



**HEALTHY LIVES
VIBRANT FUTURES**

**COMMUNITY
HEALTH NEEDS
ASSESSMENT**

2022

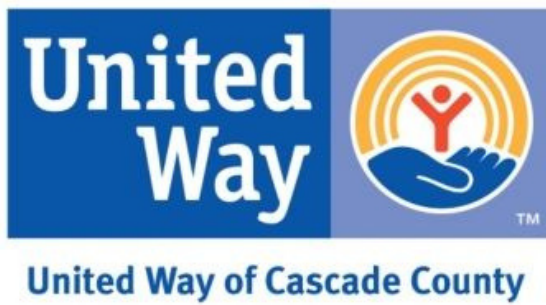


**HEALTHY LIVES
VIBRANT FUTURES**

PREPARED BY
CITY-COUNTY HEALTH DEPARTMENT

Welcome

This project was sponsored by:



But many more helped!

All participating members of the Healthy Lives
Vibrant Futures Sub Committees are listed in
this report.

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The health and well-being of all people and communities is essential to a thriving, equitable society. Promoting health, well-being and preventing disease are linked efforts that encompass physical, mental, and social health dimensions. Achieving health and well-being requires eliminating health disparities, achieving health equity, and attaining health literacy. Healthy physical, social, and economic environments strengthen the potential to achieve health and well-being. Promoting and achieving health and well-being nationwide is a shared responsibility that is distributed across the national, state, tribal, and community levels, including the public, private, and not-for-profit sectors.

Healthy People 2030

I. Introduction

A NOTE ON

Community Health

A healthy community benefits every person in it. One driving factor in achieving a healthy community is community health. Community health is concerned with the overall factors that influence a population's physical and mental health.

There are a multitude of environmental and personal influences that can impact your own health. These can be factors you control, such as flossing your teeth or going for a daily walk. They can also be factors out of your control, for instance, the air quality in your city, whether it feels safe to exercise outdoors in your neighborhood or being able to afford health insurance. All these things, big and small, impact the health of individuals and communities.

The goal of the Healthy Lives, Vibrant Futures Coalition is to protect and improve health by addressing the structures and systems that define Cascade County and supporting the people who live and work here in making healthy choices. We utilize the Community Health Needs Assessment (CHNA) to study problems, collect data and gather resources to help solve these problems. This Community Health Needs Assessment, as well as the Healthy Lives, Vibrant Futures (HLVF) Coalition responsible for creating it, is the result of many people and partners in Cascade County, Montana, uniting to paint a clear picture of community health in Cascade County. We utilize the CHNA to find our community strengths, weaknesses, and the priorities community members have put forward.

The HLVF Coalition has representatives from the front lines of health care, public health and administration and other important Cascade County organizations. We are members of the community ourselves. Measuring the health of Cascade County is a huge undertaking, and it's only by working collaboratively and getting feedback from residents that we're able to do it. We learn more about our community and get better every time we complete this assessment.

A CLOSER LOOK AT

The People We Serve

CASCADE COUNTY

Cascade County is located in north central Montana and has an estimated population of 84,414 (2020 Decennial Census) and 99.3% of residents are US citizens. Geographically, Cascade County is a mix of rolling plains and part of the Rocky Mountains, Little Belt and Highwood Mountains and the Adel Mountains volcanic field. Part of the Lewis & Clark National Forest sits within the county's borders. The county has a total area of 2,711 square miles, of which 2,698 square miles is land and 13 square miles (0.5%) is water. The Missouri River and the Sun River flow through the county and meet at the city of Great Falls.

Great Falls is the largest city in Cascade County with a population of 60,442. The city contains roughly 71% of the county's population. It is also the third largest city in Montana, covering an area of 22.9 square miles

Individuals under the age of 18 make up 22.5% of the population while 18.6% are over 65. The median age is 38.6 years old. (2021 ACS 1-Year Estimates). Males make up 50.4% of the population in Cascade County, and females 49.6% (according to the US Census's 2017 American Community Survey).

Other incorporated cities in Cascade County include Belt, Cascade, and Neihart. Cascade County has eight additional Census Designated Places including Malmstrom Air Force Base and four Hutterite colonies, as well as several small communities not officially estimated. Black Eagle sits across the Missouri River from Great Falls. Smelting operations began this community although the smelter closed in the early 1980s. The town of Cascade is also located on the Missouri River in a pristine recreation corridor upstream from Great Falls about 25 miles. The town of Belt is 20 miles east of Great Falls and is nestled along Belt Creek. The nearby mountains are the Little Belts and they appear to have a belt around them, hence the town's name. Remnants of mining history can be seen in Tracy, Stockett, Sand Coulee and Centerville just east of Great Falls in an area locally referred to as "the Gulch".

Cascade County residents include 88.5 percent Caucasians, 4.7 percent American Indians and Alaska Natives, and the remaining 6.5 percent includes all other races. The primary language spoken in households is English.



Great Falls is the
3rd
largest city in Montana

84,414 residents in
Cascade County



74%
live in Great Falls

English

is the primary language in
96.1% of homes



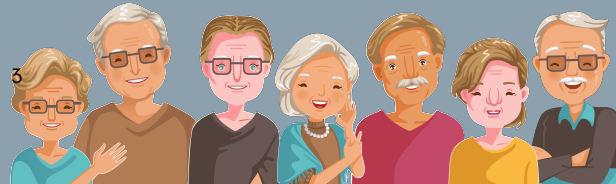
Based on the 2021 Census

38.6 years

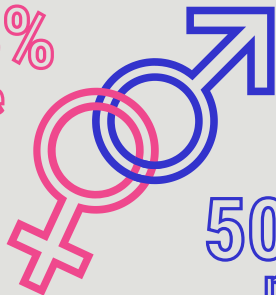
is the median age of
Cascade County residents

18.6% individuals over the
age of 65

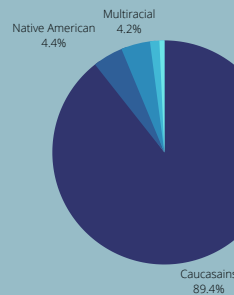
22.5% individuals under the
age of 18



49.6%
female



50.4%
male



89.4% Caucasian


4.4% Native
American

4.2% Multiracial



Other incorporated cities :
Cascade, Neihart, Belt

Eight additional Census Designated Places
Malmstrom Air Force Base, four Hutterite
colonies, several small communities not
officially estimated.



A person's community can have a major impact on their health and well-being. Community organizations that provide preventive health care services can help improve health and well-being. Businesses can also help keep people safe and healthy — like by making sure employees use protective gear when needed and taking steps to make workplaces safer. Schools and community organizations can play an important role in helping children and adolescents stay healthy. For example, giving children and adolescents opportunities to play sports can help them get more physical activity.

Healthy People 2030

A CLOSER LOOK AT

The Environment

CASCADE COUNTY

The neighborhoods people live in have a major impact on their health and well-being. Many people in the United States live in neighborhoods with high rates of violence, unsafe air or water, and other health and safety risks. Additionally, some people are exposed to things at work that can harm their health, like secondhand smoke or loud noises. According to Healthy People 2030, focusing on improving health and safety in the places where people live, work, learn, and play is central to increasing quality of life and years of healthy life.

The residents of Cascade County face multiple environmental factors that have both positive and negative impacts on daily life. Environmental factors that impact health are diverse and far reaching, and include exposure to hazardous substances in the air, water, soil, and food; natural and technological disasters; climate change; occupational hazards; and the built environment.



Drinking Water Violation Rate

National Median : 0.03/1k



Population Within 0.5 Mile of a Park

National Median : 18.0%



Extreme Heat Days per Year

National Median : 10.3 Days



Indoor Radon Levels

National Median : 1.3 pCi/L



Superfund Sites in Cascade County

National Median : 3.8%

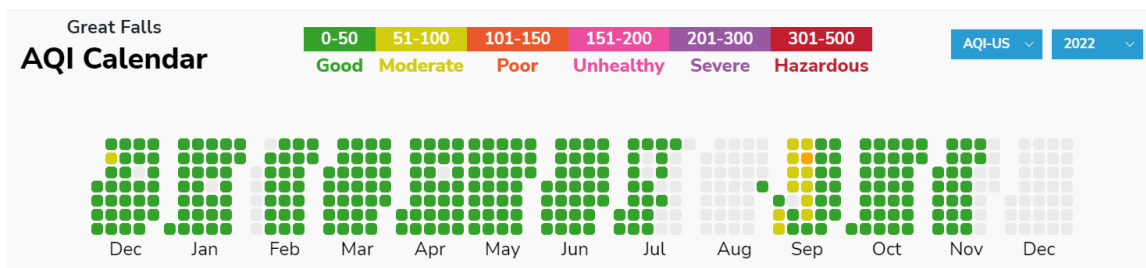


Air Quality Hazard

National Median : 0.34%

Cascade County consists of about 2,712 square miles of land, boasting a considerable amount of outdoor recreational access with two rivers and three mountain ranges. The City of Great Falls has a robust Parks & Recreation Department that services 57 developed and 9 undeveloped parks, as well as 58 miles of recreation trails in the city. 60% of Cascade County residents are within 0.5 miles of a park. Throughout the county there are also several other golf courses, outdoor and indoor pools, fitness facilities, and even a skate park. The County also maintains several parks and public land use areas, and two national protected areas fall within Cascade County: Benton Lake National Wildlife Refuge and part of Lewis and Clark National Forest.

Cascade County is characterized by powerful Class 4 winds. Due in part to these winds, county residents enjoy good outdoor air quality. The EPA monitors six common air pollutants that can harm individual health & the environment and cause property damage. Available sampling for Cascade County in 2022 shows that the air quality falls within the good range over 90% of the time.



Additionally, the EPA assesses the quality of water in Cascade County. In 2021, almost all of the 13 square miles of water in Cascade County were classified as impaired, meaning those water quality conditions do not support at least one use (aquatic life, agricultural, drinking water, and primary contact recreation) of the water.

Because the water sources are considered to be impaired, there is a reliance on ensuring that our water is safe for household and drinking use. The Montana Department of Environmental Quality monitors our public drinking water and our wastewater systems and regularly reports on those conditions. Consumer confidence reports are released annually summarizing information regarding source, any detected contaminants, compliance, and educational information for every water system in Montana.

In December of 2021 the EPA announced plans to adopt changes to the lead and copper rule, though finalization of the changes are not expected to be announced until October of 2024. The City of Great Falls is working to meet the known adopted changes by conducting service line material inventories of those served by the Great Falls water distribution system. This inventory will provide guidance for creating a sampling plan for continued lead and copper analysis. Once the adopted changes are finalized in October of 2024, the inventory will also be used to identify areas most at risk to start the work of replacing service lines in homes and businesses.

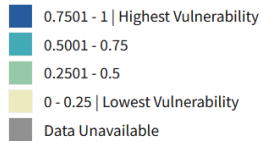
For the 2022-year, Cascade County was considered to be in a drought. Every week, drought experts consider how recent precipitation totals across the country compare to their long-term averages. They check variables including temperatures, soil moisture, water levels in streams and lakes, snow cover, and meltwater runoff. Based on dozens of indicators, experts make their best judgments of regional-scale drought conditions, and then check their assessments with experts in the field before publishing weekly drought maps. Associated statistics show what proportion of various geographic areas are in each category of dryness or drought, and how many people are affected.

Public Health in Cascade County

Social Vulnerability Index Heat Warnings

This map shows the Center for Disease Control and Prevention's (CDC's) Social Vulnerability Index alongside current U.S. Drought Monitor drought designations. CDC's Social Vulnerability Index uses 15 U.S. census variables at tract level (including poverty, lack of vehicle access, and crowded housing) to help local officials identify communities that may need support in preparing for or recovering from hazards, like drought. [Learn more.](#)

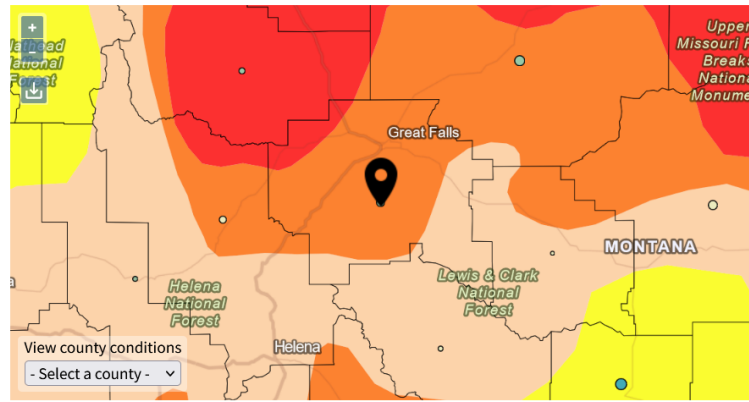
Social Vulnerability Index (SVI)



U.S. Drought Monitor



Source(s): CDC



USDM Updates Weekly - 11/21/22

0.41
Social Vulnerability Index Score

No
Heat Warning issued by the National Weather Service

No
Air Quality Warning issued by the National Weather Service

No Wildfire
in Cascade

<https://www.drought.gov/data-maps-tools/us-drought-monitor>

Radon is an odorless, radioactive gas produced from the natural decay of uranium in rocks and soil. Radon is measured in picocuries/Liter (pCi/L) and the EPA recommends taking action if radon concentrations are above 4 pCi/L. The average indoor radon level in Montana is 5.9 pCi/L. In Cascade County, 60% of samples collected are higher than 4 pCi/L. Radon-resistant construction is recommended if you are building a new home in a high radon area.

Though radon is present in nearly all air at low levels, people who inhale high levels of radon are at an increased risk of developing lung cancer—radon exposure is the second leading cause of lung cancer in the US. Cigarette smoking is, of course, the leading cause.

However, cigarette smokers exposed to radon gas in the concentrations present in Cascade County (about 4 pCi/L) have a 5-times higher chance of developing lung cancer than people exposed to radon alone (Environmental Protection Agency).

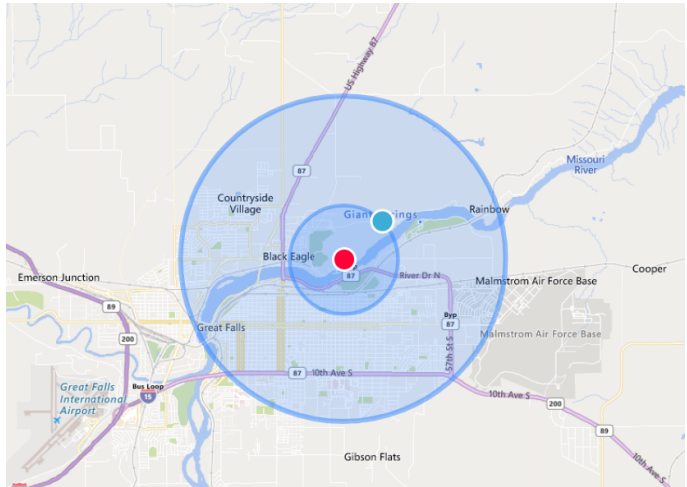
A notable environmental factor in Cascade County are the Superfund Sites. Thousands of contaminated sites exist nationally due to hazardous waste being dumped, left out in the open, or otherwise improperly managed.

Cascade County has three Superfund Sites:

- **The Barker Hughesville Mining District in Monarch - 6,000 acres**
- **The Carpenter Snow Creek Mining District in Neihart - 9,000 acres**
- **The ACM Smelter and Refinery in Black Eagle - 427 acres**

Research shows adverse health effects most likely occur within a 1.8 mile boundary around a Superfund site. Approximately 21 million people live within a mile of a Superfund site, potentially exposing them all to harmful chemicals and toxins such as lead

arsenic, and mercury. The release of these chemicals can endanger water supply, air quality, and ground conditions, leading to detrimental community health consequences. Residents have a high risk for life-long and long-term mental and physical health challenges, including cancer, birth defects, and developmental disabilities. Children are especially vulnerable to chemical exposure because of their higher intake of air, food, and water per unit of body weight. Research suggests living near toxic waste sites reduces lifespans by an average of 1.2 years.



All three Superfund sites in Cascade County are marked as **“Current Human Exposure Not Under Control”**. Human Exposure Not Under Control describes sites that have not had pathways to human exposure to contamination completely controlled, mitigated or eliminated. This category includes sites where response actions are under way but are not yet complete.

Cleanup at the Baker Hughesville uses two approaches. In the short term, removal actions have been conducted to address the most immediate threats to human health and the environment. In the long term, a remedial program will assist in determining the nature and extent of contamination and selecting cleanup alternatives. Most recently, reconstruction of a stormwater/seasonal run-off drainage way at the Block P Mill Repository to convey clean water away from the repository was completed.

CCHD currently has a cooperative agreement with the EPA to assist with working with the Town of Neihart, which is part of the Carpenter Snow Creek Mining District. Eventually, when the clean-up of the contaminated residential yards in Neihart occurs, Cascade County will have a program that works to protect the remedy of that site so it doesn't get re-contaminated and also includes ongoing public health education regarding prevention of potential exposures to lead and arsenic in soils.

In September 2020, EPA began a time-critical removal action in Black Eagle to support the replacement of aging water and sewer lines by removing soil contaminated with lead and arsenic. The removal action began in September and ended in November 2020.

Social Determinants of Health

CASCADE COUNTY

EDUCATION



92% of Cascade County residents have completed high school, with an additional 66% that have some college education. High school graduation rate is at 83%. 72.4% of school enrolled population are enrolled in Kindergarten to 12th Grade.

ECONOMIC STABILITY

Cascade County employs 36.9k people. The largest industries are Health Care & Social Assistance (6,452), Retail Trade (5,044), and Accommodation & Food Services (3,280). The highest paying industries are Mining, Quarrying, Oil & Gas Extraction (\$90,714), Utilities (\$53,077), and Public Administration (\$50,282).

PHYSICAL ENVIRONMENT

Cascade County only sees 5.7 extreme heat days per year. County residents have a very low risk for developing serious respiratory complications from air hazards. The County also ranks 9.7/100 for FEMA natural hazard risks, meaning low danger to residents.

FOOD



10% of Cascade County residents struggle with food insecurity, or lack adequate access to food. Additionally, 10% of residents lack access to healthy foods. This reflects the percentage who are low-income and do not live close to a grocery store.

COMMUNITY



13% of households have at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.

HEALTH CARE SYSTEM

92.2% of the population has health coverage, with 37.8% on employee plans, 18.1% on Medicaid, 12.3% on Medicare. Primary care physicians see 1317 patients per year. Dentists see 1115 patients per year, and mental health providers see 296 patients per year.

The city of Great Falls was strategically designed, focusing 886 acres for city parks, and planting trees at specific intervals through the town, which now is an Arbor Day Tree City USA. Great Falls is home to the headquarters of the Little Shell Chippewa tribe, and has the largest urban Native American population in Montana, with several tribes represented.

