

The Health of Cascade County



CITY-COUNTY HEALTH DEPARTMENT

2011 Community Health Assessment Report

Cascade City-County Health Department
Great Falls, Montana





From the Cascade County Health Officer

Spring 2011

To Cascade County Residents - Greetings!

We are excited to release the 2011 Cascade County Community Health Assessment! This comprehensive report is the first of its kind that not only presents health data on Cascade County, but also puts the data into context, helping to prepare us to take action.

This Community Health Assessment highlights areas where we are doing well, such as overall life expectancy, clean air and clean drinking water. It will also shed light on opportunities to improve such as unintentional injuries and low birth weight babies.

At the City-County Health Department, we are always working to promote better health, prevent disease and injury, protect our food, water and air, prepare for emergencies and provide quality and affordable health and dental care. But we can't do this alone. Our partner agencies in healthcare, education, law enforcement, human services, military and other community organizations all work together to address the health needs of every child, woman and man living in Cascade County.

The 2011 Cascade County Community Health Assessment alerts us that some of our community members are left behind. Social and economic disparities put some of Cascade County's population at risk. Life expectancy for American Indian/Alaskan Natives, access to family planning for 15- to 19-year-olds and low birth weight babies, and unintentional injury for seniors are among the areas of need in our community.

I would like to thank our partners in our community and those at the Department of Public Health and Human Services for their help and support on this Assessment. As we move forward with developing a Community Health Improvement Plan, I am encouraged by the history of collaboration in Great Falls and Cascade County and look forward to developing and fostering the relationships that allow us to meet the needs of our community.

Yours in good health,

Alicia M. Thompson, MSW
Health Officer & Executive Director
Cascade City-County Health Department and
Community Health Care Center

Background

In 2009, Montana passed and signed into law House Bill 173, creating a pilot project that would provide local public health agencies funding and technical assistance to assess their readiness for and prepare for national voluntary public health accreditation.

Cascade City-County Health Department was one of seven local public health agencies in Montana awarded the funding. While much of the pilot project's first year involved assessing the readiness of City-County Health Department's programs for public health accreditation, the second year has focused on completing prerequisites for accreditation: the Community Health Assessment, Community Health Improvement Plan and Strategic Plan.

Know Where You Are To Know Where You're Going

A Community Health Assessment is intended to tell the story of a community's health by providing a snapshot in time. The data in this report can help identify public health issues that exist in the community, who is affected by them, whether the issues are improving, declining or staying the same and what assets exist in the community to help address them.

Eight areas of health are explored in this Community Health Assessment: causes of death, chronic disease and disability, health and risk behaviors, communicable diseases, maternal and child health, environmental health, mental health and access to care.

This Community Health Assessment is a first step towards helping to make Cascade County a healthier place to live, work and play. Our hope is that the results of this Assessment will guide the community towards common strategic priorities. These priorities will be the foundation for a Community Health Improvement Plan, to implement programs and allocate resources towards improving our community's health.

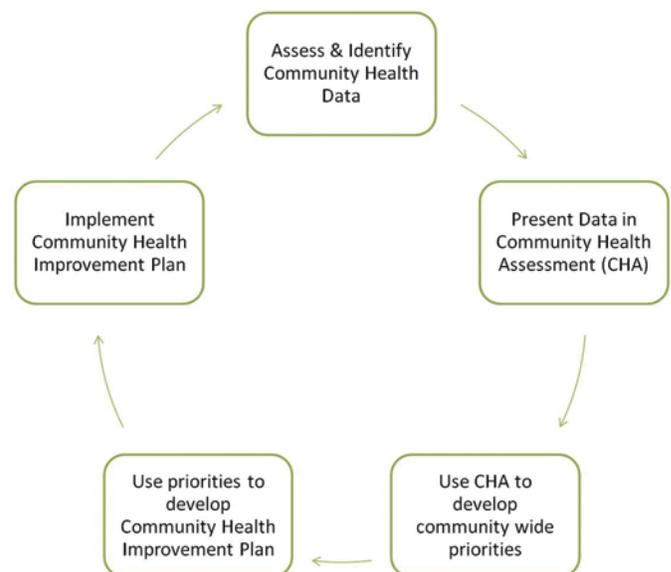
Methodology

For the purposes of Public Health Accreditation, the Community Health Assessment (CHA) process is required to occur every three years. Each CHA is meant to build on the previous efforts while maintaining a core set of indicators that are tracked over time. In the fall of 2010, the Montana Department of Public Health & Human Services released county specific health data. The data was incorporated into the 2011 Cascade County Community Health Assessment and will become the "core indicators."

In topical areas with little or no information, other easily accessible sources of data were identified and incorporated into this Assessment. Additionally, in order to include personal perspectives on health concerns in Cascade County, the City-County Health Department held three focus groups with representatives from the public at large, community and healthcare partners, community leaders and elected officials.

Whenever possible, data specific to Cascade County was used. In some cases, data for north central Montana was utilized. North central Montana is designated by the Department of Public Health and Human Services (DPHHS) as Region 2. Region 2 includes: Glacier, Toole, Liberty, Hill, Blaine, Pondera, Teton, Chouteau, and Cascade counties. Many of the indicators for Cascade County were provided by DPHHS based on the results of the Behavioral Risk Factor Surveillance System Survey (BRFSS) for combined years 2003-2008 unless otherwise specified. BRFSS data relies on the self-reported answers from Montana adults to telephone survey questions. Self-reported data from the BRFSS is not equivalent to clinical data sources. In other words, self-reported data is known to not be as accurate as clinical measurements.

Census 2010 data for county breakdowns is expected in the spring of 2011. However, some older population data must be utilized in this report in order to match data sets for health and other profile topics as closely as possible. Because of estimated data, gaps in available information, and occasional irregularity in data sets at national, state and county levels, some discrepancies may occur.



Overview of Cascade County



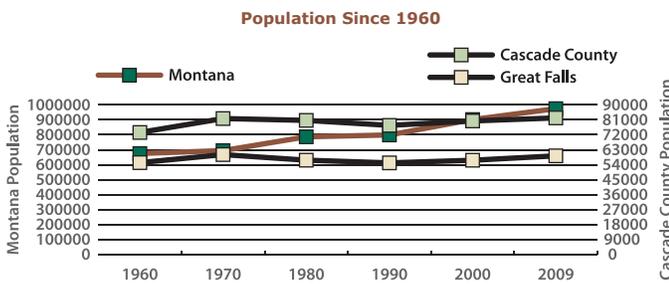
Straddling the Missouri River about 60 miles from the eastern slope of the Rocky Mountains, Cascade County serves as a trade and service center for north central Montana. The county seat, Great Falls, holds 80% of the population. Cascade County has 4 incorporated communities, 8 Census Designated Places including Malmstrom Air Force Base, 4 Hutterite colonies, and several additional small communities not officially estimated.

Land: 2,698 sq. mi.	Water: 14 sq. mi.	Elevation: 3,674 ft. at Great Falls
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The county's most prominent business sectors are government, agriculture, trade/services, health care and tourism. Among the largest employers are Benefis Health System, Malmstrom Air Force Base, D.A. Davidson Companies, National Electronics Warranty (NEW), Great Falls School District, Montana Air National Guard, Pacific Steel and Recycling and Sletten Construction.

Population and Communities

Once the largest population center in the state, Cascade County is now Montana's fifth most populous county. Residents in the state as a whole increased by more than 300,000 people during the last five decades while the population of Cascade County and Great Falls remained relatively stable.



Population Per Square Mile	
Cascade County	30.4
Montana	6.6
U.S.	79.6

Incorporated Community	Estimated Population	Median Age
Great Falls	59,366	37.8
Belt	589	39.0
Cascade	770	39.7
Neihart	85	53.8

Census Designated Places	Estimated Population
Black Eagle	931
Fort Shaw	279
Malmstrom AFB	4,350
Simms	380
Sun Prairie	1,806
Sun River	133
Ulm	764
Vaughn	714

The population estimate for Great Falls in 2010 was 58,505. At the time of publication, 2010 census numbers for other incorporated areas were not available.

Key Demographics

Cascade County has a higher percentage of people age 65 and older, a higher percentage of males under age 18 and relatively fewer 18-24 year-olds than the state as a whole. The most recent available data was released in 2009.

Age Group	Demographic Profile: Age and Sex						
	Cascade County			Montana			
	Number		Percentage	Percentage		Percentage	
	Male	Female	Total	Male	Female	Male	Female
<1	620	583	1,203	1.5	1.4	1.4	1.3
1 - 4	2,297	2,259	4,556	5.7	5.5	5.1	4.9
5 - 9	2,809	2,600	5,409	6.9	6.3	6.2	5.9
10 - 14	2,829	2,638	5,467	7.0	6.4	6.4	6.1
15 - 19	2,899	2,676	5,575	7.1	6.5	7.1	6.7
<18	10,412	9,844	20,256	25.6	23.8	23.3	22.2
18 - 24	3,508	3,017	6,525	8.6	7.3	10.4	9.3
25 - 44	9,868	9,911	19,779	24.3	24.0	24.7	24.1
45 - 64	11,358	11,414	22,772	27.9	27.6	28.7	28.8
65+	5,502	7,192	12,694	13.5	17.4	12.8	15.6
Total	40,648	41,378	82,026	49.55	50.44	50.08	49.92

U.S. Census Bureau 2005-2009 5-Year Estimates			
	Cascade County		Montana
White	75,934	92.7%	91.7%
Am. Indian/Alaska native	4,841	5.9%	6.2%
Black/African American	1,882	2.3%	0.6%
Asian	1,240	1.5%	0.7%
Native Hawaiian/Islander	98	0.1%	0.1%
Other race	938	1.1%	0.7%

U.S. Census Bureau 2005-2009 5-Year Estimates

	Cascade County	Montana	U.S.
Average Household Size	2.45	2.49	2.6
Average Family Size	3.03	3.07	3.19

Income and Employment

Cascade County's per capita personal income in 2008 ranked 12th in the state and was 91% of the national average (\$40,166). Educational services, health care, social assistance and retail trade account for 37% of the employed in Cascade County, compared to 34% statewide for these categories. Cascade County's unemployment rate was 6.4% in December of 2010, compared to 7.4% for the state of Montana and more than 10% at the national level (not seasonally adjusted).

