the share of these participants who selected each need. Participants could select more than one need.

<sup>256</sup> Education and cognitive development needs reported by participants with education needs (n=43). Participants could select more than one need, so counts exceed the total number of respondents and do not sum to the total survey population (N=464).

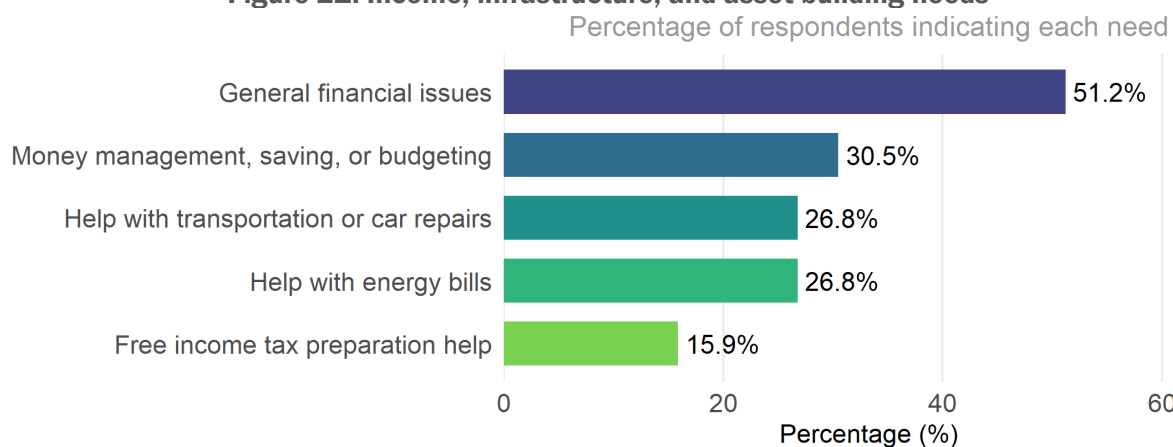
Teams, and Canvas, indicating interest in specific digital competencies.

While some needs are tied to formal education or training programs, others reflect a desire for supportive environments, skill development, and accessible resources that enable residents to pursue education at different stages of life. The data shows that postsecondary and technical training, computer skills, and life skills are top priorities among those who identified education-related needs in the Action Inc. service area.

### Income, infrastructure, and asset-building

Roughly one-third of Action Inc. survey respondents reported having financial or asset-related needs in the past year. Respondents who did report needs cited a range of financial challenges, from general instability to specific household expenses. Their responses reveal key areas where targeted support could help households build financial resilience and maintain stability.

**Figure 21. Income, infrastructure, and asset-building needs<sup>257</sup>**



**Table 57. Income, infrastructure, and asset-building needs<sup>258</sup>**

Income, infrastructure, and asset-building	n	Percent
General financial issues	42	51.2%
Money management, saving, or budgeting	25	30.5%
Help with transportation or car repairs	22	26.8%
Help with energy bills	22	26.8%
Free income tax preparation help	13	15.9%
Help with water bills	13	15.9%
Help paying gas or heating bills	11	13.4%
Legal help	10	12.2%
Help with burial or funeral costs	8	9.8%
Help paying electric bills	8	9.8%
Money problems related to divorce	5	6.1%

<sup>257</sup> Top five financial needs reported by participants with financial needs (n=82). Percentages represent the share of these participants who selected each need. Participants could select more than one need.

<sup>258</sup> Financial needs reported by participants who indicated having financial needs at the time of the survey (n=82). Participants could select more than one need, so counts exceed the total number of respondents and do not sum to the total survey population (N=464).

Income, infrastructure, and asset-building	n	Percent
Help getting internet access at home	4	4.9%
Bankruptcy, foreclosure, or repossession issues	3	3.7%
Child support payment issues	3	3.7%
Gambling counseling	1	1.2%
Help with utility deposits	1	1.2%

About one third of respondents (33.9%, n=82) reported having financial needs at the time of the survey. Among those with financial needs, the most common issue was “general financial problems” (51.2%, n=42), a broad category that included challenges with meeting basic expenses and managing household budgets. Some participants described this in terms of high everyday costs, naming “Affordable housing” and “Groceries” as pressing concerns.

“Money management, saving, or budgeting” was identified by nearly one third of respondents with financial needs (30.5%, n=25), reflecting a desire for greater control over household finances. “Help with transportation or car repairs” (26.8%, n=22) and “help with energy bills” (26.8%, n=22) were also common needs. These responses align with comments such as “Need a new roof” and “Paying rent and health insurance,” which point to the strain of maintaining essential living conditions while balancing multiple bills.

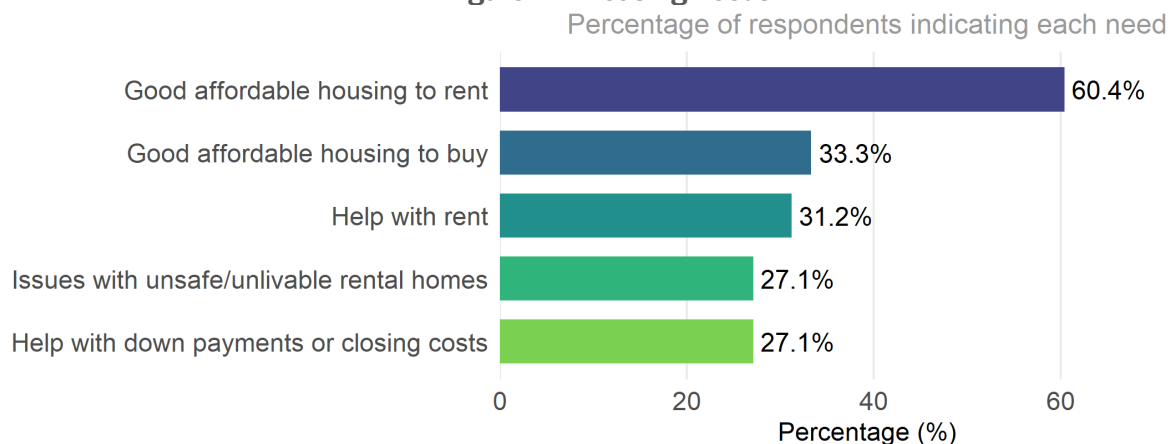
Other needs, though reported by smaller proportions of participants, still reveal serious challenges. “Free income tax preparation help” (15.9%, n=13) and “help with water bills” (15.9%, n=13) may not affect as many households, but for those who listed them, they can represent make-or-break financial relief. Several respondents mentioned circumstances that tie financial concerns to larger life goals or hardships, such as “Help with getting a down payment so we can someday become homeowners” or “How to go to college full time, get a better paying job and afford to pay bills.”

Taken together, the data and participant comments illustrate that financial needs in the Action Inc. service area are deeply tied to the cost of basic living, the ability to maintain stable housing, and the challenge of balancing immediate expenses with longer-term financial security.

## **Housing**

Many respondents described challenges related to finding safe, stable, and affordable housing. Concerns ranged from the availability and condition of rental properties to the costs of homeownership, repairs, and energy efficiency improvements. These needs often combine with broader issues of financial stability and overall quality of life.

**Figure 22. Housing needs<sup>259</sup>**



**Table 58. Housing needs<sup>260</sup>**

Housing	n	Percent
Good affordable housing to rent	29	60.4%
Good affordable housing to buy	16	33.3%
Help with rent	15	31.2%
Issues with unsafe/unlivable rental homes	13	27.1%
Help with down payments or closing costs	13	27.1%
Home repair needs	13	27.1%
Help with home energy efficiency	12	25.0%
Help with rent payments	12	25.0%
Programs for free home repairs	11	22.9%
Help with rent deposits	11	22.9%
Education about tenant rights/responsibilities	9	18.8%
Skills for basic home repairs/maintenance	8	16.7%
Senior citizens housing	8	16.7%
Income-based rental housing for seniors	8	16.7%
Home buyer education	6	12.5%
Handicap accessible housing	6	12.5%
Issues with unsafe/unlivable homes for sale	4	8.3%
Affordable nursing homes/long-term care	3	6.2%
Help with rent back payments	2	4.2%

One in five respondents in the Action Inc. service area (20.1%, n=48) reported having housing needs at the time of the survey, compared to nearly three in 10 participants statewide (29.5%, n=879). For both Action Inc. and Montana overall, the most common concern was “access to good affordable housing to rent”, though it was more prevalent locally (60.4%, n=29) than statewide (52.9%, n=465).

<sup>259</sup> Top five housing needs reported by participants with housing needs (n=48). Percentages represent the share of these participants who selected each need. Participants could select more than one need.

<sup>260</sup> Housing needs reported by participants with housing needs (n=48). The percentages will not sum to 100 because participants could select more than one need.

Other high-ranking needs in the Action Inc. area included “good affordable housing to buy” (33.3%, n=16) and “help with rent” (31.2%, n=15). These priorities parallel statewide trends, where 34.5% (n=303) reported the need for “good affordable housing to buy” and 39.2% (n=345) reported needing “help with rent.” Action Inc. respondents were also more likely than statewide participants to cite “issues with unsafe or unlivable rental homes” (27.1%, n=13 vs. 15.1%, n=133) and to request “help with down payments or closing costs” (27.1%, n=13 versus 22.8%, n=200).

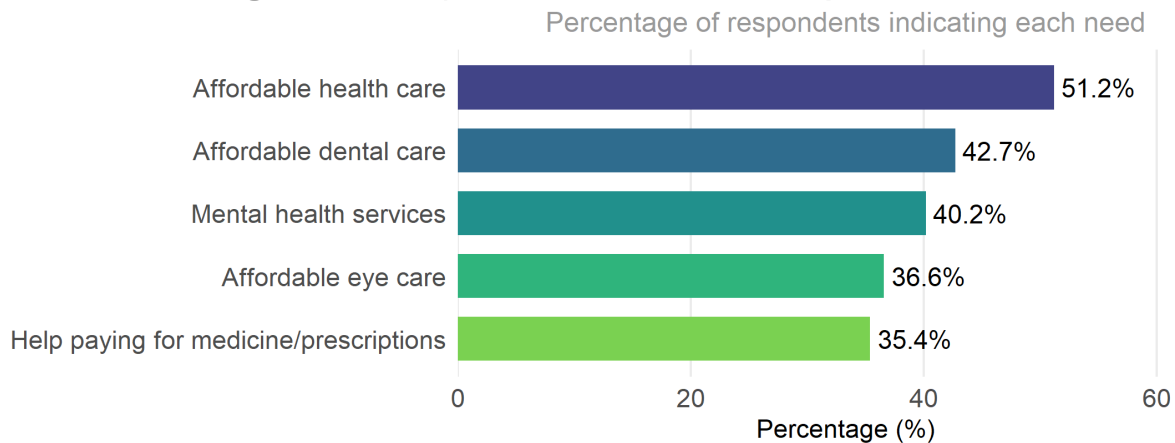
“Home repair needs” were another recurrent theme, selected by 27.1% (n=13). Requests for “help with home energy efficiency” were reported by one quarter of Action Inc. respondents with housing needs (25.0%, n=12). Other forms of housing assistance mentioned by local respondents included “programs for free home repairs” (22.9%, n=11), “help with rent deposits” (22.9%, n=11), and “education about tenant rights/responsibilities” (18.8%, n=9).

The data suggests those who experience housing needs are likely to be contending with multiple challenges. The higher local rates of unsafe or unlivable housing reports, combined with high demand for both rental and homeownership assistance, highlight the central role of housing stability in residents’ quality of life.

### Health/social and behavioral development

Respondents identified a range of health-related challenges, with many focusing on affordability, access to essential services, and support for long-term or ongoing conditions. Mental health and chronic illness care emerged as recurring themes across responses.

**Figure 23. Health/social and behavioral development needs<sup>261</sup>**



<sup>261</sup> Participants were asked to select their health needs. The percentages will not sum to 100 because participants could select more than one need. The denominator is the 82 participants that reported health needs.

**Table 59. Health/social and behavioral development needs<sup>262</sup>**

Health/social and behavioral development	n	Percent
Affordable health care	42	51.2%
Affordable dental care	35	42.7%
Mental health services	33	40.2%
Affordable eye care	30	36.6%
Help paying for medicine/prescriptions	29	35.4%
Care for chronic illness	29	35.4%
Adult mental health services	22	26.8%
Health insurance issues	20	24.4%
Access to fresh/healthy food	14	17.1%
Youth mental health services	13	15.9%
Senior health care	12	14.6%
Food assistance	12	14.6%
Long-term health care	10	12.2%
Help for people with special needs	9	11.0%
SSI (Supplemental Security Income)	9	11.0%
Help for children with special needs	8	9.8%
Access to support services (Special Supplemental Nutrition Program for Women, Infants, and Children [WIC], SNAP, SSI, etc.)	8	9.8%
SNAP	8	9.8%
Substance use disorder treatment	7	8.5%
Veteran's services	7	8.5%
Sexual and reproductive health care	5	6.1%
Emergency clothing (winter coats, etc.)	5	6.1%
Emergency food resources	5	6.1%
Domestic violence protection	5	6.1%
Help for physical/emotional/sexual abuse	5	6.1%
Medical equipment (wheelchairs, hearing aids, etc.)	3	3.7%
Abuse/violence protection	3	3.7%
Prosthetic devices	1	1.2%
Child vaccinations	1	1.2%
WIC program	1	1.2%
Services for runaway youth	1	1.2%
HIV/AIDS care	0	0.0%
Teenage pregnancy/prenatal care	0	0.0%
Sexual assault services	0	0.0%

Just over one third of respondents in the Action Inc. service area reported current health needs. In the Action Inc. service area, “affordable health care” was the most frequently cited need (51.2%,

<sup>262</sup> Participants were asked to select their health needs. The percentages will not sum to 100 because participants could select more than one need. The denominator is the 82 participants that reported health needs.

n=42), followed closely by “affordable dental care” (42.7%, n=35) and “mental health services” (40.2%, n=33).

Other top needs locally included “affordable eye care” (36.6%, n=30), “help paying for prescriptions” (35.4%, n=29), and “care for chronic illness” (35.4%, n=29). Several respondents linked these needs to specific personal circumstances, noting challenges such as “Affording alternative health care options such as chiropractic care” and “More support for children and [families] with type one diabetes.”

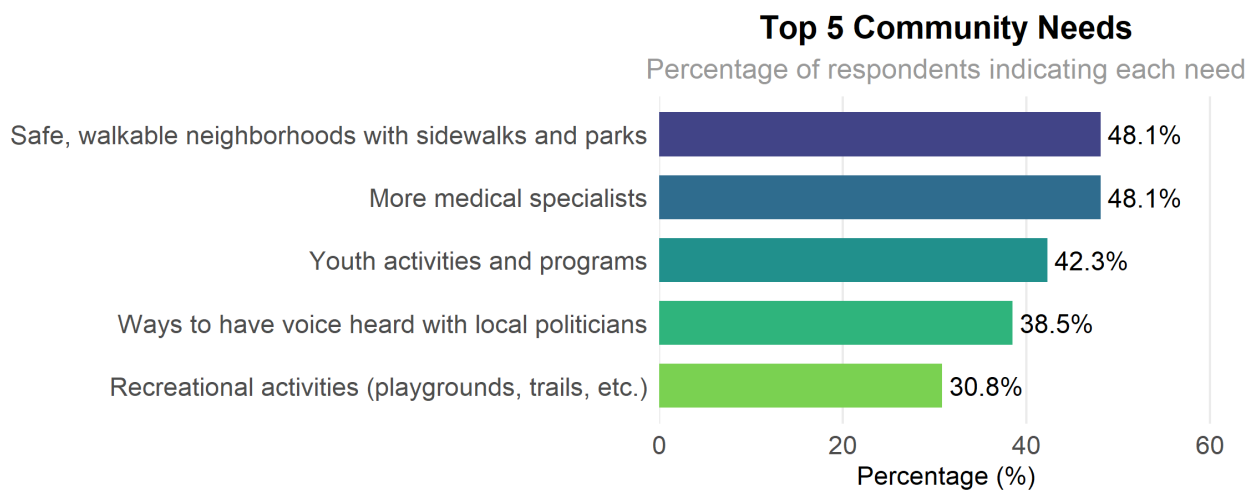
“Mental health services” also featured prominently, with “adult mental health services” selected by 26.8% (n=22) locally. “Youth mental health services” were reported by 15.9% (n=13) in the Action Inc. area and 13.8% (n=173) statewide. “Health insurance issues” were noted by nearly one quarter of local respondents with health needs (24.4%, n=20), somewhat lower than the statewide figure of 28.5%.

