

# 2016 CASCADE COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT REPORT





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# I. INTRODUCTION

## 1.1 The People We Serve

Cascade County has an estimated population of 82,344 (according to the US Census Bureau 2014 estimate). Neighboring counties are Teton County to the northwest, Choteau County to the northeast, Judith Basin County to the east, Meagher County to the south and Lewis and Clark County to the west. Great Falls is the largest city in Cascade County, contains 80% of the county's population and is the county seat. Other incorporated cities include Belt, Cascade and Neihart. Additionally, Cascade County has 8 Census Designated Places including Malmstrom Air Force Base, 4 Hutterite colonies, and several additional small communities not officially estimated.

Based on 2014 census estimate data from the US Census Bureau, individuals age 65 and over comprise 16.9 percent of the population and individuals under the age of 18 make up 22.6 percent of the population. Cascade county residents include 88.9 percent Caucasians, 4.6 percent Native Americans, and the remaining 6.5 percent includes all other races.

## 1.2 The Environment We Live In

Cascade County consists of about 2,712 square miles of land and water, of which 2699 square miles is land and 13 square miles is water. The Missouri River and Sun River flow through the county and meet at the city of Great Falls. The western part of the county has the Rocky Mountains running through it and the Little Belt and Highwood Mountains are in the southeast portion of the county.

### Hiking trails

The City of Great Falls has a robust Park and Recreation Department that services 57 developed and 9 undeveloped parks as well as 58 miles of Recreation Trails in the city. Throughout the county there are several other, publically and privately owned, golf courses, outdoor and indoor pools, fitness facilities, and a skate park. The County also maintains several parks

Wind and air quality – characterized by powerful predictable Class 4 wind.

The US Environmental Protection Agency assessing the quality of water throughout the US. Montana, including Cascade County, has several bodies of water that are assessed every two years. In 2014, 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.

## 1.3 The Socioeconomic Makeup of Our County

Socioeconomic characteristics have repeatedly been shown to have a significant impact on health. Some factors that contribute to health are education level, employment, income

inequality, social associations, violent crimes and injury deaths. Cascade County does not significantly differ from Montana overall in relation to income, education,

The table below shows how Cascade County compares to Montana, those numbers in **red** are areas where Cascade County ranked statistically worse than Montana overall and the numbers in **green** are areas in which Cascade County ranked statistically better than Montana overall.

Socioeconomic Measure	Cascade County	Montana	Definitions
High school graduation	81%	84%	Percentage of ninth-grade cohort that graduated in four years
Some college	70% (66-74)	68%	Percentage of adults ages 25-44 with some post-secondary education
Unemployment	4.4%	4.7%	Percentage of population ages 16 and older unemployed but seeking work
Children in poverty	19%	19%	Percentage of children under age 18 in poverty
Income inequality	4.2	4.4	Ratio of household income at the 80 <sup>th</sup> percentile to income at the 20 <sup>th</sup> percentile
Children in single-parent households	32%	29%	Percentage of children that live in a household headed by single parent
Social associations	13.8	14.4	Number of membership associations (civic, sports, religious, political, labor, business and professional organizations and fitness and bowling centers and golf clubs) per 10,000 population
Violent crime	231	272	Number of reported violent crime offenses per 100,000 population
Injury deaths	95	89	Number of deaths due to injury per 100,000 population

Source: [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

Of note in these statistics is that Cascade County has a lower graduation rate than Montana overall but has a higher percentage of individuals who have some post-secondary education. Cascade County has a lower unemployment rate and better income inequality ratio than Montana overall. However, Cascade County ranks lower than Montana overall on social associations,

## 1.4 The Services in Our 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 offer services to residents of Cascade County. This list is by no means all-inclusive and there are numerous providers that offer necessary services that are not described here.

**Benefis Health System** is a not-for-profit community health system serving 230,000 residents across 15 counties in North Central Montana. Benefis Health System includes:

- Benefis Hospital on the East and West campuses.
- The Grandview at Benefis Senior Campus, offering skilled nursing, assisted living and memory care assisted living. There is also an extended care/skilled nursing center on the Benefis East Campus for a total of 146 senior care/extended care beds.
- The Benefis Sletten Cancer Institute, a freestanding 54,000-square-foot facility offering comprehensive cancer care.
- Benefis Spectrum Medical, which provides durable medical equipment, hospice care and “post-acute” care services across the region and state.
- Benefis Peace Hospice of Montana, which provides home hospice care as well as residential hospice care at the 20-bed facility is operated by Benefis Spectrum Medical (referenced above)
- Benefis Medical Group, an employed provider group comprised of more than 300 physicians and advance practice clinicians.
- The Orthopedic Center of Montana, offering comprehensive orthopedic care.
- The North Central Montana Healthcare Alliance (NMHA), first established by Benefis in 2003 (now North Central Montana Hospital Alliance since May 1, 2016) provides support for the critically needed services and programs of frontier healthcare providers, including Critical Access Hospitals. Benefis also operates the REACH Montana Telehealth Network (RMTN), which provides telehealth services across the region and state, such as retinopathy screening to protect the vision of premature babies and cardiology appointments for heart patients in small rural communities throughout the region.
- The Benefis Health System Foundation, which raises more than \$1.5 million each year to help improve and enhance healthcare services in Northcentral Montana. The Benefis Foundation operates two Gift of Life Housing facilities, which provide free accommodations for rural patients undergoing cancer care and for rural families with babies in the Neonatal Intensive Care Unit.
- Benefis Native American Programs, established in 2006 to optimally serve Native American patients and their families in a culturally sensitive manner. The program includes 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 Northcentral 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.

Examples of the comprehensive, tertiary services Benefis provides for its 15-county region include Mercy Flight transport, a Level II Trauma Center, critical care, cardiovascular surgery, neurosurgery, women’s and children’s services, spine surgery, joint replacement, wound care, a bariatric program, pain management and many more.

Guided by a mission to “provide excellent care for all, healing body, mind, and spirit,” Benefis is recognized for clinical excellence by leading health ratings organizations. Benefis has more than 3,000 employees, partners with over 250 area physicians, and has 530 licensed beds. Benefis is the largest non-governmental employer in the region.

**Great Falls Clinic**, located in Great Falls, a group of independent physicians. 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 days or weeks to see their primary provider or go to the emergency room for non-life-threatening conditions.
- 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 which is one step below a critical care unit. 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.

**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
- Administrative Services

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 includes immunizations; communicable diseases surveillance; sexually transmitted disease surveillance, testing, treatment and education; HIV case management, counseling and testing; emergency preparedness; and cancer control focusing on tobacco, breast and cervical health and colorectal cancer education and screening. Family Health Services programs work to enhance the health and safety of families in Cascade County. Services and programs include: WIC-special supplemental nutrition program for women, infants, and children; maternal and child health; public health home visits; Safe Kids Cascade County; Dental Education, and no-cost infant hearing screening.

**Community Health Care Center (CHCC)** is a not-for-profit Federally Qualified Health Center located in Great Falls. CHCC is co-located with the Cascade City-County Health Department, but is a separate, independent entity. Oversight for the center is provided by a community board. The CHCC provides comprehensive primary and preventative medical, dental and behavioral health care for all residents of Cascade County. The center focuses on serving patients who are low-income, uninsured, underinsured, or who otherwise cannot afford medical and dental care. The CHCC is partly funded through a grant from the U.S. Department of Health and Human Services, Bureau of Primary Health Care. The CHCC has one physician, four nurse practitioners, two dentists, one dental hygienist and three licensed clinical social workers.

**Center for Mental 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, the Center provides services that include outpatient, day treatment, transitional living, crisis stabilization and group homes. The Center 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 the Center offers are adult case management, adult foster care homes, adult therapeutic group home care, crisis stabilization, day treatment, 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, transitional living, veterans services and youth case management.

**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.

**Gateway Community Services** is a "critical care access center" for alcohol and drug abuse. Gateway provides progressive care programs to meet the appropriate clinical needs of their clients; including early intervention services, evaluation and outpatient services, intensive outpatient treatment, referrals to inpatient treatment providers, coordination with detoxification and medical stabilization needs, and co-occurring treatment services. Based in Great Falls, the non-profit agency serves Cascade, Liberty, Toole, Pondera, Glacier and Teton Counties. Prevention classes provide information on the physical and psychological effects of alcohol and drugs related to driving behavior and the development of chemical dependency. Minor in Possession programs for teens and ACT classes for adults convicted of Driving under the Influence are also offered.

**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.

**Malmstrom Air Force Base (MAFB)** is located on the edge of Great Falls and is home to the 341<sup>st</sup> Missile Wing and a population of 3,472 based on the 2010 census. MAFB has an 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 341<sup>st</sup> Force Support Squadron which is dedicated to providing worldwide combat support and community services for the 341<sup>st</sup> 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.

**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 and a fully operational Fitness & Wellness center.

**Great Falls Public Schools (GFPS)** is the 2<sup>nd</sup> largest school district in Montana. The district offers comprehensive Pre-K-12 programming in addition to extensive extra- and co-curricular offering. Approximately 1300 individuals are employed by the district to help serve the over 10,000 students that attend the schools.