	Cascade County 1999	Montana 1999	Cascade County 2008	Montana 2008
Median Household Income	\$32,971	\$33,024	\$42,528	\$43,948
Per Capita Income	\$17,566	\$17,151	\$36,533	\$34,622
In Labor Force (16+)	65%	65.4%	64.6%	65.6%

Poverty

The U.S. Census Bureau estimates that 10.2% of families and 13.6% of individuals in Cascade County are living below poverty level. These numbers are not significantly different than the national level.

The poverty rate for Cascade County increased slightly from 13.2% in 2005 to 13.6% in 2008.

Percent of Population Below Federal Poverty Level (FPL) 2000 Census

Cascade County				Montana			
All Ages	<18	18+	65+	All Ages	<18	18+	65+
13%	19%	11%	8%	14%	19%	13%	9%

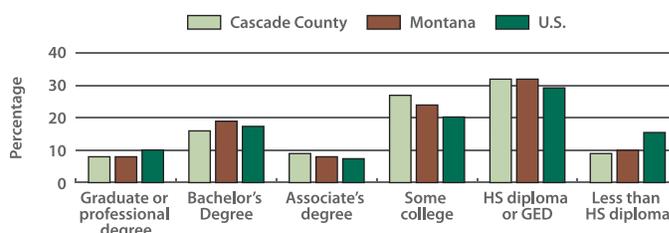
Eligibility for free and reduced school lunch in Cascade County increased from 32.2% in 2006 to 36% in 2009. This compares to an increase from 34.6% in 2006 to 37.5% in 2009 at the state level.

Supplemental Nutrition Assistance Program Participants

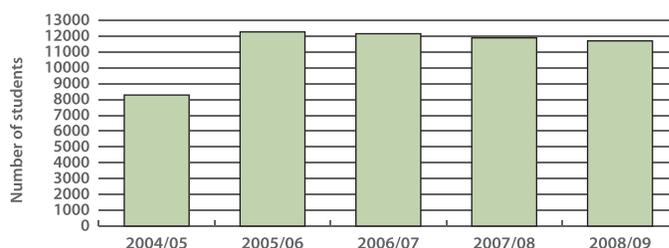
FY2006	FY2007	FY2008	FY2009	FY2010
7,034	6,870	6,806	7,198	8,797

Education Attainment

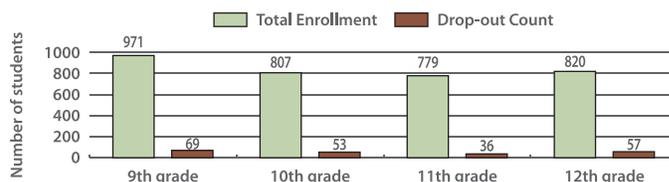
Educational Attainment of People in Cascade County 2005-2009



All Cascade County Public School Enrollment



2008-2009 District Total Student Drop-Out Count (Great Falls Public Schools)



The drop-out rate in Cascade County (6%) is higher than the state rate (5.1%). In Great Falls Public Schools District, the drop-out rate for American Indian 9th-12th grade students was 16% in 2008/2009.

Homelessness

Homelessness surveys in Great Falls have captured information from a sampling of individuals who are receiving services and have the opportunity to respond to the survey. Of 146 respondents to the January 2010 survey, 46% said it had been more than 1 year since they had a permanent place to live, while 24% reported current full or part-time jobs. The ages of those surveyed ranged from 18 to 80.

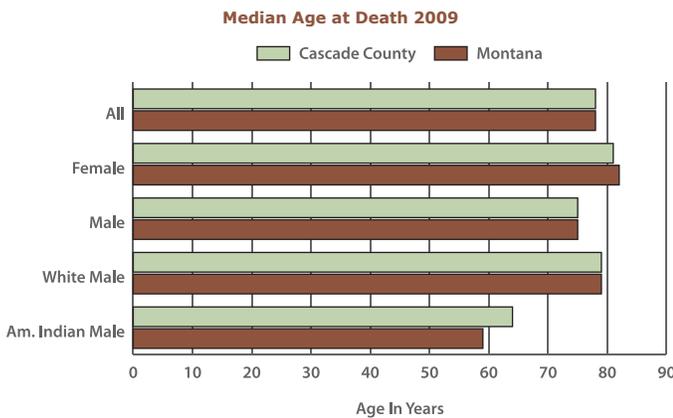
Great Falls Rescue Mission 2010

72,061 Meals served	24,960 Overnight stays		
	14,854 Males	6,526 Females	3,580 Children
4,121 received clothing	94 optical services	53 chiropractic services	233 dental services

Mortality

Cascade County’s mortality rates are essentially typical for Montana, with the exception of American Indian Males, who have a longer life expectancy in Cascade County than in the state as whole. Mortality rates are not age-adjusted.

Deaths Per 1,000 Population		
Cascade County	Montana	U.S.
9.2	9.0	8.13



Leading Causes of Death

Cancer and heart disease are the top causes of death in Cascade County. In 2007, 173 people died of cancer in Cascade County. While cancer leads in regional Montana deaths, nationally the number one cause of death is heart disease.

Other major leading causes of death include respiratory disease and unintentional injury. It is notable that unintentional injury deaths include elder deaths as consequences of falls which are almost always preventable. Specific data for Cascade County is not available in all categories.

Growing up in Great Falls, we could move to Billings, Bozeman, and Missoula to live; but we choose to live here because we love it here. It’s a beautiful place, so why don’t we make Great Falls the most attractive place to recreate and to live?
 ~ Focus Group Participant

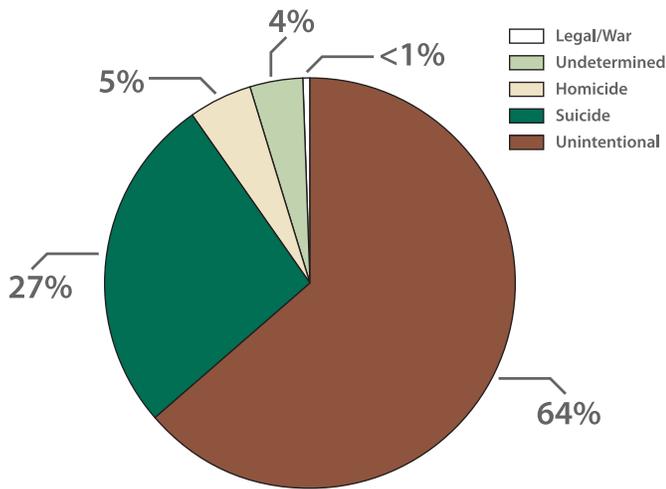
I think that increasing physical activity opportunities and making our community more accessible for walking and biking, making downtown more lively, it’s a great start. But there is room to grow—the River Trail is awesome, but there is limited access to it. Just being able to walk in my neighborhood and feel safe, that is huge.
 ~ Focus Group Participant

Rate Per 100,000 Population	Cascade County	North Central Montana	Montana	U.S.
All Cancers mortality rate	equivalent data not available	207.4	200.9	186.2
Heart Disease mortality rate	188.3	200.2	198.3	203.1
Chronic Lower Respiratory Disease (CLRD) mortality rate	data not available	68.5	63.9	46.4
Unintentional Injury death rate (non-Motor Vehicle)	56.2	60.7	58.8	39.9
Cerebrovascular Disease (including stroke) mortality rate	data not available	53.2	49.7	44.0
Diabetes Mellitus mortality rate	data not available	33.8	27.1	23.2
Motor Vehicle death rate	18.3	26	25.6	12.99
Pneumonia/Influenza mortality rate	data not available	22	19	18.5
Suicide rate	17.8	19	20.3	11.8
Chronic Liver Disease and Cirrhosis mortality rate	data not available	17.7	12.7	9.9
Drug-related mortality rate	data not available	14.3	13.8	data not available
Work-related Injury death rate	data not available	4.8	3.7	3.7
Homicide rate	4.09	4.6	3.3	5.9

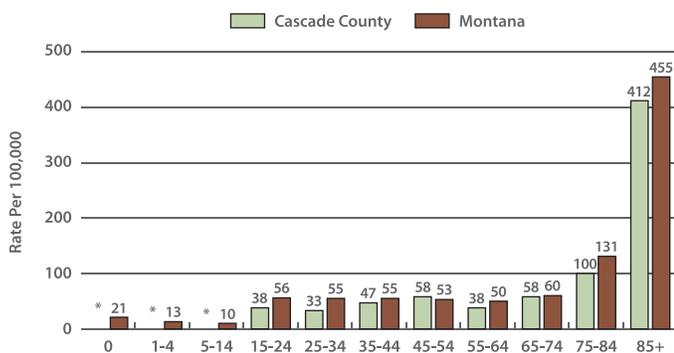
Deaths Due to Injury

Since 2000, there has been an average of 62 injury-related deaths among Cascade County residents per year. The majority of the deaths due to injury among Cascade County residents are unintentional injuries—nearly 2/3 in 2009. Just over 1/3 of unintentional injury deaths from 2000 to 2009 resulted from motor vehicle crashes. About 22% were due to falls and another 14% were due to poisoning (which includes drug-related deaths). The highest rates of unintentional injury death are among people age 85 and older.