Overall, the data indicate that participants from the Action Inc. service area report needs for some critical services, particularly chronic illness care and help with prescription costs. These results point to an ongoing need for both affordable general care and targeted support for individuals managing long-term health conditions.

### Civic engagement and community involvement

Residents described a range of community-related priorities, including safer and more accessible neighborhoods, expanded recreational and youth programs, and greater opportunities to participate in civic life. Comments highlighted concerns about neighborhood upkeep, public safety, and the availability of essential services and health care.

Figure 24. Civic engagement and community development needs<sup>263</sup>



<sup>263</sup> Top five civic engagement needs reported by participants with community needs (n=52). Percentages represent the share of these participants who selected each need. Participants could select more than one need.

**Table 60. Civic engagement and community development needs<sup>264</sup>**

Civic engagement and community involvement	n	Percent
Safe, walkable neighborhoods with sidewalks and parks	25	48.1%
More medical specialists	25	48.1%
Youth activities and programs	22	42.3%
Ways to have voice heard with local politicians	20	38.5%
Recreational activities (playgrounds, trails, etc.)	16	30.8%
Crime prevention	16	30.8%
Activities and programs for seniors	15	28.8%
Volunteer/community engagement opportunities	15	28.8%
Additional health care facilities	14	26.9%
More family/primary care clinics	14	26.9%
Crisis services/emergency housing for unhoused people	13	25.0%
Help with legal issues	7	13.5%
Prevention of breaking and entering	5	9.6%
Prevention of violent crime	5	9.6%
More pharmacies	4	7.7%
More urgent care clinics	4	7.7%
Prevention of gang violence	1	1.9%

Just over one in five survey participants in the Action Inc. service area reported having community needs (22.3%, n=52). Locally, the most common needs were “safe, walkable neighborhoods with sidewalks and parks” (48.1%, n=25) and “more medical specialists” (48.1%, n=25). Participant comments such as “*Our sidewalks and walking trails seem littered*” and “*Environmental cleanup*” reinforce the importance of both physical accessibility and cleanliness in neighborhood spaces.

Youth activities and programs (42.3%, n=22) were also a top priority in the Action Inc. service area. Residents additionally expressed interest in “ways to have their voices heard with local politicians” (38.5%, n=20), consistent with feedback calling for “*Better ways to advertise community events/local meetings without it just being on Facebook or the newspaper.*” “Recreational activities (playgrounds, trails, etc.)” (30.8%, n=16) and “crime prevention” (30.8%, n=16) were each cited by nearly one third of local respondents, with safety and public spaces closely linked in the local discourse.

Other needs mentioned by more than one quarter of local respondents included “activities and programs for seniors” (28.8%, n=15), “volunteer/community engagement opportunities” (28.8%, n=15), “additional health care facilities” (26.9%, n=14), and “more family/primary care clinics” (26.9%, n=14). Comments such as “*More therapists that don’t have a waitlist*” and “*Weekend hours at pharmacy and clinic*” illustrate how these needs extend beyond the existence of facilities to include the availability and accessibility of services. Fewer but still notable numbers of respondents reported a need for “crisis services/emergency housing for unhoused people” (25.0%, n=13)

<sup>264</sup> Civic engagement needs reported by participants with community needs (n=52). Participants could select more than one need, so counts exceed the total number of respondents.

and “help with legal issues” (13.5%, n=7), reflecting concerns about support for vulnerable populations.

## Barriers to program utilization

The survey included a series of questions designed to identify barriers that make it easier or more difficult for residents to access programs and services in the Action Inc. service area. Participants were asked to evaluate a range of potential obstacles, from understanding eligibility requirements to securing transportation or child care, and to indicate whether each factor made participation easier, made participation more difficult, or had no effect. These questions help reveal practical, logistical, and informational challenges that may prevent community members from seeking or receiving assistance as well as the areas where processes or resources have eased access. Understanding these barriers provides critical insight for service providers and policymakers seeking to improve program reach and effectiveness.

**Table 61. Barriers to program utilization<sup>265</sup>**

Barrier	Easier	More difficult	Neither or N/A	Total
Closure of local state-run assistance office	3.7% (n=8)	41.6% (n=91)	54.8% (n=120)	219
Understanding program eligibility requirements	9.2% (n=20)	42.2% (n=92)	48.6% (n=106)	218
Applying for services and completing paperwork	10.1% (n=22)	41.3% (n=90)	48.6% (n=106)	218
Uploading application forms online	18.1% (n=39)	32.4% (n=70)	49.5% (n=107)	216
No local office to visit in person	5.1% (n=11)	46.8% (n=101)	48.1% (n=104)	216
Providing required documentation (e.g., income)	12.9% (n=28)	34.1% (n=74)	53% (n=115)	217
Distance from home to services	8.8% (n=19)	32.3% (n=70)	59% (n=128)	217
Transportation to/from services or programs	10.2% (n=22)	31.2% (n=67)	58.6% (n=126)	215
Ability to find child care	3.3% (n=7)	28.6% (n=61)	68.1% (n=145)	213

Survey respondents from Action Inc. service areas identified several challenges that made accessing programs and services more difficult. The most reported barriers were administrative or logistical in nature. Over 40% of respondents reported that “understanding program eligibility requirements” (42.2%, n=92 of 218), “applying for services and completing paperwork” (41.3%, n=90 of 218), and “closure of local state-run assistance offices” (41.6%, n=91 of 219) made it more difficult to get help. One participant remarked:

*“Most programs require the skills to access and use a computer which [hinders] our older population.”*

Other barriers included difficulty “uploading application forms online” (32.4%, n=70 of 216), “providing required documentation (e.g., income)” (34.1%, n=74 of 217), “transportation to/from services or programs” (31.2%, n=67 of 215), and “distance from home to services” (32.3%, n=70 of 217). These findings reflect both structural and technological challenges, especially for older

<sup>265</sup> Barriers to program participation as reported by survey participants. For each barrier, respondents indicated whether it made accessing services easier, more difficult, or had no effect. Participants could choose only one response option for each barrier.

adults or rural residents. As one respondent noted:

*“It is my understanding the public assistance office may be more difficult to access. Older residents may not know they qualify for SNAP.”*

Several participants described how the lack of in-person support discouraged continued engagement with services. One participant wrote:

*“Most elderly people have opted for paperless proof of income such as bank statements, which are required to apply for assistance. By the time it’s received, the time frame is past due. The frustration is overwhelming and causes many of us to give up.”*

Other participants cited the loss of local offices and staff as a major setback:

*“Not having an OPA representative locally has been challenging for the community.”*

Another participant suggested:

*“With one form signed by the applicant, the people who are trying to help us can gain access to everything but our bank accounts. That would make it so much easier and relieve the huge amount of stress.”*

At the individual level, barriers such as unclear instructions, overwhelming documentation, or digital-only processes can prevent residents from securing basic resources like housing, food, or medical care. For families, especially those managing multiple responsibilities or caring for children or elders, these issues can increase existing hardships. One participant shared:

*“Every thing is more difficult living in a rural town. It’s more expensive, food is triple, doctors are further away and there are no services.”*

At the community level, a lack of outreach, coordination, and flexibility in service delivery impedes the effectiveness of available programs and reinforces disparities.

## Summary and key findings

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Housing, employment, and health care, particularly behavioral health, emerged as the most frequently reported areas of need among survey respondents. Many participants indicated challenges accessing services due to affordability, limited availability, or barriers such as eligibility and awareness. These findings point to persistent gaps in essential supports that affect individual and family stability across Action Inc.’s service area.

These findings will directly inform Action Inc.’s upcoming strategic planning process and help guide future decisions about program priorities and service investments.



## Section 3: Action Inc. Mission and Impact

Section 3 provides an overview of the agency programs and partners working to address the current needs discussed in Sections 1 and 2 of this CNA. The report portrays the impact of Action Inc. programs and engagement within the larger community by reviewing administrative data in the 2023 and 2024 Annual Reports, detailed program information, and client satisfaction surveys. The report presents findings from three additional primary data sources, including six interviews with Action Inc. program participants, a focus group with Action Inc. program partners (n=4), and one interview with an additional program partner.



Action Inc. has served the residents of a six-county region in Southwest Montana since 1965. The agency's primary focus is to develop pathways out of poverty for residents of Beaverhead, Deer Lodge, Granite, Madison, Powell, and Silver Bow counties. Action Inc. serves vulnerable populations in these communities through their core programs, which aim to assist in meeting basic needs such as housing, food, and education.

### Action Inc. mission

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*Action Inc. is dedicated to developing pathways out of poverty through innovative, community-based, collaborative solutions.*

Action Inc. works to achieve their mission through their core values:

**Compassion:** Treat others with respect and dignity, valuing individual and cultural differences. Supporting and serving with a deep awareness of and sympathy for another's suffering. Empower those served to move beyond poverty and the environments that perpetuate it.

**Collaboration:** Communicate, cooperate, and collaborate freely across organizational and service areas and work as one team to fulfill the mission.

**Accountability:** Be accountable to those served, to the communities, and to each other for stellar outcomes and efficient, appropriate use of funds. Commit to providing the highest quality service with excellence and consistency.<sup>266</sup>

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<sup>266</sup> Mission and core values provided by Action Inc.

## Action Inc. programs and impact

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Action Inc. currently administers more than 10 core programs through over 20 funding sources. The efforts of the agency include a full range of programs and services for all individuals and families including early childhood education, youth employment training, support for youth in foster care, food distribution, rental assistance, HUD Housing Choice voucher Program (HCV), affordable and transitional housing, energy assistance, and weatherization.

Over a five-year period, from 2019 to 2023, Action Inc. served an average of 6,128 individuals each year, and the highest number of individuals (6,560) were served in 2023. Roughly 2,000 of the individuals served in 2023 were children, and just over a thousand were seniors ages 60 and over. A slightly higher percentage of those served were female (55%), 253 veterans were served, and 1,390 individuals with disabilities were served. This report describes the important programs that Action Inc. offers and the known impacts.

### Housing

Action Inc. supports the housing needs of families and individuals with low incomes through multiple programs, HUD Housing Choice Voucher Program (HCV), emergency rental assistance, and affordable housing units. HCV ensures that income-eligible families can secure housing that meets quality standards while spending no more than 30% of their income on rent. The emergency rental assistance program helps those currently experiencing homelessness or at risk of homelessness to secure housing through housing assistance, case management, and financial coaching provided by service advocates. Action Inc. manages 60 affordable housing units for income-eligible seniors ages 62 and over in Butte and 12 rental units for income-eligible seniors ages 62 and over and individuals with disabilities in Sheridan. Action Inc. also manages 12 rental units for income-eligible individuals and families in Deer Lodge and 12 rental units for income-eligible individuals and families in Ennis.

One of the recurring challenges identified in community health needs assessments in Butte–Silver Bow County is the prevalence of substance use disorders. In response to this challenge, Action Inc. began offering supportive housing services using a Housing First Approach, which aims to support treatment and recovery of those struggling with substance use disorders by helping them secure stable housing and providing tenancy support services. It can be incredibly difficult for individuals struggling with addiction to engage in treatment when they are also experiencing homelessness.

These housing programs have enabled 296 individuals with disabilities to continue living independently; 893 individuals to obtain safe, affordable housing; 166 individuals to avoid eviction; and 4,090 individuals to receive supportive case management, housing navigation, or tenancy support services.

### Energy assistance

For low-income families, assuring the household budget is enough to cover necessities, such as housing, food, health care, transportation, and utilities, can be a stressful challenge. While heating can seem less necessary than other expenses, it is still incredibly important for individuals' or families' physical and mental well-being. Action Inc. has three programs aimed at ensuring that those with low incomes can stay warm in their homes during the cold Montana

months. The Low Income Home Energy Assistance Program (LIHEAP) provides financial assistance to cover monthly heating bills for income-eligible individuals and families. Action Inc. provides emergency energy assistance through the Energy Share Montana program, which provides financial assistance for situations that are not appropriate for LIHEAP, such as paying outstanding heating bills, buying fuel, or repairing furnaces or defective appliances. Through these programs, Action Inc. helped 4,154 individuals increase energy conservation or reduce energy burden in 2023.

### **Food and nutrition**

Poverty may make it difficult for families and individuals to access food for themselves and their children, and adequate food is critical to physical and mental health. Action Inc. provides breakfast and lunch at several sites in Butte during summer months to ensure that children have access to food year-round. The food and nutrition program provides lunch for people experiencing homelessness at several sites in Butte. In 2023, 62,897 meals were provided to children, and 2,110 individuals experienced improved food security.

### **Early childhood education**

Action Inc. manages the Butte Head Start program, which provides quality preschool education to 3- to 5-year-old children from income-eligible families in the community. The Butte program serves over 180 children in two facilities and is designed to serve children with disabilities and provide opportunities for parent engagement. Head Start programs tackle two issues facing low-income families: the need for affordable child care and quality early childhood education. Access to affordable child care enables parents to work and/or attend school, and access to quality early childhood education helps children enter kindergarten academically and socially prepared to learn.

Early childhood education is critical because the brain development of young children allows for rapid learning. In a quality early childhood education environment, rapid learning builds a strong foundation for future learning and social emotional development and paves the first pathway out of the cycle of poverty. In 2023, 167 preschool-age children demonstrated school readiness skills after attending Butte's Head Start program. Providing early childhood education helps to set up the current and future generations of families for self-sufficiency.

### **Youth services**

Action Inc. offers a youth program in Butte for eligible 14- to 21-year-olds who are enrolled in school or 16- to 24-year-olds who are not enrolled in school, all of whom are experiencing barriers to success. The objective of the program is to support participants in acquiring education and skills needed to secure stable employment. Program services include tutoring, alternative high school education options, work experience, skill training, mentoring, counseling and referrals to counseling, financial literacy education, and employment preparedness.

Action Inc. provides support services for youth aging out of the foster care system through the Chafee Foster Care Independence Program (CFCIP). Transitioning into adulthood can be difficult for all youth, and those in foster care face additional challenges given the common lack of family support. When foster youth turn 18 and age out of the foster care system, the transition to independence can feel extremely abrupt. The CFCIP aims to help such youth develop the life skills needed to make the transition into adulthood smoother. The program serves 14- to

21-year-olds who are currently in the foster care system, who have recently aged out, or who were adopted (or received legal guardianship) after age 16. Services of CFCIP focus on education, vocational training, life skill development, mentorship, obtaining either a high school diploma or equivalent, and obtaining employment.

### **■ Mining City Christmas holiday giving program**

Action Inc., along with numerous community partners, coordinates securing and distributing gift and food donations for families and seniors in need during the Christmas holiday. The goal of this program is to ensure that all children in the community have a gift to open and a holiday meal to enjoy and that all seniors have a proper holiday meal.

## **Key metrics of selected Action Inc. services provided from 2022–2024**

Highlights of the impact of Action Inc.'s programs and services from the previous three years are listed below.