- Nutrition Services
  - Free & Reduced Meals
  - Breakfast Program
  - Backpack Program
- School Nursing Services: School nurses are available to help assess and can develop Individualized Health Care Plans or Emergency Care Plans for students with a medical issue.

AA/NA

Opportunities Inc.

United Way of Cascade County

The Rescue Mission

YWCA

Food Bank

Extension Nutrition Programs

## II. APPROACH & METHODOLOGY

### 2.1 Community Health Needs Assessment Background



The passage of the Patient Protection and Affordable Care Act (ACA) in 2010 established requirements for not-for-profit hospitals to conduct a Community Health Needs Assessment and Community Health Improvement Plan every three years. Similarly, the Public Health Association has an accreditation process for local, state and tribal health departments which requires completion of a Community Health Needs Assessment and a Community Health Improvement Plan every five years.

The first Community Health Needs Assessment was completed in 2011 for Cascade County. In 2012 Cascade County partnered with the North Central Healthy Communities Coalition to gather data for the entire region which contributed to the 2013 Cascade County Community Health Needs Assessment. The 2016 Cascade County Community Health Needs Assessment is also a joint effort on the part of Cascade City-County Health Department (CCHD), United Way of Cascade County (United Way) and Benefis Health System.

Based on the findings of the Community Health Needs Assessment, a Community Health Improvement Plan is developed through a collaborative process with the community. This plan defines the vision for the health of the community, defines the priorities that the community wants addressed and sets out guidelines for how to achieve desired changes.

## **2.2 Community Health Survey**

A Community Health Survey was designed based on model community health surveys, identified health indicators and the specific interests of Cascade County partners. The survey used in 2015 is the same survey that was used in 2012. This allows for comparability and an examination of temporal changes. The survey design and analysis, in both 2012 and 2015, was done by Dr. Greg Madson, Ph.D., Academic Dean & Professor of Sociology at the University of Great Falls.

The purpose of the survey was to determine the public perception of community health in Cascade County. It targeted a range of community issues from chronic diseases and health risks to health care and access.

A mail survey was utilized and the survey was sent to enough households to achieve a 5% confidence interval. The survey instrument, with a cover letter describing the study and its purpose (see Appendix A) was sent to a total of 1500 randomly selected homes throughout Cascade County.

## **2.3 County Health Rankings**

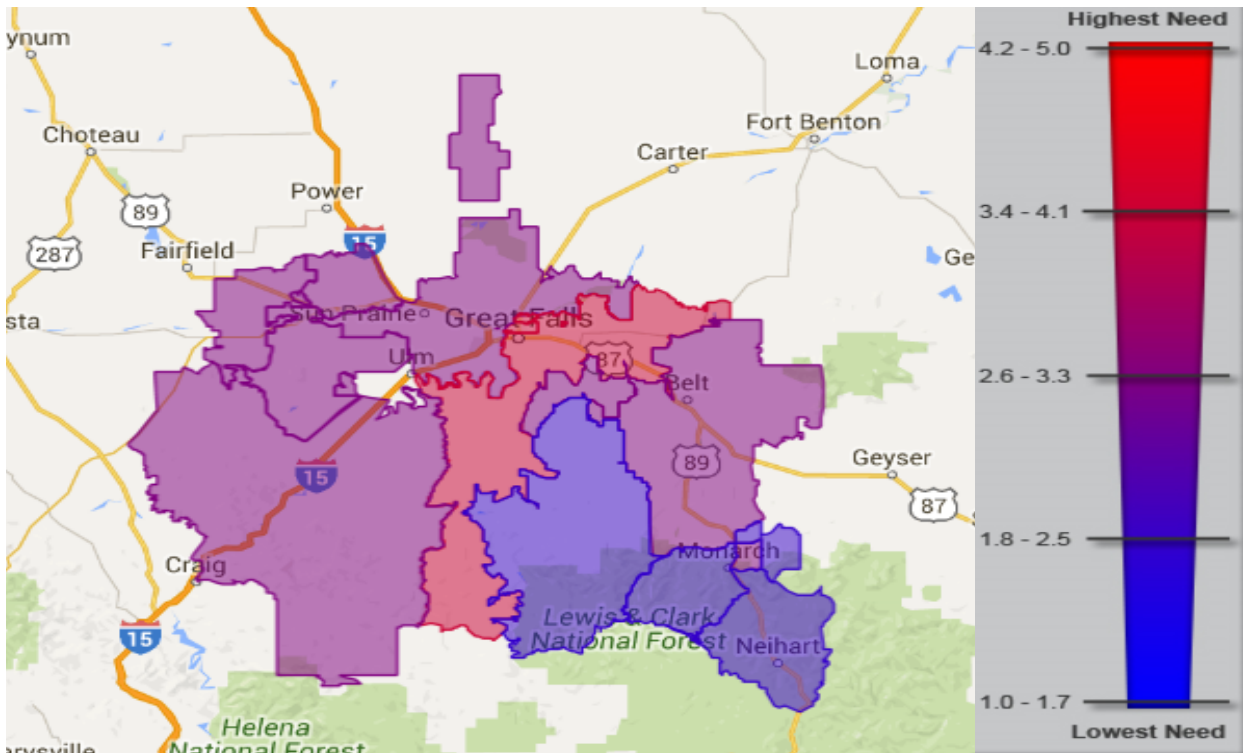
The University of Wisconsin Population Health Institute, in collaboration with the Robert Wood Johnson Foundation developed the County Health Rankings and Roadmaps. The rankings help counties understand what influences the health and life-expectancy of residents and can help guide local health improvement initiatives and strategies. Cascade County was ranked 24<sup>th</sup> for health outcomes, length and quality of life, and 25<sup>th</sup> for health factors, things such as health behaviors, clinical care, social and economic factors and the physical environment.

More information on and the full Montana report for 2016 County Health Rankings is included in Appendix B.

## 2.4 Community Needs Index

The Community Needs Index (CNI) identifies the severity of health disparities for every zip code in the United States. The Community Needs Index for Cascade County is provided below. More detail about the Community Needs Index is included in Appendix C.

### Cascade County Community Needs Index



### Cascade County Community Health Index by Zip Code

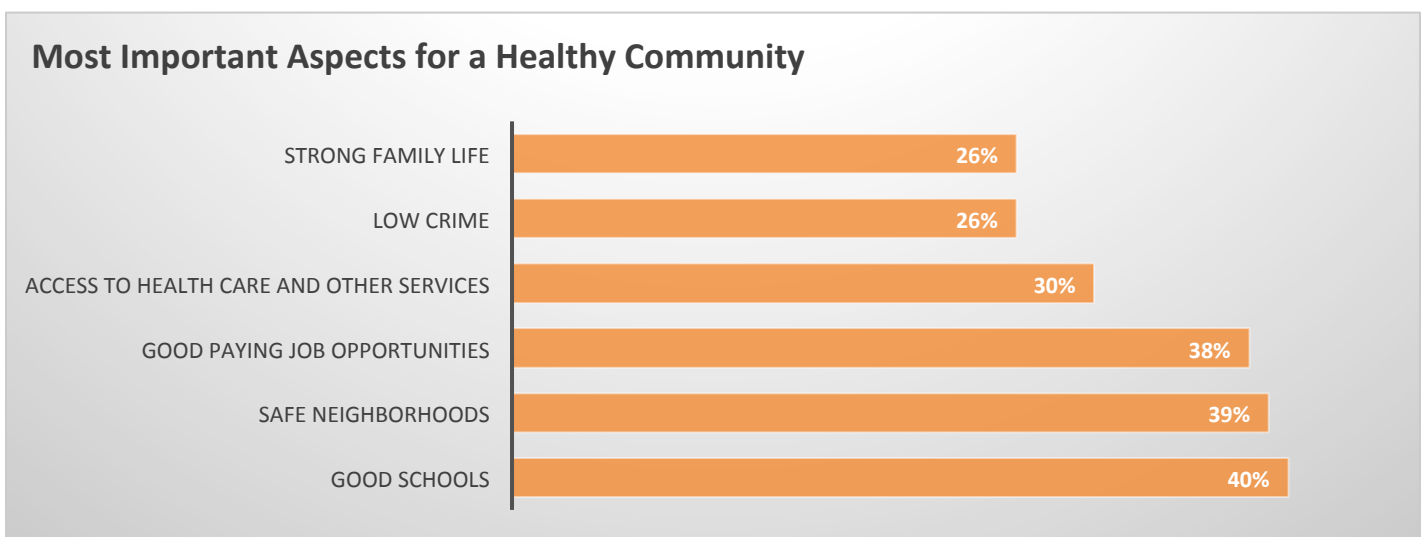
Zip Code	CNI Score	Population	City
59401	4	13858	Great Falls
59402	3.2	598	Malmstrom Afb
59404	2.8	27671	Great Falls
59405	3.8	31706	Great Falls
59412	2.6	1668	Belt
59414	3.4	1076	Black Eagle
59421	2.6	2589	Cascade
59443	3	785	Fort Shaw
59463	2.2	148	Monarch
59465	2.4	109	Neihart
59472	2.6	570	Sand Coulee
59480	2.4	365	Stockett
59483	3.2	799	Sun River
59487	2.8	1160	Vaughn