Proportion of injury deaths in Cascade County by intent, 2000-2009.



Rate of Unintentional Injury Deaths by Age Group 2000-2009



2009 Top Causes of Injury Death (other than Motor Vehicle)

There were 14 firearm-related deaths in Cascade County; 11 were suicide. Also in 2009, 14 deaths were attributed to suffocation; 6 of those were suicide. Among all injury deaths in Cascade County, 27% are suicides. In comparison, less than 25% of statewide injury deaths are due to suicide. The suicide rate in Montana has been about 2 times higher than the rate in the United States since 2000.

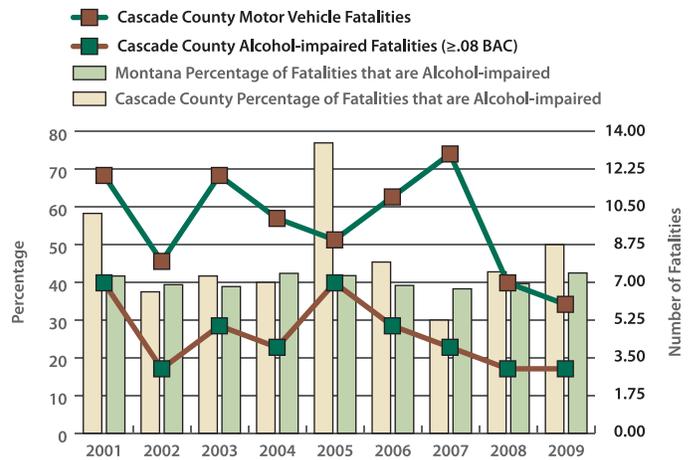
Poisonings accounted for 12 deaths in Cascade County. Montana's rate of unintentional poisoning deaths has been climbing since 2000 and in 2008 was six times higher than it was in 2000. The most common cause of unintentional poisoning deaths in Montana is accidental poisoning due to narcotics and hallucinogens.

According to Montana Injury Prevention (DPHHS), nearly 71% of unintentional falls are among people aged 65 and older. In Cascade County during 2009, 9 fall-related deaths were reported.

Traffic Fatalities

Among traffic fatalities in Cascade County, about half of them have been related to alcohol use. The five-year average of alcohol-impaired fatalities as a percent of all motor vehicle fatalities in Cascade County is 49%, while the state five-year average is about 40%.

Motor Vehicle Fatalities



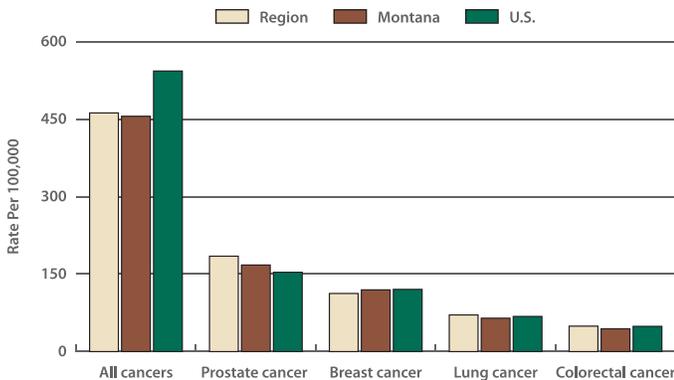
Failure to use seat belts contributes to the number of roadway deaths in Cascade County. Only 23.3% of those who died in crashes in the last 5 years were wearing seat belts.

Cascade County Motor Vehicle Fatalities					
	2005	2006	2007	2008	2009
Restrained	0	4	0	2	1
Unrestrained	6	5	7	3	2
Motorcyclist Fatalities	1	0	5	2	2
Bicyclist or Pedestrian	2	1	1	0	1
Total (±1 unknown)	9	11 [‡]	13	7	6

Cancer

The cancer incidence rates for north central Montana are slightly higher than the state overall, with the exception of breast cancer. The CDC identifies Montana as having the 7th lowest rate of cancer among the 50 states.

Cancer Incidence Rate per 100,000 Population 2003-2007



2003 - 2007	Cascade County	Montana
Cancer Incidence Rate (diagnoses per 100,000 population)	449.7	455.5

Diabetes

There is a higher prevalence of diabetes in Cascade County than in Montana as a whole.

2003 - 2008 BRFSS	Cascade County	Montana
Diabetes Prevalence ("ever told by a doctor that you have diabetes")	7.3%	6.2%

Heart Disease and Stroke

In the 2008 BRFSS Survey, nearly 5% of adult Montanans reported that they had ever been told they had a heart attack. Nearly twice as many men as women reported being diagnosed with either heart attack or coronary heart disease. Lower income level, lower education level, tobacco use, risk behaviors and age greater than 65 are all significant contributors to likelihood of heart attack and stroke.

2003, 2005 - 2008 BRFSS	Cascade County	Montana
Stroke prevalence	2.9%	2.5%
Acute Myocardial Infarction (AMI) prevalence	4.0%	4.1%

Respiratory Disease

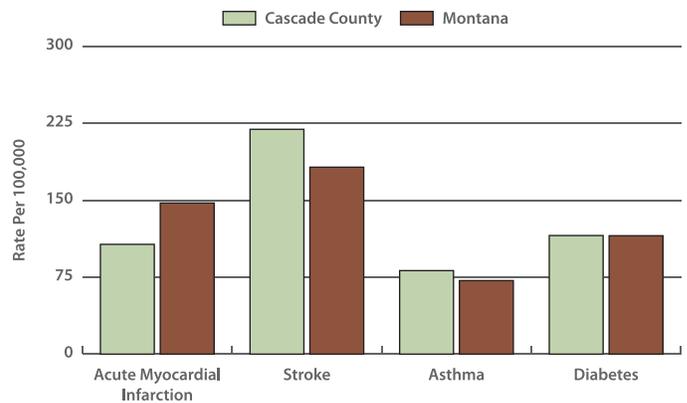
In Montana, over 17% of adults with disability report being currently asthmatic, compared to 7% of adults without reported disability. In 2008, the prevalence of Montana adults age 18 and older who reported current asthma was estimated to be almost 10%.

2003 - 2008 BRFSS	Cascade County	Montana
Current Asthma Prevalence	8.9%	8.7%

Hospitalizations

Hospitalization rates for Cascade County residents for both stroke and heart attack differ significantly in comparison with Montana hospitalizations. This data excludes residents of other counties who may be hospitalized in Cascade County.

Hospitalization Rate per 100,000 Population 2004-2008



Whether people drink at home, in a car, while driving or just spending every evening at some bar...when I think of other cities and towns, I don't think of gambling and bars like I do here—it's hard to ignore when driving up 10th Avenue South because that is all you see.
 ~ Focus Group Participant

The CDC’s Behavioral Risk Factor Surveillance System is an annual telephone survey assessing the health status and risk factors of the adult population. The number of Montana adults sampled has increased from 855 in 1984 to 6,846 in 2008. The BRFSS survey provides valuable information on health trends. Measuring the prevalence of high-risk behavior and preventive health services provides information that can help reduce premature death and disease. With BRFSS data and other sources, specific high-risk behaviors are highlighted here.

Obesity

Obesity has serious negative effects on health, ranging from sleep apnea, respiratory and joint problems to high blood pressure and diabetes. Overweight and obesity increase risks for heart disease, cancer and stroke. A recent study of stroke hospitalizations by the CDC shows that Americans are suffering stroke at younger ages. The risk factors for stroke, including obesity, diabetes and high blood pressure, are at epidemic levels nationally.

Rates for overweight and obesity are slightly higher in Cascade County than in the state as a whole. Almost two out of three adults in Cascade County are overweight or obese.

2003 - 2008 BRFSS	Cascade County	Montana
Obesity BMI 30 or higher	23.3%	21.6%
Overweight BMI 25 or greater but less than 30	40.8%	37.8%

Calculated from self-reported height and weight collected from surveys in 2003-2008. BMI refers to Body Mass Index.