### **■ 2022**

- In 2022, Action Inc. provided case management services to 4,945 individuals and completed eligibility determinations for 6,224 individuals.
- Overall, 735 individuals received help with rent payments including emergency rent payments, and 4,605 individuals received utility payment assistance.
- Action Inc. secured temporary housing placements including emergency shelters for 158 individuals, transitional housing placements for seven individuals, and permanent housing placements for 714 individuals.
- In total, 588 households received home repairs, and 906 households received energy efficiency improvements.
- Action Inc. distributed prepared meals to 1,965 individuals and food bags/boxes to 1,724 individuals.
- Head Start provided preschool education for 147 children ages 3 to 5, and 145 children received school supplies.
- Action Inc. provided career coaching to 57 individuals and emergency clothing assistance to 1,647 individuals.
- Overall, 300 individuals received transportation services, such as bus passes, auto purchases or repairs, and emergency services.
- In total, 145 individuals received immunizations, 121 received a physical examination, 144 received a screening for developmental delays, 142 received a vision screening, 144 received mental health assessments, 56 received a crisis response, and 137 children received a dental screening/exam.

## 2023

- In 2023, Action Inc. provided case management services to 4,090 individuals and completed eligibility determinations for 6,560 individuals.
- Overall, 884 individuals received help with rent payments including emergency rent payments, and 4,887 individuals received utility payment assistance.
- Action Inc. secured temporary housing placements including emergency shelters for 61 individuals; transitional housing placements for 14 individuals; and permanent housing placements for 1,121 individuals.
- In total, 338 households received home repairs, and 691 households received energy efficiency improvements.
- Action Inc. distributed prepared meals to 1,717 individuals and food bags/boxes to 1,658 individuals.
- Head Start provided preschool education for 171 children ages 3 to 5, and 182 children received school supplies.
- Action Inc. provided career coaching to 56 individuals and emergency clothing assistance to 1,650 individuals.
- Overall, 341 individuals received transportation services, such as bus passes, auto purchases or repairs, and emergency services.
- In total, 164 individuals received immunizations, 167 received a physical examination, 171 received a screening for developmental delays, 178 received a vision screening, 181 received mental health assessments, 118 received a crisis response, and 167 children received a dental screening/exam.

## 2024

- In 2024, Action Inc. provided case management services to 4,327 individuals and completed eligibility determinations for 4,506 individuals.
- Overall, 788 individuals received help with rent payments including emergency rent payments, and 3,852 individuals received utility payment assistance.
- Action Inc. secured temporary housing placements including emergency shelters for 30 individuals, transitional housing placements for 11 individuals, and permanent housing placements for 807 individuals.
- In total, 233 households received home repairs, and 532 households received energy efficiency improvements.
- Action Inc. distributed prepared meals to 1,945 individuals and distributed food bags/boxes to 1,673 individuals.
- Head Start provided preschool education for 125 children ages 3 to 5, and 129 children received school supplies.
- Action Inc. provided career coaching to 47 individuals and emergency clothing assistance to 1,660 individuals.

- 272 individuals received transportation services, such as bus passes, auto purchases or repairs, and emergency services
- In total, 105 individuals received immunizations, 117 received a physical exam, 126 received a screening for developmental delays, 129 received a vision screening, 134 received mental health assessments, 94 received a crisis response, and 118 children received a dental screening/exam.

Action Inc. was able to serve their clients through various funding sources, including federal, state, local and private sector funding.

**Table 62. Action Inc. funding**

Funding source	Fiscal year (FY) 2023		FY2024	
	Amount	Percent	Amount	Percent
Federal (including Community Services Block Grant [CSBG])	\$6,202,181	73.7%	\$5,805,165	74.0%
State	\$0	0.0%	\$33,333	0.4%
Local	\$180,500	2.1%	\$172,000	2.2%
Private sector (foundations, corporations, service payments, etc.)	\$2,035,057	24.2%	\$1,834,063	23.4%
Total	\$8,417,738	100%	\$7,844,561	100%

## Action Inc. client satisfaction survey (2023)

In 2023, Action Inc. conducted a client survey to better understand client needs and experiences. The survey consisted of 11 choice-option questions and one open-ended question. Clients were asked to identify their level of need in securing basic necessities and their level of satisfaction with services provided by Action Inc. The survey was completed by 307 clients, over 95% of whom expressed satisfaction with the assistance received through Action Inc. (85% very satisfied, 12% somewhat satisfied). In total, 95% percent of respondents indicated that they found Action Inc.'s workers to be respectful and helpful (91% very respectful and helpful, 4% somewhat respectful and helpful). Most comments provided in the open-ended question were displays of gratitude such as:

*“Very happy, they go to great lengths to see to it I am helped. Prompt at returning calls and assisting.”*

### Overall

Clients were asked to identify the two most important needs they had at the time of survey completion, and the four most selected needs were “assistance with heating bills” (30%), “food” (20%), “rent assistance” (15%), and “dental services” (13%). Only 11% of responding clients indicated that they could afford all basic needs, including housing, food, heat, and health care, without supplemental assistance, and 57% reported that they have had to choose between making housing payments, buying food, paying utility bills, or buying medicine sometime during the previous two years (23% strongly agree; 34% somewhat agree). Over 50% of responding clients reported being worse off financially since the COVID-19 pandemic.

## Housing

As throughout much of Montana, the Action Inc. service area saw significant increases in housing costs, both purchasing prices and monthly rent, during and following the pandemic. Rising housing costs likely contribute to added financial strain. Over half (57%) of responding clients reported that their housing costs were less affordable than they had been two years prior, and 39% reported that they have worried about becoming homeless sometime during the previous two years (16% strongly agree; 23% agree). One client commented:

“If it wasn’t for Action Inc., I would be living in a tent.”

## Food and nutrition

In total, 82% percent of responding clients indicated that they have needed help with food from either a food bank, SNAP, or another type of food assistance at some point in the two years prior to the time of survey completion. While Action Inc. doesn’t administer SNAP or manage the food bank, they do provide meals to vulnerable populations, and as one comment indicates, the financial support they provide to meet other needs makes affording food easier:

“You made the difference this year ... I could buy food ...”

## Mental health

Overall, 62% of responding clients reported that they or someone in their family experienced anxiety, depression, or had other mental health-related concerns in the two years prior to the time of survey completion, and 51% reported that financial instability has impacted their health and sense of well-being.

## Additional needs and suggestions

While most of the comments from the open-ended question shared appreciation for Action Inc.’s services and staff, a few comments highlighted additional needs and/or suggestions for program additions or improvements:

- Weatherization kits that were formerly provided by Action Inc., which included window film, weather strips, light bulbs, etc.
- Hygiene products and clothing
- A list of wood sellers and the ability to purchase in the summer when prices are lower
- LIHEAP benefits transferring to a new residence if a client moves
- Dental, vision, and hearing assistance
- Property tax payment assistance
- Simplified application process
- Water and garbage payment assistance
- Financial support for home improvements such as roofing, siding, doors, furnace, etc.

## Program participant interview findings

This section draws on in-depth interviews with six people who have used services from Action Inc. in Silver Bow, Beaverhead, and Madison Counties. These interviews offer a close look at how people experience housing assistance, energy support, early education services, and other critical programs. The stories reflect the complexity of life in rural Montana where help is both desperately needed and not always easy to reach.

Participants were honest and generous with their time and insight. They shared what these programs have meant to them, how staff treated them, and what challenges remain. The feedback that came through again and again is that these programs do more than just meet a financial need, they offer dignity, safety, and hope.

Across every interview, one key theme stood out: The people who deliver these services matter just as much as the services themselves. Participants described Action Inc. staff as kind, patient, persistent, and deeply committed to helping. In many cases, this personal care made the difference between a person giving up or hanging on.

This report shows how fragmented and difficult the service landscape can be. Many participants confused Action Inc. programs with services provided by the State of Montana, such as SNAP, Temporary Assistance for Needy Families (TANF), or Medicaid. This confusion made it hard to know where to go for help and created gaps in access. For people already overwhelmed by crisis, this lack of clarity can lead to missed deadlines, lost benefits, or preventable setbacks.

At the same time, informal supports such as neighbors, churches, and community groups play a big role in helping people survive. But participants made it clear that informal help can't replace reliable access to stable housing, food, child care, and mental health support.

This report organizes findings into key areas: community environment, needs and challenges, available programs and how they're experienced, barriers to access, participant recommendations, and overall reflections. While every story is unique, they share a deep desire for fairness, care, and a chance at stability.

**Table 63. Interview participants by program utilization**

Interviews with program participants	
Programs/services	Programs/services utilized by participants <sup>267</sup>
HUD HCV program	6
LIHEAP	5
Weatherization services	3
Emergency rental assistance	3
Head Start	1
Holiday assistance (e.g., Mining City Christmas)	2
TANF (via Montana Department of Public Health and Human Services [DPHHS])	2
SNAP (food assistance via DPHHS)	3
Medicaid (mental health/addiction services)	2

<sup>267</sup> Individual participants often utilize more than one program at a time.

Interviews with program participants	
Best Beginnings Child Care Scholarship (via Butte 4-Cs)	1
Transportation support (informal or community-based)	2
Total service mentions	30

### Community environment and assets

People living in southwestern Montana, whether in Butte, Dillon, Harrison, or surrounding areas, take pride in their communities. They describe small towns where people know each other, step up in times of need, and hold onto a strong sense of identity. Several participants had moved to these areas from larger cities and felt safer, more welcomed, and more connected. Even when times were hard, they said they didn't want to leave.

*"We live in Silver Bow County. It's a pretty close-knit community, so if somebody needs help, a lot of people are willing to step up and assist. We have a local food bank. They are amazing. They just did their fundraiser for their Empty Bowls, which sends food home in the kids' backpacks."*

But this sense of community doesn't prevent isolation. Rural life means fewer services, longer drives, and fewer options when something goes wrong. Participants shared how difficult it can be to reach a doctor, apply for benefits, or find child care if you live far from a population center. Without a car or internet access, even basic tasks become major hurdles.

Still, participants saw their communities as full of strength. They praised churches that hosted food pantries, neighbors who checked in, and local organizations like Action Inc. that treated people with respect. These moments of human connection made them feel like more than a case file. They felt seen and cared for.

Staff at Action Inc. were often described in emotional terms. Participants said staff members took the time to listen, followed up, and made them feel like they mattered. This support wasn't just customer service, it was the beginning of healing for people who had often felt judged, ignored, or overwhelmed in other systems:

*"... it [Action Inc.] was great, and it's due to the fact that the women that run this program here are amazing. The women up on Silver Street in that building are so great, and a couple of them have left, a couple are still there, but there was a woman that would track people down on social media. She did not want them to lose their spot in line when it came time because she just had such a good heart. She just knew that these people needed their help. They had changed their phone number, forgot to call it in, or for whatever reason, she would go the extra mile. It's a fantastic program."*

As this participant described, staff go out of their way to help clients remain in programs and continue to have the help they need. For example, in the interview excerpt above, the interviewee relayed what she knew about how a staff member tracked down another program participant via social media rather than just let this participant lose the services they rely upon. She explained how the staff member went the "extra mile" to ensure someone did not lose access to the crucial services because the participant had a different phone number.

### Community needs and challenges

While participants expressed pride in their communities and gratitude for support, they also

painted a clear picture of what's missing. Their needs were not abstract; they were immediate and concrete. People described how difficult it is to maintain stability in the face of high rent, untreated health conditions, rising utility bills, and limited child care. These weren't one-time problems. They were ongoing pressures that made life feel like a constant balancing act.

What stood out most from participant responses was how interconnected these challenges were. A housing crisis often came with food insecurity. A medical condition meant falling behind on rent. A lack of child care made it impossible to work. People shared that once they started slipping in one area, it became nearly impossible to keep everything else from falling apart. For example, a grandmother of a special needs 5-year grandson described the multiple and interrelated needs of her family:

*"... his schedule is everything to him right now, and even the specialist that came over and assessed him said, 'He seems so happy and so well-rounded and so lovable,' and he said, 'That's partly because he's home with you and he's got such a good schedule,' and I see that too. I'm sure my daughter would like to have more of her own life, but right now this is what's more important, and that's why these programs that she is on, which is the Section 8 and the LIHEAP, and everything is so important because if we didn't have that, oh, Lord."*

She began by explaining that her grandson with special needs prefers a consistent schedule, which she has been able to give by providing child care. However, this prevents her from having "her own life," which later she explained as being able to work more hours outside the home. She concluded by explaining the programs her daughter, who had emergency foot surgery, currently utilizes. She implied that without these programs, her family would be in a far worse position.

Still, participants didn't frame their stories with bitterness. Most expressed resilience, hope, and a desire to do better for themselves and their families. But they were clear: They can't do it alone, and some needs in the community are not currently being met.

*"We're lacking in a few areas ... needs for kids ... like autism spectrum, trying to get anything. I have a grandson that's on the spectrum and trying to get anything done in this town, there's just not a lot right here. So that's all Helena, Missoula, just to get a diagnosis. We waited over a year for a specialist to come to Anaconda from Missoula because they just don't do anything like that here."*

As this participant describes, one example of a current community need includes services for children with special needs. Another participant describes the lack of available fresh food.

*"... you can't even buy your very basic necessities here, because if you do, you're going to be paying twice as much. The grocery store, they do have eggs, and milk, and cheese, and whatever, but it's ... only about 500 square feet."*

In addition to a lack of services for children with special needs and a lack of fresh food in some rural areas, housing affordability remains a salient issue.

### **Housing affordability and stability**

The most urgent and consistent need articulated by interview participants was for affordable, safe housing. Every participant brought it up, whether they were currently housed or not. People described a "shortage of housing availability at all," long waitlists for HCV program vouchers, limited landlord participation, and units that failed inspection. For those who received vouchers,

the next challenge was finding a place that would accept them before the voucher expired.

*“I’ve been watching things on our community page, and I’m seeing two-bedroom homes that are 80 years old and they’re going for \$1,800 a month for rent.”*

Others were living in overcrowded conditions, substandard units, or bouncing between temporary arrangements. In the winter, heating bills would reach \$300 a month or higher due to poor weatherization. Another described renting a home with mold and broken plumbing because it was the only thing available in their price range.

Housing instability didn’t just mean inconvenience. The impacts are wide ranging and include negative health impacts and challenges with sobriety and mental wellness. Participants said that without a stable home, they couldn’t initiate or carry out other positive changes. They emphasized the need not only for vouchers but for more housing units, especially those set aside for people in recovery or with disabilities.

### **Mental health and addiction recovery**

Mental health and addiction were deeply woven into many participants’ stories. Some spoke openly about their own recovery; others talked about friends or family members who struggled. Participants explained how trauma, poverty, and isolation often made addiction worse and how hard it was to recover without the right kind of support. One participant explains:

*“I see people on the street with nowhere to go, a lot more homeless due to mental health. A lot of it’s drugs, but a lot of it’s hand in hand mental health and drug problem.”*

From this participant’s perspective, the inability to attain secure housing, mental well-being, and drug misuse are interrelated challenges and needs in the community.

While Action Inc. doesn’t provide therapy or medical care directly, participants said that being treated with compassion helped them begin to heal. They described how trust and encouragement from staff sometimes made the difference between giving up and continuing forward.

Despite the compassionate nature of Action Inc. staff, there continue to be gaps in services outside of Action Inc.’s scope. Participants said that available behavioral health services were too far away, too expensive, or too limited. Participants articulated that they’d like to have access to local, trauma-informed care that met people where they were, especially for those dealing with co-occurring mental health and substance use issues.

### **Transportation and rural isolation**

Participants described how geography shapes their experience and access to services. For people in Dillon or Harrison, services that were only available in Butte were difficult to access. A short, easy trip for someone with a vehicle becomes complex and difficult for individuals without access to reliable transportation, gas money, winter weather, or someone to watch the kids. The participant below describes how lack of access to food and lack of money is intertwined with reliable transportation.

*“Everybody in town ... lives in a food desert. Low-income people can’t afford to travel that much. I can’t. Transportation services, I have to have a car, which costs a lot of money. Believe me, I’ve spent thousands of dollars in the last few months with the car mechanics ...”*

Some people depended on neighbors or relatives to help them travel to appointments, but this wasn't always reliable. Others skipped services altogether because the trip felt overwhelming. The limited public transportation, lack of sidewalks, or dearth of local medical providers in smaller towns restricted those who needed help most.