In Cascade County, 37.3% of the population hold an Advanced Degree. In 2020, universities in Cascade County, MT awarded 719 degrees. The student population of Cascade County, MT is skewed towards women, with 639 male students and 1,524 female students. Most students graduating from Universities in Cascade County, MT are White (569 and 79.1%), followed by Unknown (39 and 5.42%), Asian (25 and 3.48%), and Hispanic or Latino (25 and 3.48%). The largest universities in Cascade County, MT by number of degrees awarded are University of Providence (372 and 51.7%), Great Falls College Montana State University (285 and 39.6%), and Montana Academy of Salons (62 and 8.62%). The most popular majors in Cascade County, MT are Registered Nursing (162 and 22.5%), Other Liberal Arts & Sciences, General Studies, & Humanities (135 and 18.8%), and Other Health & Medical Administrative Services (52 and 7.23%). The median tuition cost in Cascade County, MT for private four year colleges is \$26,462. 92.4% of youth live within 5 miles of a Public School. \$13,420 was spent per pupil in the Public School System in 2021. 35.8% of eligible children are enrolled in preschool.

Employees only need to work an average of 35.5 hours a week to pay for affordable housing in Cascade County, compared to the national median of 40.6. Currently 11.7% of the housing is vacant. 26.7% of households spend at least 30% of their income on housing, which is significantly higher than the national average of 22.8%. According to the Healthiest Communities metrics, Cascade County ranks in 84% for housing quality, with very few houses not equipped with proper plumbing facilities (0.3%).

ZILLOW HOME VALUE INDEX ?

\$295,186

24.3% 1-year change



The typical home value of homes in Great Falls is \$295,186. This value is seasonally adjusted and only includes the middle price tier of homes. Great Falls home values have gone up 24.3% over the past year.

92.2% of the population of Cascade County, MT has health coverage, with 37.8% on employee plans, 18.1% on Medicaid, 12.3% on Medicare, 15.1% on non-group plans, and 8.86% on military or VA plans. Per capita personal health care spending in Montana was \$8,221 in 2014. This is a 2.84% increase from the previous year (\$7,994). Primary care physicians in Cascade County, MT see 1317 patients per year on average, which represents a 9.67% decrease from the previous year (1458 patients). Compare this to dentists who see 1115 patients per year, and mental health providers who see 296 patients per year.

Social vulnerability refers to the potential negative effects on communities caused by external stresses on human health. Such stresses include natural or human-caused disasters, or disease outbreaks. Reducing social vulnerability can decrease both human suffering and economic loss.

The Centers for Disease Control and Prevention (CDC), Agency for Toxic Substances and Disease Registry (ATSDR) Social Vulnerability Index (SVI), or CDC/ATSDR SVI, is a database that helps emergency response planners and public health officials identify, map, and plan support for communities that will most likely need support before, during, and after a public health emergency.

CDC/ATSDR and the HHS Office of Minority Health developed the Minority Health Social Vulnerability Index (Minority Health SVI) to enhance existing resources to support the identification of racial and ethnic minority communities at the greatest risk for disproportionate impact and adverse outcomes due to the COVID-19 pandemic.

The Minority Health SVI is grouped into six themes:

- **Socioeconomic Status**
- **Household Composition & Disability**
- **Minority Status & Language**
- **Housing Type & Transportation**
- **Health Care Infrastructure**
- **Medical Vulnerability**

Cascade County Vulnerability Percentile Rankings

Overall: 50 percentile

Socioeconomic Status: 25 percentile

Household Composition and Disability: 47 percentile

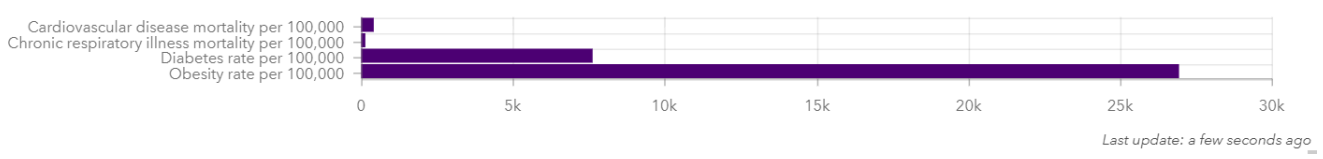
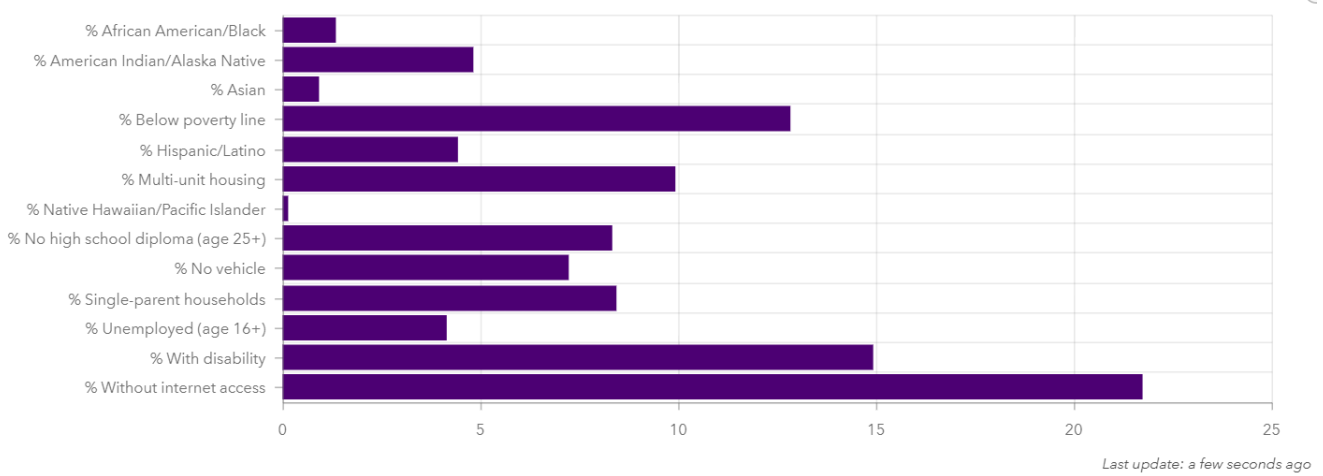
Minority Status and Language: 76 percentile


Housing and Transportation: 86 percentile

Health Care Infrastructure: 23 percentile

Medical Vulnerability: 29 percentile

Each theme has a percentile ranking represented as a value between 0 (least vulnerable) and 1 (most vulnerable). An Overall Percentile Ranking combines these themes.





Public health infrastructure provides the necessary foundation for all public health services—from vaccinations to chronic disease prevention programs to emergency preparedness efforts. The Public Health Infrastructure objectives address high-performing health departments, workforce development and training, data and information systems, planning, and partnerships.

A strong public health infrastructure includes a capable and qualified workforce, up-to-date data and information systems, and agencies that can assess and respond to public health needs. While a strong infrastructure depends on many organizations working together, public health departments play a central role in the nation's public health system.

Federal agencies rely on a solid public health infrastructure in state, tribal, local, and territorial jurisdictions.

Healthy People 2030

A CLOSER LOOK AT

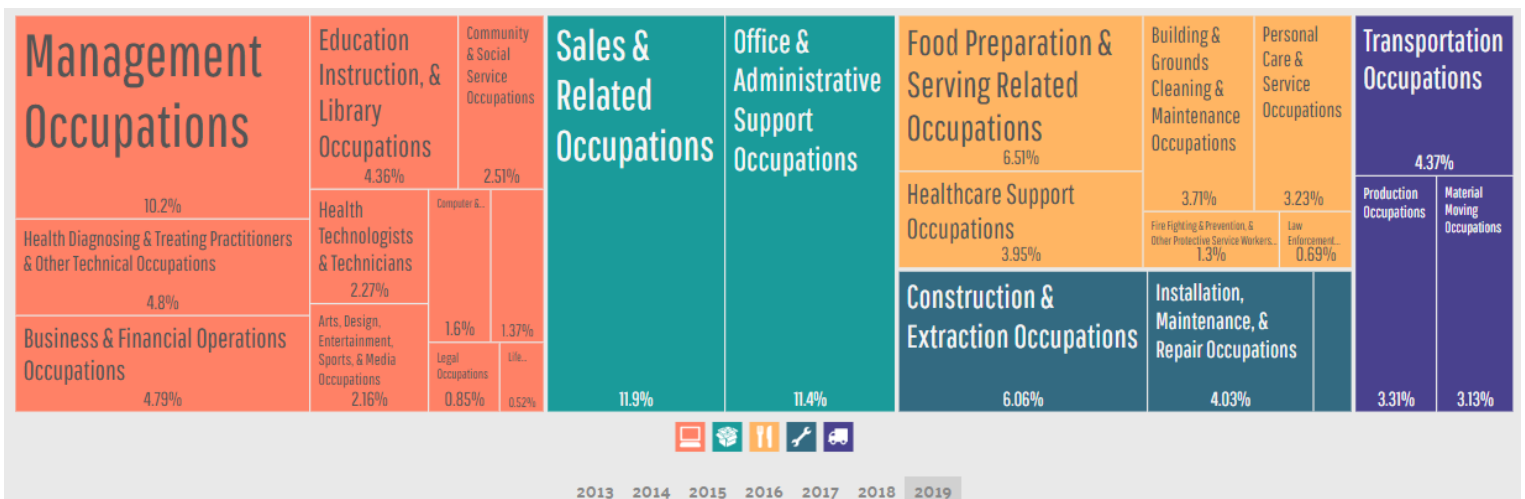
The Financial State

CASCADE COUNTY

Cascade County is rich in arts, Native American heritage, agriculture, traditional Western lifestyle, sports, and outdoor sportsman activities and events. However, despite this wealth of recreation, leisure, and cultural activities, financial barriers make participation challenging for many. According to the US Bureau of Labor Statistics, the average hourly wage in Cascade County was \$19.15 as of May 2016, about 20% lower than the US-wide average of \$23.86. It is estimated that 13.5% of the individuals in Cascade County live below the poverty level (the Census Bureau ACS 5-year Estimate), and young women are the group most likely to live in poverty. 8.95% of impoverished residents are women age 25-34 followed by 8.79% of females 18-24.

Top employment categories in Cascade County include healthcare & social assistance, retail trade, accommodation & food service, educational services, and public administration. The highest paying industries are utilities, transportation & warehousing, and mining/quarrying/oil/gas extraction.

The American Community Survey projects a 4.6% unemployment rate in Cascade County. Among the unemployed, minority populations are disproportionately affected: 14.4% of unemployed persons are American Indian/Alaska Native, 7% Black/African American, and 8.3% are persons of two or more races.





Severe Housing Cost Burden

12%

Percentage of households that spend 50% or more of their household income on housing.

13.5% live in poverty in Cascade County



5.8%
unemployment rate

59.3%
labor force participation



\$52,049

is the median income of Cascade County residents



58.8% employed by private company

16.7% work in local, state, federal government

13.0% private or not-for-profit employees

65.7%

homeownership rate in Cascade County 2021



median income by family type

\$67,789 Families

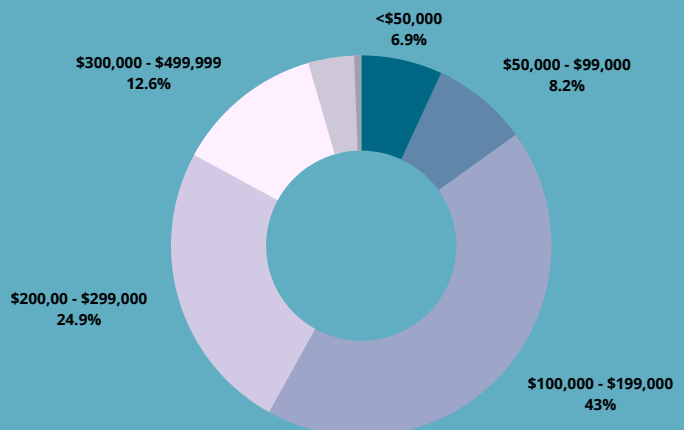
\$79,428 Married Couple Families

\$31,734 Nonfamily Household

38,937

Housing Units in Cascade County

- Married-couple family - 12,641
- Male householder, no spouse present - 929
- Female householder, no spouse present - 1,890
- Vacant housing units - 3,926



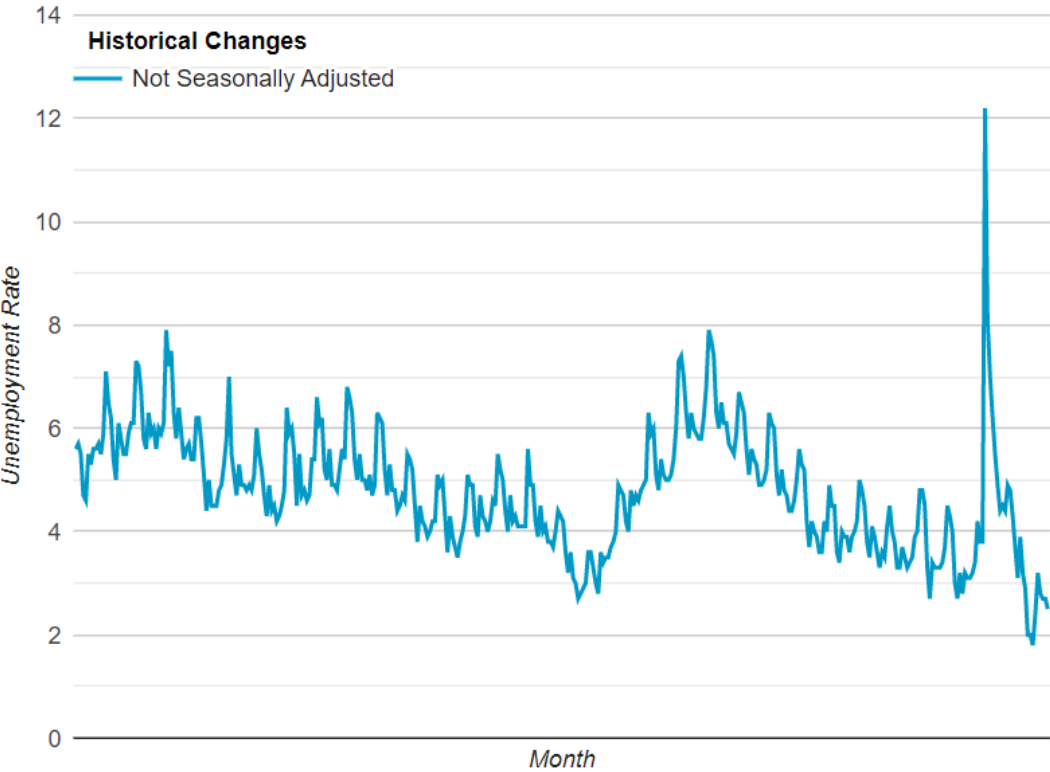
In the spring of 2020, the COVID-19 pandemic triggered job loss in the labor market on a scale not seen since the Great Depression. Unemployment can have negative health consequences. According to Healthy People 2020, those who are unemployed report feelings of depression, anxiety, low self-esteem, demoralization, worry, and physical pain. Unemployed individuals tend to suffer more from stress-related illnesses such as high blood pressure, stroke, heart attack, heart disease, and arthritis. In addition, experiences such as perceived job insecurity, downsizing or workplace closure, and underemployment also have implications for physical and mental health. 75.5% of Cascade County respondents on the Community Health Needs Survey said that COVID-19 affected their families financially, and 84.9% said their families were affected emotionally. In April 2020, Montana saw record high unemployment at 12.2%. This was followed by a major resurgence in the job market, with a record low of 1.8% in November of 2021. The current unemployment rate in Cascade County is 5.8%.

Record High

12.2% on April 2020

Record Low

1.8% on November 2021



[View More Statistics from American Community Survey](#)

Community Resources

CASCADE COUNTY

Cascade County has numerous public and private entities that contribute to the health of our community. The following list highlights some of the Agencies that have collaborated in the Community Health Needs Assessment/Community Health Improvement Planning efforts, and which offer services to residents of Cascade County. This list is by no means all-inclusive, and numerous providers offer necessary services that are not described here.

The Cascade City-County Health Department (CCHD), based in Great Falls, serves the entire county. The mission of the Health Department is “to prevent disease and illness, ensure a healthy environment, promote healthy choices, and deliver quality services.” Services are provided in four program areas: environmental health, prevention services, family health services, and administration. Environmental Health focuses on providing a healthy environment for the residents of Cascade County by providing education, monitoring, and enforcement of state laws and regulations. Prevention Services works to prevent disease and injury in our community, promote healthier choices and behaviors, prepare and respond to public health emergencies, investigate disease outbreaks, and provide quality health information. Family Health Services' goal is to enhance the health and safety of children and families in Cascade County. Through a variety of programs, Family Health Services works toward that goal with education efforts, screening, and direct client services.

Alluvion Health is a not-for-profit Federally Qualified Health Center located in Great Falls. Alluvion has numerous locations across Cascade County, including a clinic that is co-located with the Cascade City-County Health Department, but is a separate, independent entity. Oversight for the clinic is provided by a community board. Alluvion provides comprehensive primary and preventative medical, dental, and behavioral health care for all residents of Cascade County, with a focus on serving patients who are low-income, uninsured, under-insured, or who otherwise cannot afford medical and dental care. Alluvion is funded through the U.S. Department of Health and Human Services Bureau of Primary Health Care. Alluvion is a Health Center Program grantee under 42 U.S.C. 254b, and a deemed Public Health Service employee under 42 U.S.C. 233(g)-(n). This health center receives HHS funding and has Federal Public Health Service (PHS) deemed status with respect to certain health or health-related claims, including medical malpractice claims, for itself and its covered individuals.

Benefis Health System is a not-for-profit community health system serving 164,000 residents across a vast 13-county region in Montana. Benefis is the largest non-governmental employer in Cascade County, and includes the following:

- 220 inpatient hospital beds
- An employed provider group of more than 335 physicians and advanced practice clinicians
- Outpatient clinical services in more than 40 specialties, ranging from oncology and cardiology to orthopedics, psychiatry, and internal medicine with more than 300,000 visits per year
- Urgent care services on both the main campus and in northwest Great Falls
- An air ambulance program offering fixed-wing and helicopter transports
- A Level 2 Trauma Center, offering the highest level of emergency care available in the state
- A Level 3 Neonatal Intensive Care Unit (NICU) and specially trained NICU flight team
- Inpatient and outpatient surgical suites, where 10,000 surgeries are performed per year
- Extensive senior services ranging from assisted living to long-term care, memory care, and transitional care
- An inpatient hospice facility which serves over 665 patients per year
- Regional home health services, with staff completing 30,000 visits per year
- A home medical equipment store offering valuable supplies such as CPAP machines & more
- A state-of-the-art Emergency Department
- Comprehensive lab services with more than 1,000,000 tests performed per year

The Benefis Health System Foundation supports programs aimed at improving and enhancing healthcare services across North Central Montana. The Foundation operates two Gift of Life Housing facilities, which provide free accommodations for rural patients undergoing cancer treatment and for rural families with babies in the Neonatal Intensive Care Unit.