## III. FINDINGS

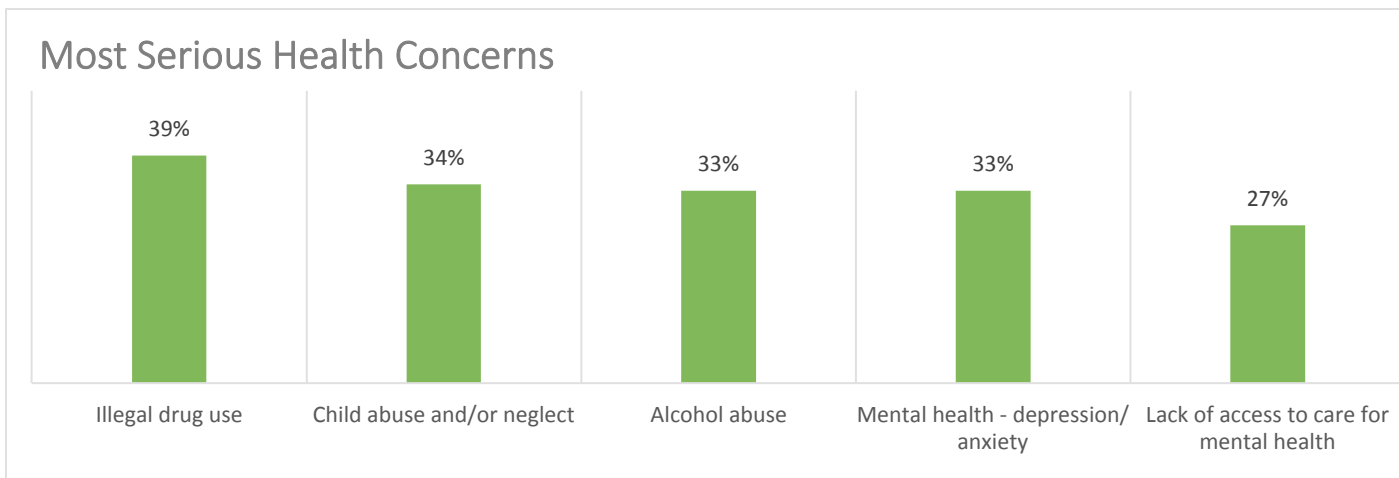
### 3.1 Cascade County Community Health Survey Results

Cascade County Community Health Survey respondents were asked if they think their county is healthy. Forty-three percent of the respondents said they consider it to be healthy and thirty-three percent said they do not consider it to be healthy.

When asked to select items that are most important for a “healthy community” the top six included: good schools, safe neighborhoods, good paying job opportunities, access to health care and other services, low crime and strong family life.

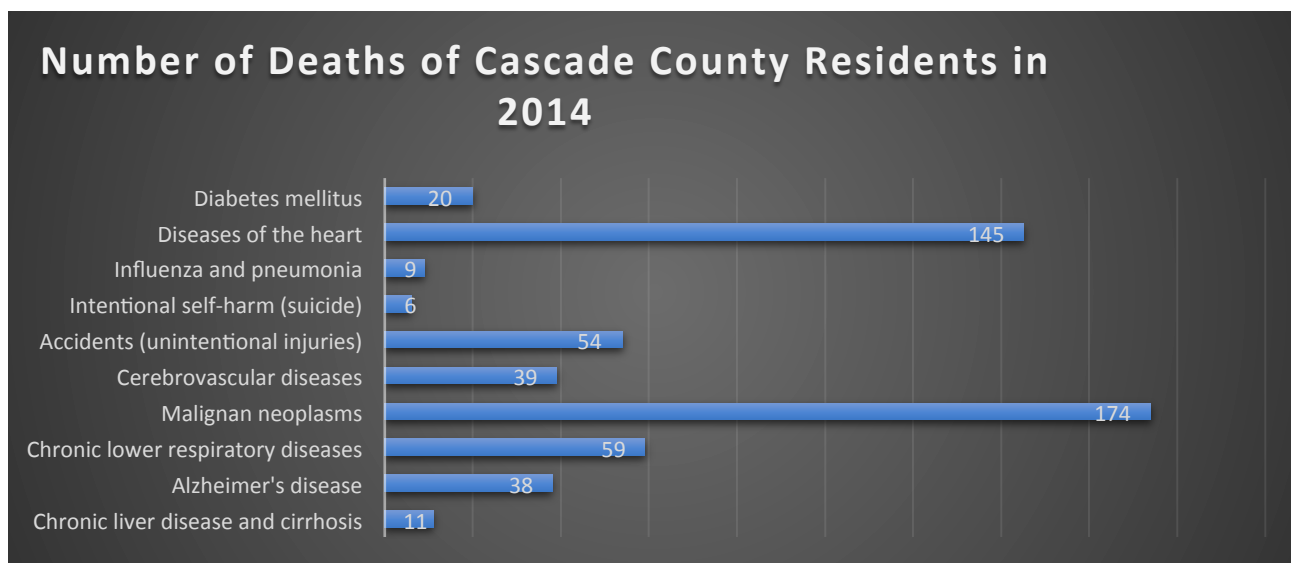


Respondents were also asked to select the top three most serious health concerns in their community. The top concerns were illegal drug use, child abuse and/or neglect, alcohol abuse, mental health – depression/anxiety and lack of access to care for mental health.



### 3.2 Mortality

Mortality rate and associated causes of death are important factors when assessing the health of a community. Based on 2014 data from the Montana Department of Health and Human Services Office of Epidemiology and Scientific Support, the median age at death for Native American Montana residents is lower than median age at death for white Montana residents. The median age at death for female Native Americans in Montana is 63 versus 82 for White females. White males in Montana have a median age of death of 75 versus only 58 for Native American males. Deaths that occurred in Cascade County accounted for 9.8% of all of deaths occurring in Montana in 2014. This is the third highest percentage in the state despite Cascade County being the fifth most populous county in Montana.



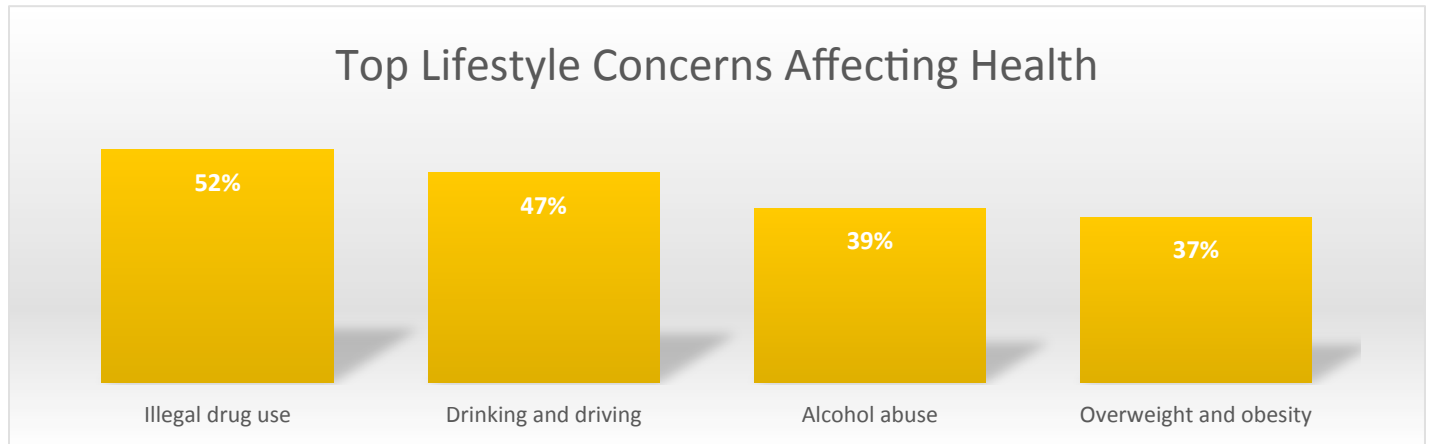


### 3.3 Health Risk Behaviors

Personal behavior can have a huge impact on individual health. The risk of developing many chronic or communicable disease, as well as injuries can be reduced by changing personal behavior. Below are risk behaviors associated with health from the Behavioral Risk Factor Surveillance System (BRFSS), a self-reported survey conducted by the federal Centers for Disease Control and Prevention.