## **Programs and services**

### **Action Inc. staff**

Participants described a wide range of services that helped them stay housed, warm, and stable. These services included housing vouchers, energy assistance, weatherization, early childhood programs like Head Start, and seasonal or emergency relief such as food boxes or rental assistance. While each program addressed a specific need, what stood out most was the personal support offered by Action Inc. staff.

It wasn't just what participants received, it was how they received it. They described staff going out of their way to answer questions, explain rules, and make sure they didn't miss deadlines. In a system that often feels cold and bureaucratic, participants said that Action Inc. made them feel welcome and respected.

### **Housing assistance and vouchers**

HCV, also known as Section 8, was one of the most utilized programs. One participant said:

*"... the Section 8 program is so necessary. So that probably should be the number one is the affordable housing and the Section 8 program and that assistance."*

Participants said that HCV vouchers helped them stay off the streets, leave unsafe living situations, or finally find a stable place after years of instability. But getting the voucher was only the first step. Finding a landlord willing to accept it, and a unit that passed inspection, was often difficult. One participant explained that the offer of help with housing affordability helped to "put a fire under me." In other words, having housing was a building block allowing them to develop other aspects of their lives, and access to housing was "like a freaking miracle," as the participant describes below.

*"... I signed up for Section 8 and thought nothing of it, and then it popped up. At the time, I got a piece of mail, and I was being evicted due these people wanted to sell their house, so I was not being evicted-evicted but asked to move on. And it came up right at that time and it was like a freaking miracle. I was single, I had broken up with my daughter's father ... it just happened at a time when I was going through some difficult change in my life, and this is over 20 years ago."*

Alternatively, some participants recounted that they lost their chance to utilize HCV vouchers because they couldn't find an apartment or house within the limited timelines available to them. Others managed to use the voucher but said the process was stressful and time-consuming. Despite this, participants repeatedly emphasized how much Action Inc. staff helped them get through it. Staff made calls, helped with inspections, and provided reassurance when things felt overwhelming.

## Energy assistance and weatherization

Participants spoke highly of LIHEAP. For people living on fixed incomes or with seasonal work, heating costs in the winter were a huge burden. LIHEAP payments helped them avoid utility shutoffs, pay down other bills, or simply get through the coldest months with less anxiety.

Several participants benefited from weatherization services. Upgrades like improved insulation, new windows, or furnace repair lowered their monthly bills and made their homes safer and more comfortable. People said that weatherization wasn't just a one-time fix, it had lasting effects. One participant described how another LIHEAP recipient even had his home treated for asbestos:

*"... the guy that lived in the next house over from the Apartment Complex, Action Inc. came in, and he had asbestos in there or something, and they came in there and they pulled everything out and did a remodel."*

As this participant explains, weatherization and LIHEAP help with creating healthier living spaces in addition to decreasing utility bills.

## Child services and Head Start

One participant participated in Head Start with an overwhelmingly positive experience. This parent explained that Head Start enabled her to foster and adopt children with special needs in particular because of the Head Start benefits that cater to the whole family. In total, she has eight children, three of which she adopted from the foster care system. Two of her children are currently enrolled in Head Start. She explained that Head Start staff offers behavioral support, early learning, busing, and a place where the participant felt understood and not judged.

*"One of my five-year-olds has DiGeorge Syndrome and has behavioral issues. Head Start here has been amazing. The bus, I don't know what to call them, the bus drivers, the bus support, they work with him every day. Even if he's throwing his shoes, they try very hard to calm him down. They've gone out of their way to get him headphones so the noise doesn't bother him ... At school, his teacher's amazing. Let's me know how he is doing. She has gone above and beyond and researched all of the stuff. DiGeorge Syndrome is very rare. She had worked with him non-stop to make sure that he can go on all the field trips, that all of his needs are being met. If it wasn't for busing, I couldn't get all these kids to school. So I mean, that is a huge, huge thing that Head Start does that supports us and makes it able for them to go out into the community."*

This mother often has to drive 100 miles one way to take her child with DiGeorge Syndrome to a specialist. She has another child who has to be driven hours to see a different specialist because of a gastrostomy tube. She noted that the special services from Head Start, especially busing, has been instrumental to her ability to care for these children with special needs.

Others who didn't currently have access to Head Start still mentioned the need for child care. Families said that without affordable and trustworthy child care, especially for children with behavioral or developmental needs, they couldn't work or attend recovery meetings. Several noted that while state programs like Best Beginnings existed, many providers didn't accept them or weren't equipped for special needs.

*"If a parent can't work, they can't support their kids, and then they're stuck in the low poverty cycle that they can't get out of because they need to take care of their kids and they need to*

*work. And child care is expensive. And I know there's grants and things for that, but again, they [the federal government] centralized all that, so there's not even a place you can go and be like, 'Help me fill this out.' They say, 'Go online.' And Montana is a child care desert as well, so Head Start is so important for this community."*

As this participant explains, without child care, parents cannot work to support their family. Programs like Head Start enable participants to build a life and end the cycle of poverty.

### **Holiday and emergency assistance**

Seasonal programs like Mining City Christmas left a lasting impression on families. Participants said these programs made them feel remembered during difficult times. Receiving food boxes, small gifts, or help with heating bills brought not only financial relief but emotional comfort.

*"I have a lot of friends that I try to refer to programs that are needed. I own a small daycare, so when there's something going on with a community, like a community baby shower or parenting classes or Mining City Christmas is a Christmas program that helps out a lot here for our low-income families around Christmastime ..."*

Emergency rental assistance was also mentioned as a critical service. In some cases, this support prevented eviction or helped participants catch up after an unexpected crisis like illness or job loss. People described how quickly Action Inc. staff responded and how much they appreciated being treated with dignity even while asking for urgent help.

### **Barriers to access**

Even when help was available, it wasn't always easy to access. Participants described many points of frustration like long forms, unclear instructions, and not knowing where to start. These barriers often appeared at existing difficult times like during illness, job loss, or mental health crises when people already felt overwhelmed.

One of the biggest issues was paperwork. People said applications were repetitive and required documents they didn't always have on hand. Even those who were already enrolled in one program had to resubmit the same information for another. For someone juggling multiple stressors, this requirement felt like an unfair burden.

Technology created another obstacle to accessing programs and services. Several participants didn't have a computer or printer. They tried to apply on their phones, which made reading, scanning, and uploading documents very difficult. Without public Wi-Fi or help from a caseworker, many gave up or missed deadlines.

*"I can't do it [submit forms] online. I have to do it on paper. Believe me, I've been round and around with this about a lot of people. I just can't do it online because I don't have a computer at home. I don't have Wi-Fi. I have to drive up to where I can get cell service to do it on my phone, and then I have trouble working my phone because I don't know how to use it."*

This participant relies on paper forms, rather than completing forms online. This is likely true for many of the clients of Community Action Agencies (CAAs) in Montana, particularly for those more rural populations.

Another common issue was communication. People weren't always sure which agency ran which program. They often confused DPHHS with Action Inc. Some participants thought Action Inc.

managed SNAP or Medicaid, while others didn't know who to call when their benefits lapsed. Participants recommended clearer messaging about services and easier ways to ask questions:

*"I do have tenants that have Section 8. They get on the SNAP program and the Medicaid program. When you have an office that's only open one day a week, and you go to call these people, it's an 800 number and you either sit on the phone for hours hoping to talk to somebody, or they schedule your appointment two to three weeks out...it could be months before people get help. I think they should have more people in their office here."*

These frustrations led some people to delay asking for help or avoid it altogether. They said the system seemed set up for people who already knew how to use it, not for those in crisis. Another participant said:

*"It takes me hours. That form is 18 pages or something."*

### Participant recommendations

Participants had clear ideas about how to improve services, not just for themselves but for others in similar situations. Their suggestions focused on access, communication, program design, and staff support. Three participants said Action Inc. should have more in-person availability in rural towns. Even one day a week of on-site help in places like Dillon would make a big difference. It would reduce transportation stress and allow people to ask questions face-to-face:

*"Well, on the whole, I think everything's been pretty good. The one thing that I really like is being able to call your office, a number that I have, and not having to go through a whole long list of things to get to a real person."*

Simplifying the paperwork process was another top priority. Participants recommended shorter forms, more help filling them out, and better use of shared information across programs. Some wanted text reminders before renewal deadlines or checklists that clearly stated what documents were needed.

The need for more affordable housing came up again and again. Participants asked for more rental units that accept vouchers, housing specifically for people in recovery or exiting homelessness, and developers who understand the needs of rural communities.

Families wanted expanded child care options, especially for kids with developmental delays or behavioral health challenges. They said more providers should be trained to accept and support children with complex needs:

*"... if they put her in a special needs classroom, just because she has a tube and she's not special needs, she's very smart. How's that going to affect her education? Like Head Start is amazing ... I'd be lost without them. Being able to send those two kids to school allows me to work."*

Above all, participants asked that programs stay personal. They spoke with deep appreciation for staff who listened, followed up, and made them feel respected. They said that this kind of care should be the rule not the exception. Participants suggested that Action Inc.:

- Offer in-person services in more rural communities, even part-time.
- Simplify applications and allow for shared documents between programs.
- Send reminders and clear guidance for deadlines and recertification.

- Invest in more affordable housing and recovery-focused housing options.
- Train more child care providers to support special needs and accept subsidies.
- Continue hiring and training staff who lead with compassion and flexibility.

## Program partner focus group findings

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In addition to interviews with program participants, the research team conducted one virtual focus group of four program partners and one individual interview with an additional partner to better understand community needs from the program provider perspective. This summary reflects key insights from the Action Inc. focus group, which included service providers and community partners from Butte and surrounding communities. Participants serve communities throughout several rural counties like Powell County and shared their thoughts on local strengths, problems people face, and how programs are working. Their comments give a clear picture of what it's like to help people in western Montana.

### Community assets and environment

When asked to discuss good things about their communities, participants primarily discussed the dedication many service providers demonstrate when helping those in need, strong community connections, and creative problem solving.

### Strong staff dedication

Participants expressed a strong commitment to helping the people they serve, even when they are short on resources or staff. Many program partners go above and beyond their job duties to assist families in crisis. They help clients complete applications, find housing, or even just listen when someone is overwhelmed. This dedication of Action Inc. staff was seen as a strong community asset:

*"I think that education and workforce training is a huge thing too for our community to work on and trying to find innovative ways to engage our population, especially those who are disadvantaged and feel like they don't have choices and work with them to show them that they do and what those choices might be and how we are developing supports around those choices."*

As is evident in this quote from a participant, the dedication among Action Inc. staff in helping to build up those who are struggling by supporting them in identifying opportunities and resources reflects the supportive culture of the community.

### Close community connections

Because staff live and work in the same small towns as their clients, they are familiar with local needs and are trusted by the people they serve. These relationships help reduce the stigma of asking for help. Providers often know clients personally and can connect them to resources more easily because of that trust:

*“... if you do have the capacity to spend time learning about what’s going on in the community, especially if it’s not something that maybe impacts you personally like in your little bubble of the world, but what are the big issues? What’s happening with my neighbors? What’s happening with those less fortunate than me and what causes these problems ...?”*

Participants shared that there is a genuine interest in understanding the challenges and needs of others in the community, especially of those who are struggling. This genuine interest in understanding others’ issues is important for reducing stigma associated with asking for help.

### **Creative problem-solving in rural areas**

Even when systems aren’t designed for rural communities, staff try to make them work. They adapt programs, share resources, and step in when no other help is available. This includes making personal drop-offs, coordinating care between distant providers, or acting as an informal advocate.

### **Community needs and issues**

Following the conversation about what participants like about their communities, they were asked to discuss ongoing challenges. A lack of affordable housing and child care as well as food insecurity were the most addressed challenges for those struggling to make ends meet.

### **Not enough affordable housing**

Housing was mentioned as one of the biggest problems. Even when people qualify for rental help through Action Inc., there often aren’t any places to rent that meet the program stipulations. The housing stock is limited, outdated, or priced too high for voucher limits:

*“... our housing inventory of course, is low and we don’t have enough housing that is accessible or habitable either, [or] affordable. And of course, we don’t ever have enough subsidized housing or low-income housing for folks.”*

This limited affordable housing supply often results in long waiting periods or people living in unsafe conditions.

### **Limited child care options**

Participants shared that there are few child care providers in the area, and the ones that exist don’t always offer hours that match working parents’ schedules. Programs like Head Start, while helpful, don’t meet the needs of all families, especially those working nontraditional hours. In addition, DPHHS child care assistance is difficult to use if providers don’t accept it:

*“I think things like child care are unaffordable.”*

As with the housing rental assistance program, the child care subsidy program is only helpful if clients can secure a spot for their child in a program that accepts the Best Beginnings scholarship. The child care shortage and lack of affordability can make it difficult for parents to work, which can compound other challenges related to financial instability.

### **Food insecurity**

Participants shared their perspective that families and seniors are struggling to get enough food. Some can’t get to food banks or don’t qualify for programs like Meals on Wheels, and others fall

through the cracks because they earn just above the income limit for DPHHS food programs. Participants noted that transportation also limits food access:

*“... I think a lot of food insecurity and things like that, it’s such an aging population here that people worked here and then just retired here and now just with the way income levels are and stuff, it’s just hard.”*

These challenges all share a similar root cause, which is that folks aren’t making enough money to get by without financial assistance, and sometimes that assistance is hard to utilize if there just isn’t enough housing, child care, and public transportation options.

### **Causes of poverty**

Participants were asked to share their thoughts about the causes of poverty in their communities, and the causes highlighted include inadequate wages, complicated systems, and generational poverty and trauma.

#### **Low wages and rising costs**

Participants discussed that people who ask for help are working, but they still can’t afford rent, gas, and groceries. Wages have not kept up with rising costs in rural Montana. Even full-time workers find themselves unable to cover basic expenses. When they receive a small raise, they sometimes lose benefits without making enough to cover the difference:

*“... I think it’s now of course just being compounded like everywhere else with the rising cost of living, stagnant wages and Butte is hit hard with, like you said, mental health, substance use, all those different things.”*

As participants discussed, wages that exceed income limits for support program eligibility are often not enough to afford basic necessities, especially with rising costs. This income gap makes it difficult for individuals who have experienced poverty to escape the cycle.

#### **Hard-to-navigate systems**

Families are often overwhelmed by paperwork and confused about where to go for help. Small changes in income can make them lose benefits they still need. Programs from DPHHS require frequent documentation and renewals, which are hard to keep up with, especially for people without stable internet or mailing addresses.

#### **Generational poverty and trauma**

Some families have struggled for a long time. Kids grow up in homes where no one has had a stable job. There aren’t enough services to deal with trauma, mental health, or addiction. When these issues go untreated, it’s hard for people to break the cycle and get back on their feet.

*“If you don’t have extra money, kids just get left behind more and more. It’s the haves and the have-nots and when kids start out behind and they don’t get access to the same sports programs and the same educational opportunities and the same activities, and then they start out behind and then that just contributes to that generational poverty and lack of access to opportunity. So, I think all those little things just snowball.”*

As discussed, generational poverty and trauma contribute to poverty, and access to mental health and addiction services can be incredibly valuable but not always present. One participant from a rural community shared:

*“... there’s no counselors or anything at the hospital and no one really here in town.”*

The mental health support access issue can be even greater in rural communities where mental health service options are limited, especially for seniors in areas with an aging population.

## **Barriers to program participation**

### **Fear of judgment**

Many people are embarrassed to ask for help. They worry others will see them as lazy or irresponsible. This fear stops them from seeking support until they’re in serious trouble. In small towns, this hesitation is even greater because everyone knows each other.

### **Complex applications**

Forms are long and hard to understand. People without internet or a computer can’t complete them on their own. Mistakes lead to delays or denials. Some DPHHS applications require multiple verification steps, which can be especially challenging for seniors or people without ID documents.