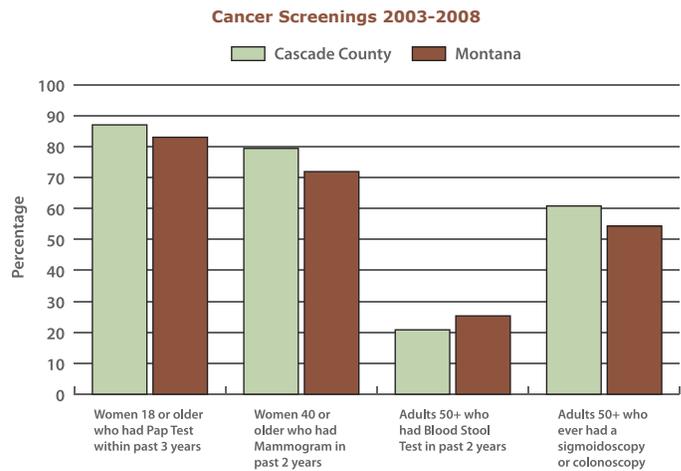
Nutrition and Physical Activity

Good nutrition and regular physical exercise are critical to good health and help reduce the risk of many diseases. Cascade County residents are less likely than Montanans as a whole to eat the recommended 5 servings of fruits and vegetables per day. At least 1 out of 5 Cascade County residents is not participating in any physical activity or exercise outside of their regular job. For health benefits, adults 18 and older need at least 2 hours and 30 minutes per week (20-30 minutes per day) of moderate intensity aerobic activity and muscle strengthening activities on 2 or more days a week that work all major muscle groups.

2003/2005/2007 BRFSS	Cascade County	Montana
Inadequate Fruit and Vegetable Consumption	78.9%	75.8%
No Leisure Time Physical Activity	22.0%	20.7%

Cancer Screenings

The number of new cancer cases can be reduced and many cancer deaths can be prevented with screening. Cancers found at an early stage are often highly treatable. Screening for cervical and colorectal cancers helps prevent these diseases by finding and treating precancerous lesions and polyps. In 3 out of 4 categories, Cascade County has a good record of preventive screening, compared to the state as a whole.



Seat Belt Use

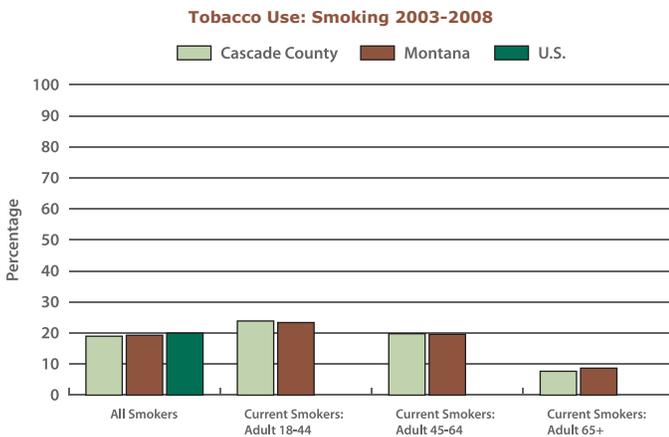
BRFSS data from surveys in 2004, 2006 and 2008 shows the percent of all adults who reported “always” or “nearly always” using a seat belt when they drive or ride in a car.

2004/2006/2008	Cascade County	Montana	U.S.
Seat Belt Use Total	89.1%	88.4%	85%
Seat Belt: Adults 18-44	91.3%	86.4%	
Seat Belt: Adults 45-64	85.5%	89.6%	
Seat Belt: Adults 65+	91.4%	90.8%	

Secondhand Smoke and Tobacco Use

Restaurants and other workplaces in Cascade County have been smoke-free since Montana's Clean Indoor Air Act was enacted in 2005. Cascade County bars, taverns and casinos have been smoke-free since October 1, 2009 when the legislation took full effect. Since that date, noncompliance reports by members of the public have been validated 6 times in Cascade County.

Tobacco use in Cascade County is about the same as the state as a whole. Data in this graph shows the percent of all adults who reported having smoked at least 100 cigarettes in their entire lifetime and currently smoking either every day or some days.



Alcohol Use

Alcohol affects every organ in the body. The intensity of the effect of alcohol on the body is directly related to the amount consumed. In addition to liver disease, high blood pressure, stroke and other cardiovascular disease, binge or heavy alcohol use is also associated with injuries (intentional and unintentional), alcohol poisoning, fetal alcohol spectrum disorders, sexually transmitted disease and unintended pregnancy.

The table in the next column shows the percent of all adults who reported at least one instance of having 5 or more alcoholic beverages on one occasion for men or 4 or more alcoholic beverages for women on one occasion in the past 30 days.

We have great parks and a beautiful trail along the river, but you have to drive to get to these resources. We need to make it easier to walk places and ride bikes.

~ Focus Group Participant

Kids are spending so much time in front of screens. We have a lot of opportunities for athletics and of course not all kids are interested, but we have everything from T-Ball to Little League, the hockey rink and school sports.

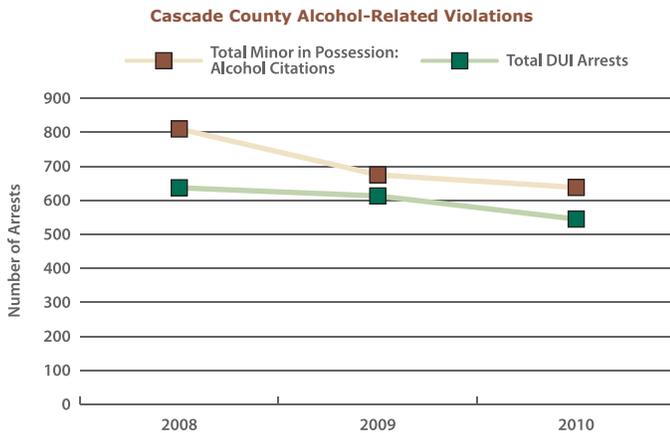
~ Focus Group Participant

2006 - 2008	Cascade County	Montana	U.S.
Binge Drinking Total	13.3%	16.9%	15.5%
Binge Drinking: Adults 18-44	18.3%	24.5%	
Binge Drinking: Adults 45-64	15.0%	14.1%	
Binge Drinking: Adults 65+	2.9%	4.0%	

Heavy drinking is defined as having more than two drinks per day, every day, for men and more than one drink per day, every day, for women during the past 30 days.

2005 - 2008	Cascade County	Montana	U.S.
Heavy Drinking Total	4.9%	5.9%	5.1%
Heavy Drinking: Adults 18-44	5.6%	6.9%	
Heavy Drinking: Adults 45-64	5.8%	5.9%	
Heavy Drinking: Adults 65+	2.5%	3.7%	

The Cascade County DUI Task Force compiled the number of Driving Under the Influence arrests or citations for Minor in Possession: Alcohol by all law enforcement agencies within the boundaries of Cascade County for the past 3 years. Their data shows a significant decrease in the number of MIPs, which dropped dramatically from 810 in 2008 to 675 in 2009. DUI arrests have also significantly decreased since 2008.



Substance Abuse

Prescription drug abuse has become the leading drug abuse problem in Montana. The drugs most commonly present in drug-related deaths in Montana are prescription narcotics hydrocodone, oxycodone, methadone and Fentanyl. Stimulants, such as Ritalin, and sedatives, such as Valium, are also among prescription drugs being used illegally. According to the National Survey on Drug Use and Health along with an Attitude Tracking Survey by the Partnership for a Drug Free America:

- Montana ranks 3rd in the nation for teen abuse of prescription pain relievers with 9.6% reporting abuse in the past year (2008).
- Nationally, over 4 million people used prescription drugs for nonmedical purposes for the first time in 2008.
- Nearly 60% of abusers get prescriptions free from a friend or relative, while over 14% buy or steal them from a friend or relative.

There is a growing cadre of local employers helping employees with workplace wellness, fitness centers and weight training classes. There is a growing awareness of plans to help people manage their health in the face of rising costs, and the federal deficit.

~ Focus Group Participant



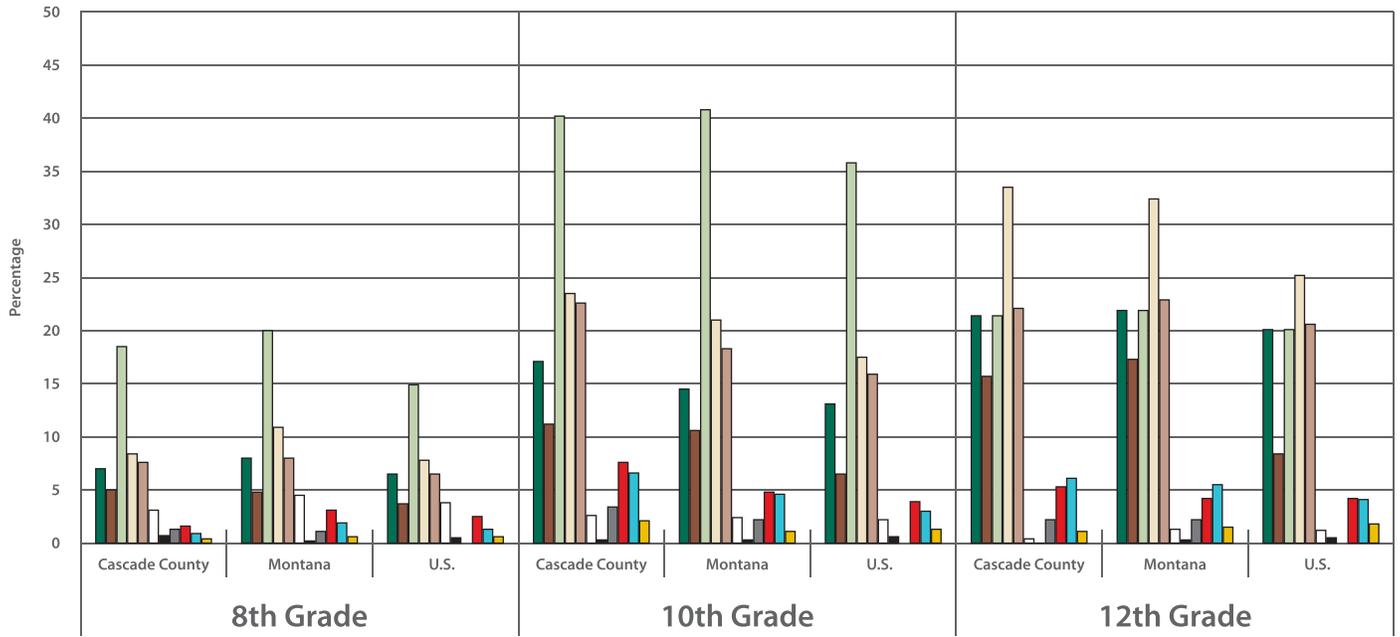
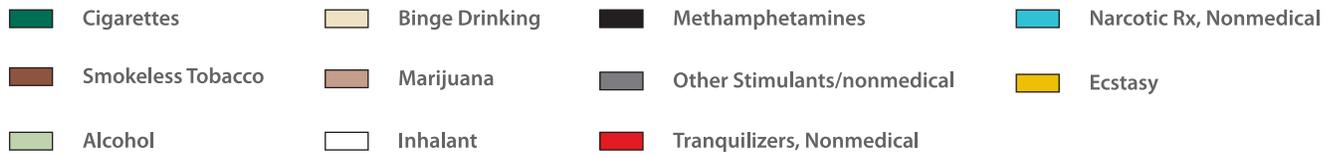
Youth Tobacco, Alcohol and Drug Use