BRFSS	Substance Use			Protective Factors	
	Tobacco Use (current smoking) (95% CI)	Binge Drinking (95% CI)	Heavy Drinking (95% CI)	Always/Nearly Always Wears Seatbelt (95%CI)	Condom Use as Contraception (95% CI)
Total County	22.1% (17.7-26.4)	20.0% (15.8-24.2)	9.9% (6.9-13.0)	83.2% (79.3-87.2)	Data not available
Total Montana	19.7% (18.5-20.9)	21.7% (20.5-23.0)	8.5% (7.7-9.4)	87.4% (86.4-88.4)	
County Adult 18-44	28.4% (20.1-36.7)	26.8% (18.6-35.1)	12.0% (5.9-18.0)	77.9% (70.3-85.5)	
Montana Adult 18-44	24.7% (22.5-26.9)	32.8% (30.4-35.1)	10.3% (8.7-11.9)	85.3% (83.5-87.1)	
County Adult 45-64	24.4% (18.3-30.5)	19.9% (14.5-25.3)	9.7% (5.8-13.5)	87.0% (82.4-91.6)	
Montana Adult 45-64	20.5% (18.8-22.2)	18.2% (16.6-19.9)	8.8% (7.6-10.0)	89.6% (88.3-90.9)	
County 65+	5.0% (2.4-7.6)	6.0% (2.8-9.1)	6.2% (2.9-9.5)	88.3% (83.2-93.4)	
Montana 65+	7.8% (6.6-9.1)	4.9% (3.8-5.9)	4.4% (3.4-5.3)	87.8% (86.1-89.5)	
Data Source/Definition	Percent of all adults who reported having smoked at least 100 cigarettes in their entire lifetime and currently smoking either every day or some days. 2012 data	Percent of all adults who reported at least one instance of having 5 or more alcoholic beverages on one occasion for men or 4 or more alcoholic beverages for women in the past 30 days. 2012 data	Percent of all adults who reported having more than 2 drinks per day for men and more than 1 drink per day for women during the past 30 days. 2012 data	Percent of all adults who reported “always” or “nearly always” using a seat belt when they drive or ride in a car. 2012 data	This question was removed from the survey in 2010.

When asked to identify lifestyle choices in the community that were of concern, respondents named illegal drug use as the number one concern followed by drinking and driving. Also of high concern are alcohol abuse and overweight and obesity.



### 3.4 Disease Incidence and Prevalence

#### 3.4.1 Cancer

Cancer is the leading cause of death in Montana, with one out of every two men being diagnosed and one in three women being diagnosed in their lifetime. One of the most important factors in preventing death from cancer is screening. By detecting certain cancers at an early stage, the chance of successful treatment goes up. Below is information regarding screening from the Behavioral Risk Factor Surveillance System. Numbers in green indicate areas where Cascade County rates are better than rates for Montana overall and numbers in red indicate areas where Cascade County rates are worse than rates for Montana overall.

BRFSS			County	Montana	Data Source/Definition
Screening	Cervical Cancer	Past Test in Past 3 Years (95% CI)	79.8% (74.0-85.6)	76.1% (74.1-78.1)	Among women age 18 or older, percent of women reporting having a Pap Smear within the past 3 years. 2012 data
	Breast Cancer	Mammogram in Past 2 Years (95% CI)	68.8% (62.3-75.2)	66.2% (64.2-68.2)	Among women age 40 or older, percent who reported having a mammogram in the past 2 years. 2012 data
	Colon Cancer	Blood Stool Test in Past 2 Years (95% CI)	7.2% (4.6-9.7)	10.3% (9.9-12.0)	Among adults age 50 or older, percent who reported having a blood stool test using a home kit in the past 2 years. 2012 data

	Sigmoidoscopy or Colonoscopy (95% CI)	Sigmoidoscopy or Colonoscopy (95% CI)	63.7% (58.5-68.9)	61.5% (59.8-63.2)	Among adults age 50 or older, percent who reported ever having a sigmoidoscopy or colonoscopy. 2012 data
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Cervical, breast and sigmoidoscopy or colonoscopy colon cancer screening are higher for Cascade County residents than for Montanans overall. Only blood stool tests for colon cancer are lower for Cascade County residents.

### 3.4.2 Heart Disease and Cerebrovascular Disease

According to the 2014 Montana Vital Statistics, Heart disease is the second-leading cause of death in Montana, comprising twenty-one percent of all deaths in 2014. Cerebrovascular Disease is the fourth-leading cause, comprising five percent. In Cascade County, heart disease is also the number two reason for death and cerebrovascular disease ranks fifth in the county for cause of death. Risk factors for the development of heart disease include family history, older age, smoking, high cholesterol, uncontrolled high blood pressure, physical inactivity, obesity, uncontrolled diabetes and uncontrolled stress.

### 3.4.3 Diabetes

According to the Center for Disease Control and Prevention (CDC) approximately one out of every eleven adults living in the US have diabetes, a rate of 9.1%. From 1980 to 2014, the number of US adults aged 18 or older with diagnosed diabetes has almost quadrupled, from 5.5 million in 1980 to 21.9 million in 2014. Montana has a lower rate of 7.6% than the nations and Cascade County's rate is very close to Montana's rate at 7.7%. Although Cascade County residents did not consider diabetes to be an important health concern, it is one of the top ten leading causes of death in Montana and Cascade County. Diabetes is also extremely expensive disease because of its chronic complications such as diabetic blindness, lower extremity amputation, heart disease and end-stage renal disease.

### 3.4.4 Obesity

Obesity is a nationwide issue, over a third, 34.9%, of US adults are considered obese (Center for Disease Control and Prevention). Being overweight or obese was one of the top four lifestyle concerns for Cascade County survey respondents. Based on Body Mass Index 36.3% of Cascade County residents are overweight and 31.4% are obese. The number of Cascade County residents that are obese is much greater than the Montana rate of 24.3%. Being overweight or obese puts individuals at risk for many other health conditions including heart disease and diabetes, and is greatly affected by behavioral factors such as lack of fruit and vegetable consumption and lack of physical activity. Cascade County had a higher rate for both lack of fruit and vegetable consumption and lack of physical activity than Montana overall.

BRFSS		County	Montana	Data Source/Definition
Lifestyle	Inadequate Fruit and Vegetable	86.8% (83.9-89.7)	84.1% (83.0-85.1)	Percent of all adults who reported usually eating less than 5 servings of fruits and vegetables per day. 2011 data*
	No Leisure Time Physical Activity (95% CI)	26.9% (22.8-31.0)	20.5% (19.4-21.6)	Percent of all adults who reported NOT participating in any physical activity or exercise outside of their regular job. 2012 data
	Obesity (95% CI)	31.4% (26.8-36.0)	24.3% (23.1-25.5)	Based on a Body Mass Index of 30 or greater, calculate from self-reported weight and height. 2012 data
	Overweight (95% CI)	36.3% (31.7-41.0)	37.0% (35.6-38.4)	Based on a Body Mass Index of 25 or greater but less than 30, calculate from self-reported weight and height. 2012 data

Source: Montana Department of Public Health and Human Services, BRFSS survey

### 3.5 Mental Health and Mental Disorders

Mental health and access to mental health services were two of the top five health concerns for Cascade County survey respondents. When asked to pick the three mental health issues impacting survey respondents' families 46.6% said depression, 46.6% said work-related stress and 29.9% said alcohol use. The Montana Department of Health and Human Services, based on the 2012 Montana and National Behavioral Risk Factor Surveillance System, reports that 21.6% of Cascade County residents have ever been diagnosed with a depressive disorder. Additionally, [www.countyhealthrankings.com](http://www.countyhealthrankings.com) reported a total of 3.3 poor mental health days out of the past 30 days for Cascade County residents.

### 3.6 Dental Services

Nearly one-third of all adults in the United States have untreated tooth decay, one in seven adults aged 35-44 years and one in four adults aged 65 and older have gum disease, and nearly a quarter of all adults have experienced some facial pain in the past six months ([www.cdc.gov/oralhealth](http://www.cdc.gov/oralhealth)). Cascade County is no exception and is additionally designated a dental health professional shortage area by the U.S. Department of Health and Human Services, Human Resources and Services Administration. Fifty-five percent of Cascade County Community Health Assessment survey respondents said their household has no dental insurance, and only 61.4% of Cascade County residents reported having a dental visit in the past year (2012 Montana and National Behavioral Risk Surveillance System).



### 3.7 Hospitalizations

Hospital admission and discharge information is available through the Montana Hospital Discharge Database for most acute care hospitals. Additionally, [www.countyhealthrankings.org](http://www.countyhealthrankings.org) reports that 44% of hospital stays in Cascade County were preventable hospital stays. Below are some of the reasons for inpatient admission in Cascade County and Montana overall. The numbers in **red** indicate an area where Cascade County rates are higher than Montana and numbers in **green** indicate an area where Cascade County rates are lower than Montana overall.