Benefis Native American Programs were established in 2006 to serve Native American patients and their families in a culturally sensitive manner. The programs include a Native American Welcoming Center, Native American patient rounding, and smudging. The Benefis Native American Board has representation from tribal leaders of the four Reservations in North Central Montana—Blackfeet, Fort Belknap, Rocky Boy's and Fort Peck—as well as the Little Shell Tribe, Indian Health Service hospitals and clinics, and tribal colleges.

United Way of Cascade County is a community impact organization that coordinates the effective use of public and private resources to positively impact human services needs in Cascade County. The organization focuses on three main goals: education, financial stability, and health. Numerous non-profit agencies that provide direct or preventive services receive funding from the United Way. To advance the education initiative, *Graduation Matters*, United Way works collaboratively with local agencies, including the school district, and focuses on kindergarten readiness, third grade reading, attendance, and high school graduation. The goals of *Prosperity Matters*, United Way's income initiative, include helping families toward achieving self-sufficient income, establishing assets, and maintaining manageable expenses. Together with other local organizations, United Way is building a network of professional and peer mentors as well as looking at developing an emergency fund for individuals or families in need. *Health Matters* is the third initiative that United Way supports by bolstering current efforts and initiating their own efforts to reduce obesity, encourage healthy lifestyles, increase access to health care, and protect the community's most vulnerable populations. By increasing awareness of health risks and working to change policies and practices, United Way—and the agencies they work with—will enable more people to live healthier lives.

Many Rivers Whole Health is a private non-profit organization providing mental health services to a 10-county service area in North Central Montana. Over 4,000 clients are served, with over 2,400 of those clients accessing services in Great Falls. Based in Great Falls, Many Rivers provides services that include outpatient, day treatment, transitional living, crisis stabilization, and group homes. Many Rivers is staffed by more than 350 psychiatrists, psychologists, clinical social workers, professional counselors, addiction counselors, nurses, trained paraprofessionals, and certified peer specialists. Some of the services offered are adult case management, adult foster care homes, adult therapeutic group home care, daily living and social skills, domestic violence intervention, in-home family services, homeless outreach, individual therapy, family therapy, group therapy, jail diversion, medication management, program for assertive community treatment, peer support, school-based services, substance abuse/addictions counseling, supported employment, veteran's services, and youth case management.

Rocky Mountain Treatment Center is a 26 bed residential facility located in Great Falls. It provides treatment options for individuals dealing with chemical dependency and other addictions. Treatment options include medically monitored intensive inpatient services (detox), clinically managed high-intensity residential services (inpatient treatment), partial hospitalization services (day treatment), intervention services, and continuing care (aftercare). Treatment is individualized to treat the entire person including physical, emotional, behavioral, family, social, and spiritual needs.

Indian Family Health Clinic (IFHC) offers comprehensive health care services for patients, offering women's, men's, and children's care as well as a walk-in clinic and patient-centered diabetes care. In addition to the health clinic, IFHC offers behavioral health, addictions counseling and support services, plus a fully operational fitness & wellness center.

Great Falls Public Schools (GFPS) is the 2nd largest school district in Montana. The district offers comprehensive pre-kindergarden through 12th-grade programming in addition to extensive extra- and co-curricular offerings. Approximately 1300 individuals are employed by the District to help serve the 10,000+ students that attend the schools. The District offers nutrition services for their students, including free and reduced lunches, a breakfast program, a backpack program, and food pantries. Student wellness programs also address the nutritional needs of students by ensuring that the district only offers approved foods in the schools. School nursing services are available to help assess, and can develop individualized health care plans or emergency care plans for students with medical issues.

Malmstrom Air Force Base (MAFB) is located on the edge of Great Falls and is home to the 341st Missile Wing and a population of 3,472 based on the 2010 census. MAFB has a Airman and Family Readiness Center, an Equal Opportunity Program, a Family Advocacy Program, a Sexual Assault Response Office, a Health Clinic, a Mental Health Clinic, and a Legal Office. In addition to these services, the base has the 341st Force Support Squadron which is dedicated to providing worldwide combat support and community services for the 341st Missile Wing. Some of the services provided by the squadron include an outdoor recreation center, a child development center, a fitness & sports center, a bowling center, an arts & crafts center, youth programs, arts & crafts classes, and outdoor recreation classes.

Alcoholics Anonymous and Narcotics Anonymous meetings are provided at several locations throughout Great Falls and Cascade County. Both utilize the Twelve Step Program in their treatment of addiction by focusing on coming to terms with the pain addicted individuals have caused themselves and others in their lives in order to overcome their addictions.

Opportunities, Inc. is a non-profit social service agency that focuses on helping low-income people become self-sufficient. Numerous different programs are offered, including a community resource center, HUD housing program, Head Start program, low income energy assistance program, home weatherization program, Energy Share of Montana, and WIA youth. Anyone in need will receive information and referrals as necessary for each program. The various programs cover everything from emergency assistance and housing needs to education and job training.

Dandelion Foundation is a non-profit organization that educates and supports individuals at risk for, experiencing, or surviving abuse. The organization advocates for prevention efforts and organizes various professional education and community awareness events.

Voice of Hope runs the Crisis Line and maintains a comprehensive Community Resource Directory of the services available throughout Cascade County. In this way, Voices of Hope helps people in need in the community connect to the resources they need.

Child and Family Services Division of DPHHS (the Montana Department of Health and Human Services) protects children who have been or are at substantial risk of abuse, neglect, or abandonment. The division provides state and federally mandated services for these children, including receiving and investigating reports of abuse and neglect. The ultimate goal is to prevent future violence, help families stay together or reunite, and find appropriate temporary or permanent housing for the children.

Planned Parenthood is an education and health center offering safe, reliable health care for women and men. The majority of care provided is preventive, primary care, which helps prevent unintended pregnancies through the use of contraception, reduce the spread of sexually transmitted infections through testing and treatment, and screen for cervical and other cancers. Care is based on respect for the individual's right to make informed, independent decisions about health, sex, and family planning. In addition to offering care, Planned Parenthood plays a vital role in providing comprehensive sex education.

Great Falls Clinic, located in Great Falls, is the largest independent group of physicians in Montana. Their team is dedicated to "providing high quality care, comprehensive coordinated services, convenient timely access, and exceptional service with compassion." Great Falls clinic includes:

- Great Falls Clinic Immediate Care Center is a walk-in center that provides care to patients without the need for an appointment, including medical care, chronic conditions, occupational medicine, X-rays, labs, vaccines, and physicals.
- Great Falls Clinic Northwest provides comprehensive care for a full range of illness and minor injuries on a walk-in basis. Patients can be seen immediately at this location instead of waiting to see their primary provider or go to the emergency room.
- The Great Falls Clinic Specialty Center houses specialty departments and services, ranging from chemotherapy to sleep medicine.
- The Foot & Ankle Clinic of Montana addresses the unique needs of foot care and is devoted to the health, comfort and optimum functioning of feet ankles.
- The Great Falls Clinic Hospital, formally the Great Falls Clinic Medical Center, is a state-of-the-art facility offering 24-7 emergency services and around the clock medical and surgical care. The Emergency Department is equipped with 7 beds and 4 special care unit beds. The Hospital has 19 hospital rooms, three operating rooms, and a procedure room.
- Great Falls Clinic Surgery Center offers ambulatory surgical services ranging from ophthalmology to gynecology. It is available for outpatient procedures that do not require a hospital stay.

RE Family Services reduces recidivism within the foster care system and assist in rebuilding the lives of those within it. As a community based organization focused on (RE)Education, (RE) Building, and (RE) Unifying, our goal is to support the whole family for the greater good of the children. When children enter the foster care system, their focus is to assist biological families to obtain resources which include:

- Finding appropriate housing
- Mental health services
- SNAP/Medicaid
- Chemical dependency treatment
- Educational classes and so much more.

Visitation Coaching is a vital part of this process and RE provides the tools and education to cultivate successful parents. With these resources in place and a passionate community, they guide biological families to become the best version of themselves with the hope of reducing child abuse and neglect in the state of Montana.

Children's Receiving Home provides temporary foster care shelter for children, up to age 18, who have been removed from their homes of origin due to child abuse, neglect, abandonment, parental drug use, domestic violence, and parental incarceration. The home ensures that each child has clothing, meals, transportation, recreation, and toys during their stay, and that their rights are protected. The home's location is undisclosed in order to protect the children that stay there.

The Rescue Mission focuses on men, women and children by providing food, shelter, and a caring environment with a Christian emphasis. They offer a men's shelter, women and children's shelter, a new family center, food services, hygiene assistance, programs specific to men and women to help with substance abuse, and youth programs.

The YWCA of Great Falls promotes peace and justice, freedom and dignity for people, especially women and girls. The YWCA offers basic classes in computer, business and financial management for youth and adults; support groups for women dealing with domestic violence, sexual assault and/or rape; quality used clothing at no cost; and an emergency confidential shelter for women and children who are victims of domestic violence.

Extension Office provides research based education and information to individuals, families, and communities through their various programs. Programs available to the community include 4-H & Youth Development, Agriculture, Yard & Garden, Home & Family, and Health & Wellness.

Family Connections provides training, resources, education, counseling, and helps advocate for parents, providers, and the community about early childhood issues. They are available to help connect families to childcare providers and help find ways for families to pay for childcare. They strive to create a community where children have the necessary resources and opportunities to have a successful future.

Family Promise strives to help homeless children and their families find stable, sustainable housing and achieve independence. The interfaith program provides shelter, meals and comprehensive support services through their network of volunteer congregations and dedicated case management staff.

II. Our Process

A NOTE ON

Healthy Lives, Vibrant Futures

A healthy community benefits every person in it. One driving factor in achieving a healthy community is community health. Community health is concerned with the overall factors that influence a population's physical and mental health.

There are a multitude of environmental and personal influences that can impact your own health. These can be factors you control, such as flossing your teeth or going for a daily walk. They can also be factors out of your control, for instance, the air quality in your city, whether it feels safe to exercise outdoors in your neighborhood or being able to afford health insurance. All these things, big and small, impact the health of individuals and communities.

The goal of the Healthy Lives, Vibrant Futures Coalition is to protect and improve health by addressing the structures and systems that define Cascade County and supporting the people who live and work here in making healthy choices. We utilize the Community Health Needs Assessment (CHNA) to study problems, collect data and gather resources to help solve these problems. This Community Health Needs Assessment, as well as the Healthy Lives, Vibrant Futures (HLVF) Coalition responsible for creating it, is the result of many people and partners in Cascade County, Montana, uniting to paint a clear picture of community health in Cascade County. We utilize the CHNA to find our community strengths, weaknesses, and the priorities community members have put forward.

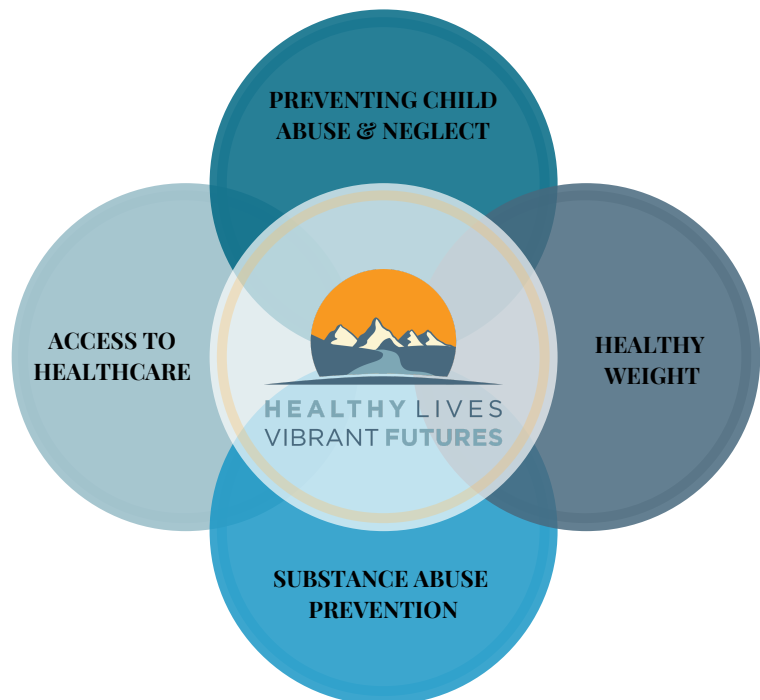
The HLVF Coalition has representatives from the front lines of health care, public health and administration and other important Cascade County organizations. We are members of the community ourselves. Measuring the health of Cascade County is a huge undertaking, and it's only by working collaboratively and getting feedback from residents that we're able to do it. We learn more about our community and get better every time we complete this assessment.

A CLOSER LOOK AT

Healthy Lives, Vibrant Futures

WHAT WE DO

The purpose of Healthy Lives, Vibrant Futures is to collectively encourage and foster a productive, healthy, and vibrant community.



WHY WE DO IT

As members of the Healthy Lives, Vibrant Futures Coalition, we believe that:

- By working together we can provide unique solutions and achieve more
- Substance abuse negatively impacts everyone in our community
- Everyone in our community should have access to healthcare
- All of our children deserve to be safe
- A community that embraces health prospers

OUR PRIORITIES

- Reduce the number of youth and adults using and abusing alcohol, tobacco, and other substances
- Increase the number of people achieving and maintaining a healthy weight
- Improve Cascade County residents' ability to access timely, appropriate medical, dental, and behavioral health care
- Reduce the number of child abuse and neglect cases in Cascade County

Substance Abuse Prevention

VISION : SAPA is a very diverse group of community stakeholders, who are dedicated & work diligently to make Cascade County a better place to live.

MISSION : SAPA addresses all areas of substance abuse education, awareness, prevention, treatment & intervention.

2019-2022 SAPA FOCUS AREAS :
Coalition Capacity Building
Drug Endangered Children

Local Policy & Environmental Strategies

- In 2021, SAPA reported declines in youth use/misuse of the following substances:
 - There has been a significant decrease in the number of Cascade County high school & middle school students who have smoked cigarettes or vaped.
 - There has been a slow, but steady decrease in the number of Cascade County high school & middle school students who have used alcohol and marijuana*.

**With the legalization and commercialization of adult-use marijuana in Montana, youth marijuana use is a huge area of concern in our community.*



SECONDARY DATA

Substance Abuse Prevention

- An estimated 64,000 Montanans have a substance use disorder
- 90% of Montanans with substance use disorders are not receiving treatment

According to the 2021 Youth Risk Behavior Study for Great Falls Public Schools (High School Age) Data:

- 43% drank alcohol before the age of 14
- 19% engaged in binge drinking in the past 30 days
- 23% used marijuana in the past 30 days

According to the 2021 Cascade County 2021 Youth Risk Behavior Survey Data:

- 57% have used alcohol in their lifetime
- 31% have used marijuana
- 43% used marijuana
- 15% used a prescription that was not prescribed to them by a healthcare provider in the past 30 days

250% increase of GFPS high school students that use marijuana daily from 2019

21.1% of people in North Central Montana binge drink

Alcohol Abuse

- During 2017–2019, the annual average prevalence of past-year alcohol use disorder in Montana was 7.9% (or 70,000), similar to the regional average (6.9%) but higher than the national average (5.3%).

Drinking and Driving in Montana

- Montana has one of the highest fatality rates in the nation for number of deaths caused by impaired drivers per vehicle mile traveled.
- Data from 2020 indicates that 66% of all fatalities were the result of impaired driving, this is up from 58% during 2019. (2021 Montana Department of Transport)

Marijuana and Prescription Drugs

- In 2015, health care costs related to opioid abuse in Montana reached \$49,737,028.
- In Montana, an estimated half of all drug overdose deaths involved opioids—a total of 64. (2018 NIH)
- During 2017–2019, the annual average prevalence of past-year substance use disorder in Montana was 10.1% (or 90,000), similar to the regional average (9.4%) but higher than the national average (7.4%).
- 42% of local Great Falls high school students reported using marijuana in 2021—and of those, 26% starting using before the age of 14 (2021 GFPS YRBS)

Preventing Child Abuse & Neglect

PCAN is a multi-sectoral community coalition created in response to high rates of child abuse and neglect in the region. Our mission is to build community capacity to collaboratively prevent and address childhood trauma through primary prevention.

- **NoMore Violence** was founded in 2015 in response to an increased recognition of violence against children and in families in our community.
- NoMore Violence Week is held at the beginning of April in Great Falls and includes a full week of free training, awareness building activities, and community events for all ages.
- Through partnerships with more than 25 community organizations, the week addresses challenging topics - child abuse, intimate partner violence, family violence, trauma, human trafficking, missing and murdered indigenous people, addiction, suicide, mental health, isolation and more - in a spirit of collaboration, partnership, growth, hope and unity.



SECONDARY DATA

Preventing Child Abuse and Neglect

- In 2020, there were 608 children in Foster Care in Cascade County
- Of those 608 children, 508 were removed where drug use was indicated

83.5% child removals where drug use was indicated (2020)

69% removals where drug use that was methamphetamine was indicated

Child Abuse and Neglect

- In 2017, Montana had 17,622 total referrals for child abuse and neglect. Of those, 9,843 reports were referred for investigation.
- In 2017, there were 3,534 victims of abuse or neglect in Montana, a rate of 15.4 per 1,000 children, an increase of 89.2% from 2016. Of these children, 97.5% were neglected, 4% were physically abused, and 2.7% were sexually abused.
- The number of child victims has increased 89.2% in comparison to the number of victims in 2016. (CWLA 2019)

State of Montana

- In 2021, 9,057 cases of Child Abuse and Neglect Cases were reported in Montana, a decrease from 9,801 in 2020.
- In 2019, there were seventeen child fatalities of children who were known to the Montana child welfare system.
 - 29% Unsafe Sleep
 - 24% Medical Condition
 - 18% Physical Abuse & Neglect
 - 6% Firearms
 - 24% Other Causes
- 12% decrease in fatalities of children under age 1 from 2017 to 2019

Cascade County

- In 2019, 353 cases of Child Abuse and Neglect Cases were substantiated in Cascade County, a decrease from 386 in 2018.
- In 2019, there were 794 cases of Maltreatment Allegations in Cascade County, an increase from 643 in 2018. Of these cases :
 - 38 Physical Abuse
 - 729 Neglect
 - 7 Medical Abuse
 - 9 Sexual Abuse
 - 10 Psychological/Emotional Abuse

Access to Health Care

Improve Cascade County's ability to access appropriate health care, timely.