Studies have shown that alcohol use by youth and young adults increases the risk of both fatal and nonfatal injuries. Research has also shown that youth who use alcohol before age 15 are 5 times more likely to become alcohol dependent than adults who begin drinking at age 21. Other consequences of youth alcohol use include poor school performance, and increased risk of suicide and homicide.

The rate of alcohol use and binge drinking in 12-20 year-old Montanans is among the highest in the nation. Montana is also among the states with the highest rates of (past month) illicit drug use, nonmedical use of pain relievers and (past year) marijuana use among 12 to 17 year-olds.

Of the Cascade County students surveyed in 2010 (8th, 10th and 12th grades), 17.9% said they had used marijuana in the past 30 days. This compares with 14.4% marijuana use responses in 2008.

The following graph shows the percentage of students in a 2010 survey who reported that they had used tobacco, alcohol, or illicit or nonmedical prescription drugs on one or more occasion in the past 30 days.



The following table shows the percentage of students surveyed in 2010 who reported they had been drunk or high at school one or more times in the past year.

2010	8th Grade			10th Grade			12th Grade		
	Cascade Co.	MT	US	Cascade Co.	MT	US	Cascade Co.	MT	US
Drunk or high at school	9%	9.3%	7.5%	26.6%	20.6%	15%	25.5%	24.6%	17.7%



One of our strengths that can also be a weakness is our collaboration amongst healthcare and human service agencies. We are starting to work together, but there is so much more potential for building our community towards a healthier image.

~ Focus Group Participant

A communicable disease is an illness due or suspected to be due to a specific infectious agent or its toxic products transmitted to a susceptible host, directly or indirectly. The agent that causes a communicable disease can be passed from one person to another—often entering the nose or mouth through airborne droplets or transfer from hands. Respiratory diseases are commonly spread by sneezing or coughing. Sexually transmitted diseases are usually acquired through contact with bodily fluids. Some communicable diseases can also be transferred by an inanimate object that carries the infection. Zoonotic and vector-borne diseases are transmitted to humans by animals that carry the disease-causing organisms. Examples of animals that can be vectors are mosquitoes, ticks, mice, or any animal carrying rabies.



Immunizations

Many diseases transmitted person-to-person can be prevented through high level vaccination coverage of the population (e.g., pertussis). Cascade County has a higher immunization rate than the state as a whole.

2008	Cascade County	Montana
Children 24-25 months who have received all age-appropriate vaccines (4:3:1:3:3:1) by 24 months as recommended by the ACIP	77.5%	63.0%
Adults age 65+ ever immunized for pneumococcal pneumonia	73.9%	70.7%
Adults 65+ immunized for influenza in the past 12 months	76.2%	71.6%
Population age 18+ receiving influenza vaccine	41.2%	37.5%
Proportion of adolescents age 13-17 who have received ≥1 doses Tdap vaccine	data not available	44.2%

Disease Incidence

The following table of communicable disease incidence in Cascade County includes vector-transmitted diseases as well as illnesses contracted through food, water or contact with infected persons.

Cascade County	2005	2006	2007	2008	2009	2010
Amebiasis		1		1		
Campylobacteriosis	7	9	13	4	11	7
Coccidioidomycosis			1	1	1	
Cryptosporidiosis	1	12	6	2		1
Dengue Fever		1				
Encephalitis, West Nile	1		1			
Giardiasis	5	5	4	13	3	6
Hepatitis A, acute	1					
Hepatitis B, acute	2	1		1		
Kawasaki Syndrome	1					
Legionellosis			1	1		1
Listeriosis						1
Lyme disease			1	1		2
Malaria						1
Meningitis, Bacterial	1		1			
Meningitis, Viral	3		2	1		1
Neisseria meningitidis, invasive (Mening. disease)		2			2	
Pertussis	33		11	6	1	
Rabies, animal	2	1	1	1	1	2
Salmonellosis	8	6	8	15	10	4
Shiga toxin-producing Escherichia coli (STEC)	5	2		3	1	1
Spotted Fever Rickettsiosis				1		
Strep pneumoniae, invasive	1		1			
Tuberculosis		1				
Varicella (Chickenpox)			2	15	2	8
West Nile Fever		5	10	1		
Grand Total	71	46	63	67	32	35

Hepatitis

Hepatitis means inflammation of the liver and refers to a group of viral infections that affect the liver. Viral hepatitis is the leading cause of liver cancer and the most common reason for liver transplantation. An estimated 4.4 million Americans are living with chronic hepatitis; most do not know they are infected. About 80,000 new infections occur each year.

Hepatitis A is caused by the Hepatitis A virus and can last several weeks to months, but does not lead to chronic infection. It is transmitted through ingestion of infected fecal matter. There is a vaccine for Hepatitis A. Hepatitis B is caused by the Hepatitis B virus and can range in severity, can be short term (acute) or can cause serious long-term (chronic) illness. It is transmitted through infected blood or other body fluids. There is a vaccine for Hepatitis B.

Hepatitis C virus infection is the most common chronic blood borne infection in the United States; approximately 3.2 million people in the U.S. are chronically infected. Hepatitis C can be acute with a short term illness in the first 6 months after exposure to the Hepatitis C virus, but most acute infections lead to chronic illness. There is no vaccine for Hepatitis C.

Hepatitis C, Chronic or Resolved

The table below represents newly identified cases of chronic Hepatitis C to the Montana registry that year. Many factors influence these numbers including an unknown date of onset, no testing because no symptoms are present, or a diagnosis that is made in another state. Hepatitis C is almost always underreported.

Chronic or Resolved HCV	2005	2006	2007	2008	2009	2010
Cascade County	89	52	80	87	73	78
Montana	899	636	646	885	724	904

Montana DPHHS transitioned to a new reporting system in 2007. Data is from both reporting systems.

Hepatitis C, Acute

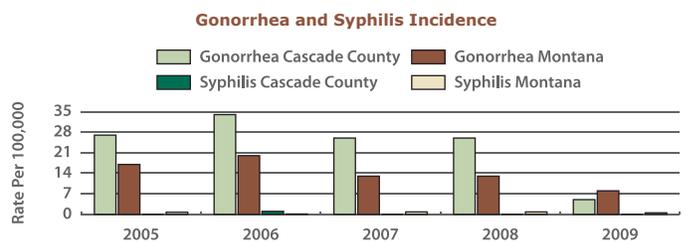
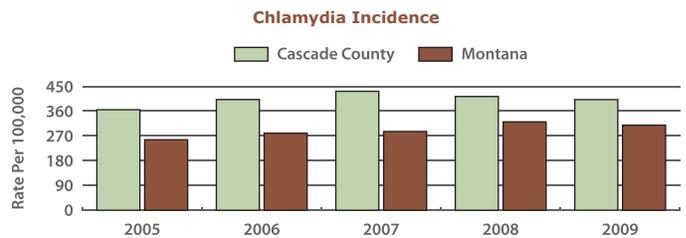
Due to the often unrecognized symptoms of hepatitis C infection, acute disease is infrequently diagnosed. Infection with Hepatitis C leads to chronic illness in 75%-85% of adults.

Acute HCV	2005	2006	2007	2008	2009	2010
Cascade County	0	0	0	0	0	No data available
Montana	1	0	1	4	1	4

Montana DPHHS transitioned to a new reporting system in 2007. Data is from both reporting systems.

Sexually Transmitted Infection

STDs are a concern for Cascade County. Reported chlamydia incidence is significantly higher than the level in Montana overall.



Rates are not statistically meaningful when there are less than 5 cases.