Inpatient admissions Montana 2011-2013			
	Cascade County		Montana
Health Indicator	Number	Rate per 100,000 (95% CI)	Rate per 100,000 (95% CI)
Asthma	148	57.3 (48.2-67.9)	47.7 (45.2-50.3)
Chronic Obstructive Pulmonary Disease (COPD)	3149	1014.3 (978.7-1051.3)	716.8 (708.1-725.6)
Cardiovascular Disease	2593	845.1 (812.2-879.2)	746.7 (737.7-755.8)
Diabetes (type 1 and 2)	2769	953.4 (917.1-991.0)	822.5 (812.8-832.3)
All Unintentional Injuries	1590	551.0 (523.4-579.9)	538.6 (530.6-546.8)
Falls	924	301.5 (282.0-322.4)	268.7 (263.2-274.3)
Struck by/against	37	14.0 (9.8-19.8)	18.0 (16.5-19.6)
Motor Vehicle	131	52.1 (43.3-62.5)	60.6 (57.8-63.6)
Poisoning	87	31.1 (24.7-39.0)	36.3 (34.2-38.5)
Intentional Self-Harm	338	149.4 (133.4-166.9)	106.5 (102.6-110.5)
Traumatic Brain Injury	275	100.6 (88.7-114.0)	91.3 (87.9-94.8)

Source: Community Health Profile 2015, Cascade County. MT Department of Health and Human Services

### 3.8 Public Health Issues: Communicable Diseases

Communicable diseases spread from one person to another person through a blood or bodily fluids or by airborne means. Many of these infections can be prevented through immunizations or other protective measures. Montana tracks vaccination rates, particularly in vulnerable population such as children and individuals aged 65+. Montana requires children attending school to receive certain vaccinations. These requirements are intended to protect the health of not only the student receiving the immunization, but also the health of students who, due to medical reasons are unable to be immunized. Cascade County has 0.25% of students enrolled with medical vaccine exemptions and 1.37% of enrolled students with a religious vaccine exemption (2014-2015 School Immunization Assessment Results, Montana Immunization Program, Montana Department of Health and Human Services).

Core Indicator	Cascade County	Montana	Data Source/Definition
Adults aged 65+ immunized for influenza in the past 12 months	55.8% (48.9-62.7)	57.5% (55.2-59.9)	2012 Montana and National Behavioral Risk Factor Surveillance System / Rate per 100,000 with 95% CI
Adults aged 65+ ever immunized for pneumococcal Pneumonia	65.3% (58.6-72.0)	69.5% (67.2-71.7)	2012 Montana and National Behavioral Risk Factor Surveillance System / Rate per 100,000 with 95% CI

Reported Communicable Diseases in Cascade County			
Disease	2015	2014	2013
Amebiasis	0	0	1
Campylobacter	24	25	16
Chikungunya	1	0	0
Chlamydia	429	473	472
Coccidioidomycosis	1	1	0
Cryptosporidiosis	1	6	17
Diarrheal Outbreak	0	2	1
e. Coli non-0157 (STEC)	14	2	3
Giardia	4	12	9
Gonorrhea	68	22	7
Hepatitis B	5	8	5
Hepatitis C	151	138	76
Histoplasmosis	0	1	0
HIV	1	1	1
Influenza	262	372	389
Legionella	3	2	1
Lyme Disease	0	1	1
Norovirus	30	29	10
Pertussis	46	29	12

Q Fever	2	0	0
Respiratory Syncytial Virus (RSV)	117	75	95
Rocky Mountain Spotted Fever	1	0	2
Salmonella	16	12	10
Shigella	3	32	0
Strep Pneumonia (Invasive)	1	2	1
Syphilis	1	1	2
Transmissible Spongiform Encephalopathy	0	0	1
Tuberculosis (TB)	1	2	2
Varicella	2	5	2
West Nile Fever	1	2	1
<b>Totals</b>	<b>1185</b>	<b>1255</b>	<b>1137</b>

In addition to tracking and encouraging immunizations, more than 60 communicable diseases are reported to local health departments who investigate and provide education to prevent further spread of the illness in addition to contacting exposed individuals if treatment and monitoring of symptoms is needed. As can be seen on the table to the left, there are numerous communicable diseases reported every year in Cascade County.

Of note are the rising number of cases of Gonorrhea in Cascade County. Although the incidence rate for Montana is still lower

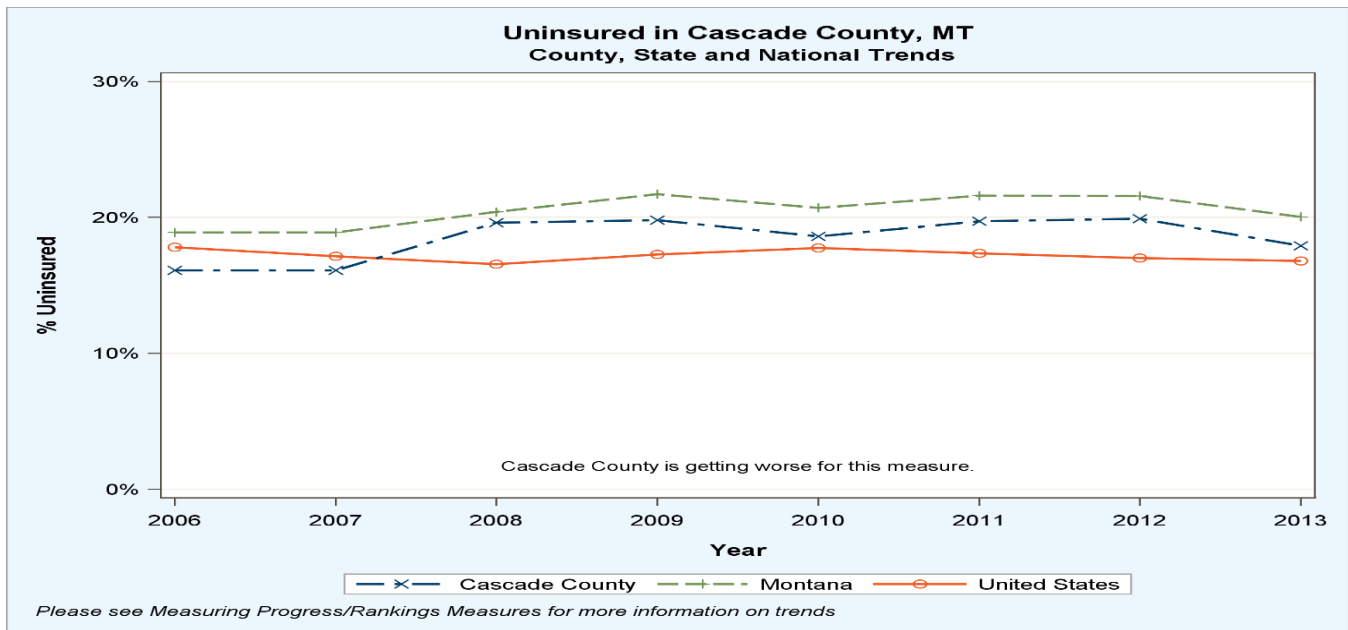
than the national rate, the incidence of Gonorrhea in Montana has been steadily rising over the past few years. Chlamydia is the most commonly reported disease in Montana and in Cascade County. Despite being the fifth most populous county in the state, Cascade County has the third highest number of Chlamydia cases reported for both 2013 and 2014, behind only Missoula (550 cases) and Yellowstone County (694 cases).

Also of significance are the number of Hepatitis C cases reported annually. An estimated 3.5 million people are living with Hepatitis C in the US and more than 1400 confirmed and probable cases were reported in Montana in 2014 (Communicable Disease in Montana: 2014 Annual Report). Cascade County had 138 reported cases in 2014 and 151 cases in 2015.

### 3.9 Access to Care

Access to health care is essential for individuals to stay healthy. In Cascade County, 30.7% of respondents to the Access to Health Care Survey said that they did not get or delayed getting necessary services at some point in the past three years. The number one reason, 19% of responses, that Cascade County residents did not access care was because the cost was too much. Lack of health insurance coverage was the second most reported reason with 9.3% of respondents to the Cascade County Survey said that not having health insurance was the reason they did not get or delayed getting needed health services. Other reasons individuals did not get health care were because the wait for an appointment was too long, 8.7%, and insurance wouldn't cover it, 7.7%.

In Montana it was estimated that in 2013 20% of Montanans, and 18% of Cascade County Residents, were uninsured ([www.countyrankings.org](http://www.countyrankings.org)). The table below shows how Cascade County compares to Montana and the US in regard to insurance coverage.



On November 2, 2015, the Centers for Medicare and Medicaid Services (CMS) approved Montana’s waiver to expand Medicaid under the Affordable Care Act (ACA). By December 31, enrollment in Montana’s expanded Medicaid had reached 20,000 people and it is projected that 23,000 people will be enrolled by June 2016 ([www.healthinsurance.org](http://www.healthinsurance.org)).

### 3.10 Child Abuse and Neglect

Child abuse and neglect has been a prominent topic in Cascade County in recent years. In April of 2015, the Great Falls Tribune reported that Cascade County had the dubious ranking of number one in the state of Montana for child abuse and neglect cases. Additionally, respondents of the 2015 Cascade County Healthy Communities Survey ranked child abuse and neglect as the second most serious health concern in their community.