- Access to Health has an overreaching goal to increase Cascade County residents' access to medical care, dental care, and behavioral health care services.
- Access to Health Care: Medical, Dental and Mental Health
- Areas of Cascade County qualify as medically under served and have a shortage of health care providers.

Access to comprehensive, quality health care services is critical for the achievement of health equity and for increasing everyone's quality of life. Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires:

- Gaining entry to the health care system
- Accessing a health care location where needed services are provided
- Finding a trustworthy health care provider with whom the patient can communicate easily



**ACCESS TO
HEALTH CARE**

Medical, Dental & Behavioral

SECONDARY DATA

Access to Healthcare

- According to the 2021 Cascade County Health Survey, respondents said that the mental health issues which most impacted their families were work-related stress, depression, and alcohol use. Need for access to mental health services increased 5.7%.

88.6% have medical insurance (2021)

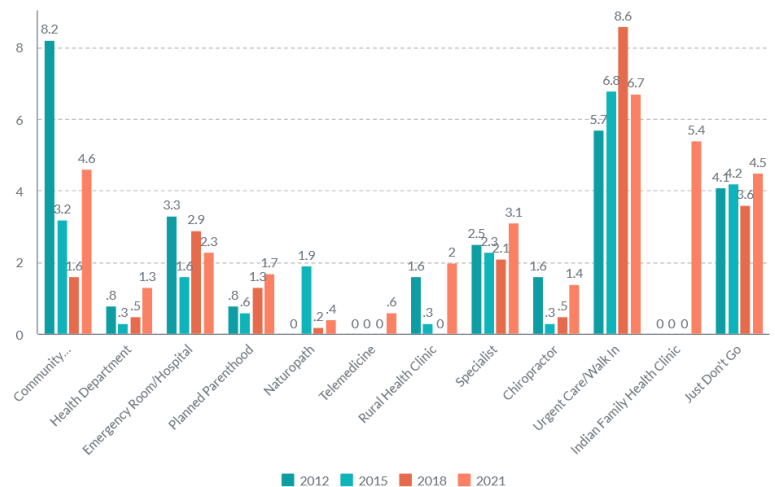
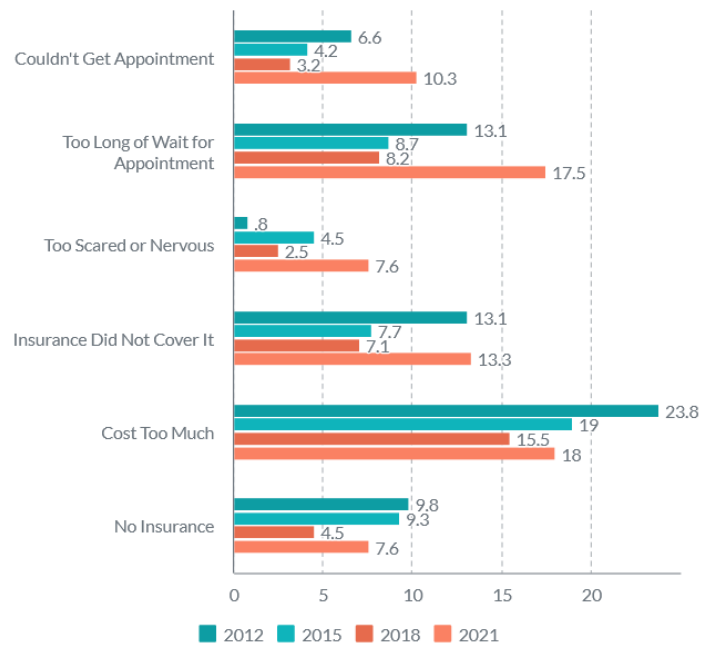
37.9% did not get or delayed getting medical services (past 3 years)

Top reasons cited for delaying or not getting health care when needed were:

- Costs too much
- Too long a wait
- Insurance would not cover

Regarding health insurance:

- According to the Community Health Survey, 9.1% of Cascade County residents are uninsured
- 31.7% do not have dental insurance
- According to DPHHS's Medicaid Dashboard, 57,069 adults are enrolled in Medicaid
- 15% of Community Health Survey respondents do not have a primary care provider
- Of people without a PCP, 6.7% get their medical care from an urgent care or walk-in facility, 2.3% go to the ER, and 4.5% just don't go (see graph bottom right)



Get Fit Great Falls

- Get Fit Great Falls promotes the benefits of healthy lifestyles to the citizens of Great Falls and Cascade County through a unified community effort that encourages cultural and system change.
- Get Fit Great Falls members volunteer their time to promote the benefits of physical activity and a nutritious diet. We encourage and actively support sustainable change in our community to help integrate walking, bicycling, hiking, swimming, and jogging, into our daily routines.
- We recognize that regular physical activity combined with nutritious eating habits can improve your overall health and well-being. It can substantially reduce your risk of coronary heart disease, strokes, colon cancer, diabetes, high blood pressure, and obesity.
- GFGF partners with schools, government agencies, non-profits, and local businesses to offer opportunities for the community, especially families and children, to engage in activities that are healthy and enjoyable. We welcome your participation to assist in promoting these worthwhile efforts.

Get Fit Great Falls Initiatives

- “Just Add A Vegetable” campaign. The campaign goal will be to encourage the Great Falls community to increase their vegetable intake by marrying their favorite foods with a variety of veggies. Our “Just Add A Vegetable” events will be held at a variety of grocery stores throughout the Cascade County area.
- Park Pals, will coordinate with the local school district’s food truck, which brings meals to hungry kids during the summer.
- Winter Trails Day & National Trails Day, coordinating hikes for the community



SECONDARY DATA

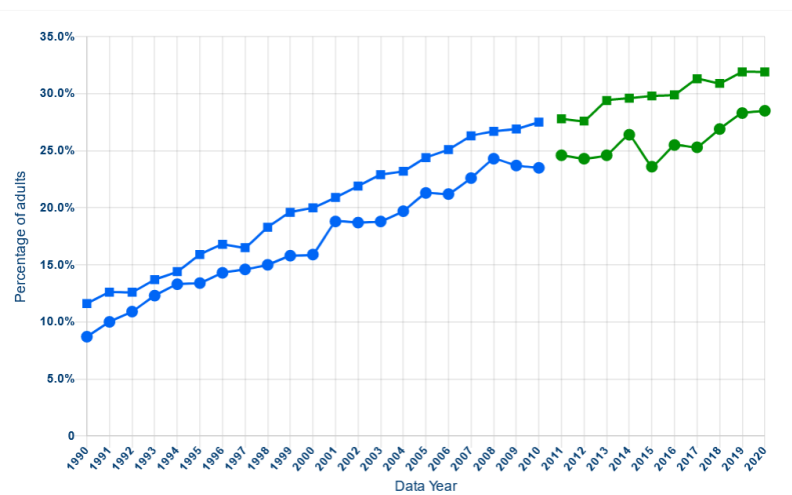
Healthy Weight

- According to the 2021 Cascade County Community Health Survey, 11.2% of respondents said that they have excellent health

73.9%
of Cascade County respondents would say they have good or very good health (2021)

- **28.5% of MT adults with a body mass index of 30.0 or higher based on reported height and weight**
- Obesity increased 13% from 25.3% to 28.5% of adults between 2017 and 2020
- 28.3% of MT adults met the federal physical activity guidelines (150 minutes of moderate or 75 minutes of vigorous aerobic activity and two days of muscle strengthening per week) in the past 30 days
- 18.9% of MT adults reported doing no physical activity or exercise other than their regular job in the past 30 days

Trend: Obesity, Montana, United States



Montana is currently number 23 of the top 25 healthiest states

Cascade County

- According to the County Health Rankings, 31% of Cascade County adults are obese.
- 83% have adequate access to locations for physical activity.
- 24% of adults age 20 and over reporting no leisure-time physical activity
- 14.9% of Community Health Survey respondents reported having fair or poor health

A SPECIAL THANKS TO

Healthy Lives, Vibrant Futures

COMMITTEES

Healthy Lives, Vibrant Futures Steering Committee

Abigail Hill	City-County Health Department	Liz Whiting	Benefis Health System
Alex Sholes	Montana Fish Wildlife & Parks	Marlena Azure	Indian Family Health Clinic
Beth Morrison	Alliance for Youth	Melissa Kingsland	Great Falls Clinic
Ellie Crabtree	City-County Health Department	Rachel Arthur	Indian Family Health Clinic
Kristy Pontet-Stroop	Alliance for Youth	Rachel Doran	City-County Health Department
Lacey Hallet	United Way of Cascade County	Tayna Houston	Alluvion Health

Substance Abuse Prevention Alliance

Andrea Savage	Great Falls Public Schools	Kevin Langkeit	Benefis Health Systems
Ashley Ragas	Benefis Health Systems	Kim Stull	Family Connections
Bailey Reifenberger	Big Brothers Big Sisters	Kim Casey	RE Family Services
Beth Morrison	Alliance for Youth	Kimberly Hill	Ideal Option
Brandin Munoz	Cascade County Attorney's Office	Kristy Evans	State of Montana
Carol Bronson	Neighbor Works	Kristy Pontet-Stroop	Alliance for Youth
Cherie Jennings	Radiology Montana	Kylie Carranza	University of Providence
Cheryl Ulmer	Senator Tester's Office	Kyle Baker	Benefis Health System
Cheyenne Riley	Malstrom Airforce Base	Lacey Hallett	United Way of Cascade County
Chris Hensley	Alliance for Youth	Leann Budeski	Donald Keith CPA
Christine Marquez	University of Providence	Lori Cereck	Family Connections
Dean Snow	Alliance for Youth	Margot Schneider	Great Falls Public Schools
Deborah Rose	Many Rivers Whole Health	Marla Hauser	Great Falls Public Schools
Debra Glenn	Malstrom Airforce Base	Marlena Azure	Indian Family Health
Desarae Baker	Indian Family Health Clinic	Megan Bailey	Gateway Recovery Services
Frank Laliberty	CASA-CAN	Michael Cassidy	Green Apple Counseling
Ginger King	Family Connections	Mike Buchanan	Big Brothers Big Sisters
Greg Grosenick	Family Promise	Paige Morgan	Malstrom Airforce Base
Heather Louvan	Opportunities Inc	Rachel Arthur	Indian Family Health Clinic
Heidi Melton	Family Connections	Rachel Doran	City-County Health Department
Isis Olson	Alliance For Youth	Rachelle David	Malstrom Airforce Base
Jason Grover	Montana Highway Patrol	Rio Aagaard-Shivley	Senator Tester's Office
Janine Hieb	LCPC	Russ Miner	Miner Agricultural Consulting
Jeffery Simpson	Malstrom Airforce Base	Scott Schandelson	Benefis Health Systems
Jeremy Jones	Great Falls Fire Rescue	Serena Sargent	Malstrom Airforce Base
Jeremy Virts	Great Falls Fire Rescue	Wade Stout	City-County Health Department
Jody Murray	Great Falls Public Schools	Theresa Shriner	Alluvion Health
Jon Marshall	Great Falls Police Department	Thomas Risberg	Alliance for Youth
Josh Bailey	Youth Court Services	Tory Scribner	Senator Daines' Office
Joshua Archey	Great Falls College MSU	Veronica Griffith	Great Falls Public Schools
Kathy Fletcher	Alliance for Youth		

Healthy Lives, Vibrant Futures

COMMITTEES

Access to Healthcare

Deb Kottel
Jennifer Whitfield
Justin Grohs
Kate Nesson
Lacey Hallett
Leesha Ford
Liz Whiting

St. Vincent de Paul
Many Rivers Health
GF Emergency Services
Planned Parenthood
United Way of Cascade County
Alluvion Health
Benefis Health Systems

Melissa Kingsland
Molly Wendland
Patricia Kosednar
Rachel Arthur
Rachel Doran
Susie McIntyre
Tina Bundtrock

Great Falls Clinic
Little Shell Tribe
Mountain Pacific
Indian Family Health Clinic
City-County Health Department
Great Falls Library
Benefis Health Systems

Get Fit Great Falls (Healthy Weight)

Abigail Hill
Alex Sholes
Andrea Withey
Brian Clarke
Carley Knudson
Clark Carlson-Thompson
Deb Sivumaki
Erica Harp
Erin Merchant
Lacey Gallagher
Jody Murray
Joshua Archey
Kathy Hankes

City County Health Department
Giant Springs State Park
Great Falls Clinic
University of Providence
The Peak Health Club
Montana State Parks
Eagle Mount
Great Falls Public Schools
Erin Schermele Films
City County Health Department
Great Falls Public Schools
Great Falls College MSU
Alliance for Youth

Katrin Finch
Katie Brooks
Kim Skornogoski
Megan Schermele
Mike Henneberg
Nina Polk
Patty Rearden
Peggy Ray
Quincie Jones
Rachel Doran
Rodney Johnson
Thomas Risberg
Tyler Mendelez

Great Falls College MSU
The Peak Health Club
United Way of Cascade County
Benefis Health System
Great Falls Public Schools
Great Falls College MSU
Great Falls Park and Recreation
Race MT
Great Falls College MSU
City County Health Department
University of Providence
Alliance for Youth
Alluvion Health

Child Abuse & Neglect Task Force

Amy Steffenson
Beth Morrison
Carol Paul
Cyndie Einan
Desarae Baker
Ellie Crabtree
Jamie Marshall
Jessica Yurek
Jo-Vivianne Jones
Kat Whitish
Kim Mehaffey

Benefis Health Systems
Alliance for Youth
Great Falls Public Schools
City-County Health Department
Indian Family Health Clinic
City-County Health Department
Dandelion Foundation
Benefis Health Systems
City-County Health Department
LOVE
City-County Health Department

Kay Anderson
KC Beall
Lacey Hallett
Lacey Racine
Laura Ewalt
Louisa Libertelli-Dunn
Peter Hanes
Rachelle David
Serena Sargent
Sarah Onstad-Layton

Peace Place
United Way
Victim Witness
Honey Hippo Cafe
Peace Place
United Way
Malstrom Air Force Base
Malstrom Air Force Base
Opportunities Inc

The Process



Community Health Needs Assessment

Every three years a Community Health Needs Assessment survey is conducted to identify top health priorities for Cascade County.



Community Health Symposium

The data gathered from the CHA is then presented to the public at a Health Symposium



Community Health Assessment

Once the survey is complete, HLVF compiles a Community Health Assessment to explain the collected data and address top priority areas.



Community Health Improvement Plan

The community feedback from the Health Symposium is utilized to develop a Community Health Improvement Plan.

A CLOSER LOOK

Background & Purpose

Every three years, a Community Health Needs Assessment (CHNA) is performed to assess the top health concerns for Cascade County. The CHNA begins with a Community Health Survey, which historically has been sent to a random sample of households in our community. This year, because of the pandemic, the Healthy Lives Vibrant Futures (HLVF) Steering Committee opted to put the survey online. We received additional feedback from Indian Family Health Clinic and began working with them to help make the survey more inclusive for Native Americans and reflective of cultural differences. The survey is meant to measure the sense of community health in Cascade County, determine areas of greatest concern. We found that putting the survey online did not skew the data age or gender wise, but there were significantly more Native Americans that participated in the survey this year, with an increase from 5% in 2018 to 17.5% in 2021. This can also be attributed to the additional efforts by the Indian Family Health Clinic to distribute to their patients in office. We also saw a large increase in number of surveys taken – increasing from 560 respondents in 2018 to 1077 in 2021. The results from the health survey are used to produce a Community Health Improvement Plan (CHIP) that will be used to guide the steering committee of the HLVFs Coalition. Each improvement plan is active for three years, until the next CHNA process is finished. The first improvement plan for Cascade County was created in 2011, followed by editions published in 2014, 2017 and 2020.

The HLVF Symposium Report outlines the findings of the 2021 Community Health Survey and functions as a draft of the upcoming CHNA. This CHNA document includes the information gathered from the 2021 Community Health Survey as well as feedback from the January 27th Healthy Lives Vibrant Futures Symposium. The document also includes updated data on the status of residents' health in ten other areas: mortality, disease incidence and prevalence, hospitalizations, health risk behaviors, mental health and mental disorders, public health issues, access to care, dental services, child abuse and neglect, and special populations.

The four priority areas in Cascade County—substance abuse prevention, healthy weight, access to care, and preventing child abuse & neglect—were initially set by attendees at previous symposiums. The first three priorities were set at the 2011 Community Health Symposium, while child abuse & neglect was added as a priority area by attendees at the January 21, 2016 Community Health Symposium. The findings of the 2018 and 2021 Community Health Survey reaffirm these four priority areas.

The Healthy Lives, Vibrant Futures Coalition exists in order to track and improve conditions in these four priority areas going forward. We are an alliance of people from diverse fields, backgrounds, and agencies who are committed to taking action by addressing these issues as well as the economic / social conditions surrounding them.

III. Findings

2021 Cascade County Healthy Communities Survey

Your Health, Your Community, Your Future!

Please complete and return your complete survey by May 31st to be entered into the drawing for a \$200 Visa gift card. Your responses will be anonymous and strictly confidential.

Please tell us about the health of your community.

1. In the following list, what do you think are the **THREE (3)** most serious health concerns in your community where you live? Please select three (3).