### **Unclear service pathways**

Clients often don’t know whether a service is provided by Action Inc. or DPHHS. This confusion is frustrating and causes people to give up. Participants emphasized the need for a clearer intake process that makes referrals across agencies easier.

## **Program benefits and successes**

### **Food and nutrition**

Participants discussed that Action Inc. offers different food-related programs. Children are provided breakfast and lunch during the summer months so they don’t miss out on essential nutrition. People experiencing homelessness are provided lunch by Action Inc. at various locations in Butte. Feeding the elderly can be a challenge, but Action Inc. is associated with many food pantries that serve both urban and rural communities. A rural participant shared:

*“Our food pantry is super active. And then we also have a veterans’ food pantry in store that’s specifically for veterans. They’re pretty active too.”*

### **Housing and heating programs**

Rental assistance, heating help, and home weatherization keep families stable. These programs help prevent eviction and allow people to focus on work or health. Action Inc.’s housing supports were mentioned as some of the most helpful but also in very short supply.

### **School-based support**

Providing help to children in school, such as with meals or clothes, makes a big difference. This support allows providers to reach families without them coming to an office. Participants shared that school counselors and nurses are key partners in connecting families to services.

One participant talked about a donation-based store in the mall “called Bulldog Outfitters, which provides free clothing and hygiene products for any of our K through 12 kids in the community.” Such innovative, kid-focused supports are essential in working toward disrupting the negative impacts of and perpetuating generational poverty.

### **Service goals and recommendations**

Below are recommendations shared by participants based on their work in the community:

- Build more affordable housing and work with landlords to accept rental programs.
- Increase funding and flexibility for child care, especially for parents with evening or weekend jobs.
- Simplify applications and allow in-person or paper options for those without internet.
- Provide more training and support for case managers and navigators.
- Make services easier to understand with shared outreach between agencies.
- Support trauma-informed programs that help entire families, not just individuals.
- Offer school-based services that connect children and families to long-term supports.

### **Barriers to program utilization**

This section reviews data from the 2025 statewide survey and explores barriers that reportedly make it difficult for individuals to access Action Inc.’s services. In the statewide survey, respondents were asked to evaluate a range of potential service barriers by indicating whether the listed factors made it easier, more difficult, or had no impact on their ability to get help. To meet the needs of the community, it is important to understand which elements of current service delivery strategies make it more challenging for those in need to access programs and support.

In January 2018, Montana closed 19 field outreach offices for the Office of Public Assistance (OPA) and laid off over 30 case workers with devastating consequences for vulnerable populations in Montana who rely on face-to-face help for difficult program applications and program administration for programs like SNAP.<sup>268</sup> OPA helps applicants apply for SNAP benefits (formerly food stamps), TANF, WIC, and Medicaid. As indicated below, participants shared that the closure of these offices negatively impacted their ability to utilize vital programs.

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<sup>268</sup> Montana Food Bank Network. (2018, December 22). One year ago: 19 OPA offices closed in Montana. <https://mfbn.org/one-year-ago-19-opa-offices-closed-in-montana/>; Montana Budget and Policy Center. (2018, January 31). State budget cuts: Community impact series—Closure of 19 outreach offices. <https://montanabudget.org/post/state-budget-cuts-community-impact-series>

**Table 64. Barriers to program utilization**

Factor	Easier		More difficult		Neither or N/A		Total n
	n	Percent	n	Percent	n	Percent	
Closure of local state-run assistance office	8	3.7%	91	41.6%	120	54.8%	219
Understanding program eligibility requirements	20	9.2%	92	42.2%	106	48.6%	218
Applying for services and completing paperwork	22	10.1%	90	41.3%	106	48.6%	218
Uploading application forms online	39	18.1%	70	32.4%	107	49.5%	216
No local office to visit in person	11	5.1%	101	46.8%	104	48.1%	216
Providing required documentation (e.g., income)	28	12.9%	74	34.1%	115	53%	217
Distance from home to services	19	8.8%	70	32.3%	128	59%	217
Transportation to/from services or programs	22	10.2%	67	31.2%	126	58.6%	215
Ability to find child care	7	3.3%	61	28.6%	145	68.1%	213

The factors with the highest percentage of respondents reporting that the factor made it more difficult to get help include “local office to visit in person” (46.8%), “understanding program eligibility requirements” (42.2%), “closure of local state-run assistance office” (41.6%), and “applying for services and completing paperwork” (41.3%). These factors are interconnected as a lack of in-person support can make it more difficult for clients or potential clients to understand eligibility requirements and apply for services. A lack of financial security can be stressful, and for those in need of support, having the ability to develop rapport with a case manager or eligibility specialist can be essential for navigating the application process without adding stress. Receiving in-person support can make it easier for individuals to ask questions and better understand program requirements and limitations. Fewer unknowns would likely make the application process less stressful and more achievable. Because nearly 75% of respondents reside in Silver Bow County and Action Inc. has an office in Butte, barriers related to a lack of local offices are likely referencing services offered by organizations other than Action Inc. Client satisfaction surveys and interviews also indicated that Action Inc. staff were viewed as highly supportive, therefore exploring opportunities to support clients in the application process for commonly used services offered by other organizations may help reduce these barriers.

Roughly one third of respondents indicated that “providing required documentation” (34.1%) and “uploading application forms online” (32.4%) made it more difficult to get help. Individuals with limited resources don’t always have easy access to the technology required to download and email or copy and submit documentation. While applying online may increase efficiency for some individuals, it may leave those with limited resources behind, especially individuals without a home computer or easy access to a computer and particularly those with limited experience using technology. These findings highlight the need to ensure clients and potential clients are being met where they are and offered support in meeting requirements without using technology.

Just over 30% of respondents indicated that “distance from home to services” (32.3%) and

“transportation to/from services or programs” (31.2%) made it more difficult to get help. These barriers are important considerations for serving individuals in rural areas, without cars, and with disabilities. In addition to accessing the Action Inc. office for application support, participation in Action Inc. services such as lunch services, the head start program, and education and training could be impacted by transportation factors.

“Ability to find child care” was reported as a barrier to getting help by 28.6% of respondents. Ensuring a child-friendly office environment is important for serving families with young children and partnering with the Butte 4-Cs to support access to child care may also help reduce the impact of this barrier.

## Section 3 summary

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Action Inc. works to help vulnerable populations discover a path out of poverty in the six-county service area including Beaverhead, Deer Lodge, Granite, Madison, Powell, and Silver Bow Counties. Section 3 provided in-depth descriptions of the agency’s programs and the impact of those programs. This section also provided findings from completed client satisfaction surveys, interviews with six program participants, and discussions with five program partners.

### Key findings in trends and needs

- Action Inc.’s primary goal is to help those who are struggling financially to find a way out of poverty. Action Inc. supports vulnerable populations in their service area by administering core programs designed to assist individuals and families in meeting their basic needs while maintaining their dignity.
- Action Inc.’s programs focus on supporting individuals and entire families through early childhood education via Head Start, youth career and employment training, support for youth in foster care via CFCIP, prepared meal and food box distribution, affordable housing and rental assistance, and energy assistance and weatherization. From 2019 to 2023, Action Inc. served an average of 6,128 individuals each year.
- Overall, respondents from Action Inc.’s client satisfaction survey shared that staff members were helpful and responsive and that the services made a difference.
- Interviews with program participants and program partners highlighted needs in the areas of affordable housing, food security, child care, and mental health services while also highlighting the dedication and compassion of Action Inc. staff.
- Interview participants discussed barriers to program participation including lengthy and confusing applications, a lack of in-person staff access in rural communities, and uncertainty about which organizations administer each support program. Program partners noted difficulties with lengthy applications, a lack of clarity about where to go for help, and challenges related to generational trauma and substance use disorders.
- Program participants highlighted the impact Action Inc’s services have had on their lives, such as how securing stable housing has made it feasible to stay sober and how Head Start has allowed a child with disabilities to have a safe place to learn and feel supported.
- Program participants and partners offered recommendations to improve support for low-

income individuals and families, such as simplifying the application process, offering in-person support in rural communities, and expanding both affordable housing and child care options.

## Recommendations based on national trends

As global warming increases the frequency of extreme weather,<sup>269</sup> CAA across the U.S. are updating their services to meet both immediate needs and long-term community resilience goals. Well-funded agencies, often located in urban or high-risk climate regions, are building new approaches to weatherization, climate adaptation, and energy equity. Action Inc. can draw from these national trends to expand its own climate resilience strategy in southwest Montana.

Across the country, agencies are moving beyond insulation and furnace repair to adopt comprehensive home energy retrofits. In North Dakota, the Community Action Partnership uses Sustainable Energy Resources for Consumers funding to provide high-efficiency upgrades such as blower-door testing, air source heat pumps, and smart thermostats.<sup>270</sup> These enhancements not only reduce emissions but also help low-income families better withstand heat waves and power disruptions. In California, CAAs are utilizing U.S. Department of Energy (DOE) funding to retrofit multifamily housing units with multiple upgrades, combining energy efficiency with mold mitigation, indoor air quality improvements, and structural repairs.<sup>271</sup> A similar integrated approach has been piloted in Connecticut where the DOE scaled up renewables and energy efficiency for low-income households.<sup>272</sup>

The trend toward bundled services is also evident in Baltimore, where the Housing Upgrades to Benefit Seniors program broadens weatherization with plumbing, roofing, and accessibility modifications.<sup>273</sup> This model reflects an understanding that climate adaptation is not only about energy savings, but also about making homes safer for seniors and medically vulnerable populations. Such integrated approaches could be piloted in Butte and surrounding counties with a focus on wildfire smoke filtration, heat mitigation, and aging-in-place upgrades.

In addition to home retrofits, several large agencies are addressing the risks of extreme weather through resilience infrastructure and workforce models. For example, the New Orleans Resilience Corps trains AmeriCorps members to assist vulnerable residents during hurricanes and heat waves, offering emergency food, wellness checks, and evacuation support.<sup>274</sup> In Houston, community centers in the Fifth Ward are being equipped with solar power and battery storage to remain operational during power outages, serving as neighborhood resilience hubs.<sup>275</sup> These initiatives show how community agencies are positioning themselves as service providers and as key players in local disaster response networks.

Agencies supporting wildfire-prone areas of the West, like California and Washington, are expanding home hardening and defensible space programs, sometimes in partnership with local fire councils. These programs target low-income households in high-risk zones with free or low-

<sup>269</sup> Climate Change Impacts | National Oceanic and Atmospheric Administration, n.d.

<sup>270</sup> Community Action Partnership of North Dakota, n.d.

<sup>271</sup> Tonn et al., n.d.

<sup>272</sup> U.S. Department of Energy, 2022

<sup>273</sup> Baltimore City Department of Housing and Community Development, n.d.

<sup>274</sup> TIME, 2021

<sup>275</sup> Houston Chronicle, 2024

cost services like brush clearing, fire-resistant roofing, and ember-proof vents. While not typically part of weatherization, these adaptations are becoming increasingly relevant in Montana where wildfire seasons are growing longer and more intense.<sup>276</sup>

Culturally specific models are also emerging. In tribal communities across the Southwest and Northern Plains, the Red Feather Development Group based in Bozeman, Montana, provides weatherization training, home repair, and do-it-yourself kits tailored to the needs of Native households.<sup>277</sup> Their model emphasizes hands-on education, culturally appropriate engagement, and sustainable materials. These practices could inform regional partnerships or satellite programs through Action Inc.

Well-funded agencies are adopting a systems-level approach to climate adaptation by embedding resilience into urban planning, housing development, and public health strategies. For example, in the Chicago region, agencies are working through the Chicago Wilderness Alliance to integrate green infrastructure, urban forestry, and biodiversity as tools to reduce urban heat and improve air quality.<sup>278</sup> While such initiatives may seem urban-focused, they illustrate how community action work is expanding into climate-forward policy, planning, and innovation.

Action Inc. can evolve into a regional leader in climate resilience by looking to the strategies of well-resourced peer agencies. Priorities may include expanding weatherization to include health and safety retrofits, developing smoke and heat-safe community spaces, partnering on wildfire adaptation projects, launching a regional climate service corps, and pursuing new federal funds to support innovation. Expanding services in line with federal guidelines outlined in the Weatherization Assistance Program Formula<sup>279</sup> ensures alignment with national standards. These steps can help ensure that Action Inc.'s mission remains both responsive and resilient in a changing world.

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<sup>276</sup> Jiménez-Ruano et al., 2022; Holden et al., 2018; Westerling et al., 2003

<sup>277</sup> Red Feather Development Group, n.d.

<sup>278</sup> Green Infrastructure, n.d.

<sup>279</sup> Weatherization Assistance Program Formula, n.d.



## Section 4: Priority Emerging Needs and Recommendations

In Sections 1 through 3, the research team used the most current population- and family-level data available to help determine the community needs of those in the Action Inc. service area. This section of the CNA summarizes the main priorities that have been identified in the findings presented in Sections 1 through 3. This section examines ways that Action Inc. may anticipate filling gaps and serving these emerging and growing needs in the service area.

A comprehensive CNA, such as this one, is designed to aid an agency like Action Inc. in its planning process by determining the needs of a community through a snapshot of the service area and the characteristics of the community. Planning in rural areas, such as much of the Action Inc. service area, can be especially difficult due to geographic barriers or larger barriers surrounding the multiple entities involved in program application and administration beyond Action Inc.

Significant structural barriers exist when applying for state and federal programs, and these barriers prevent individuals from being able to access programs, which participants highlighted in this CNA. In January 2018, Montana closed 19 field outreach offices for the OPA and laid off over 30 case workers with devastating consequences for vulnerable populations in Montana that rely on face-to-face help for difficult program applications and program administration for programs like SNAP.<sup>280</sup> OPA helps applicants apply for SNAP benefits (formerly known as food stamps), TANF, WIC, and Medicaid. Unfortunately, two of the OPA offices that were closed were in the Action Inc. service area: offices in Deer Lodge (Powell County) and Dillon (Beaverhead County). Because of slow internet speeds in rural areas, applying in-person can be the only option for some program applicants. These office closures now extend the driving time for such applicants to up to two hours each way, and this added barrier can lead to either the loss of benefits they once held or an inability to apply in the first place. In addition to the closure of multiple outreach offices for OPA and slow internet speeds, many individuals are not eligible for HUD funding because they reside in unincorporated areas with low population levels.

In the updated FY2025 two-year budget proposal, DPHHS did not propose funding the reopening of any offices that were closed in 2018.<sup>281</sup> With only 19 OPA sites remaining open today, large areas of rural Montana were left without access to in-person support. The effects of these closures are already being experienced by many Montanans. When the state was federally mandated to go through Medicaid redetermination in 2023 and 2024, more than 115,000 people were disenrolled, more than the agency projected.<sup>282</sup> These data show that more than 60% of the people who lost their Medicaid coverage did so due to filing errors and failure to submit the necessary information,<sup>283</sup> which is directly tied to the challenges of receiving in-person support and benefits.

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<sup>280</sup> Montana Food Bank Network (2018); Montana Budget and Policy Center (2018)

<sup>281</sup> Montana Budget and Policy Center. (2024, January 17). DPHHS budget fails to quell concerns about public benefits access. <https://montanabudget.org/post/dphhs-budget>

<sup>282</sup> Montana Budget and Policy Center (2024)

<sup>283</sup> Montana Budget and Policy Center (2024)

## **Service area current community, family, and individual priority needs**

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As shown in the community-wide representative survey, the top five needs that survey respondents highlighted for their communities in the Action Inc. service area include (1) “availability of safe and affordable housing,” (2) “availability of jobs that pay enough to live on,” (3) “access to mental health services,” (4) “access to substance use disorder services,” and (5) “access to affordable child care.”