Human Immunodeficiency Virus (HIV)

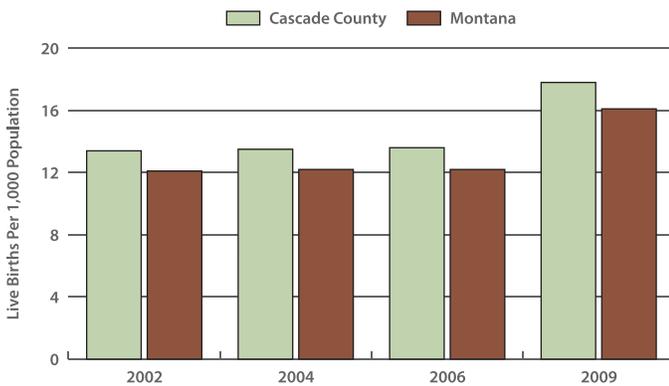
HIV is the virus that can lead to acquired immune deficiency syndrome, or AIDS. In Montana, reporting of AIDS began in 1985 and HIV infection in 2000. All newly diagnosed cases of HIV infection in Montana are reportable. Additionally, persons living with HIV infection who have moved to Montana, but were diagnosed with HIV infection elsewhere are reported. Approximately 34% of Montana adults age 18-64 reported ever being tested for HIV in the 2008 BRFSS.

In 2009, 31 cases of HIV infection were reported in Montana, an incidence rate of 3.2 cases per 100,000 population. In 2007, the incidence rate of reported HIV infection in the U.S. was 21.1 per 100,000. Since 2002, anywhere from 0-5 cases of HIV infection were reported each year in Cascade County. The number of persons currently living with HIV/AIDS in Cascade County is not known.

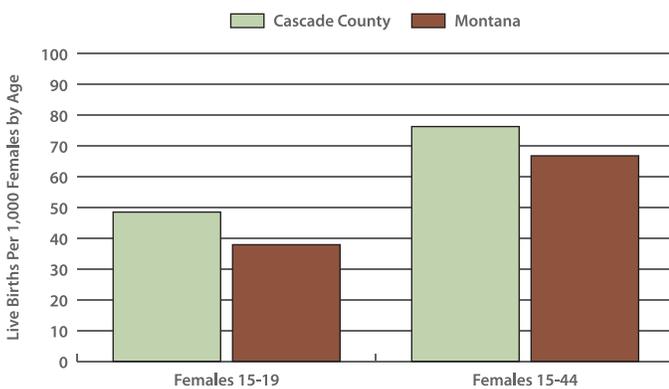
Pregnancy & Infancy

Risk factors during pregnancy and at birth can affect infant mortality (the death of children younger than one year of age) or lead to long-term health issues. These factors include teen pregnancy, low birth weight, pre-term birth, smoking, alcohol and drug use. Cascade County has shown improvement in the last decade in births to teenage mothers and low birth weight babies. Gestational diabetes occurs in 2.2% of live births in north central Montana, compared to 2.5% of live births in the state as a whole.

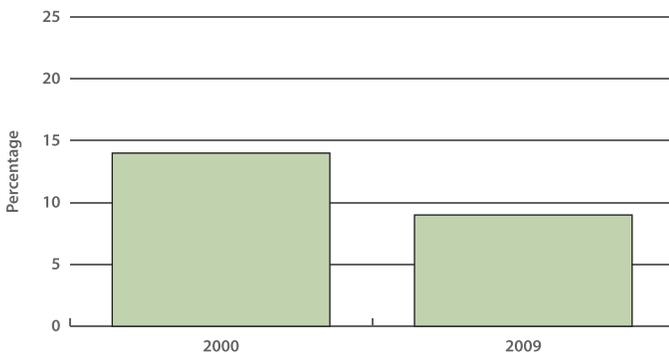
Live Births Per 1,000 Population



Live Births Per 1,000 Females by Age



Trend in Cascade County Teen Births as a Percent of All Births

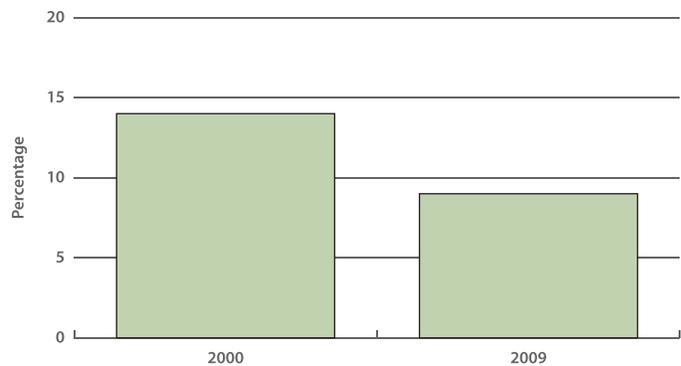


Prenatal Care

2004 - 2008	Cascade County	Montana
Percent beginning prenatal care in the first trimester	71%	65%
Percent receiving adequate prenatal care	69%	76%
Percent of infants born at low birth weight (below 5 lbs. 8 oz.)	8%	7%
Percent of mothers who smoked during pregnancy	20%	18%

Babies born weighing less than 5 pounds, 8 ounces (2,500 grams) are considered low birth weight. Low birth weight babies are at increased risk for serious health problems as newborns, lasting disabilities and even death. Some studies suggest that low birth weight has an effect on life-long health. The percent of low birth weight babies in Cascade County has significantly decreased from 2000 to 2009—a positive health indicator.

Trend in Cascade County Low Birth Weight Babies as a Percent of All Births



Fetal Alcohol Syndrome

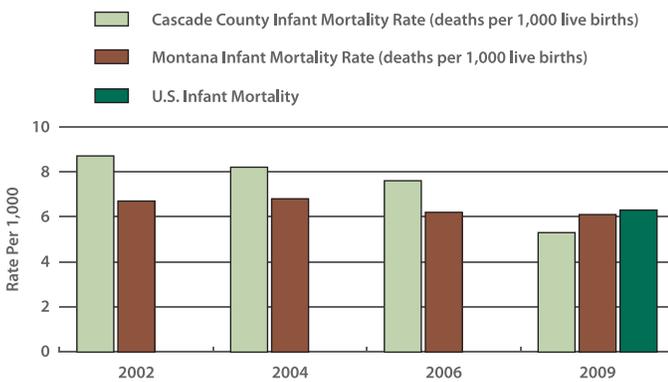
In collaboration with the University of New Mexico, the Cascade City-County Health Department has participated in research related to Fetal Alcohol Syndrome. A screening clinic for children age 8 to 16 is part of an international research project to determine the developmental effects of alcohol and drug exposure before birth. The Health Department also partners with Great Falls Public Schools for in-school screening to identify children who need increased assistance in their early learning years.

In three pilot studies, of 2,377 children enrolled, 59.8% received consent to participate and 26 children were found to have a Fetal Alcohol Spectrum Disorder (mostly milder forms). Results are shown in this table.

Fetal Alcohol In-School Studies: Cascade County.		
	Rate per 1,000	Percent
2007	9.5 - 17.7	1-1.8%
2008	14.1 - 24.8	1.4-2.5%
2009	8.2 - 12.0	0.8-1.2%
Total	10.9 - 18.3	1.1 - 1.8%

Infant and Child Mortality

Infant mortality is the statistical rate of infant death during the first year after live birth, expressed as the number per 1,000 live births. Infant deaths have declined in Cascade County. In 2009, Cascade County had a lower infant mortality rate than the state or the nation as a whole.



2004 - 2008	North Central Montana	Montana	U.S.
Child mortality (1 through 14 years): rate per 100,000	28.3	18.4	5.1%
Neonatal (under 28 days of age) mortality: rate per 1,000 live births	3.5	3.3	
Post neonatal (28 through 364 days of age) mortality: rate per 1,000 live births	3.3	2.7	
Pre-term (<37 completed weeks gestation) birth: percent of live births	10.7%	10.1%	



Prevention of Unintended Pregnancies

The table below shows the percent of all adults who reported using a condom as their current method of contraception, based on 2004, 2006 and 2008 BRFSS data. Use is similar for Cascade County and the state as a whole. High school student data is based on the responses to the High School Youth Risk Behavior Survey in 2009 (by the Centers for Disease Control and Prevention).

Adults	Cascade County	Montana
Condom Use Total	14.7%	15.2%
Condom Use: Adults 18-44	18.0%	17.9%

High School Students	Montana	U.S.
Sexually Active	32.2%	34.2%
Condom Use	67.5%	61.1%
Birth Control Pill Use	27.4%	19.8%

Environment contributes significantly to health and quality of life. Factors in the environment can lead to illness, respiratory disease and cancer. In addition to air and water quality and environmental contamination, the scope of this area of health also includes illness prevention from food and animal sources.

Air Quality

Air quality in Cascade County is very good. Available sampling falls within the lower ranges of safe limits for carbon monoxide, nitrogen dioxide, sulfur dioxide, ozone, lead and particulate matter as measured by the EPA's Criteria Air Pollutant Standards.