Lack of Access to Care

- Dental care
- Medical care
- Mental health care
- Reproductive health care

Chronic Disease

- Asthma
- Cancer
- Dental problems
- Diabetes
- Heart disease
- High blood pressure
- Stroke

Communicable Disease

- HIV / AIDS
- Other infectious diseases
- Sexually transmitted diseases

Environmental Health

- Foodborne illness
- Indoor air quality
- Outdoor air quality
- Water quality

Health Risk Behavior

- Alcohol abuse
- Child abuse and/or neglect
- Domestic violence
- Drug abuse (illegal)
- Drug abuse (prescription)

- Overweight and obesity
- Physical inactivity
- Low immunization rate
- Rape/sexual assault
- Sexual activities
- Teenage pregnancies
- Tobacco use

Mental Health

- Depression/Anxiety
- Suicide

Unintentional Injury

- Farm related injuries
- Gun related injuries
- Motor vehicle injuries
- Recreation related crashes/injuries
- Work related accidents/injuries

Other _____

2. Would you agree that your community is a “healthy community?”
 Strongly agree Agree No opinion Disagree Strongly disagree
3. Please check up to **THREE (3) lifestyle choices** in your community that concern you the most.
- | | |
|--|---|
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Overweight and obesity |
| <input type="checkbox"/> Drinking and driving | <input type="checkbox"/> Alcohol abuse |
| <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Poor nutrition |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Not getting vaccinations |
| <input type="checkbox"/> Illegal drug abuse | <input type="checkbox"/> Unsafe sex |
| <input type="checkbox"/> Prescription drug abuse | <input type="checkbox"/> Gambling |
| <input type="checkbox"/> Not using seat belts/child safety seats | <input type="checkbox"/> Vaping |
| <input type="checkbox"/> Other, please describe: _____ | |
4. Please select **THREE (3)** of the items below that you believe are most important for a “healthy community.”
- | | |
|---|--|
| <input type="checkbox"/> Safe neighborhoods | <input type="checkbox"/> Good schools |
| <input type="checkbox"/> Access to health care and other services | <input type="checkbox"/> Arts |
| <input type="checkbox"/> Parks and recreational opportunities | <input type="checkbox"/> Clean environment |
| <input type="checkbox"/> Religious or spiritual values | <input type="checkbox"/> Tolerance for diversity |
| <input type="checkbox"/> Life-long educational opportunities | <input type="checkbox"/> Affordable housing |
| <input type="checkbox"/> Support for good parenting | <input type="checkbox"/> Good paying job opportunities |
| <input type="checkbox"/> Support for healthy families | <input type="checkbox"/> Healthy lifestyle choices |
| <input type="checkbox"/> Low crime | <input type="checkbox"/> Strong family life |
| <input type="checkbox"/> Opportunities for community involvement | <input type="checkbox"/> Low death and disease rates |
| <input type="checkbox"/> Cultural Events | |
| <input type="checkbox"/> Other, please describe: _____ | |
5. Please check up to **THREE (3) mental health issues** that impact **YOU AND YOUR FAMILY** the most.
- | | |
|---|---|
| <input type="checkbox"/> Alcohol use | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Access to mental health services | <input type="checkbox"/> Drug use |
| <input type="checkbox"/> Lack of family stability | <input type="checkbox"/> Lack of social support |
| <input type="checkbox"/> Broken families | <input type="checkbox"/> Work-related stress |
| <input type="checkbox"/> Other, please describe: _____ | |
6. Overall, how much impact do you think people like you can have in making your neighborhood or community a better place to live?
 Big impact Moderate impact Small impact No impact Not sure
7. In general, would you say your health is...?
 Excellent Very good Good Fair Poor
8. Does everyone in your household have health insurance?
 Yes No Not sure
9. Does everyone in your household have dental insurance?
 Yes No Not sure
10. If you answered “No” to questions 8 or 9, who in your household is uninsured?
 No one in the household is insured The children 18 and under
 The adults between 18 and 64 The adults who are 65 and older

11. Do you have someone who you consider to be “your” doctor or health care provider?
 Yes (skip to 13) No Not sure

12. If you marked “No” to question 11, then where do you get health care?
 Community Health Care Center Rural Health Clinic
 Health Department Specialist (OB/GYN, Heart, etc.)
 Emergency Room/Hospital Chiropractor
 Planned Parenthood Urgent Care/Walk-In Clinic
 Naturopath Indian Family Health Clinic
 Telemedicine Just don’t go
Other: _____

13. During the past three years, was there a time when you or a member of your household felt you needed health care services but did NOT get, or delayed getting service?
 Yes No Not sure

14. If you answered “Yes” to question 13, what were the **THREE (3)** most important reasons why you or a family member did not receive the care you needed?
 Could not get an appointment It was too far to go
 Too long of a wait for an appointment Could not get off work
 Too nervous or afraid Didn’t know where to go
 My insurance wouldn’t cover it Transportation problems
 Don’t like doctors No health insurance
 Unsure if services were available Had no one to care for the children
 Not treated with respect Language barrier
 It cost too much Office wasn’t open when I could go
 Other, please describe: _____

15. How do you learn about health services in your community?
 Friends/Family Presentations
 Health care provider Public Health Department
 Mailings/Newsletters Radio
 Newspaper Website/internet
 Other, please describe: _____ Word of mouth/reputation

16. What concerns you the most about health care in your community?

Please tell us about you and your household.

17. Do you smoke cigarettes?

- Yes, daily Yes, some days No, but I used to No, never

18. Do you vape?

- Yes, daily Yes, some days No, but I used to No, never

19. Do you use marijuana?

- Yes, daily Yes, some days No, but I used to No, never

20. Are you aware of assistance that might be available to help people quit smoking such as telephone quit lines and local health clinic services? Yes No

21. How many people 18 years and older live in your household (include yourself)? _____

22. How many people under 18 years live in your household? _____

23. Do you have a landline (home) telephone (not including a cell phone)? Yes No

24. Do you have access to a **computer** at your household? Yes No

25. Do you have access to the **internet** at your household? Yes No

26. Do you have access to **reliable transportation** at your household? Yes No

27. What is your age? _____

28. What is your gender? Male Female

29. Are you Hispanic or Non-Hispanic? Hispanic Non-Hispanic

30. What do you consider your race? (check all that apply)

- American Indian/Alaskan Native Asian
 Black/African American Hispanic
 Native Hawaiian/Pacific Islander White/Caucasian
 Other _____

31. What is your marital status?

- Divorced Domestic Partnership Single, never married Married Widowed

32. What is the approximate **monthly income** for your household before taxes?

- Under \$1,000 \$1,001-1,500 \$1,501-\$2,000 \$2,001-\$2,500
 \$2,501-\$3,000 \$3,001-\$3,500 \$3,501-\$4,000 \$4,001-\$4,500
 \$4,501-\$5,000 \$5,001-\$5,500 \$5,501-\$6,000 Over \$6,000

33. What is the highest level of school that you completed?

- Less than 12th grade Completed high school (or GED) Some college
 2 year degree Technical/vocational school 4 year degree Postgraduate

34. What is your current employment status? (check all that apply)

- Employed Full-time Employed-temporary Student Full-time
 Employed Part-time Self Employed Student Part-time
 Retired Unemployed

Thank you! Please return your survey in the self-addressed stamped envelope with your name, address, and telephone number on a separate sheet paper for the \$200 Visa gift card drawing.

COVID Supplemental Questions:

Q32 1. During the past year, was there a time when you or a member of your household felt you needed health care services but did NOT get, or delayed getting service due to COVID-19?

- Yes No Not sure

Q33 2. In the past year, have you been sick for more than one day with an illness that included any of the following: fever, cough, sore throat, or runny or stuffy nose??

- Yes No Not sure

Q34 3. For this illness, where did you seek medical attention? (select all that apply):

- Doctor's office Telemedicine/telephone triage
 Retail clinic/Pharmacy Urgent care
 Emergency Department Health department/public health clinic
 Did not seek medical attention Other, please describe: _____

Q35 4. How long after your symptoms started did you seek care?

- Less than 2 days 2-7 days Greater than 1 week Did not seek medical attention

Q36 5. For this illness, were you diagnosed with COVID-19?

- Yes No Not sure

Q37 6. Were you or anyone in your household diagnosed with COVID-19 this past year?

- Yes No Not sure

Q38 7. Did you have access to telemedicine over this past year?

- Yes No Not sure

Q39 8. If you answered yes to question 7, would you want to continue to utilize telemedicine healthcare services in the future?

- Yes No Not sure

Q40 9. How do you feel that COVID-19 has affected families in your community (select all that apply):

- Financially Physically Emotionally

Q41 10. Due to COVID-19, do you think that there is an increased need for assistance in your community with (select all that apply):

- Housing/rental or mortgage Mental health
 Drug and alcohol services Childcare programs/services
 Senior adult care programs/services Other, please describe: _____

The Coronavirus | COVID-19 can have many different impacts. How has the Coronavirus | COVID-19 impacted your household in the past year and what are the needs of your household? Select all that apply.

Q42 11. Wages and Employment

- Earned less money
- Expect to lose job soon
- Had to take off from work without pay
- Other, please describe: _____
- Worked fewer hours
- Lost job
- Had to close business

Q43 12. Medical and Health

- Had a medical emergency
- Got medical help (non-emergency)
- Could not get daily medication refilled
- Got medical help (non-emergency)
- Had an increase in medical expenses
- Other, please describe: _____

Q44 13. Family and Well-being

- Needed help with childcare
- Someone moved into the household
- Felt like you couldn't leave your home
- Felt hopeless
- There was not enough food
- Did not have household goods (soap, paper towels, toilet paper)
- Could not relax
- Someone moved out of the household
- Had to provide care to an elder
- More conflict in the household
- Other, please describe: _____

Q45 14. Education and Schooling

- Having child at home because school/childcare/university closed
- Lacked information from school/district
- Did not have WIFI/internet at home
- Worried student will not be ready for the next school year
- Did not have computer, tablet or other device for doing school work

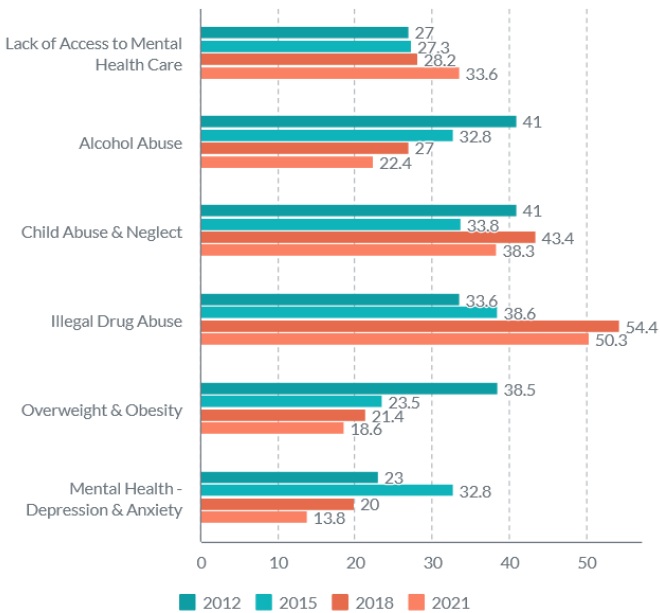
A CLOSER LOOK

The Findings

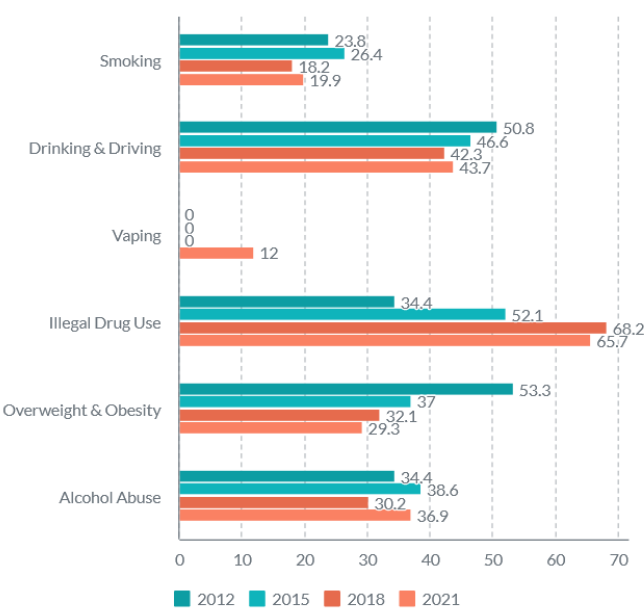
In 2021, illegal drug abuse (50%), a lack of access to mental health care (33%), child abuse and/or neglect (38%), and alcohol abuse (22%) were the top health concerns. These 2021 health concerns are also of concern in prior years. In a separate question concerning mental health in the 2021 survey, nearly 20% of the 2021 respondents felt that overall mental health was a concern in the community. Specific mental health issues as depression/anxiety and suicide did not appear as a greater concern compared to prior years.

Respondents in 2021 found illegal drug use (66%), drinking and driving (44%), and alcohol abuse (37%) as the top lifestyle concerns. Although not a top concern, 12% of 2021 respondents found vaping to be a lifestyle concern (Note: Vaping was not asked in prior years).

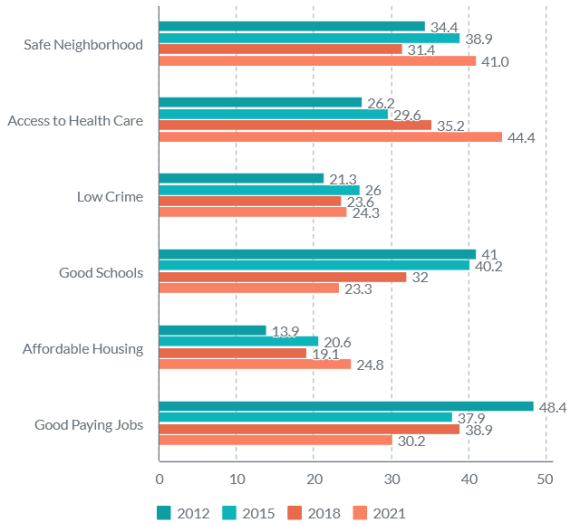
Q1. What do you think are the THREE most serious health concerns in your community?



Q3. What THREE lifestyle choices in your community concern you the most?



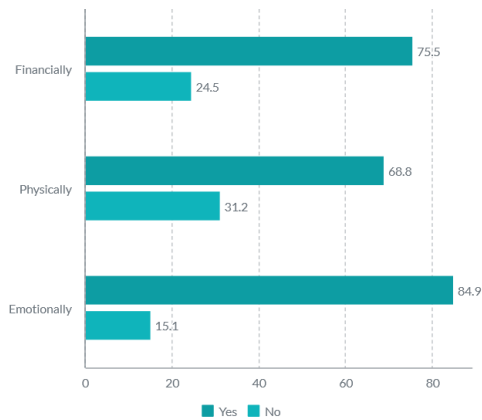
Q4. What THREE items do you believe are most impactful for a healthy community?



Residents of Cascade County identified Safe Neighborhoods, Access to Health Care and Good Paying Jobs as what they believe to be the most impactful for a healthy community. Tolerance for diversity emerged as more of a contributor to a healthy community in 2021 (11% compared to an average of 5% for prior years). This may be attributed to the social unrest in our nation in 2020 with the Black Lives Matter movement.

A slightly greater percentage of 2021 respondents (40%) did not receive or delay health care services compared to prior years. This could be in part to the COVID-19 pandemic. For the one-third that did not receive health care services or delayed care, the top three reasons in all four years were health services cost too much, the wait for an appointment is too long, or insurance would not cover the services.

Q15. Do you feel your family was affected FINANCIALLY, PHYSICALLY or EMOTIONALLY due to COVID-19?



When asked what concerns them most about health care in their community, residents tend to reiterate concerns in prior questions such as access and affordability. However, COVID-19 concerns are prominent among 2021 respondents.

Cascade County respondents resoundingly felt the pandemic had affected them emotionally, financially and physically.

When asked what concerns them most about health care in their community, residents tend to reiterate concerns in prior questions such as access and affordability. However, COVID-19 concerns are prominent among 2021 respondents.

Survey Demographics

AGE & GENDER

In 2021, we saw a large increase of survey respondents, who ranged in age from 15 to 90 years old. The median age was 48 years old.

78% of respondents were female in the 2021 survey, with 17 respondents choosing not to disclose their gender.

RACE

The 2021 survey saw a large increase in the number of individuals of different races participating, not only from the Native American community but from other races as well.

MARITAL STATUS

Almost 60% of the 2021 survey takers are married, followed by 16% who are single never married. The next largest group was divorced people, followed by almost 5% of persons who considered themselves in a domestic partnership. About 4% of respondents were widowed.

HOUSEHOLD INCOME

Survey respondents were asked to give their household income based on an approximate monthly gross. 24.1% of those surveyed said they grossed \$6,000 or more a month, which was the highest option. The numbers go down from there, with 5.5% of takers saying they grossed less than \$1000 a month.

EDUCATION

A majority of survey takers have a 4-year degree (27.8%) or a post graduate degree (21.7%). Only 3.2% of respondents had less than a 12th grade education level, and this could be attributed to the age of some survey takers.

EMPLOYMENT

63.1% (673) of 2021 respondents are employed full-time. 7.1% reported being unemployed and 11.2% of respondents are retired. 1.6% reported being students, either part-time or full-time. Additionally, 5.5% of survey takers are self-employed.

A CLOSER LOOK

Mortality Rates

Mortality rates due to a given cause, such as stroke, head trauma, or Alzheimer's disease, are a common way of describing the impact of a disease in the population. Mortality rates not only indicate the status of health in a community but also reflect its social condition and economic development, which are all interrelated.

In Cascade County, the leading cause of death among residents under the age of 75 is malignant neoplasms followed by diseases of the heart. The average life expectancy in Cascade County is 77.1 years, which is slightly lower than the State expectancy of 78.4. According to County Health Rankings, 8,000 years of potential life has been lost in Cascade County in 2022. Over the course of the pandemic, Cascade County had 348 deaths from COVID-19, making up 10% of total COVID deaths in Montana.

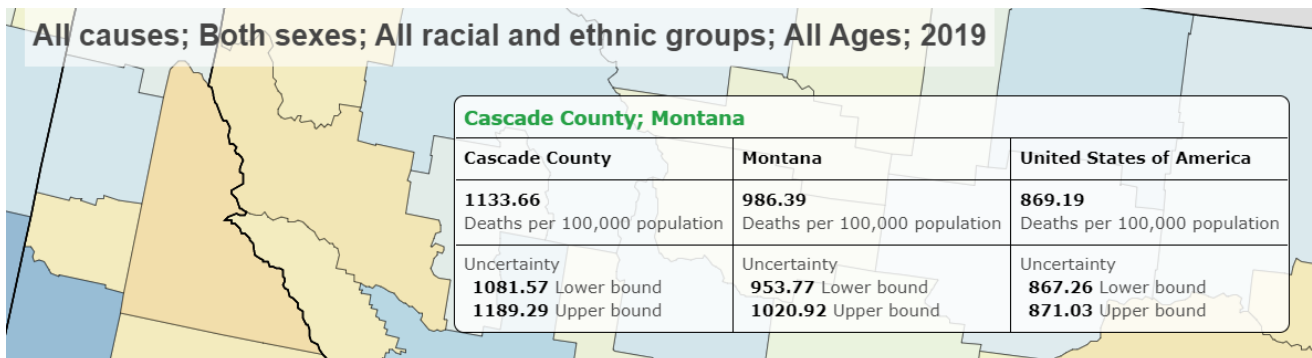
Leading Causes of Death under age 75 in Cascade (CS) County

Leading Causes of Death Under Age 75	Deaths	Age-Adjusted Rate per 100,000
Malignant neoplasms	272	84.5
Diseases of heart	204	64.3
Accidents	115	48.6
Chronic lower respiratory diseases	98	27.5
Diabetes mellitus	56	19.4

Source: [CDC WONDER](#). Premature Mortality includes all deaths among people under age 75 and the rates are age-adjusted to the US 2000 population. Since counties have different age make-ups, age-adjustment can help in comparing health measures between counties.