The top five employment needs for families and individuals include (1) “jobs that pay more or have benefits” with 52.2% of respondents indicating this need, (2) “knowing where to find job resources” with 20.9% of respondents indicating this need, (3) “learning technical skills” with 20.9% of respondents indicating this need, (4) “finding and keeping a job” with 17.9% of respondents indicating this need, and (5) “writing a resume” with 16.4% of respondents indicating this need.

The top five education needs for families and individuals include (1) “help with college aid/FAFSA forms” with 39.5% of respondents indicating this need, (2) “technical and vocational training” with 32.6% of respondents indicating this need, (3) “computer skills training” with 30.2% of respondents indicating this need, (4) “life skills training” with 20.9% of respondents indicating this need, and (5) “character education (anti-bullying, etc.)” with 14.0% of respondents indicating this need.

The top five financial needs for families and individuals include (1) “general financial issues” with 51.2% of respondents indicating this need; (2) “money management, saving, or budgeting” with 30.5% of respondents indicating this need; (3) “help with transportation or car repairs” with 26.8% of respondents indicating this need; (4) “help with energy bills” with 26.8% of respondents indicating this need; and (5) “free income tax preparation help” with 15.9% of respondents indicating this as a need.

The top five housing needs for families and individuals include (1) “good affordable housing to rent” with 60.4% of respondents indicating this need, (2) “good affordable housing to buy” with 33.3% of respondents indicating this need, (3) “help with rent” with 31.2% of respondents indicating this need, (4) “issues with unsafe/unlivable rental homes” with 27.1% of respondents indicating this need, and (5) “help with down payments or closing costs” with 27.1% of respondents indicating this need.

The top five health and development needs for families and individuals include (1) “affordable health care” with 51.2% of respondents indicating this need, (2) “affordable dental care” with 42.7% of respondents indicating this need, (3) “mental health services” with 40.2% of respondents indicating this need, (4) “affordable eye care” with 36.6% of respondents indicating this need, and (5) “help paying for medicine/prescriptions” with 35.4% of respondents indicating this need.

## **Emerging needs and recommendations**

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The most common needs, identified through survey responses, focus group discussions, and community-level data, include affordable housing, higher paying jobs, and access to mental health services. These three leading emerging needs are linked as the rate of pay impacts one’s ability to afford the rising costs of housing and health care, and access to affordable housing and

mental health services are necessary for maintaining secure employment. Overall, the leading priorities identified in the CNA survey were supported by community-level data and addressed by focus group participants and clients who participated in interviews and satisfaction surveys.

Despite the general consistency across information sources, client satisfaction surveys highlighted a need for more assistance for heating bills, food, and rental assistance and focus group participants focused on issues related to affordable child care and food insecurity more than mental health service needs. This minor misalignment demonstrates that while Action Inc. is providing support services that clients are highly satisfied with, more support from existing programs is still needed and continued community collaboration is essential to understanding and meeting the needs of those with low incomes.

### **Lack of affordable housing**

Accessing affordable, stable housing is a growing challenge for many individuals and families in Montana. In the Action Inc. service area, housing was identified as the top community priority, and affordable housing to rent and buy were among the top three housing needs identified in the community survey. Most survey respondents, 88% or more, disagreed that their community has many affordable homes for people to buy and many affordable places to rent. When asked about their own families' housing needs, among the respondents who reported having housing needs (20% of all respondents), 60% reported needing good, affordable housing to rent, and 33% reported needing good, affordable housing to buy. These survey results illustrate a widespread understanding of and experience with the affordable housing crisis.

The lack of affordable housing was identified as one of the biggest problems by program participants who were interviewed, clients who completed satisfaction surveys, and program partners who participated in the focus group discussion. Interview participants all discussed the need for affordable housing that is actually affordable and safe, even those who were currently housed:

*“... it's called low-income housing, but it's not really low-income housing.”*

The challenges shared include the long waiting list for HCV vouchers, limited landlord participation, and the pervasiveness of units failing inspections. Over half (57%) of client satisfaction survey respondents reported that their housing costs were less affordable than they had been two years prior, 15% reported having rental assistance needs, and 39% reported that they have worried about becoming homeless sometime during the previous two years. These data demonstrate that even for those who are engaged in services, the housing stress remains. These ongoing housing-related stressors were shared by focus group participants as well. They mentioned that qualifying for rental help through Action Inc. did not guarantee access to stable housing because there often aren't any places to rent that meet the program rules. The area has a limited housing supply, livability issues with some housing options, and prices that are too high for vouchers:

*“Our housing inventory of course is low, and we don't have enough housing that is accessible or habitable either, [or] affordable.”*

The challenge of securing affordable housing, both to rent or buy, was clearly understood by survey respondents, participant interviewees, and program partners and is supported by American Community Survey data. These data show that 37% of rental households and 31% of

owner-occupied households with a mortgage in the Action Inc. service area are cost burdened.<sup>284</sup> Cost-burdened households spend more than 30% of their income on housing costs. These data illustrate that even for those who have secured housing, for many, their housing costs create budget stress. With a housing vacancy rate of 21% in the service area, finding an affordable home to rent or buy for those who have not yet secured housing may prove challenging.

While gaps remain in meeting the community's affordable, safe housing needs, these gaps would be much greater without Action Inc.'s programs. In 2024 alone, Action Inc. helped 788 individuals with rent payments, including emergency rent payments, secured permanent housing placements for 807 individuals, and helped 233 households make home repairs.

## Recommendations

- Partner with local property owners and landlords to increase the supply of subsidized housing units and voucher-eligible housing options.
- Partner with large community employers to develop creative solutions to increase affordable housing options for rent and purchase.

### “Jobs that pay enough”

In the Action Inc. service area, an employment issue that was identified as one of the top community priorities in the community survey is a lack of “jobs that pay enough,” which is a contributing factor to the top priority, affordable housing. Lacking opportunities to obtain employment that pays a livable wage makes affording stable housing difficult. Overall, 40% of survey respondents disagreed that there are good job opportunities in their community, and the top employment need among survey respondents who reported having employment needs (27% of all survey respondents), is a need for jobs that pay more or have benefits (52%). In addition, 21% of respondents who reported having employment needs reported needing help learning technical skills, which indicates a need for improved opportunities for skill-based employment. In 2024, Action Inc. provided career coaching to 47 individuals.

In addition to survey respondents highlighting the need for more jobs that pay a living wage, clients who were interviewed and program partners who participated in the focus group discussed the need for higher wages. One interview participant expressed that the lack of jobs that pay a livable wage might be even greater in more rural areas:

*“You have to leave the community if you don't own your business.”*

When asked to share their thoughts about the causes of poverty in their communities, the causes discussed by program partners include inadequate wages, complicated systems, and generational poverty and trauma.

According to data from the American Community Survey, the largest sectors by employment size in the Action Inc. service area are retail trade, which has an average annual salary of \$33,970 and accommodations and food services, which has an average annual salary of \$25,348.<sup>285</sup> Overall 33% of the adult population (age 24 and over) stopped formal education at high school, and while the largest employment sectors may be accessible to those without post-secondary education,

<sup>284</sup> American Community Survey (2019–2023)

<sup>285</sup> American Community Survey (2019–2023)

the average salaries are likely not enough to make ends meet. In Silver Bow County, an hourly living wage for a single adult is \$20.47 (approximately \$42,250 annually), and hourly living wage for a single-child, two-parent household in which both parents work is \$21.46 (approximately \$44,293 annually per working parent). These data indicate that the average salary of jobs in the area's largest sector is lower than the living wage (the local wage rate that a full-time worker requires to cover the costs of their family's basic needs where they live<sup>286</sup>) for individuals who reside in the most populated county in Action Inc's service area.

## Recommendations

- Identify and partner with local organizations that provide job training and education support services to expand services to existing and prospective Action Inc. clients.
- Explore additional funding opportunities to provide additional job training and education support services in house.
- Utilize median wage, living wage calculations,<sup>287</sup> education, and housing cost data to advocate for raising the state minimum wage and to influence large local employers to raise wages.

### Mental health services

The third leading priority identified in the community needs survey is access to mental health services. Access to mental health services can be limited by various factors, such as affordability, an adequate supply of providers, and stigma, yet mental health services are vital for individuals who are struggling. Poor mental health can make it difficult to sustain employment and secure housing, both of which were identified as priorities in the Action Inc. service area's community needs survey. The need to improve mental health services was indicated in the survey findings as over half (56%) of survey respondents disagreed that their community has help available for the mental health care needs of adults. Among survey respondents who reported having health care needs (33% of all survey respondents), 40% reported a need for mental health services, and 16% reported a need for youth mental health services.

While survey respondents indicated a need for improved access to mental health services, clients who participated in interviews and those who completed satisfaction surveys supported this need through their own personal stories and responses. Challenges with poor mental health and addiction were discussed in most interviews, with one participant sharing that they felt the top three issues in the community were "alcoholism, drug addiction, and mental health." Most interview participants shared openly about their own recovery or about friends or family members who struggled, and these stories demonstrate how poverty and trauma were linked to participants' own experiences with mental health and addiction issues. Although Action Inc. does not provide mental health services, participants felt the supportive, caring nature of their staff's engagement had been pivotal.

Most clients (62%) who completed satisfaction surveys reported that they or someone in their family experienced anxiety or depression or had other mental health-related concerns in the two years prior to the time of survey completion, and 51% reported that financial instability has

<sup>286</sup> MIT (2025)

<sup>287</sup> MIT (2025)

impacted their health and sense of wellbeing. The role poverty plays in negative mental health outcomes is important to consider when trying to address mental health needs as access to mental health services can be more challenging for those experiencing poverty due to a lack of affordability and access. According to the American Community Survey, the poverty rate in the Action Inc. service area is 14%, which illustrates the need for affordable mental health service options.<sup>288</sup>

## Recommendations

- Partner with local mental health providers to improve access to services for current and prospective Action Inc. clients.
- Develop strategies for supporting clients in the Medicaid application process.

### Conclusion

This CNA directly asked survey and interview respondents to highlight challenges in their lives and offer recommendations for improving the Action Inc. programs in which they participate. Program partners were asked to discuss challenges in their communities and offer recommendations for improving Action Inc. programs and partnerships. Community respondents, program participants, and program partners all spoke about the significant role that Action Inc. staff and programs play in their own lives and in their communities.

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<sup>288</sup> American Community Survey (2019–2023)

# VIRGINIA CITY

TRAIN DEPOT.

## MUSEUM-STORE

OPEN DAILY 10:00<sup>AM</sup> - 6:00<sup>PM</sup>

MEMORIAL DAY - LABOR DAY

## VISITOR INFORMATION



# Appendix 1: Methodology

The Montana statewide community needs assessment (CNA) survey instrument and focus group guide template were collaboratively developed in 2024 by JG Research and Evaluation (JG), the director of the Montana Community Action Network (the Association), directors and other representatives from the 10 community action agencies (CAAs) in Montana (Action for Eastern Montana; District 4 Human Resources Development Council [HRDC 4]; Opportunities, Inc.; HRDC 6; HRDC 7; Rocky Mountain Development Council [RMDC], HRDC IX; Community Action Partnership of Northwest Montana [CAPNM]; Human Resource Council; and Action, Inc.), and the Montana Department of Public Health and Human Services (DPHHS). The JG research team met with the entire Association, representatives of DPHHS, and individually with each CAA within the Association. During the meetings, the research team learned about the needs and considerations of each CAA. After discussions, JG completed drafts of a community needs/assets framework, the statewide survey, and a provider focus group template. The research team met multiple times with a smaller Association working group of approximately six directors to revise drafts of these documents. JG then met with the Association and DPHHS to receive feedback on the final draft of the data collection instruments.

JG applied for and received Institutional Review Board (IRB) exempt status approval (study #1391029, tracking #20251240) from WCG IRB for data collection, analysis, and writing of findings for the statewide CNA. The research team collected data for the statewide survey using the online platform Alchemer from February 2025–May 2025. JG conducted seven focus groups with program provider partners for Action for Eastern Montana; Action, Inc.; RMDC; District 9 HRDC; District 4 HRDC; Human Resource Council; and Opportunities, Inc. CAAs collected survey responses in person throughout the state using written survey instruments and iPads. Representatives from the CAAs input these responses into Alchemer.

In total, 4,713 people completed the statewide survey. JG cleaned the survey data and removed responses of 14 people that did not take the survey in the United States (U.S.), 835 people who were not in Montana when they completed the survey, and 239 people who spent less than one minute on the survey. The total number of cleaned responses for the survey was n=3,625. During data collection, JG aimed for the sample size of all agencies to be between 5–10% margin of error and 95% confidence level. Based on the service area population of each CAA, all agencies were below 10% margin of error with 95% confidence. The table below shows each agency and their margin of error based on the sample size of the region.

Region	Number of survey responses	Adult population in 2022	Total sample size required in each region 95% confidence level and 5% margin of error	Total sample size required in each region 95% confidence level and 10% margin of error	Actual margin of error based on sample size with 95% confidence level
Montana	3,625	1,122,867	385	97	2%
Opportunities, Inc.	1,141	88,651	382	96	3%
HRDC IX	659	107,929	383	96	4%

Region	Number of survey responses	Adult population in 2022	Total sample size required in each region 95% confidence level and 5% margin of error	Total sample size required in each region 95% confidence level and 10% margin of error	Actual margin of error based on sample size with 95% confidence level
Action, Inc.	464	55,841	382	96	5%
Human Resource Council	279	133,449	383	96	6%
RMDC	259	69,856	382	96	6%
CAPNM	227	132,124	383	96	6%
HRDC 6	179	16,974	376	96	7%
Action for Eastern Montana	158	58,841	382	96	8%
HRDC 4	143	17,478	376	96	8%
HRDC 7	116	151,121	383	96	9%

The table below shows the number of survey responses for each agency and the percentage of responses from Montana.

Region	Count	Percent
Opportunities, Inc.	1,141	31.5
HRDC IX	659	18.2
Action, Inc.	464	12.8
Human Resource Council	279	7.7
RMDC	259	7.1
CAPNM	227	6.3
HRDC 6	179	4.9
Action for Eastern Montana	158	4.4
HRDC 4	143	3.9
HRDC 7	116	3.2
Total	3,625	100.0

After cleaning the dataset, JG created datasets for each CAA. The research team totaled the counties within the service area for each CAA to create 10 individual datasets. In total, there were 11 datasets including the dataset that contained all responses for Montana. The table below shows the number of survey respondents by county for the statewide survey.