Air Quality	Cascade County	EPA Standard
CO ppm (2nd Maximum 1 hour)	3.0	35
CO ppm (2nd Maximum 8 hour average)	1.5	9
Particles <2.5 micrometers (annual mean)	5.13	15

Air Quality	Cascade County	EPA Standard
Percent of days sampled when air quality was unhealthy for sensitive groups	0%	0.2%

Indoor Air Quality

Radon gas is the second leading cause of lung cancer in the U.S. Cascade County has a predicted average indoor radon screening level greater than 4 pCi/L (pico curies per liter). For levels of 4 pCi/L or higher, the EPA recommends corrective measures to reduce exposure. The results of 630 residential radon tests compiled by Cascade County show an average of 4.8 pCi/L. This data is limited to locations where homeowners requested testing through Cascade County. Radon levels can vary widely from one location or structure to another.

Water Quality

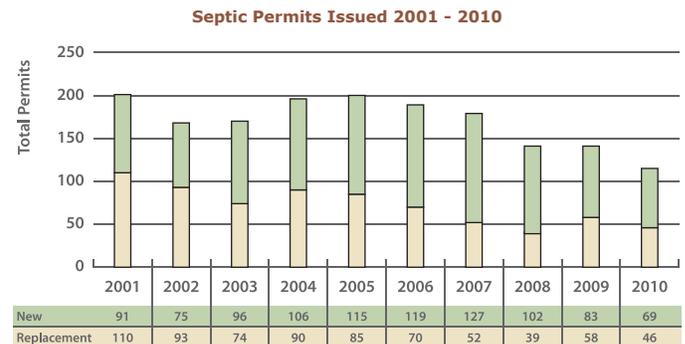
The water used by the residents of Great Falls, Malmstrom Air Force Base and Black Eagle is pumped from the Missouri River and treated. A conventional water treatment process is used to produce on average 4.5 billion gallons of safe drinking water per year. The City of Great Falls routinely monitors for contaminants according to Federal and State laws. According to the City's annual consumer confidence report, monitoring in 2009 showed no violations.

Many homes in Cascade County have private wells as their drinking water source. The DNRC regulates well drillers and DEQ regulates public water supplies. Groundwater serves residents of Belt, Cascade and other small towns in Cascade County. For information on public water supplies and any record of violations, residents can visit <http://deq.mt.gov/wqinfo/pws/default.mcp>.

Waste Water

Safe treatment and disposal of all wastewater is necessary to protect the public health and the environment. In Great Falls, sewage is treated at the wastewater treatment plant before it is discharged to the river. Some municipalities in Cascade County are also on a public community wastewater system.

Homes or other structures may have individual on-site septic systems. Total applications for septic tank permits have declined 24% in the past decade. These lower numbers may be related to fewer new homes under construction and fewer subdivision lots created.



Foodborne Illness

The most commonly recognized foodborne infections are those caused by the bacteria *Campylobacter*, *Salmonella*, and *E. Coli O157:H7* and by a group of viruses called norovirus (previously known as Norwalk) that cause acute gastroenteritis in humans. The most common symptoms of acute gastroenteritis are diarrhea, vomiting, and stomach pain. Cascade County has no recent record of confirmed, community-wide foodborne illness outbreaks.

Food Service Licenses and Inspections

Health inspections for restaurants and other food service help prevent foodborne illness. Temporary events that feature food service and mobile food

vendors have increased over the past decade. State law requires one annual inspection of all licensed establishments to determine compliance with the Administrative Rules of Montana for food service establishments (ARM 37.110.2).

CCHD attempts to inspect higher risk establishments twice per year. Higher risk establishments are assessed by FDA guidelines based on “risk factors” that have more potential to cause foodborne illnesses. Higher risk establishments have more complex menus and methods of food preparation and/or serve populations more at risk of becoming ill such as children, elderly or people with weakened immune systems. The Centers for Disease Control and Prevention identifies the risk factors more likely to cause foodborne illness as:

- Foods from unsafe sources
- Inadequate cooking of raw foods
- Improper holding temperatures of potentially hazardous foods (phf’s)
- Contaminated equipment
- Employee health/poor hygiene

Cascade County	2010
Total licensed food establishments	616
Number of establishments assessed as higher risk	256
Total number of inspections	768

The inspection process examines these risk factors as “critical violations” and also includes general sanitation and food safety practices. Other licensed establishments subject to inspection are shown in the table below.

Cascade County	2000	2005	2010
Food services licenses (includes State Fair vendors)	448	592	616
Public accommodations	47	50	61
Tattoo and body piercing	n/a	n/a	13
Day care centers (>13 children)	42	41	36
Group homes	20	21	23

Lead Level Blood Screening

Lead Exposure	Cascade County	Montana
Number of reported cases of children ≤13 years of age reported with blood levels exceeding ≥10µg/dL	data not available	15

Superfund Sites

The Carpenter Snow Creek Superfund site is located near the town of Neihart, in the Little Belt Mountains southeast of Great Falls. The site is an historic mining district, and due to the impact of mining activities, groundwater, soils and some streams are contaminated with heavy metals and arsenic. The EPA will conduct remedial design in 2011 for the Neihart cleanup action. A repository for disposal of contaminated soils will be selected and designed. EPA anticipates that actual cleanup of Neihart and the Belt Creek tailings pile will begin in 2012 and will require two construction seasons to complete.

In March of 2011, the EPA added the Anaconda Copper Mining Company (ACM) Smelter and Refinery to the National Priorities List of Superfund sites. The unincorporated community of Black Eagle is adjacent to the ACM location. EPA soil sampling in 2003 documented the presence of metals on the former smelter site, in Missouri River sediments and surface water, and along the railroad bed. In 2007 and 2008, additional EPA sampling was conducted to assess residential soils in the area. Elevated levels of arsenic, lead and cadmium were found. Additional sampling is taking place at this time.

Animal Control: Rabies

Since the summer of 2009, all bats involved in possible human exposures are brought in to CCHD for testing. Due in part to these changes and increased awareness, potential rabies bite reports have increased 60% in Cascade County over a 10-year period. In summary for 2010, 301 animal bites or potential exposures occurred; 2 bats tested positive for rabies, and 13 people received post-exposure rabies treatment. Animals tested included 42 bats, 19 dogs and 18 cats.

Year	2005	2006	2007	2008	2009	2010
Total bats tested	9	11	6	2	33	42

Mental Health Status

Mental health is a vital component of total human health. Mental health issues impact not only individuals, but their families and communities. The Surgeon General defines mental health as a state of successful performance of mental and physical function resulting in productive activities and fulfilling relationships with others, and the ability to adapt and cope with adversity. The World Health Organization states “Mental Health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”

Data on the prevalence of mental disorder in Cascade County was not available for this report. Data from national sources can sometimes be confusing in the measures used for evaluation. In terms of disorders, mental health is measured by Serious Mental Illness (SMI) and Serious Emotional Disturbance (SED). The National Survey on Drug Use and Health measures past year nonspecific Serious Psychological Distress (SPD) and past year Major Depressive Episodes (MDE). MDE is defined as a period of two weeks or longer during which there is either a depressed mood or loss of interest or pleasure and at least four other symptoms that reflect a change in functioning, such as problems with sleep, eating, energy, concentration, and self-image.

Montana rates of SPD and MDE have generally been higher than the national rates. From surveys in 2004-2006, roughly 9% of Montanans 18 and older reported MDE. Past year SPD was reported by almost 20% of 18-25 year-olds and 11% of adults 26 and older.

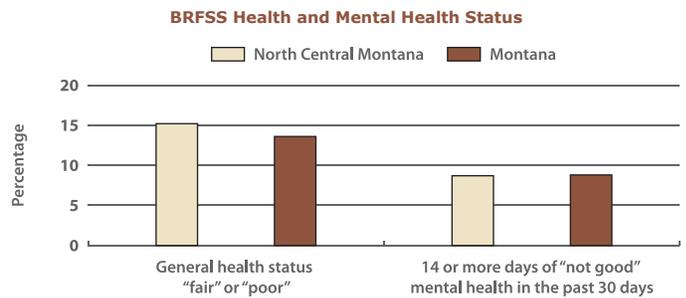
The Montana BRFSS also provides information on the mental health status of the population by asking questions about support and satisfaction. In the

First you have to get in the system, and then you have to know how the system works. The process is very challenging.
 ~ Focus Group Participant

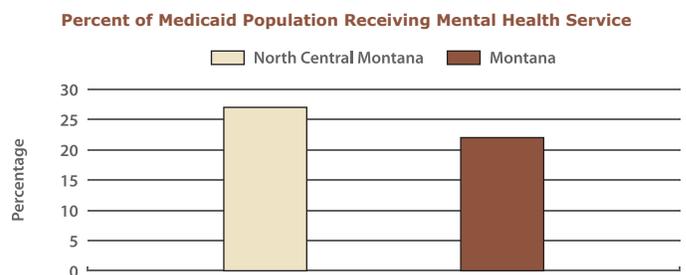
When I think of Cascade County and all of our rural communities—their access to care is already difficult because of distance and transportation.
 ~ Focus Group Participant

2008 survey, over 17% of Montana adults reported never getting needed social and emotional support. The survey also found that adults over age 65, adults with less than a high school education, adults with household incomes of less than \$15,000 and American Indian/Alaskan Natives were significantly more likely to report not getting needed support.

In the 2008 BRFSS survey, 9% of Montanans—about the same percentage as in north central Montana—reported 14 or more “not good” mental health days in the past month. Females (11%) were significantly more likely to report 14 or more poor mental health days than males (7%).