Deaths under age 75 due to COVID-19 in Cascade (CS) County

Deaths under age 75 due to COVID-19	Deaths	Age-Adjusted Rate per 100,000
COVID-19	44	13.3

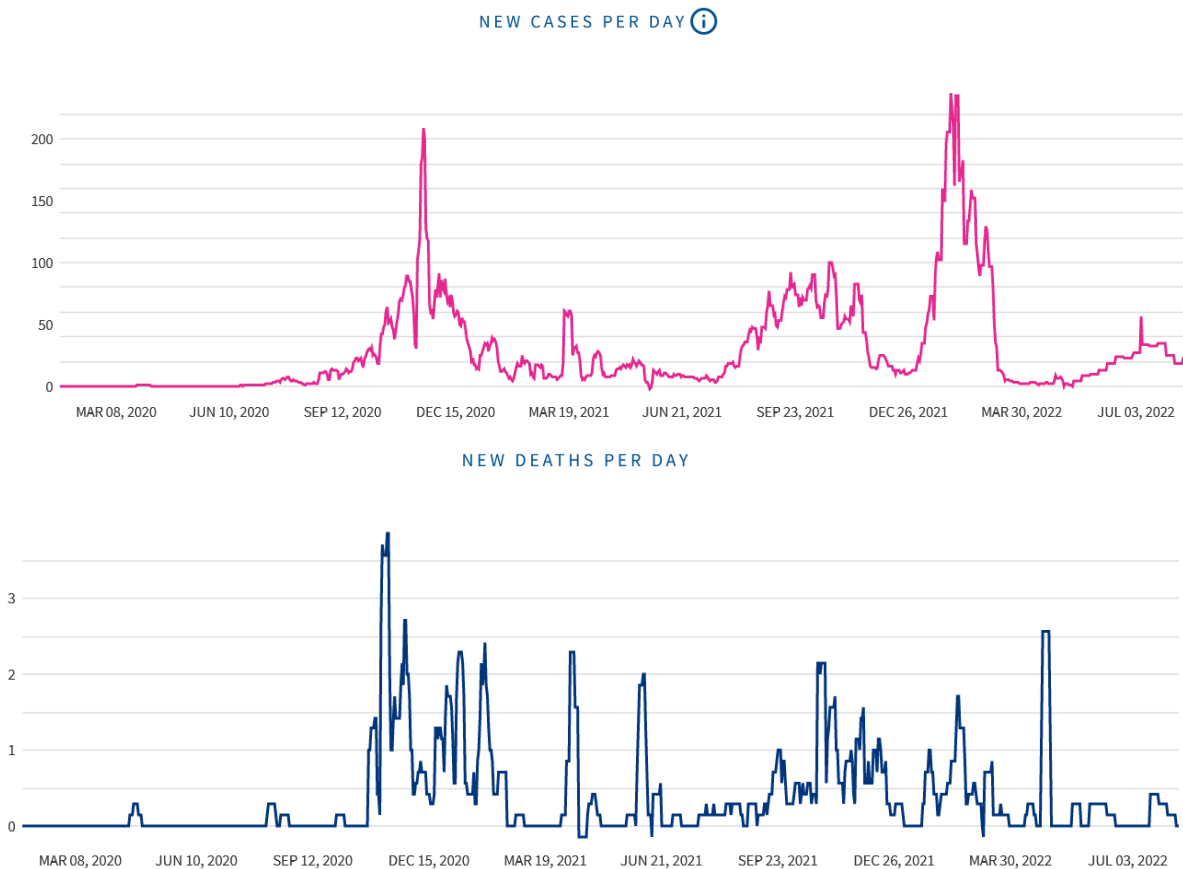


<https://www.arcgis.com/gis.com/>

The pandemic did shift mortality rates for 2020. Data from the National Vital Statistics System shows that :

- Life expectancy for the U.S. population in 2020 was 77.0 years, a decrease of 1.8 years from 2019.
- The age-adjusted death rate increased by 16.8% from 715.2 deaths per 100,000 standard population in 2019 to 835.4 in 2020.
- Age-specific death rates increased from 2019 to 2020 for each age group 15 years and over.
- Nine of the 10 leading causes of death in 2020 remained the same as in 2019, although 5 causes switched rank; heart disease and cancer remained the top 2 leading causes, and COVID-19 became the third leading cause of death in 2020.
- Positively, the infant mortality rate decreased 2.9% in 2020 from 2019 to a record low of 541.9 infant deaths per 100,000 live births.

In Cascade County, there have been 27,250 reported cases of COVID-19, with 354 deaths. Life expectancy in Cascade County is at 77.7 years. This varies based on race, with American Indian & Alaska Native life expectancy at 65.3 years, Black life expectancy at 72.6 years, Hispanic life expectancy at 76.8 years, and White life expectancy at 77.8 years.

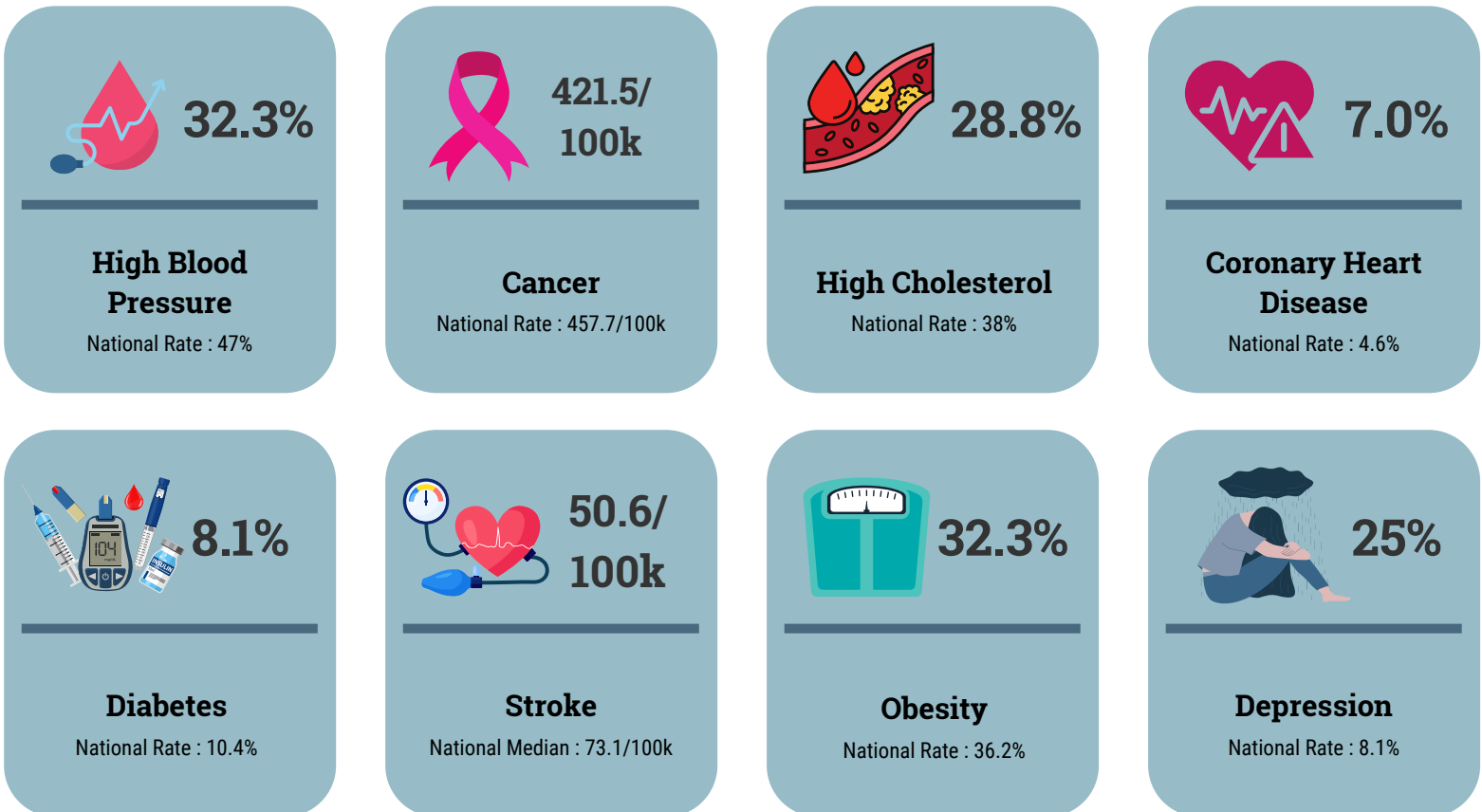


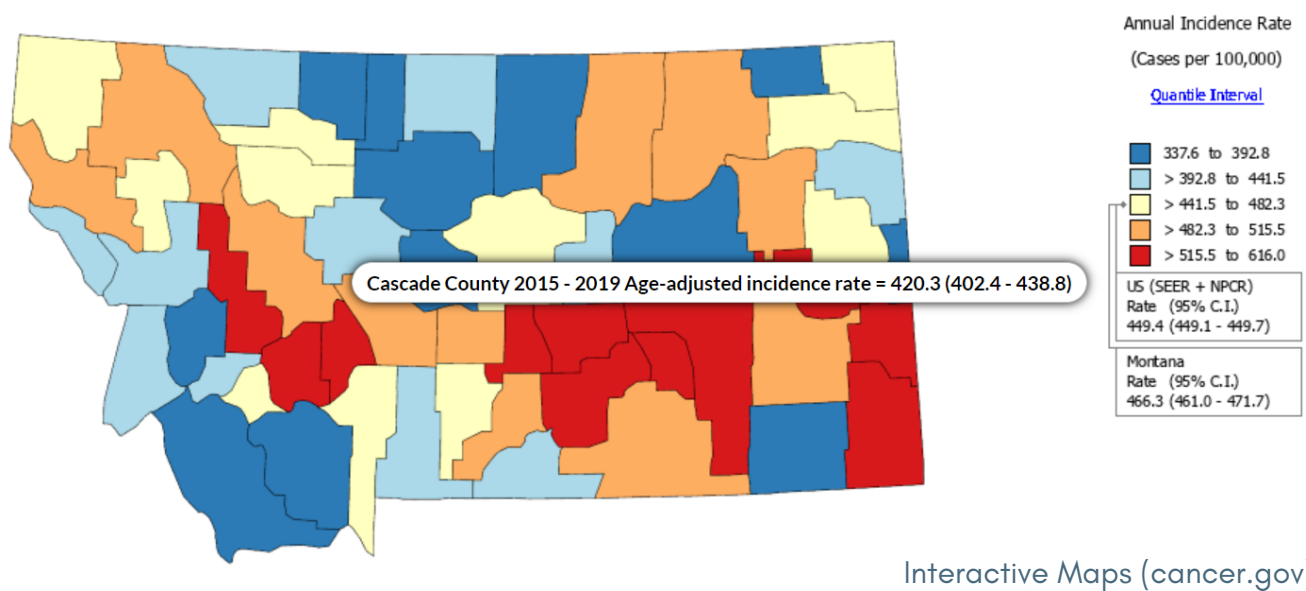
A CLOSER LOOK

Disease Prevalence

According to the CDC, six in ten Americans live with at least one chronic disease. Chronic diseases—like heart disease, diabetes, and cancer—are leading causes of death and disability in the United States. Currently, 7 out of every 10 deaths among Americans are caused by chronic disease. For every \$1 spent on health care, 75 cents is spent on chronic disease and factors that increase their risk.

Lifestyle choices impact the majority of chronic disease risk factors. The percentage of the population classified as overweight and obese increased significantly over the past 30 years. This contributes greatly to the development of diabetes, high blood pressure and high cholesterol. While residents of Cascade County have also seen an increase in obesity, they remain relatively low for other related diseases compared to national rates. Residents have a significantly lower chance of having a stroke, cancer, high cholesterol or high blood pressure.

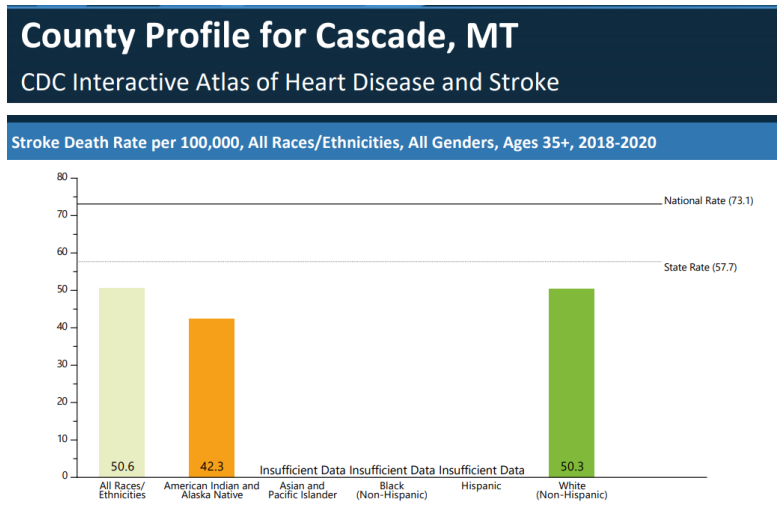




Cascade County is trending downward in reported cancer cases, sitting at 421.5/100k versus the State rate of 462.9/100k. Cascade County's age-adjusted cancer death rate for all ages and all cancer types is 151/100k. The goal set by Healthy People 2030 would be a rate of 122.7/100k in each community. Cascade County sits on the lower end of cancer rates and death rates for the State of Montana.

Cascade County sits in the mid-range for persons diagnosed with diabetes compared to other counties across Montana. According to the CDC, 8.5% of adults 20 or older in the County have been diagnosed with diabetes. Additionally, 31.5% of Cascade County adults 20 or older who were screened in the past five years had high cholesterol. This puts Cascade County as one of top performing counties in Montana for lowest percentage of adults with high cholesterol.

- In Cascade, the average estimated stroke death rate for All Races/Ethnicities, All Genders, Ages 35+ for 2018-2020 is 50.6 Age-Standardized Rate per 100,000.
- In the state of MT, the average estimated stroke death rate for All Races/Ethnicities, All Genders, Ages 35+ for 2018-2020 is 57.7 Age-Standardized Rate per 100,000.
- The national average estimated is stroke death rate for All Races/Ethnicities, All Genders, Ages 35+ for 2018-2020 is 73.1 Age-Standardized Rate per 100,000.



<https://nccd.cdc.gov/DHDSAtlas/detailedpdfreport.aspx?arealds=30013&themeld=3&filterlds=9,2,3,4,7&filterOptions=1,1,1,1,1#report>

A CLOSER LOOK

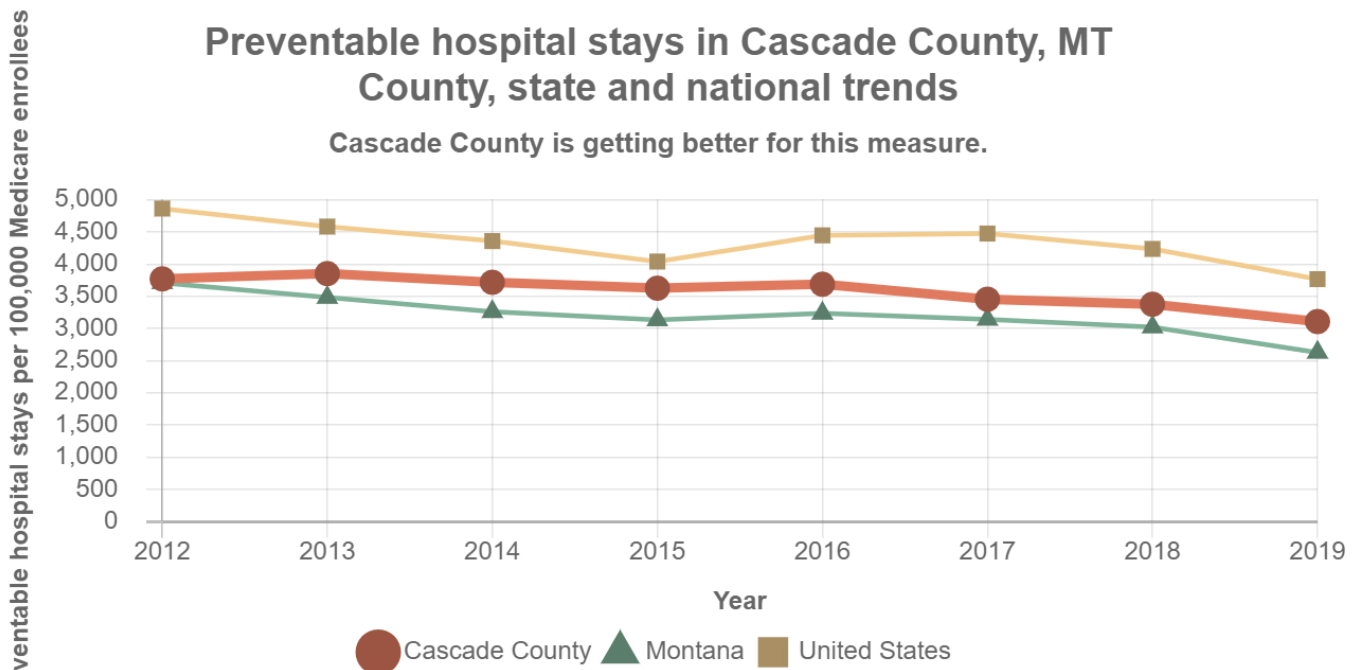
Hospitalizations

Why focus on decreasing preventable hospitalizations?

- Avoiding preventable hospitalizations improves the quality of life for both patients and families.
- Reducing unnecessary admissions reduces healthcare costs.

In Cascade County, the preventable hospitalization rate was 3,108. This is the rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. Preventable hospitalizations are admissions to hospitals which could be avoided through appropriate and timely outpatient care. Examples include hospitalizations due to asthma and type-2 diabetes. The higher the value, the greater the negative impact on community health. This is the rate broken out among different races in the population :

- **American Indian & Alaska Native 7,298**
- **Black 1,451**
- **White 2,888**



Click on the circle, triangle or square above to show corresponding data points on the county, state and national level.

The pandemic had a massive impact on the number of hospitalizations in Cascade County and across the nation.

Between March 2020 and December 2021, there were 10,461 COVID-19 hospitalizations reported to the Montana DPHHS. There were 3,895 hospitalizations reported in 2020 and 6,566 hospitalizations in 2021, which represents a 69% increase from 2020 to 2021. The percentage increase in hospitalizations between 2020 and 2021 was highest among the 0-9, 18-29, and 30-49 age groups. The number of reported hospitalizations increased in every demographic subgroup except among American Indian and Alaska Native persons, which had a 26% decrease in reported hospitalizations between 2020 and 2021.