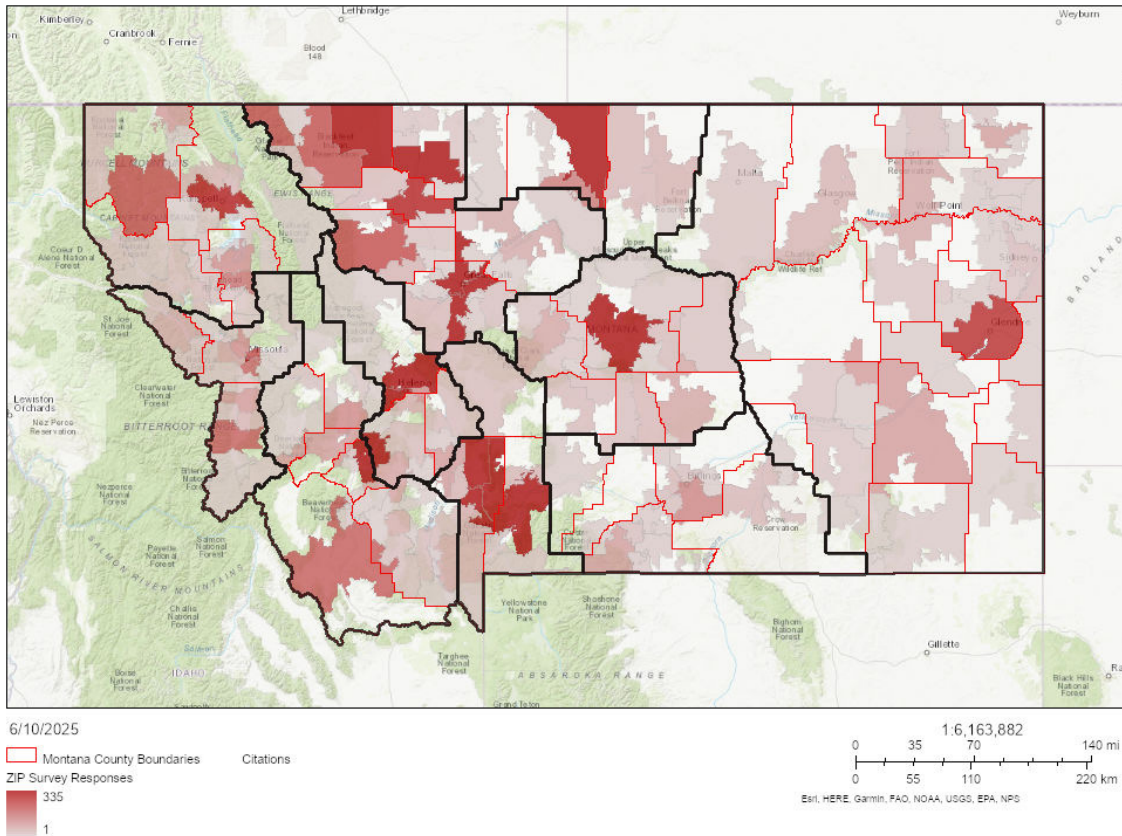
County	Count	Percent
Cascade	728	20.1
Gallatin	570	15.7

County	Count	Percent
Silver Bow	345	9.5
Lewis and Clark	212	5.8
Missoula	182	5.0
Glacier	162	4.5
Hill	125	3.4
Fergus	114	3.1
Toole	109	3.0
Park	82	2.3
Flathead	80	2.2
Ravalli	72	2.0
Pondera	67	1.8
Yellowstone	66	1.8
Lake	63	1.7
Lincoln	63	1.7
Teton	59	1.6
Beaverhead	51	1.4
Dawson	51	1.4
Jefferson	34	0.9
Carbon	30	0.8
Madison	25	0.7
Mineral	25	0.7
Judith Basin	23	0.6
Powell	21	0.6
Sanders	21	0.6
Custer	19	0.5
Sheridan	18	0.5
Blaine	17	0.5
Chouteau	16	0.4
Deer Lodge	16	0.4
Roosevelt	16	0.4
Musselshell	15	0.4
Big Horn	14	0.4
Broadwater	13	0.4
Richland	13	0.4
Wheatland	11	0.3
Golden Valley	10	0.3
Valley	10	0.3

County	Count	Percent
Daniels	9	0.2
Meagher	7	0.2
Granite	6	0.2
Petroleum	6	0.2
Rosebud	6	0.2
Stillwater	4	0.1
McCone	3	0.1
Phillips	3	0.1
Powder River	3	0.1
Carter	2	0.1
Fallon	2	0.1
Sweet Grass	2	0.1
Garfield	1	0.0
Liberty	1	0.0
Prairie	1	0.0
Wibaux	1	0.0
Total	3,625	99.8

The figure below shows a map of Montana with the zip codes of survey respondents across the state with darker areas of red indicating higher numbers of survey responses.

## CNA Survey Response by ZIP Code



For data analyses, JG completed descriptive statistics for each of the variables from the survey including frequencies and percentages. The research team also completed chi-square and Fisher's exact tests, t-tests, and analyses of variance (ANOVAs) for some variables. JG created a set of new variables based on other variables. These variables included a quality-of-life scale based on the questions shown below.

Question
Is your community a good place to raise children?
Are there good job opportunities in your community?
Is your community a safe place to live?
Are there support networks for people and families?
Are you happy with the quality of life in your community?

The research team asked participants to select from a five-point scale ranging from one (strong no) to five (strong yes) in response to these questions. To calculate each respondents' quality of life, the scores across all questions were summed. A higher score indicates a higher reported quality of life. Cronbach's alpha for this quality-of-life scale is 0.82 (95% confidence, interval 0.81 to 0.83), indicating good internal reliability of this scale.

### Additional variables created by JGRE include:

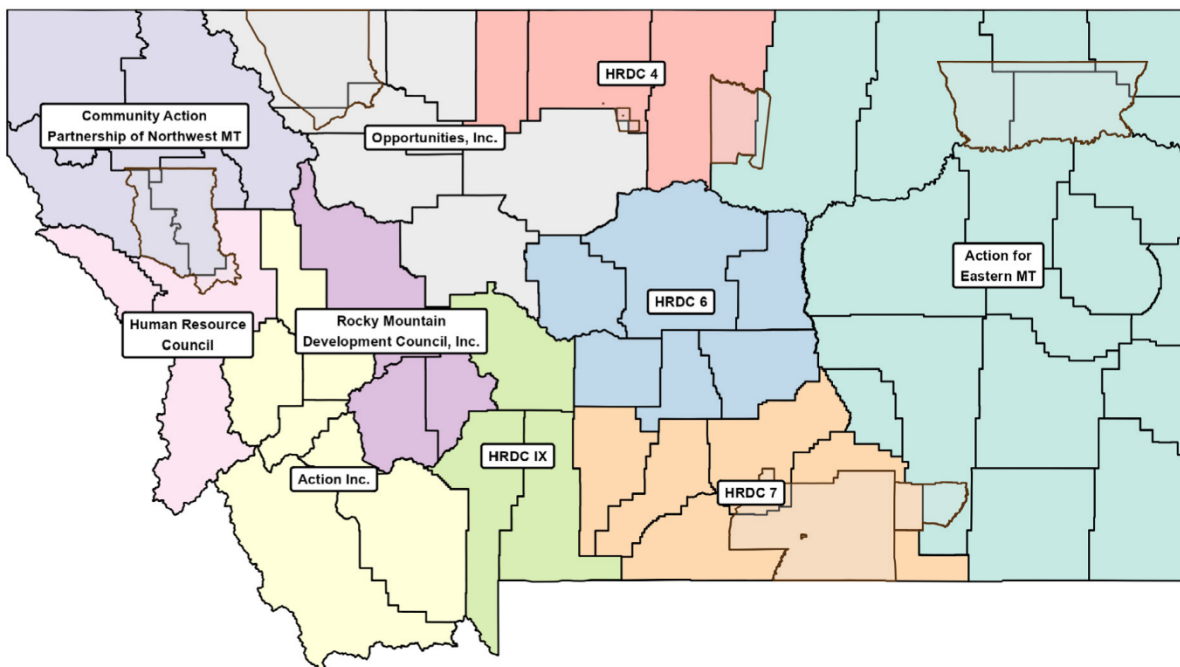
- Non-White and White
  - The race categorization of “Non-White” and “White” used in analyses combines those survey participants who selected Black or African American, American Indian or Alaska Native, Asian, or Pacific Islander or Native Hawaiian with the ethnicity of Hispanic/Latino to create the variable “Non-White.” “Rather not say/other” race responses are grouped with “White.”
- Stable housing/unstable housing
  - This variable results from the question, “Which of these best describes where you live? Please choose only one.”
  - “Unstable housing” combines those participants who selected, “I live with family or friends for free,” “I live in a shelter,” “I live in my car,” “I live in my recreational vehicle,” “I live with two or more unrelated families in the same house,” and those participants who wrote “I live in a motel” in the “Other” category.
  - “Stable housing” combines those participants who selected, “I own my home,” “I rent my home,” “I live in a nursing home, long-term care, or assisted living,” and “I live with multiple generations of my family and help pay some of the bills.”
- Client status
  - Whether or not a survey participant selected that they are a client of any agency.
- Higher income/lower income
  - Higher income (>\$3,000/month)
  - Lower income (≤\$3,000/month)

JG ran ANOVAs at the statewide and agency (regional) level. Appendix 2 includes the statewide CNA survey instrument and the focus group guide used by JG and agencies.

## Appendix 2: Statewide Community Needs Assessment Survey Instrument

The Montana Community Action Network is conducting the first community needs assessment (CNA) for Montana to learn about community needs. The goal of the survey is to understand poverty in Montana and determine ways to help. The answers will help program providers learn more about the needs of people and families in the service areas.

The Montana Community Action Network is comprised of 10 groups across Montana. These groups, called Community Action Agencies (CAAs), are nonprofit groups that administer programs to help families with low incomes reach their goals. CAAs are not part of the State of Montana or the Office of Public Assistance. There are 10 CAAs in different parts of Montana, as shown on the map below.



The results of this survey will help ensure each CAA's services match the needs of communities. Findings will also indicate if any services are missing. This data helps agencies plan for future programs and ways to help the community. The State of Montana will use the results to track important needs and issues over time.

The survey takes about 10 minutes to complete. Answers will remain private, and no one reading the overall results of the survey will know who shared the responses. The research team will share the overall results with the public. Completing the survey is a choice and won't change your ability to access programs or services participants are already using.

Everyone who takes part in the survey will be entered into a drawing to win one of five \$50 Visa gift cards. For questions, participants can contact Lisa Curry at [lisa@jgresearch.org](mailto:lisa@jgresearch.org). If participants would like to be entered into the drawing, they can complete the other form with their name and email address.

## Part 1. Geographic location, housing, work, and household

Which county do you live in? \_\_\_\_\_

What is your zip code? \_\_\_\_\_

Do you live within the borders of an American Indian Reservation?

- No, I do not live within the borders of an American Indian Reservation.
- Yes, I live on this American Indian Reservation:
  - Blackfeet
  - Crow
  - Flathead
  - Fort Belnap
  - Fort Peck
  - Northern Cheyenne
  - Rocky Boy

Which of these best describes your job situation right now? Please choose all that apply.

<input type="checkbox"/> Work full time in one job (30 hours or more) <input type="checkbox"/> Work full time at more than one job, (30 hours or more) <input type="checkbox"/> Work part time (less than 30 hours) <input type="checkbox"/> Work sometimes <input type="checkbox"/> Homemaker or stay-at-home parent	<input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Other: _____ <input type="checkbox"/> Rather not say
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Which of these best describes where you live? Please choose only one.

<input type="checkbox"/> I own my home. <input type="checkbox"/> I rent my home. <input type="checkbox"/> I live with family or friends for free. <input type="checkbox"/> I live in a shelter. <input type="checkbox"/> I live in my car. <input type="checkbox"/> I live with two or more unrelated families in the same house.	<input type="checkbox"/> I live with multiple generations of my family and help pay some of the bills. <input type="checkbox"/> I live in my recreational vehicle (RV). <input type="checkbox"/> I live in a nursing home, long-term care, or assisted living <input type="checkbox"/> Other: _____ <input type="checkbox"/> _____
--	--

How many people live in your home, including you? \_\_\_\_\_

How many children under age 18 live in your home? \_\_\_\_\_

How many people in your home, including you, are 60 years old or older? \_\_\_\_\_

What is your role in the community? Please choose the one choice that best fits your role for this survey.

- I am a client of an agency (I have received help from a Community Action Agency, like rent or utility help, or my child goes to Head Start, etc.).
- I represent a religious-based group.
- I am a general community member.
- I volunteer with an agency.
- I represent a school.
- I am a board member of an agency.
- I represent a government group.
- I represent a private group (like a business).
- I represent a community or social service group.
- Other: (please explain) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Part 2. Community assets and environment

On a scale from 1 to 5, where 1 means “strong no” and 5 means “strong yes,” please give your opinion.

Quality of life questions						
	1 (No)	2	3	4	5 (Yes)	N/A
1. Is your community a good place to raise children? (Think about school quality, childcare, after-school programs, and places to have fun, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there good job opportunities in your community? (Think about local businesses, jobs that can help you grow in your career, job training, affordable housing, and how far you have to travel for work, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is your community a safe place to live? (Think about how safe people feel at home, at work, in schools, at playgrounds, and in parks. Do neighbors know and trust each other? Do they help each other?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there support networks for people and families (like neighbors, support groups, church outreach, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you happy with the quality of life in your community? (Think about how you feel, how involved you are in activities, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please tell us how much you agree or disagree with these statements:

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
My community has many affordable homes for people to buy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My community has many affordable places to rent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My community has help for people who are unhoused.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My community has help available for the behavioral health needs of adults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My community has help available for the mental health care needs of adults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My community has help available for physical health care needs of adults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree
My community has resources available for people who don't have enough food.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My community has childcare for individuals and families with different incomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My community has enough public transportation available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My community is welcoming and friendly at public meetings and events.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public officials in my community work to help people and families with low incomes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rank the five most important needs in your community, with 1 being the most important.

Need	1	2	3	4	5
Access to substance use disorder services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to affordable childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to early childhood education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to reliable and fast internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Access to mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of jobs that pay enough to live on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of safe and affordable housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help for people who are unhoused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability or cost of transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crime and/or public safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of affordable food or hunger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning for growth and development (like water resources, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needs of older adults or seniors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Need	1	2	3	4	5
Needs or services for youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there anything you would like to tell us about the good things or services that people with low incomes need in your community?

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### Part 3. Individual/family needs

**What are the most important needs that you or your family have right now or have had in the last 12 months? Please check the boxes and circles that apply.**

#### 3.1 Employment

- I, or the family in my house, DO NOT have, or have NOT had, any job needs in the last 12 months (skip to 3.2).
- I, or the family in my house, DO have job needs right now. If so, please choose all that apply below.

- 
- Job training
    - Learning technical skills to find and do work
    - Learning soft skills to keep a job (like good communication skills)
    - Training for the types of jobs available in the area
    - Knowing where to find job resources
  - Finding and keeping a job
    - Writing a resume
    - Interviewing for a job
    - Getting the right clothes for a job
    - Having access to the internet for work
  - Jobs that pay more or have benefits
  - Background check
    - Criminal background
    - Offender standing

- Other job needs or comments about job services/programs:
- 
- 

### **3.2 Education and cognitive development**

- I, or the family in my house, DO NOT have, or have NOT had, any education needs in the last 12 months (skip to 3.3).
- I, or the family in my house, DO have education needs right now. If so, please choose all that apply below

- 
- Early childhood education programs
  - Affordable and good childcare
  - Parenting education and skills
  - GED (General Education Development) classes/HSE (High School Equivalency)
  - English as a second language (ESL) classes
  - Literacy classes
  - Computer skills training
  - Technical and vocational training
  - Help paying for college programs or filling out college aid forms (like the Free Application for Federal Student Aid [FAFSA])
  - Life skills
    - Character education such as anti-bullying
  - Other education needs or comments about education services/programs:
- 
- 

### **3.3 Income, infrastructure, and asset-building**

- I, or the family in my house, DO NOT have, or have NOT had, any financial needs in the last 12 months (skip to 3.4).
- I, or the family in my house, DO have financial needs right now. If so, please choose all that apply below.

- 
- Help with transportation or fixing my car
  - Free help with income tax preparation
  - Gambling counseling
  - Learning about money management, saving, or budgeting
-

- Problems with bankruptcy, foreclosure, or repossession
  - Financial issues
    - Money problems with divorce
    - Problems with getting or paying child support
  - Help with burial or funeral costs
  - Legal help
  - Help getting access to the Internet at my house
  - Help with energy bills
    - Problems paying the electric bill
    - Problems paying the gas or other heating bill
  - Help with water bills
  - Help with utility deposits
  - Other financial needs or comments about financial services/programs:
- 
- 

### **3.4 Housing**

- I, or the family in my house, DO NOT have, or have NOT had, any housing needs in the last 12 months (skip to 3.5).
- I, or the family in my house, DO have housing needs right now. If so, please choose all that apply below.