According to the Montana Department of Health and Human Services, Child and Family Services, there has been a 73% increase in removals in Cascade County since 2011. Montana is above the national average with over 3000 children currently placed in out of home care, 400 of which are in Cascade County. The reasons for removal are varied, however almost 80% of children are removed due to neglect, and Cascade County is one of six counties in Montana that is considered to be high risk for child abuse and neglect.

## IV. NEXT STEPS

The findings of the Community Survey and a review of successes and challenges of the work that is currently underway were presented at the Community Health Symposium on January 21, 2016. Participants were then given the opportunity to discuss the results of the survey and current work and decide on priority areas to focus on for the next three years. The meeting was attended by more than 60 participants representing over 30 community agencies and organizations (Appendix



D). A consensus was reached regarding the health priorities, the three that have been in place for the past three years will continue and a fourth priority area was identified and is being explored\*:

- Achieving and Maintaining a Healthy Weight
- Substance Abuse and Prevention
- Access to Care
- \*Child Abuse and Neglect

The four identified priority areas will be addressed in the Community Health Improvement Plan over the next three years. The three priority areas previously established have groups that are already working to implement positive changes and will continue their work. Get Fit Great Falls has taken on Achieving and Maintaining a Healthy Weight, the Substance Abuse and Prevention Alliance has been working toward change on Substance Abuse and Prevention, and a committee made up of medical administrators and professionals throughout Great Falls has been addressing the issue of Access to Care. The fourth priority area of Child Abuse and Neglect is in the formative stages and a group is being assembled to focus on this health need.

The next three years will be an exciting time in Cascade County as work continues and begins on implementing the four identified priority areas. If you have questions, want additional information, or would like to get involved contact Tanya Houston, Health Officer of the Cascade City-County Health Department at [thouston@cascadecountymt.gov](mailto:thouston@cascadecountymt.gov) or (406)791-9260.

## V. APPENDICES

- Appendix A Cover Letter and Survey Instrument
- Appendix B 2016 Community Health Rankings: Montana
- Appendix C Community Needs Index Details
- Appendix D Community Symposium Participating Organizations

# Appendix A



UNIVERSITY OF GREAT FALLS  
A private, Catholic, liberal arts university

September 28, 2015

Dear Cascade County Resident:

The Cascade City-County Health Department, United Way of Cascade County, and Benefis Health Systems are conducting a study to determine the public perception of community health in Cascade County.

Please take 10-15 minutes to complete the following survey and return in the enclosed envelope by October 23<sup>rd</sup>. Also, please include (with your complete survey) your name, address, and phone number on a separate sheet of paper for a prize drawing. There will be two drawings each for a \$200 Visa gift card.

Your responses will be anonymous and strictly confidential. If you have any questions, please contact me at 791-5359. Again, please respond by October 23<sup>rd</sup> with a complete survey to be eligible for the drawing. Thank you for your participation.

Sincerely,

A handwritten signature in black ink, appearing to read "Gregory D. Madson".

Gregory D. Madson, Ph.D.  
Professor of Sociology  
Director, Center for Survey Research

1301 20<sup>th</sup> Street South ♦ Great Falls, MT 59405  
406-791-5359 ♦ gregory.madson@ugf.edu

## 2015 Cascade County Healthy Communities Survey

# Your Health, Your Community, Your Future!

Please complete and return your complete survey by October 23<sup>rd</sup> 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"/> 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 and cultural events      |
| <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"/> 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
  - Health Department
  - Emergency Room/Hospital
  - Planned Parenthood
  - Naturopath
  - Rural Health Clinic
  - Specialist (OB/GYN, Heart, etc.)
  - Chiropractor
  - Urgent Care/Walk-In Clinic
  - Just don’t go
- Other, please describe: \_\_\_\_\_
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
  - Too long of a wait for an appointment
  - Too nervous or afraid
  - My insurance wouldn’t cover it
  - Don’t like doctors
  - Unsure if services were available
  - Not treated with respect
  - It cost too much
  - Other, please describe:
  - It was too far to go
  - Could not get off work
  - Didn’t know where to go
  - Transportation problems
  - No health insurance
  - Had no one to care for the children
  - Language barrier
  - Office wasn’t open when I could go
- \_\_\_\_\_
15. How do you learn about health services in your community?
- Friends/Family
  - Health care provider
  - Mailings/Newsletters
  - Newspaper
  - Other, please describe:
  - Presentations
  - Public Health Department
  - Radio
  - Website/internet
  - 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. 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

19. How many people 18 years and older live in your household (include yourself)?  
\_\_\_\_\_

20. How many people under 18 years live in your household? \_\_\_\_\_

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

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

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

24. What is your age? \_\_\_\_\_

25. What is your gender?    Male    Female

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

27. 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 \_\_\_\_\_

28. What is your marital status?

- Divorced    Domestic Partnership    Single, never married    Married    Widowed

29. 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

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

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

31. 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.

## Appendix B

**County Health  
Rankings & Roadmaps**

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

# 2016 *County Health Rankings*

# Montana



A collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.



Support provided by

Robert Wood Johnson Foundation

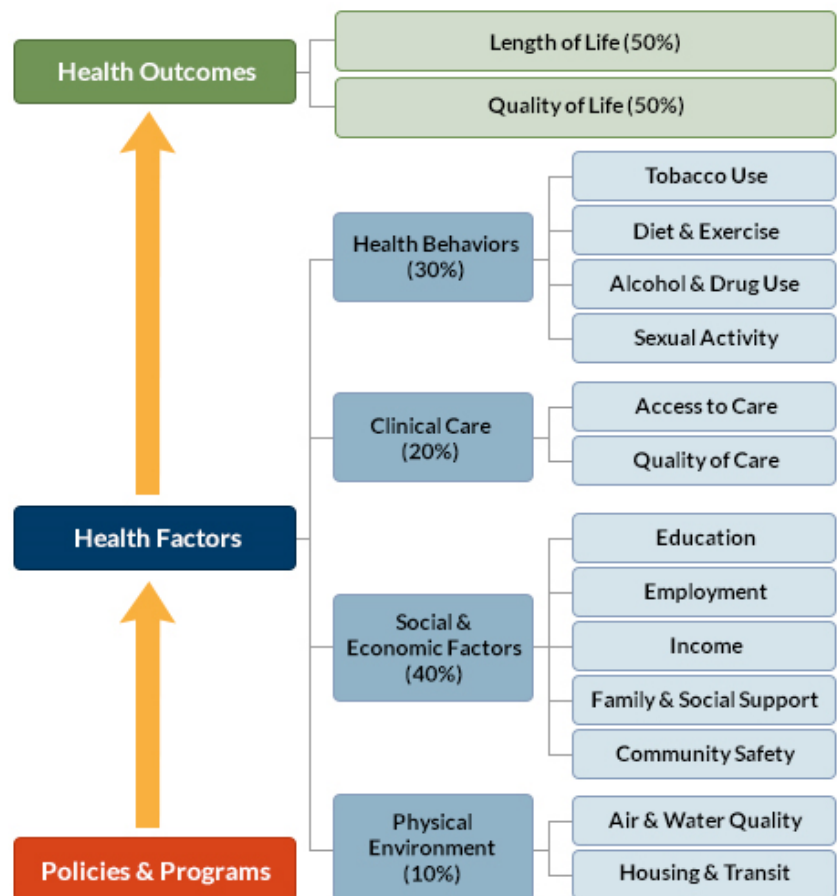


## INTRODUCTION

The *County Health Rankings & Roadmaps* program brings actionable data and strategies to communities to make it easier for people to be healthy in their homes, schools, workplaces, and neighborhoods. Ranking the health of nearly every county in the nation, the *County Health Rankings* illustrate what we know when it comes to what is making people sick or healthy. The *Roadmaps* show what we can do to create healthier places to live, learn, work, and play. The Robert Wood Johnson Foundation (RWJF) collaborates with the University of Wisconsin Population Health Institute (UWPHI) to bring this program to cities, counties, and states across the nation.

## WHAT ARE THE COUNTY HEALTH RANKINGS?

Published online at [countyhealthrankings.org](http://countyhealthrankings.org), the *Rankings* help counties understand what influences how healthy residents are and how long they will live. The *Rankings* are unique in their ability to measure the current overall health of nearly every county in all 50 states. They also look at a variety of measures that affect the future health of communities, such as high school graduation rates, access to healthy foods, rates of smoking, obesity, and teen births. Communities use the *Rankings* to help identify issues and opportunities for local health improvement, as well as to garner support for initiatives among government agencies, healthcare providers, community organizations, business leaders, policy makers, and the public.



## DIGGING DEEPER INTO HEALTH DATA

Although we know that a range of factors are important for good health, every state has communities that lack both opportunities to shape good health and strong policies to promote health for everyone. Some counties lag far behind others in how well and how long people live – which we refer to as a “health gap.” Find out what’s driving health differences across your state and what can be done to close those gaps. Visit [countyhealthrankings.org/reports](http://countyhealthrankings.org/reports).