Beginning in July 2020, the COVID-19 hospitalization rates increased in the 30-49, 50-69 and 70+ age groups and peaked in November 2020. The hospitalization rates were highest for the 70+ age group, followed by the 50-69, and 30-49 age groups. The hospitalization rates were lowest among the <30 age group. In August 2021, the COVID-19 hospitalization rates increased again in all age groups and peaked in September and October 2021. The hospitalization rates were highest among the 70+ age group, followed by the 50-69, 30-49 and <30 age groups. Notably, the hospitalization rates among 50-69 and 30-49 age groups increased in Fall 2021 compared to the similar time period in 2020; the hospitalization rate of individuals aged 70+ decreased in Fall 2021 compared to the similar time period in 2020. The overall COVID-19 case hospitalization rate for 2020-2021 was 5.3 hospitalizations per 100 cases. The case hospitalization rate by age group was 0.5, 0.3, 0.8, 2.5, 8.2, and 21.2 per 100 cases for the 0-9, 10-17, 18-29, 30-49, 50-69, and 70+ age groups, respectively.

Over the past 106 weeks, Benefis Health System was at 100% capacity for adult inpatient beds for 8 of those weeks, over 90% capacity for 46 of those weeks and over 80% for 93 of those weeks. ICU beds were over 80% capacity for 72 of those weeks.	Aug. 14, 2020	332.0	100.0%	174.2 of 174.2 beds used	100.0%	15.2 of 15.2 beds used
	Aug. 7, 2020	332.0	100.0%	180.2 of 180.2 beds used	100.0%	12.2 of 12.2 beds used
	July 31, 2020	332.0	100.0%	160.6 of 160.6 beds used	100.0%	15.8 of 15.8 beds used

<https://dphhs.mt.gov/assets/publichealth/CDEpi/images/DiseasesAtoZ/Coronavirus/COVID19Comparisonreport20202021andAppendixFNL.pdf>

A CLOSER LOOK

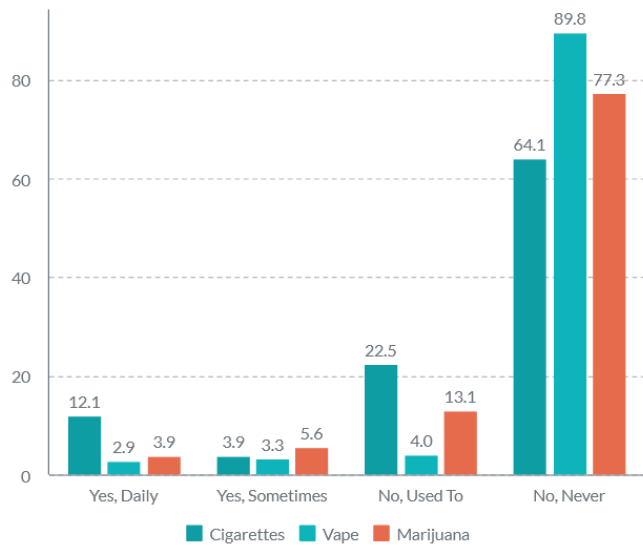
Health Behavior Risks

cigarette smoking

Cigarette smoking causes cancer and early death, and U.S. adults are more likely to use cigarettes than any other tobacco product. Population-level interventions to reduce tobacco use include price increases, mass media campaigns, and smoke-free policies.

12.1% Cascade County respondents smoke cigarettes daily, with 2.9% vaping daily and 3.9% smoking marijuana on a daily basis.

Q17. Do you smoke? (2021)



- While persons with any mental illness or substance use disorder represent 25% of the adult population, they consume 40% of all the cigarettes smoked.
- In Montana, the smoking rate for people with poor mental health is higher than for those without poor mental health.
- On average, people with a serious mental illness die 15 years earlier than the general population largely due to conditions caused or worsened by smoking.
- Over half of Montanans who called the Montana Tobacco Quit Line reported having a behavioral health condition.
- Smoking tobacco causes more deaths among clients in substance abuse treatment than the alcohol or drug use that brings them to treatment.

Cancer presents a significant burden to American Indians throughout Montana. Lung cancer is the leading cause of cancer deaths among American Indian Montanans. High prevalence of commercial tobacco use (40%) and obesity (47.1%) along with limited access to preventive healthcare and treatment contribute greatly to the cancer burden among Montana AI.

alcohol use

Binge drinking is defined as consuming 5 or more drinks on an occasion for men or 4 or more drinks on an occasion for women. Binge drinking can lead to motor vehicle crashes, violence, and death. Excessive drinking, including binge drinking, cost the United States \$249 billion in 2010, or \$2.05 per drink. These costs were from lost work productivity, health care expenditures, criminal justice costs, and other expenses. Binge drinking accounted for 77% of these costs, or \$191 billion.

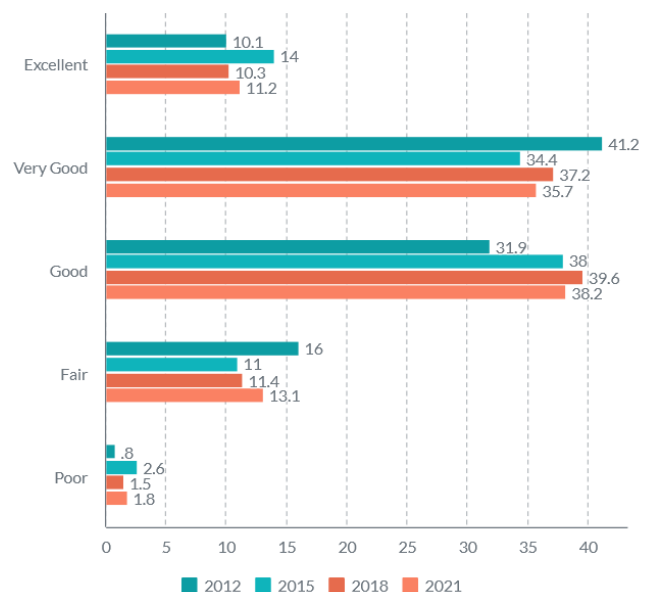
Montana has one of the highest fatality rates in the nation for number of deaths caused by impaired drivers per vehicle mile traveled. Data from 2020 indicates that 66% of all fatalities were the result of impaired driving, this is up from 58% during 2019. (2021 Montana Department of Transport)

In 2016, 22.2% of Montana adults in North Central Montana met the criteria for binge drinking. According to the 2020 BRFSS Survey, in 2020, 17.3% of Montana adults in North Central Montana met the criteria for binge drinking. That's nearly a 5% decrease over a four-year period.

There has also been a decrease in reports of substance use among high school students in the past few years. According to the 2021 Youth Risk Behavior Survey, 57% of high school students have used alcohol in their lifetime, a decrease from 63% in 2017. 27% of students in 2021 had reported alcohol use within the past 30 days, a decrease from 34% in 2017. Finally 15% of 2021 survey respondents reported binge drinking in the past month, a decrease from 21% in 2017.

healthy weight

To stay healthy, adults need a mix of at least 150 minutes a week of moderate-intensity aerobic activity and muscle-strengthening activity at least 2 days a week. According to Health Rankings, 78.2% of Cascade County residents reported having a leisure time physical activity. On the Health Survey, Cascade County residents generally reported their health was good, very good or excellent. There was a slight increase in residents who did identify with having fair (0.7) or poor (0.3) health.



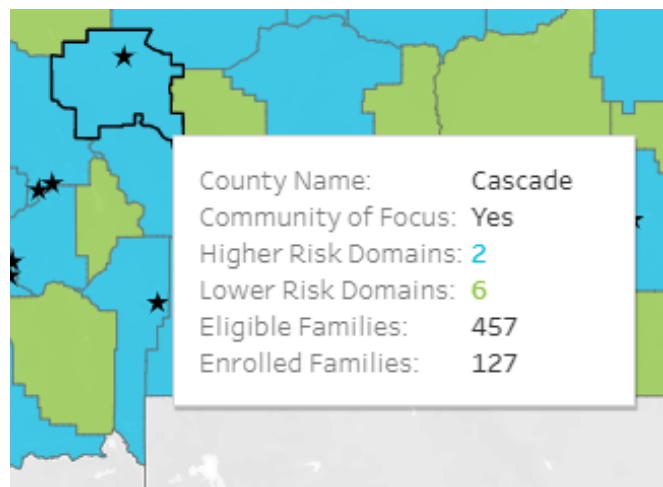
substance abuse

One major issue that faces the County is substance abuse. With nearly 105 participants at any given time, Cascade County's drug treatment courts are the largest in Montana. Through a variety of treatment courts—adult, veterans, and juvenile—Cascade County provides comprehensive, court-supervised treatment programs for offenders suffering from substance use disorders and mental health conditions. The goal of these drug courts is simple: offenders must adhere to treatment plans and requirements before graduating and earning a chance to rebuild their life.

The Montana Angel Initiative, launched in Cascade County, aims to improve the access and entry point into substance abuse treatment, and ultimately get more people into treatment. The initiative allows someone who is struggling with addiction to come into any participating law enforcement office and receive assistance in locating and being connected with treatment, without consequences or questions (subject to certain limitations).

According to the Healthy Montana Families Needs Assessment, there has been a sharp increase of children into the foster care system due to parental substance abuse.

- In 2019, 14.1% of children in Montana were living in a home with someone experiencing addiction or mental illness. This ranks Montana as one of the top five states nationally and is almost double the number compared to national rates (8.5%).
- 65% of children taken into foster care in 2018 due to parental substance abuse.
 - In 67% of these cases, methamphetamine is the primary drug. Doubling from 33% in 2012.
- Montana families experience higher rates of substance abuse for alcohol use (57.3%), marijuana use (19.8%), methamphetamine use (0.97%) and opioid misuse (4.03%) when compared nationally. (51.2% alcohol use, 15% marijuana use, 0.7% methamphetamine use, and 3.6% opioid use.)
- The rate of prenatal drug exposure in Montanan infants whose mothers were receiving Medicaid has increased from 3.7% in 2010 to 12.3% in 2016.
- 55 of 56 Montana counties are considered a Mental Health Professional Shortage area.
- As of 2010, 17.8% of Montana's substance abuse facilities reported programs for pregnant and post-partum women, down from 21.9% in 2016.



<https://dphhs.mt.gov/ecfsd/HMFNeedsAssessment>

The COVID-19 pandemic negatively affected many people’s mental health and created new barriers for individuals already suffering from substance use disorders. During the pandemic, about 4 in 10 adults in the U.S. have reported symptoms of anxiety or depressive disorder, a share that has been largely consistent, an increase from one in ten adults who reported these symptoms from January to June 2019. A KFF Health Tracking Poll from July 2020 also found that many adults are reporting specific negative impacts on their mental health and well-being, such as difficulty sleeping (36%) or eating (32%), increases in alcohol consumption or substance use (12%), and worsening chronic conditions (12%), due to worry and stress over the coronavirus.

Additionally, behavioral risk factors, such as smoking, excessive alcohol consumption, physical inactivity, obesity, and unhealthy food intake are added risk factors for severe outcomes of COVID-19 infections.

INFECTION

Smoking increases the risk for respiratory infections, weakens the immune system and is a major cause of a number of chronic health conditions, including COPD, heart disease and diabetes.



HOSPITALIZATION

Among adults who contracted COVID-19, smokers (current or former) were 2.3 times more likely to be hospitalized than non-smokers, according to a recent Morbidity and Mortality Weekly Report (MMWR) from the CDC.



PROGRESSION

Smoking was identified as a risk factor for progression of COVID-19, with smokers having higher odds of COVID-19 progression than never smokers, in a meta-analysis of 19 peer-reviewed papers consisting of 11,590 COVID-19 patients.

JAMA FINDINGS

A January 2021 article from the Journal of American Medical Association (JAMA) showed that increased cumulative smoking was associated with a higher risk of hospitalization and mortality from COVID-19 in a dose-dependent manner.

A CLOSER LOOK

Behavioral & Mental Health

In the 2021 survey, an emerging trend was the increased need for mental health assistance in the community. Several factors have been linked to mental health, including race and ethnicity, gender, age, income level, education level, sexual orientation, and geographic location. Other social conditions—such as interpersonal, family, and community dynamics, housing quality, social support, employment opportunities, and work and school conditions—can also influence mental health risk and outcomes, both positively and negatively. For example, safe shared places for people to interact, such as parks and churches, can support positive mental health. A better understanding of these factors, how they interact, and their impact is key to improving and maintaining the mental health of all Americans.

Behavioral Health Conditions

Data only available at the state level.

Adults With Serious Mental Illness

STATE WITH THE HIGHEST PREVALENCE

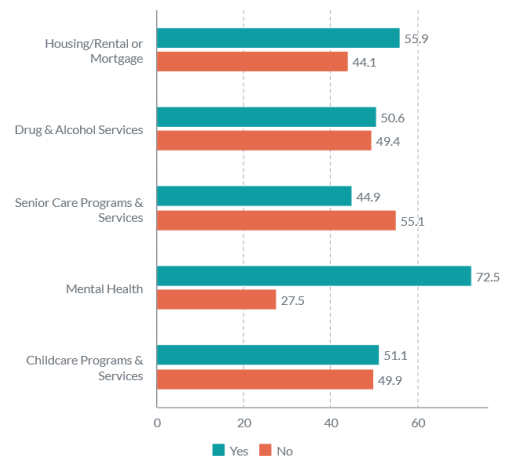
1. Arkansas
5.45% of the population affected
2. Montana
5.34% of the population affected
3. Vermont
5.32% of the population affected

In 2016, Arkansas had the highest prevalence of adults with serious mental illness, with 5.45% of the population affected. The second highest is Montana (5.34%), followed by Vermont (5.32%).

The following map shows the percent of individuals with serious mental illness by state over multiple years.

Data from [the Substance Abuse and Mental Health Services Administration \(SAMHSA\) National Survey on Drug Use and Health \(NSDUH\), State-Specific Tables](#).

Q17. Do you think there is an increased need for assistance in your community due to COVID-19?



In Cascade County, the estimated prevalence of mental health not good for >=14 days among adults aged 18 years and older (%) was 14.8. 15.5% of Cascade County adults reported having frequent mental distress. Additionally, 20.3% of Medicare beneficiaries have depression. In Cascade County, there were 52.7/100k deaths of despair.

The Cascade County Youth Risk Behavior Survey was conducted for the 2021 school year. The YRBS is a self-reporting, student survey conducted biennially by the Office of Public Instruction through a cooperative agreement with the U.S. Centers for Disease Control and Prevention. The YRBS was developed in 1990 to monitor health behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States. A total of 941 Cascade County students took the YRBS. 634 were high school students and 307 were in middle school. That is 68 more students who took the YRBS survey in 2021 than in 2019, which surveyed 574 high school students and 299 middle school students. This is noteworthy as we consider how the COVID pandemic could have played a role.

According to the YRBS, there has been an increase in reported mental health issues in Cascade County high school and middle school students. 18% of high school students reported being bullied on school property. 8% of high school students reported not going to school because they felt unsafe at school or on their way to or from school. 23% of middle school students reported seriously considering attempting suicide in the past 12 months. 19% reported actually making a plan on how they would attempt suicide in the past 12 months, with 14% actually attempting suicide in the past 12 months.

High School	Middle School
<p>20% reported seriously considering attempting suicide in the past 12 months (22% 2019, 21% 2017)</p>	<p>32% of students reported being bullied on school property (26% 2019, 34% 2017)</p>
<p>16% reported actually making a plan on how to attempt suicide in the past 12 months (20% 2019, 17% 2017)</p>	<p>20% reported being bullied electronically through texting or social media (19% 2019, 17% 2017)</p>
<p>40% reported feeling sad or hopeless almost every day for two weeks or more (38% 2019, 29% 2017)</p>	<p>22% reported being bullied because of their sexual orientation (19% 2019, 18% 2017)</p>
<p>12% reported actually attempting suicide in the past 12 months (11% 2019, 14% 2017)</p>	<p>9% reported not going to school because they felt unsafe at school (10% 2019, 7% 2017)</p>

72% of residents surveyed in the Community Health Needs Assessment thought that there was an increased need for mental health services in Cascade County directly correlating to the pandemic.

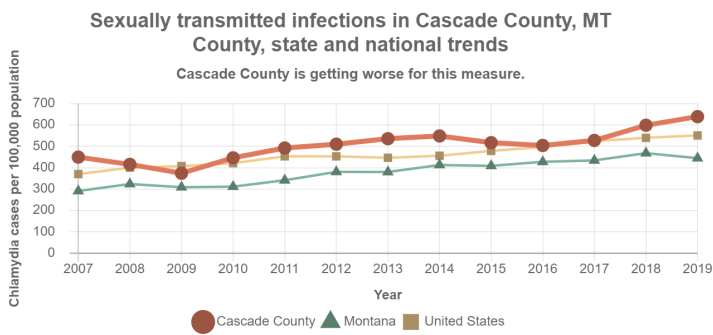
A CLOSER LOOK

Communicable Disease

Communicable diseases are those that are spread by touch, direct contact, or even through the air. It is necessary for the City-County Health Department to track these illnesses to prevent the transmission of disease. Reporting of cases of communicable disease is important in the planning and evaluation of disease prevention and control programs, in the assurance of appropriate medical therapy, and in the detection of common-source outbreaks. Some of the diseases investigated and tracked by Prevention Services are chlamydia, Hepatitis A, B, and C, as well as giardia, salmonella, campylobacter, e-coli, strep throat, influenza, lyme disease, shigella, cryptosporidiosis, legionellosis, coccidioidomycosis, rabies, and other communicable diseases. Reportable Diseases are those that healthcare providers are required to report; CCHD is obligated by law to perform follow-up on all reportable diseases and conditions.