- 
- Good, affordable houses or apartments to rent
    - Bad rental homes that are unsafe, unlivable, have pests, mold, or lead paint, are overcrowded, or not insulated enough for cold weather
  - Good, affordable houses or condos to buy
    - Help with down payments or closing costs to buy a home
    - Bad houses for sale that are unsafe, unlivable, have pests, mold, or lead paint, overcrowded, or not insulated enough for cold weather
  - Help with making homes more energy efficient and keeping them warm (like insulation and reducing heat loss)
  - Home repair
    - Programs that provide free home repairs
    - Skills for basic home repairs and maintenance
-

- Home buyer education
  - Handicap accessible housing or changes to my home for a person with special needs
  - Senior citizens housing
    - Income based rental housing for seniors
    - Not enough affordable nursing homes or long-term care for seniors
  - Help with rent
    - Help with rent deposits
    - Help with rent payments
    - Help with rent back payments
    - Education about renter/tenant rights and responsibilities
  - Other housing needs or comments about housing services/programs:
- 
- 

### **3.5 Health/social and behavioral development**

- I, or the family in my house, DO NOT have, or have NOT had, any health needs in the last 12 months (skip to 3.6).
  - I, or the family in my house, DO have health needs right now. If so, please choose all that apply below.
  - Affordable health care
    - Paying for medicine and prescriptions
    - Long-term health care
    - Chronic illness
    - Sexual and reproductive health care
    - HIV/AIDS care
  - Paying for or not having health insurance
  - Substance use disorder counseling and/or treatment
  - Mental health services
    - Adult mental health services
    - Youth mental health services
  - Teenage pregnancy and/or prenatal care
  - Affordable dental care
  - Affordable eye care
  - Help for people with special needs
-

- Help for children with special needs
- Help for adults with special needs
- Prosthesis
- Medical equipment (like wheelchairs, crutches, and hearing aids)
- Senior health care
- Veterans' services
- Child vaccinations
- Access to emergency clothing such as winter coats or hats
- Food
  - Availability and access to fresh and healthy food
  - Access to emergency food resources, like food banks
- Access to services (WIC, SNAP, SSI, etc.)
  - WIC (Special Supplemental Nutrition Program for Women, Infants, and Children)
  - SNAP (Supplemental Nutrition Assistance Program)
  - SSI (Supplemental Security Income)
- Abuse/violence protection
  - Sexual assault services
  - Protection from domestic violence
  - Help for physical, emotional, or sexual abuse
  - Services for runaway youth
- Other health or social needs or comments about health services/programs:

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### **3.6 Civic engagement and community involvement**

- I, or the family in my house, DO NOT have, or have NOT had, any civic or community needs in the last 12 months
- I, or the family in my house, DO have civic or community needs right now. If so, please choose all that apply below.

---

- Safe neighborhoods where it's easy to walk, with sidewalks and parks
- Additional health care places
  - More family primary care clinics

- More pharmacies
  - More urgent care clinics
  - More specialists
  - Crisis services or emergency housing for unhoused individuals and families
  - Activities and programs for seniors
  - Fun activities like playgrounds, biking or hiking trails, or rivers
  - Youth activities and programs
  - Crime prevention
    - Breaking and entering
    - Violent crime (like murder, robbery, sexual assault, or aggravated assault)
    - Gang violence
  - Volunteer opportunities, community boards, neighborhood associations, or other similar groups
  - Ways to have my voice heard with local politicians
  - Help with legal issues
  - Other needs in your community:
- 
- 

From the list below, identify how each item has made it easier or harder to get help or access to services and programs in your area?

	Easier	More difficult	Neither or not applicable
The closure of my local state-run Office of Public Assistance (non-CAA service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding program eligibility requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applying for services and/or completing paperwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uploading application forms online	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No local office I can physically go into	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Providing documentation such as income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distance from my house to services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation to/from services or programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The ability to find childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (list):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there anything you want to share about how to help people with low incomes in your community?

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## Part 4. Demographics

What is your age? \_\_\_\_\_ years

What is your sex?

- Female
- Male

Are you Hispanic, Latino, or of Spanish origin?

- Yes
- No
- Rather not say

Which group(s) best represent your race(s)? Choose all that apply.

<ul style="list-style-type: none"> <li><input type="checkbox"/> Black or African American</li> <li><input type="checkbox"/> American Indian or Alaska Native</li> <li><input type="checkbox"/> Asian</li> <li><input type="checkbox"/> Pacific Islander or Native Hawaiian</li> <li><input type="checkbox"/> How far did you go in school?</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> White</li> <li><input type="checkbox"/> Other: _____</li> <li><input type="checkbox"/> Rather not say</li> </ul>
<ul style="list-style-type: none"> <li><input type="checkbox"/> Never attended high school</li> <li><input type="checkbox"/> Attended high school but did not finish</li> <li><input type="checkbox"/> Completed high school, GED, or HSE</li> <li><input type="checkbox"/> Some college</li> <li><input type="checkbox"/> Technical, Associates, or 2-year degree</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 4-year college degree</li> <li><input type="checkbox"/> Completed graduate or professional school</li> <li><input type="checkbox"/> Rather not say</li> </ul>

What is your estimated monthly household income before taxes? This includes any money from additional means, such as social security or child support.

<input type="checkbox"/> Less than \$1000/month	<input type="checkbox"/> \$5001-\$6000/month
<input type="checkbox"/> \$1001-\$2000/month	<input type="checkbox"/> \$6001-\$7000/month
<input type="checkbox"/> \$2001-\$3000/month	<input type="checkbox"/> \$7001-\$8000/month
<input type="checkbox"/> \$3001-\$4000/month	<input type="checkbox"/> \$8001-\$9000/month
<input type="checkbox"/> \$4001-\$5000/month	<input type="checkbox"/> \$9001 or more/month

Are you a veteran?

- No
- No, but another adult in my house is a veteran
- Yes

## **Part 5. Survey gift card drawing**

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This survey is anonymous, which means your answers will not have your name on them. However, people who take the survey can enter a drawing to win one of five \$50 Visa gift cards. We need to be able to contact the winners. So, if you answer “yes” to the next question, you will need to include your name and email address on this page to be contacted as a winner. This information will not be connected to your survey answers.

Would you like to go to the contact form and be entered to win a \$50 Visa gift card?

- No
- Yes

Name \_\_\_\_\_

Email address \_\_\_\_\_

Phone number \_\_\_\_\_

Thank you for filling out this survey! Your answers are very important to us. We will use the results to make sure your agency’s services help people with low incomes and identify what services might be missing. Your answers will also help us plan for future programs.

# Appendix 3: Participant Interview Guide



## **Program Provider/Partner Community Needs Assessment Focus Group Guide**

Action Inc., with assistance from JG Research and Evaluation (JG), is conducting its triennial community needs assessment (CNA). A CNA is process where people in the community and those who engage with the Community Action Agency (CAA) work together to identify what is important to residents and meaningful strategies to address these needs. As part of this needs assessment, the research team is talking with program participants like you. The information you share in the interview will help Action Inc. identify the highest priority needs of individuals and families with low incomes living in our communities. The results of this study will be used to ensure the agency's services match the needs of people with low incomes and to identify gaps in current services as the agency plans for future programs and community engagement.

The interview should take around one hour, and we will email you a \$50 Amazon gift card for your participation at the end of the interview. Although we will use quotes from interviews, we will keep your name confidential. No one will know you participated unless you share that information. If you do not answer questions or decide to end the interview, your participation in programs or services with Action Inc. will not be affected. We have a couple of logistics to get out of the way before we get started, okay?

1. Do you mind if I record this interview? The audio recording will only be viewed by the research team, and there will be no personally identifiable information stored with the file or the transcript of the recording.
2. When we use the information that we learn from these interviews, we will present all quotes anonymously. In other words, we will keep your name confidential.
3. Finally, you're welcome to skip any question. You'll still receive the gift card even if you want to stop halfway through the interview and benefits will not be affected.

## **Additional information**

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If participant asks for more explanation, what should I, as the interview participant, know about why we're interested in your perspective?

- We are hoping to gain a clearer understanding of the community served by Action Inc. and issues that are important to you as someone who has participated in programs.
- Talking with us is voluntary. Whether you take part is up to you.
- You can choose to chat with us or not, or you can even change your mind later. There will be no penalty or loss of benefits to which you are otherwise entitled. You may still participate in programs even if you stop our discussion.
- If you don't understand my questions, please feel free to ask questions so I can explain better.
- Ask all the questions you want.
- We anticipate the interviews will last about 30–45 minutes.
- All interviews will be conducted in person, over the phone, or through Zoom. These interviews will be recorded and later turned into written transcripts. We will not use your name, and we will take steps to ensure that no one will be able to link what you said with who you are.
- Direct quotes you share may be published in the resulting public needs assessment. However, your name and any identifying information you share with us in the interview will remain confidential and will only be seen by the research team at JG. If we use any direct quotes or summaries of your statements in the final written report, we will remove any information that could identify you as the speaker.

Do you have any questions before we begin?

1. First, which programs from Action Inc. have you participated in?

Interviewer (please check):

Program participation (Please check if participated)	
<input type="checkbox"/> Employment and training (youth)	<input type="checkbox"/> Home weatherization
<input type="checkbox"/> Energy assistance <ul style="list-style-type: none"> <li><input type="checkbox"/> Energy Share</li> <li><input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)</li> </ul>	<input type="checkbox"/> Housing <ul style="list-style-type: none"> <li><input type="checkbox"/> Housing Choice Vouchers</li> <li><input type="checkbox"/> Emergency Rent Assistance</li> <li><input type="checkbox"/> Senior Apartments</li> <li><input type="checkbox"/> Family Apartments</li> </ul>
<input type="checkbox"/> Food <ul style="list-style-type: none"> <li><input type="checkbox"/> Summer Meal Program</li> <li><input type="checkbox"/> Meals for People Experiencing Homelessness</li> </ul>	<input type="checkbox"/> Head Start early childhood education
<input type="checkbox"/> Other (list): _____	

2. Which county do you live in? Could you tell us a little bit about yourself and what it's like living there? [Counties include Beaverhead, Deer Lodge, Granite, Madison, Powell, and Silverbow.]

3. Would you say that you live in a rural or urban area? What do you think the differences might be between where you live and more [Choose: “rural” or “urban”] areas
4. When you broadly think about the community you live in, what kinds of things make it a good place to live?

*[Prompt: If they aren't sure what you're asking, examples could include community organizations, bike paths, relationships between people, access to health care, access to helpful programs, natural beauty, etc.]*

5. Based on your own experience, what are the top three issues that you are most concerned with or that might make your community a better place to live, especially for folks struggling to make ends meet?

*[Prompt: What kinds of things make your community a bad place to live? Probe participant to elaborate and describe any issues that are problematic for them. For example:*

- Do you have enough money to buy nutritious food, and can you easily find it in the local stores?
- Do you like the schools?
- Affordable child care?
- Senior and youth needs?
- Access to housing?
- Mental health services?]

6. What do you think are the challenges or obstacles to addressing these general issues?

*[Prompt: Is there anything in the community preventing these problems from being solved? Are the health care organizations easy to use? Are the police helpful, etc.?)*

7. If you had a magic wand, what top new programs or general community things would you like to see implemented in your community?

*[Prompt: For example, what policies or programs or types of support or governmental assistance would help make your community better? Examples could include rental assistance or child care programs, etc.]*

8. Tell me a little bit about the Action Inc. program(s) you've participated in that you already listed.

*[Prompt: How did it go? Did it address/focus on what you thought it would address? What did you like? What didn't you like?]*

9. Was there anything that made it hard for you to participate in the program? Anything that made it easier?

*[Prompt: Regarding barriers or facilitators to program access? Filling out application forms online a challenge? Waiting lists?]*

10. Is there anything about the program that has really helped you or anything you'd like to add or change about the program?

*[Prompt: Would you recommend this program to your friends and family? Why or why not? Are there any other types of programs that you would like to see Action Inc. create?]*

**11.** Is there anything you'd like to tell us about things you or your community need or an Action Inc. program that we didn't cover?

Thank you, again, for taking time to join this discussion. Your point of view is really important. And as a reminder, your answers are confidential and any quotes that we use from this interview will be presented in a way that protects your anonymity. If you have any additional questions about the study, please contact Genevieve Cox at [genevieve@jgresearch.org](mailto:genevieve@jgresearch.org) or Lisa Curry at [lisa@jgresearch.org](mailto:lisa@jgresearch.org).

\*Obtain the email address of participants to email a \$50 Amazon gift card

# Appendix 4: Program Partner Focus Group Guide

Action Inc., with assistance from JG Research and Evaluation (JG), is conducting its statewide triennial community needs assessment (CNA) to help us identify the community needs of families with low incomes in Action Inc.'s service area. The results of this focus group will be used to ensure the agency's services match the needs of people with low incomes and to identify gaps in current services as the agency plans for future programs and community engagement. A key part of this CNA is understanding the experiences of partner organizations and program providers in these counties, especially those of you who have partnered with and or facilitated programs from or with Action Inc. We look forward to hearing your perspectives.

Before I get started, a couple logistical things:

- This focus group should take around one hour.
- This session is being recorded to ensure that I can capture the full conversation while also being able to engage with you all. Your name and any other identifying information will be kept confidential. If we decide to use any quotes from today's session, they will be used anonymously in the report.
- I do want to take a moment to set some guidelines for the conversation:
  - You certainly don't need to agree with one another, just remember to keep an open mind and be respectful.
  - This is really a guided conversation, so I will ask questions to get the conversation started, but please feel free to talk to each other, pose questions of your own, etc.
  - Community topics such as housing or behavioral health services like treatment for substance use can sometimes be emotional and potentially tough to chat about as a group. As the moderator, there may be times when I place a topic or question in a "parking lot." The goal of this is to keep us focused and ensure that we're respecting your time, as well as generating useful and important information for this CNA.
  - Any questions before we get started?

## 1. Introductions

- First name (confidential—just for conversation)
  - And why are you here?
    - What is the nature of your engagement with Action Inc.? What role do you have in your organizations?
2. First off, let's talk about some of the good things that might exist in your communities. What kinds of things do you love about where you live? *[Prompt: What kinds of things make it a good place to live? Support networks of friends and family? Health care? Economic opportunity? Natural beauty? Do you think folks take pride in participating in the community around them?]*
3. Now let's chat about existing challenges and resources that might help folks living in your community. Thinking about community needs and issues for folks who might be

struggling to make ends meet brings up different perspectives on what things are most important to helping families. Broadly speaking, what do you think are the **biggest challenges** that families with low incomes face in trying to get ahead?

4. Do you have any thoughts about what might be the largest causes of poverty in your community? Especially with what you've seen as a service provider?
5. What are the **biggest issues** you see for people struggling to make ends meet? [Prompt: Health care, affordable child care, access to housing, crime, transportation, mental health services, food insecurity, senior or youth needs?]
  - What is our **responsibility** to community members?
  - Are these the same needs for **urban and more rural** families?
6. **What do you think the goals should be** regarding supporting/assisting/providing services for individuals and families with low incomes? [Prompt: This could be goals for individuals, families, and also the larger community regarding which services are the most important, etc.]
  - Have you noticed any gaps in services that might help? [Prompt: More substance use disorder or mental health treatment services, affordable child care, more accessible assistance for food, more career development/training, more rental assistance]
  - How can community providers and/or service organizations do a better job partnering with each other and with individuals in the community? [Prompt: What about your program, in particular, has worked or not worked?]
7. Based on your experiences and beliefs, **what do policymakers** (such as people making the rules in state and local government) and others in the bigger community need to know about services that might help families with low incomes get ahead? [Prompt: From your personal experiences providing services, or things you have heard or seen, is there anything else you'd like to tell them?]

## Closing

1. If you had a magic wand, what would you change or shift in your community to help more families and individuals with low incomes?
2. What haven't I asked about or what haven't we covered that would be important for me to understand this topic?

Thank you, again, for taking time to join this discussion. Your point of view is really important. And as a reminder, your answers are confidential, and any quotes that we use from this focus group will be presented in a way that protects your anonymity. If you have any additional questions about the study, please contact Lisa Curry at [lisa@jgresearch.org](mailto:lisa@jgresearch.org).



This Action Inc. Community Needs  
Assessment 2025 was prepared by

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EVALUATION