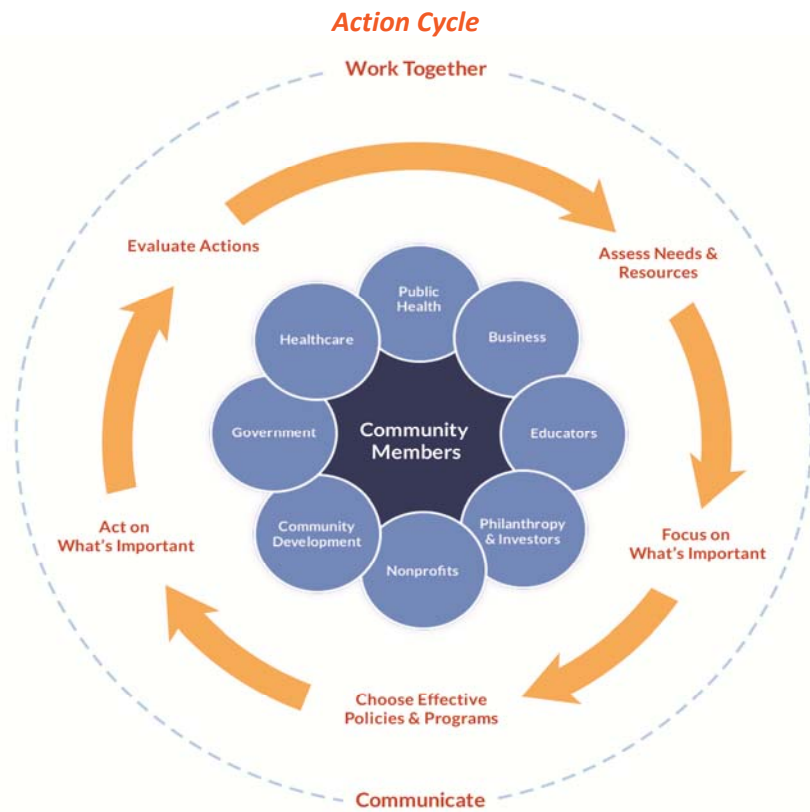
To further explore health gaps and other data sources in your community, check out the feature to [find more data](#) for your state and [dig deeper](#) on differences in health factors by geography or by population sub-groups. Visit [countyhealthrankings.org/using-the-rankings-data](http://countyhealthrankings.org/using-the-rankings-data).

## MOVING FROM DATA TO ACTION

*Roadmaps to Health* help communities bring people together to look at the many factors that influence health and opportunities to reduce health gaps, select strategies that can improve health for all, and make changes that will have a lasting impact. The *Roadmaps* focus on helping communities move from *awareness* about their county's ranking to *actions* designed to improve everyone's health. The *Roadmaps to Health* Action Center is a one-stop shop of information to help any community member or leader who wants to improve their community's health by addressing factors that we know influence health, such as education, income, and community safety.

Within the Action Center you will find:

- Online step-by-step guidance and tools to move through the Action Cycle
- [What Works for Health](#) – a searchable database of evidence-informed policies and programs that can improve health
- Webinars featuring local community members who share their tips on how to build a healthier community
- Community coaches, located across the nation, who provide customized consultation to local leaders who request guidance in how to accelerate their efforts to improve health. You can contact a coach by activating the Get Help button at [countyhealthrankings.org](http://countyhealthrankings.org)



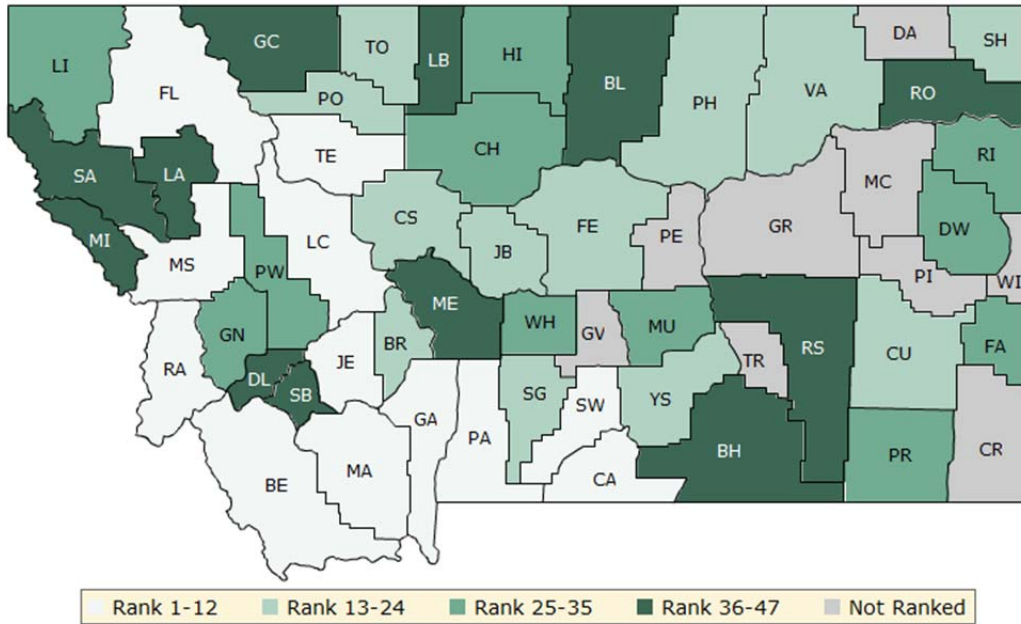
## HOW CAN YOU GET INVOLVED?

You might want to contact your local affiliate of United Way Worldwide, the National Association of Counties, Local Initiatives Support Corporation (LISC), or Neighborworks— their national parent organizations have partnered with us to raise awareness and stimulate action to improve health in their local members' communities. By connecting with other leaders interested in improving health, you can make a difference in your community. In communities large and small, people from all walks of life are taking ownership and action to improve health. Visit [countyhealthrankings.org](http://countyhealthrankings.org) to get ideas and guidance on how you can take action in your community. Working with others, you can improve the health of your community.

### HOW DO COUNTIES RANK FOR HEALTH OUTCOMES?

The green map below shows the distribution of Montana's **health outcomes**, based on an equal weighting of length and quality of life.

Lighter shades indicate better performance in the respective summary rankings. Detailed information on the underlying measures is available at [countyhealthrankings.org](http://countyhealthrankings.org).



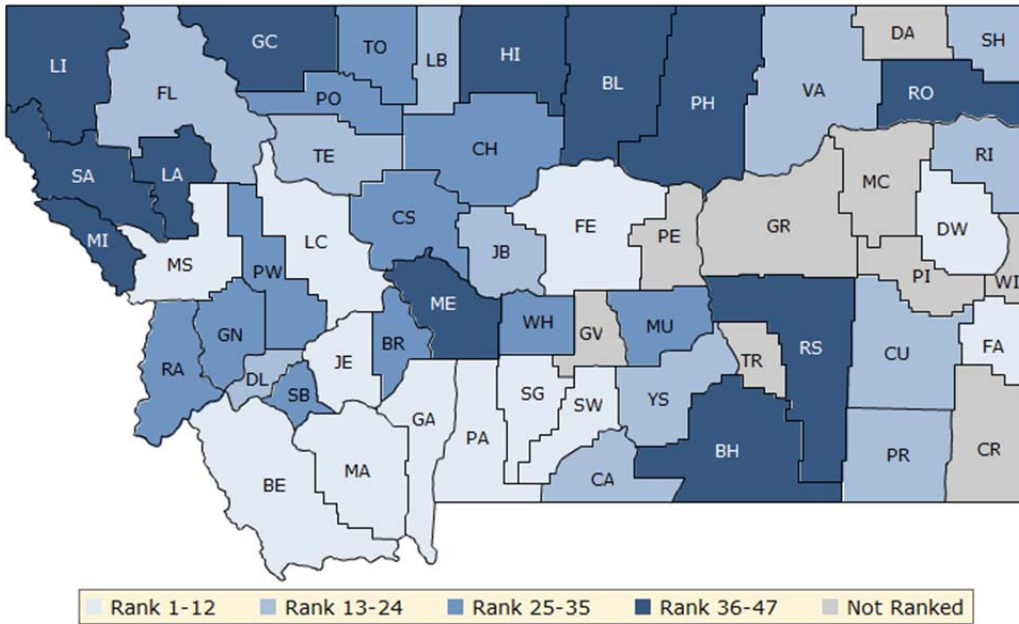
County	Rank	County	Rank	County	Rank	County	Rank
Beaverhead	11	Flathead	8	McCone	NR	Roosevelt	47
Big Horn	45	Gallatin	1	Meagher	42	Rosebud	43
Blaine	44	Garfield	NR	Mineral	37	Sanders	36
Broadwater	17	Glacier	46	Missoula	6	Sheridan	20
Carbon	2	Golden Valley	NR	Musselshell	35	Silver Bow	41
Carter	NR	Granite	25	Park	10	Stillwater	4
Cascade	24	Hill	29	Petroleum	NR	Sweet Grass	18
Chouteau	30	Jefferson	5	Phillips	15	Teton	7
Custer	23	Judith Basin	22	Pondera	14	Toole	21
Daniels	NR	Lake	40	Powder River	26	Treasure	NR
Dawson	28	Lewis and Clark	12	Powell	32	Valley	16
Deer Lodge	38	Liberty	39	Prairie	NR	Wheatland	31
Fallon	27	Lincoln	33	Ravalli	9	Wibaux	NR
Fergus	13	Madison	3	Richland	34	Yellowstone	19



### HOW DO COUNTIES RANK FOR HEALTH FACTORS?

The blue map displays Montana’s summary ranks for **health factors**, based on weighted scores for health behaviors, clinical care, social and economic factors, and the physical environment.