Compared to Medicaid recipients in the whole state, Cascade County has a higher percentage of Medicaid enrollees receiving mental health services. At 27% in FY2008, the percentage is significantly less than the 34.5% of Cascade County Medicaid-covered individuals who received mental health services in FY2005.



Multiple factors can impact the ability of individuals to receive the health care they need. Available facilities and health care providers are only part of the picture. For many residents of Cascade County, health care is also dependent on their insurance coverage and ability to pay.

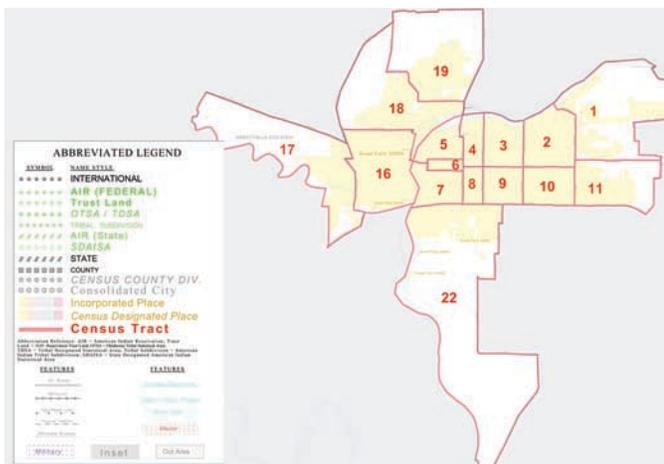
General Profile

Areas of Cascade County qualify as medically underserved and have a shortage of health care providers. The US Department of Public Health and Human Services Health Resources and Services Administration (HRSA) designates Health Professional Shortage Areas (HPSAs) as one of the methods of assessing health resource availability. HPSAs have shortages that may be geographic, demographic or institutional. Medically Underserved Areas/Populations are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty and/or high elderly population.

Health Professional Shortage Areas	Facility/Population
Primary Medical Care	Cascade City-County HD/CH Care
Mental Health	Cascade City-County HD/CH Care
Dental	Low income population Cascade City-County HD/CH Care

Medically Underserved Areas or Populations [MUA/MUP]	Census Tract
Cascade Service Area	104
Inner City Of Great Falls Service Area	3, 4, 5, 6, 7, 8, 9 and 16

Census Tract Outline Map (Census 2000)



Health Resources

Health resources in Cascade County are primarily available in the city of Great Falls, the county seat.

2009	Cascade County	Montana
Local Hospitals	3	17
Critical Access Hospitals [CAH]	0	45
Total Number of Beds	373	2,978
Rural Health Clinics [RHC]	0	45
Community Health Centers [CHC]	1	31
IHS-Tribal Health Facilities	1	14
Availability of Basic and Enhanced 9-1-1 Services	Enhanced + Wireless	Basic-5 counties; Enhanced-55 counties; Wireless-43 counties
EMS - Basic Life Support Services	3 - Belt, Great Falls	
EMS - Advanced Life Support Services	8 - Great Falls	
Nursing Homes (number of facilities and beds)	3 (613 beds)	88 (7,089 beds)
Assisted Living Facilities [ALF]	20 (590 beds)	179 (4,399 beds)
Adult Foster Care [AFC]	5	96
Adult Day Care [ADC] Licenses	3	63
Home Health Agency [HHA]	2	42
Hospice Licenses	2	36
Doctors [MDs and DOs]	102	1,210
Nurse Midwives [NMW]	4	40
Nurse Practitioners [NP]	41	413
Physician's Assistants [PA-C]	19	362
Dentists	53	583
Dental Hygienists	44	559

Dental Health Care Access

Cascade County has an acute shortage of dental care providers for low income populations. Few providers will accept Medicaid. Preventive dental care is not an option for a significant segment of Cascade County's residents, including low income children.

Health Insurance Coverage

In 2008, 17% of Montana adults reported they were uninsured. More than half reported that the cost of premiums was the primary reason they were without health care coverage. Roughly estimated, 11,000-13,000 people under age 65 in Cascade County do not have health insurance.

Cascade County has consistently had a slightly higher percentage of Medicare enrollees (65 and older) than the state as a whole. Cascade County Health Profiles prepared by DPHHS show a steady increase in the number of people covered by Medicare in Cascade County (from 16% in 2002 to 18% in 2008).

Medicare

Cascade County	
Medicare Savings Plan enrollees as of June 2010	517

The percentage of the population covered by Medicaid in Cascade County increased in 2004, went down in 2006, and by 2009 was back at 11%, the same as 2002. These percentages have been roughly consistent with those at the state level over the same period.

Medicaid

Cascade County	
Adults enrolled in Medicaid as of June 2010	3,178

Percent of Population with Health Care Costs covered by Government Payor			
	Medicaid	Medicare	CHIP
Cascade County	11%	18%	1%
Montana	11%	17%	2%

Coverage for Children

The increase in the number of children enrolled in coverage groups is largely due to funding changes, and especially the impact of Healthy Montana Kids. Resulting from a voter-approved Initiative in 2008, nearly 18,000 Montana children are newly covered by the HMK program. Healthy Montana Kids Plus (children's Medicaid and CHIP-funded Medicaid Expansion Program) covers children in families with lower income (0-133% of federal poverty level). Healthy Montana Kids coverage group (CHIP) covers middle income families (134-250% of federal poverty level).

	Cascade County 2000	Cascade County 2010
Children ages 0-17 enrolled in Medicaid (monthly average)	2,815	4,267
Children ages 0-18 enrolled in Montana's Children's Health Insurance Program (CHIP)	612	1,204
Children enrolled in Healthy Montana Kids as of June 2010		1,042

Barriers to Care

Cost is a primary barrier. In 2008 BRFSS results, 12% of Montana adults reported that they could not afford to see a doctor in the past year. Those who are self-employed, and even those with employee benefits may have high deductibles that discourage them from preventive care or early treatment medical visits.

In addition, not all providers accept Medicaid patients. Appointments with those providers who are accepting Medicaid patients may require long waiting periods.

Providers who are no longer accepting new patients also limit the provider pool available to community members.

Distance and Transportation

Public transportation is limited or unavailable between Great Falls and outlying communities. The impact of distance may be increased by the fact that the residents of outlying communities tend to be older.

I think our community needs to know how to use primary care. Some people think they can go to the Emergency Room for everything, but that isn't the case.

~ Focus Group Participant

Health Literacy and Access to Information

Increasingly, health care information and resources are available online. The information and access to local options provided through the Internet helps offset some other challenges, but may be creating an increasing gap for low income residents without computers or Internet connections.

Putting It All Together

In this first Community Health Assessment of Cascade County, existing and easily available data was compiled to provide a snapshot of the health of our community. Assessing and identifying community health data is the first step to developing a Community Health Improvement Plan.

In this report we present data to our community in the hope it will be used to write grants, make informed decisions and increase understanding of our community's health needs.

While this Community Health Assessment provides many answers, it also raises more questions and many of these questions are unanswered. Focus group members wanted to know: What does all of this information mean? What are the underlying reasons and causes for these numbers? How does my organization fit into this process? What can be done to address these issues?

From the Focus Groups, two priority issues arose: physical activity and access to health and dental care. Other areas noted were youth tobacco, alcohol and drug use; unintentional injury for seniors; mental health status and treatment; and chronic disease, such as diabetes.

Additionally, in areas where Cascade County is doing well when compared to state or national data, we must ask, are we doing well enough?

Finally, this initial assessment sought out easily accessed and available data sets. Consequently, there are gaps in the available information. In the coming months and years, we will work with our partners to identify our data needs and possible sources of that information.

Moving Forward

While it is essential to understand the health issues of concern that exist in our community, it is now necessary to take that information and put it to use. The next step is to identify community-wide health priorities. These priorities should be health issues that the community believes can and should be improved. This will be the foundation for our Cascade County Community Health Improvement Plan.

Using a prioritization process, community members will be asked to identify the top health priorities. Each priority issue will be discussed in length to determine what resources already exist to address the issue and what barriers exist that may prevent or slow down a positive change. Finally, the community will develop measurable objectives and associated strategies for programs and interventions targeting that health priority.

As part of this three-year cycle, there will be a 2014 Cascade County Community Health Assessment that will allow us to track our progress towards improving the health of our community. At that time, the community health priorities will be reassessed and possibly adjusted.

This process encourages a continuous approach to addressing the health needs of our community so that we are always working for a safer and healthier Cascade County.

Thank you for your interest and participation in this community effort.



CITY-COUNTY HEALTH DEPARTMENT

- DPHHS Cascade County Health Profile. Sources include:
 - Census Bureau Estimate, 2008.
 - Census Bureau Small Area Income & Poverty Estimates (SAIPE), 2007.
 - Census Bureau Small Area Health Insurance Estimates, (SAHIE), 2006.
 - U.S. Bureau of Economic Analysis, 2007.
 - Montana Department of Public Health and Human Services, FY2009 (Medicaid/CHIP)
 - U.S. Center for Health Statistics, Cascade County data. <http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm> as of September 2, 2009.
 - DPHHS. Montana Tumor Registry, 2003-2007 (age-adjusted).
 - Mountain Pacific Quality Health Foundation, 2008 (Medicare).
- DPHHS Data for Community Health Assessments, Cascade County. Sources include:
 - Clinic reviews by the MT Immunization Program, 2008.
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CITY-COUNTY HEALTH DEPARTMENT

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