COMMUNICABLE DISEASE REPORT
PREVENTION SERVICES
2022 MMWR WEEK 43-47

	Anaplasmosis	Brucellosis	Covid-19	Babesiosis	Campylobacteriosis	Chlamydia	Coccidioidomycosis	Colorado tick fever	Creutzfeldt-Jakob Disease	Cryptosporidiosis	Cyptosporiasis	Ehrlichiosis	Elevated Blood Lead	Giardiasis	Gonorrhea	Haemophilus influenzae, invasive	Hantavirus infection	Hepatitis B, Chronic	Hepatitis C, Chronic	HIV	Season Influenza, Total	Influenza, hospitalization	Legionellosis	Listeriosis	Lyme Disease	Malaria	Meningococcal Disease	Monkeypox	Mumps	Pertussis	Rocky Mountain Spotted Fever	Salmonellosis	Shiga toxin-producing Escherichia coli (STEC)	Shigellosis	Streptococcus pneumoniae, invasive	Syphilis	Tuberculosis	Varicella (Chickenpox)	Vibriosis	West Nile Virus	RSV	Norovirus
2021 CASCADE TOTALS	1	10815		21	318	5				6			10	2	152	1		4	114	1	20		2								12	12		11	31	1					417	16
CASCADE MMWR 43-47	-	102		1	3								1		2				1																							
2022 CASCADE TOTALS		11893		22	221	1				1			11	3	106			1	52	1	412	18	1				1				14	5		6	42		1	1			88	
2022 FLATHEAD TOTALS	-	11501		19	278	2		1	1				3	6	20	3		3	47		625	33			3	1		1				14	11	1	3	10		5				
2022 GALLATIN TOTALS	2	16549		41	589	4				12	2		8	9	51	2		4	21	2	1247	28	2		3		2				14	11	4	4	22		4	2				
2022 LEWIS AND CLARK TOTALS	-	8886		27	151	1				7			10	5	25	1		3	64	3	441	18									14	16	2	10	11		1	1				
2022 MISSOULA TOTALS	-	14705		15	409	2	5			4			7	12	90	1		6	82	4	356	28	3	1		1					10	15	2	6	19		1	2				
2022 YELLOWSTONE TOTALS	-	17208	1	51	673	1				4	2		18	3	306	5		7	217	1	1419	73	2		1						27	12		19	130	2	1					



Cascade County has a higher sexually transmitted infection rate than State and National trends. Notably in 2021, there were 318 reported cases of chlamydia, 152 cases of gonorrhea, and 31 cases of Syphilis. Additional high numbers of infectious diseases included 417 cases of RSV and 10,815 cases of COVID-19.

A CLOSER LOOK

Special Populations

Cascade County is home to:

- the Little Shell Chippewa Tribe
- the second largest Black community in the state and Montana,
- the fifth-largest Native American population by percentage in the United States
- the highest veterans population in Montana
- the highest foreign exchange student numbers in the U.S.

little shell chippewa tribe

The Little Shell Tribe of Chippewa Indians of Montana is a federally-recognized tribe of Ojibwe people in Montana. Due to conflicts with federal authorities in the 19th century, the Little Shell Chippewa Tribe went without an Indian reservation for most of its history. The tribe has been state recognized in Montana. The National Defense Authorization Act, which was signed into law on December 20, 2019, granted the Tribe Federal recognition.

The Little Shell Band of Chippewa Indians are part of the historical Pembina Band of Chippewa Indians, first recorded by European settlers in documents of the Hudson's Bay Company, Fort Garry in the early 18th century. These logs and diaries show the Ojibwa held approximately 63 million acres of land throughout what is now South Dakota, North Dakota and Canada.

Cascade County is home to numerous resources for The Little Shell Tribe as well as all other Tribes or Bands.

There are two healthcare agencies in the area that specialize in working with Native American Indians, Indian Family Health Clinic and the Little Shell Health Program.

The MSU College of Great Falls operates the Native American Enrichment Center. Many of the college's students are Native American Indians and Great Falls College MSU is strongly committed to seeing all American Indians students succeed by providing academic support and services to improve American Indian retention, persistence, and degree completion.

homeless population

Studies have consistently shown that individuals residing in economically distressed neighborhoods with high poverty and unemployment rates have a higher incidence of cardiovascular risk factors, including obesity, diabetes, hypertension, and heart disease, and higher risk of stroke and death from cardiovascular disease such as heart attacks, strokes, heart failure and others." Housing insecurity can impact a persons ability to keep up self care behaviors like eating properly, getting quality sleep, scheduling regular medical care, or filling prescription medications.

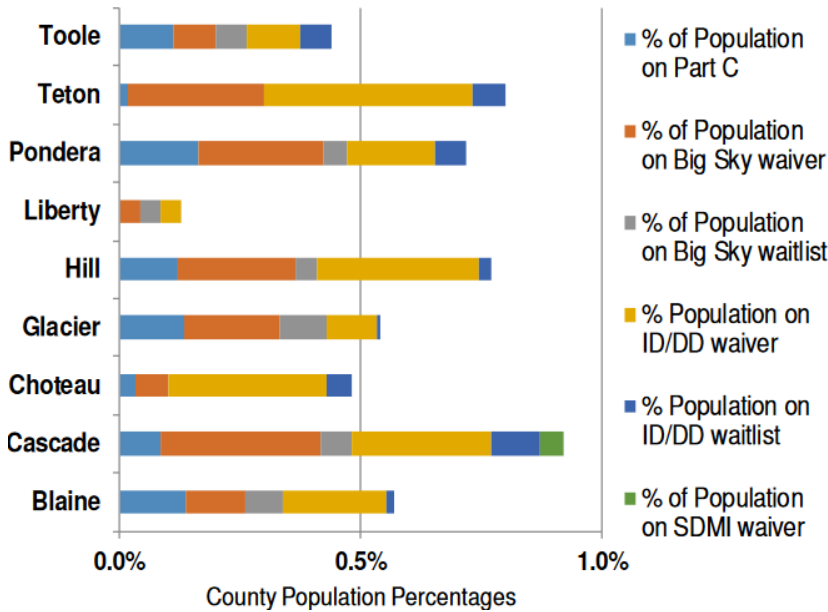
Homelessness is especially damaging to ones health. In a 2019 fact sheet the National Health Care for the Homeless Council stated that homeless patients self-reported diabetes, hypertension, heart attack, and other conditions more frequently than those who had stable housing. (9) Without stable housing a person has less privacy, reduced feelings of safety, and a increased difficulty to perform self-care to maintain health and appearance. "Epidemiological data suggests adults who are homeless experience 60% to 70% higher rates of cardiovascular events compared with the general population." (3)

As of January 2020, Montana had an estimated 1,545 experiencing homelessness on any given day, as reported by Continuums of Care to the U.S. Department of Housing and Urban Development (HUD). Of that Total, 167 were family households, 165 were Veterans, 79 were unaccompanied young adults (aged 18-24), and 223 were individuals experiencing chronic homelessness.

Public school data reported to the U.S. Department of Education during the 2018-2019 school year shows that an estimated 4,216 public school students experienced homelessness over the course of the year. Of that total, 398 students were unsheltered, 331 were in shelters, 375 were inhotels/motels, and 3,111 were doubled up.

Race and Hispanic Origin	
White alone, percent	88.0%
Black or African American alone, percent (a)	1.6%
American Indian and Alaska Native alone, percent (a)	4.9%
Asian alone, percent (a)	1.1%
Native Hawaiian and Other Pacific Islander alone, percent (a)	0.1%
Two or More Races, percent	4.1%
Hispanic or Latino, percent (b)	5.2%
White alone, not Hispanic or Latino, percent	84.2%
Population Characteristics	
Veterans, 2016-2020	9,183
Foreign born persons, percent, 2016-2020	1.9%

DES District 2: County Percentages of Resident Consumers of State HCBS Programs¹¹



As of January 2020, Montana had an estimated 1,545 experiencing homelessness on any given day, as reported by Continuums of Care to the U.S. Department of Housing and Urban Development (HUD). Of that Total, 167 were family households, 165 were Veterans, 79 were unaccompanied young adults (aged 18-24), and 223 were individuals experiencing chronic homelessness.

<http://mtdh.ruralinstitute.umt.edu/blog/wp-content/uploads/Cascade-County-Resource-2014-1.pdf>

persons with disabilities

15.0% +/- 0.8%

Disabled Population in Cascade County, Montana

13.7% +/- 0.2%

Disabled Population in Montana

Table:
S1810

Table Survey/Program:
2020 American Community Survey 5-Year Estimates

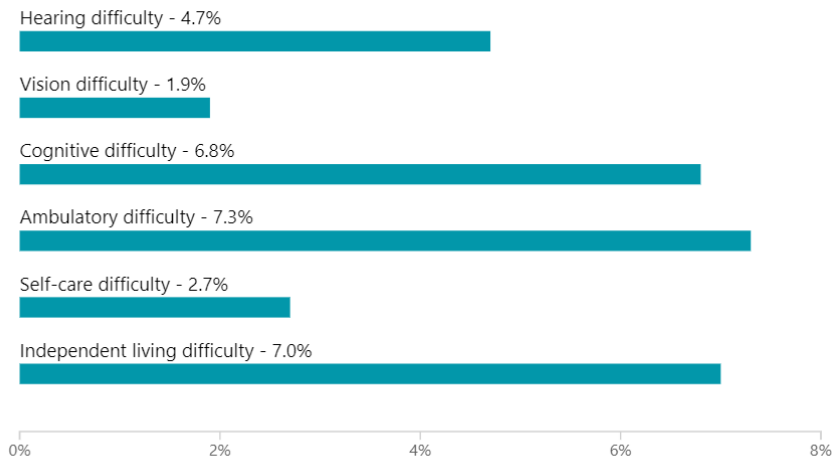


Chart Survey/Program: 2020 ACS 5-Year Estimates Subject Tables

According to the Centers for Disease Control and Prevention (CDC), 61 million adults in the U.S. are living with some kind of disability, and nearly 7% of adults have a disability that interferes with independent living. There are a multitude of agencies in Cascade County that work with special needs populations. During the pandemic, many of these agencies did not stop their work, but rather continued servicing those in need in the community.

A CLOSER LOOK

County Health Rankings

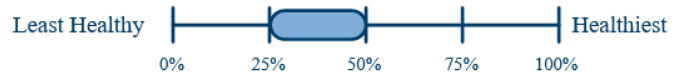
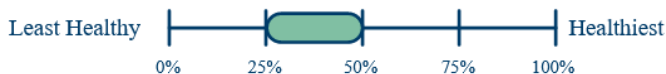
County Health Rankings & Roadmaps, a program of the University of Wisconsin Population Health Institute, works to improve health outcomes as well as close the health gaps between those with the most and least opportunities for good health. Their work is rooted in health equity, the idea that everyone has a fair and just opportunity to be as healthy as possible, regardless of race, ethnicity, gender, income, location, or any other factor.

Across the country there are significant differences in health outcomes, from one county to the next and among racial/ethnic groups. It has been found that Blacks, Native Americans and Hispanics have consistently faced barriers to opportunity and good health. Health disparities emerge when some individuals gain more than others—from consistently better access to opportunities and resources over the course of their lives. Increasing opportunities for everyone can reduce gaps in health.

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty and discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

Health disparities are differences in health or in the key determinants of health, such as education, safe housing, and discrimination, which adversely affect marginalized or excluded groups.

Cascade (CS)



Health Outcomes : Cascade is ranked in the lower middle range of counties in Montana (Lower 25%-50%)

Health Factors : Cascade is ranked in the lower middle range of counties in Montana (Lower 25%-50%)

IV. Results & Conclusion

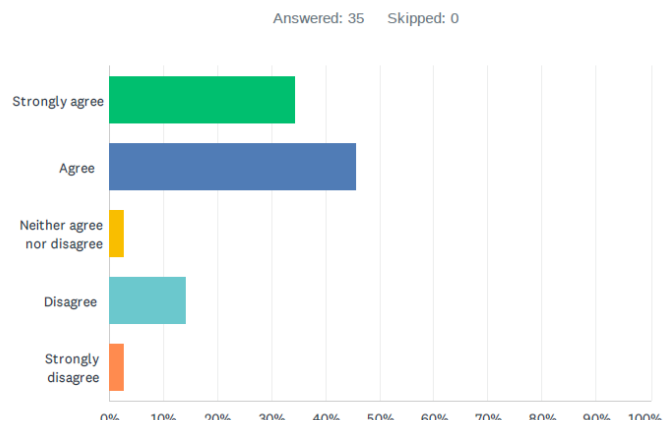
A CLOSER LOOK

Health Symposium Results

Of the community respondents who participated in the Scavenger Hunt, 80% agreed with the Community Health Survey results on top three health indicators in a community.

These community members also identified additional factors they believed should also be priority focus for the Healthy Lives Vibrant Futures Steering Committee. There is heavy focus on affordable housing, with 24% of respondents identifying this as a priority issue. 35% of respondents thought access to quality education as well as high quality early education should be a focus point. Additionally, 15% of respondents identified mental health access as a priority area. In the Community Health Needs Assessment, there was a resounding call for mental health access in the community, with 72.5% of respondents recognizing an increased need for mental health services in our community. Other issues identified in the Scavenger Hunt survey were; access to indoor & outdoor recreational opportunities, providing for less fortunate and the homeless, food security, transportation, youth activities, public safety, substance abuse and youth homelessness.

Q1 In 2021, our community identified that the three tops indicators of a healthy community are access to health care and other services, safe neighborhoods, and good paying jobs. Would you agree with this sentiment?

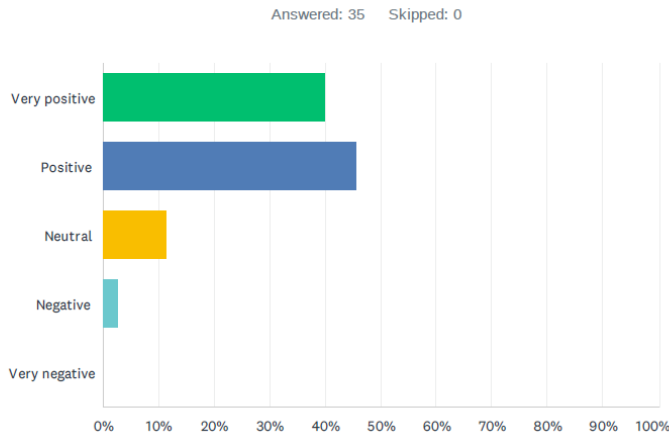


Q2

Are there additional indicators that you believe should be highlighted to qualify a healthy community?



Q3 After listening to our symposium report and viewing the window displays, how do you feel about the current direction of Healthy Lives, Vibrant Futures initiative?



85% of the community respondents felt that the Healthy Lives Vibrant Futures initiatives were headed in the right direction. Only one respondent felt that the HLVF was heading in a negative direction. A lot of additional feedback was given for topics and strategies the Healthy Lives, Vibrant Futures should be addressing over the next three years.

Q4 Do you have concerns/requests regarding topics/strategies that you would like to see Healthy Lives, Vibrant Futures addressing over the next three years?

Access to affordable housing

Childhood trauma/ACES

Mental health should be a main focus of the access to healthcare group

Education about Sun stance use, the poverty cycle and causes of homelessness

Better the education in our community

More public displays/presentations concerning healthy living education

Increase health education and disease prevention in schools and the community

Focus on Increasing Community Involvement and Volunteering

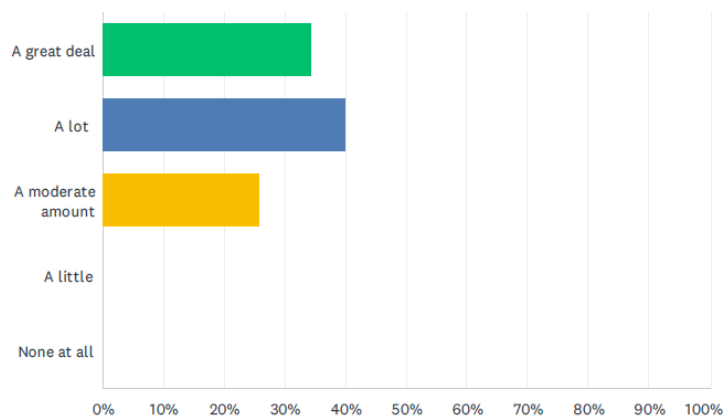
More awareness that community members struggling significantly with basic things such as housing, food, healthcare etc.

Is it possible to have a running accounting/update/list of needed partners for the strategies and initiatives? One central place to track, celebrate and gather support?

Strategies on how our community is working together to lower the amount of high school students that use Marijuana and other drugs in our community.

Q6 How strongly do you believe that Healthy Lives, Vibrant Futures has the capacity to impact the health outcomes of our community?

Answered: 35 Skipped: 0



With a resurgence of COVID-19 in the community, the Healthy Lives Vibrant Futures committee opted to move the Health Symposium online for 2022. It was decided that the speakers would record the presentation from a ZOOM meeting, then the Symposium would go live the following morning. There were presenters representing a number of agencies across Cascade County.

- **Welcome** - Gary Owen, United Way of Cascade County
- **Review of HLVF** - Clark Carlson-Thompson, Get Fit Great Falls
- **Statistics We Use to Guide Our Work** - Bowen Trystianson, Cascade City County Health Department
- **Community Support Response to the Pandemic** - Gary Owen, United Way of Cascade County, Deb Kottel, St. Vincent de Paul & Rachel Arthur, Indian Family Health Clinic
- **Importance of Feedback & Intro of Scavenger Hunt** - Rachel Doran, Cascade City County Health Department & Lacey Hallett, United Way of Cascade County
- **Conclusion** - Kristy Pontet-Stroop, Alliance for Youth

With the online aspect, the Healthy Lives Vibrant Futures Symposium saw it's largest number of registrants to date, with 139 community members signing up to watch the ZOOM presentation. We had an additional 35 community members go to the Holiday Village Mall and complete the Scavenger Hunt that accompanied the Symposium.

A CLOSER LOOK

In Conclusion

This report details the many strengths and some of the weaknesses in Cascade County as well as focuses on the actions currently happening in the community to help fortify these strengths and diminish these weaknesses. The Healthy Lives, Vibrant Futures Committees see participation on many levels from dozens of local and regional agencies working collectively to improve the health and well-being of Cascade County residents.

A few highlights to reflect on for Cascade County:

- Life expectancy is 77.7 years, which is higher than the national rate and 72.9% of County residents would consider themselves to be in good or great health
- A majority of residents have health insurance, with only 9.7% uninsured
- Cascade County has a 92% graduation rate
- According to the 2020 BRFSS Survey, there has been a 5% decrease over a four-year period in adult binge drinking.
- There was a 6% decrease in youth binge drinking in the past five years.
- The airborne cancer risk and air quality hazard is significantly lower than what is seen around the country.

Ultimately, Cascade County ranks in the mid-to-lower range for county health in Montana. This report has also spotlighted some areas where Cascade County can improve its health factors and health outcomes:

- Cascade County residents exhibit several negative health behaviors, including adult smoking and excessive drinking at a rate higher than seen Statewide or even around the Country.
- About one-third of residents of Cascade County are obese.
- 52% of driving deaths in the community were alcohol related. Top performing counties across the county only see a 10% rate.
- Sexually transmitted disease rates have doubled over the last decade.
- Teen birth rates remain higher than teen births statewide and nationally.
- Cascade County also sees very high numbers of child abuse and child abuse related to substance disorders, over doubling the amount that is seen across the rest of the State.

The purpose of Healthy Lives, Vibrant Futures is to collectively encourage and foster a productive, healthy, and vibrant community. We will continue our work in the upcoming years to make Cascade County a healthier community.

Thank You



PREPARED BY
CITY-COUNTY HEALTH DEPARTMENT

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