Lighter shades indicate better performance in the respective summary rankings. Detailed information on the underlying measures is available at [countyhealthrankings.org](http://countyhealthrankings.org)



County	Rank	County	Rank	County	Rank	County	Rank
Beaverhead	9	Flathead	23	McCone	NR	Roosevelt	45
Big Horn	46	Gallatin	1	Meagher	39	Rosebud	42
Blaine	44	Garfield	NR	Mineral	37	Sanders	43
Broadwater	28	Glacier	47	Missoula	7	Sheridan	17
Carbon	19	Golden Valley	NR	Musselshell	33	Silver Bow	29
Carter	NR	Granite	27	Park	10	Stillwater	3
Cascade	25	Hill	41	Petroleum	NR	Sweet Grass	6
Chouteau	31	Jefferson	4	Phillips	36	Teton	18
Custer	16	Judith Basin	13	Pondera	35	Toole	32
Daniels	NR	Lake	40	Powder River	14	Treasure	NR
Dawson	11	Lewis and Clark	2	Powell	30	Valley	21
Deer Lodge	24	Liberty	20	Prairie	NR	Wheatland	34
Fallon	5	Lincoln	38	Ravalli	26	Wibaux	NR
Fergus	12	Madison	8	Richland	22	Yellowstone	15

## 2016 COUNTY HEALTH RANKINGS: MEASURES AND NATIONAL/STATE RESULTS

Measure	Description	US Median	State Overall	State Minimum	State Maximum
<b>HEALTH OUTCOMES</b>					
Premature death	Years of potential life lost before age 75 per 100,000 population	7,700	7,300	4,600	20,500
Poor or fair health	% of adults reporting fair or poor health	16%	14%	10%	24%
Poor physical health days	Average # of physically unhealthy days reported in past 30 days	3.7	3.9	2.9	5.2
Poor mental health days	Average # of mentally unhealthy days reported in past 30 days	3.7	3.4	2.9	4.6
Low birthweight	% of live births with low birthweight (< 2500 grams)	8%	7%	4%	14%
<b>HEALTH FACTORS</b>					
<b>HEALTH BEHAVIORS</b>					
Adult smoking	% of adults who are current smokers	18%	20%	15%	31%
Adult obesity	% of adults that report a BMI ≥ 30	31%	25%	16%	37%
Food environment index	Index of factors that contribute to a healthy food environment, (0-10)	7.2	7.2	3.1	8.4
Physical inactivity	% of adults aged 20 and over reporting no leisure-time physical activity	28%	22%	15%	33%
Access to exercise opportunities	% of population with adequate access to locations for physical activity	62%	67%	0%	94%
Excessive drinking	% of adults reporting binge or heavy drinking	17%	21%	16%	25%
Alcohol-impaired driving deaths	% of driving deaths with alcohol involvement	31%	47%	0%	100%
Sexually transmitted infections	# of newly diagnosed chlamydia cases per 100,000 population	287.7	379.8	65.3	1,583.2
Teen births	# of births per 1,000 female population ages 15-19	40	33	7	102
<b>CLINICAL CARE</b>					
Uninsured	% of population under age 65 without health insurance	17%	20%	15%	30%
Primary care physicians	Ratio of population to primary care physicians	1,990:1	1,310:1	1,750:0	720:1
Dentists	Ratio of population to dentists	2,590:1	1,480:1	3,210:0	1,040:1
Mental health providers	Ratio of population to mental health providers	1,060:1	400:1	4,590:1	200:1
Preventable hospital stays	# of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	60	44	30	136
Diabetic monitoring	% of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring	85%	81%	35%	94%
Mammography screening	% of female Medicare enrollees ages 67-69 that receive mammography screening	61%	63%	32%	73%
<b>SOCIAL AND ECONOMIC FACTORS</b>					
High school graduation	% of ninth-grade cohort that graduates in four years	86%	84%	61%	93%
Some college	% of adults ages 25-44 with some post-secondary education	56%	68%	40%	81%
Unemployment	% of population aged 16 and older unemployed but seeking work	6.0%	4.7%	1.9%	11.3%
Children in poverty	% of children under age 18 in poverty	23%	19%	10%	36%
Income inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	4.4	4.4	3.3	5.7
Children in single-parent households	% of children that live in a household headed by a single parent	32%	29%	4%	48%
Social associations	# of membership associations per 10,000 population	13.0	14.4	5.2	35.4
Violent crime	# of reported violent crime offenses per 100,000 population	199	272	24	481
Injury deaths	# of deaths due to injury per 100,000 population	74	89	57	195
<b>PHYSICAL ENVIRONMENT</b>					
Air pollution – particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	11.9	10.9	10.1	11.7
Drinking water violations	Indicator of the presence of health-related drinking water violations. Yes - indicates the presence of a violation, No - indicates no violation.	NA	NA	No	Yes
Severe housing problems	% of households with overcrowding, high housing costs, or lack of kitchen or plumbing facilities	14%	15%	7%	27%
Driving alone to work	% of workforce that drives alone to work	80%	75%	53%	81%
Long commute – driving alone	Among workers who commute in their car alone, % commuting > 30 minutes	29%	16%	9%	46%

## 2016 COUNTY HEALTH RANKINGS: DATA SOURCES AND YEARS OF DATA

	Measure	Data Source	Years of Data
<b>HEALTH OUTCOMES</b>			
<b>Length of Life</b>	Premature death	National Center for Health Statistics – Mortality files	2011-2013
<b>Quality of Life</b>	Poor or fair health	Behavioral Risk Factor Surveillance System	2014
	Poor physical health days	Behavioral Risk Factor Surveillance System	2014
	Poor mental health days	Behavioral Risk Factor Surveillance System	2014
	Low birthweight	National Center for Health Statistics – Natality files	2007-2013
<b>HEALTH FACTORS</b>			
<b>HEALTH BEHAVIORS</b>			
<b>Tobacco Use</b>	Adult smoking	Behavioral Risk Factor Surveillance System	2014
<b>Diet and Exercise</b>	Adult obesity	CDC Diabetes Interactive Atlas	2012
	Food environment index	USDA Food Environment Atlas, Map the Meal Gap	2013
<b>Alcohol and Drug Use</b>	Physical inactivity	CDC Diabetes Interactive Atlas	2012
	Access to exercise opportunities	Business Analyst, Delorme map data, ESRI, & US Census Tigerline Files	2010 & 2014
	Excessive drinking	Behavioral Risk Factor Surveillance System	2014
<b>Sexual Activity</b>	Alcohol-impaired driving deaths	Fatality Analysis Reporting System	2010-2014
<b>Sexual Activity</b>	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention	2013
	Teen births	National Center for Health Statistics - Natality files	2007-2013
<b>CLINICAL CARE</b>			
<b>Access to Care</b>	Uninsured	Small Area Health Insurance Estimates	2013
	Primary care physicians	Area Health Resource File/American Medical Association	2013
	Dentists	Area Health Resource File/National Provider Identification file	2014
	Mental health providers	CMS, National Provider Identification file	2015
<b>Quality of Care</b>	Preventable hospital stays	Dartmouth Atlas of Health Care	2013
	Diabetic monitoring	Dartmouth Atlas of Health Care	2013
	Mammography screening	Dartmouth Atlas of Health Care	2013
<b>SOCIAL AND ECONOMIC FACTORS</b>			
<b>Education</b>	High school graduation	EDFacts	2012-2013
	Some college	American Community Survey	2010-2014
<b>Employment</b>	Unemployment	Bureau of Labor Statistics	2014
<b>Income</b>	Children in poverty	Small Area Income and Poverty Estimates	2014
	Income inequality	American Community Survey	2010-2014
<b>Family and Social Support</b>	Children in single-parent households	American Community Survey	2010-2014
	Social associations	County Business Patterns	2013
<b>Community Safety</b>	Violent crime	Uniform Crime Reporting – FBI	2010-2012
	Injury deaths	CDC WONDER mortality data	2009-2013
<b>PHYSICAL ENVIRONMENT</b>			
<b>Air and Water Quality</b>	Air pollution - particulate matter <sup>1</sup>	CDC WONDER environmental data	2011
	Drinking water violations	Safe Drinking Water Information System	FY2013-14
<b>Housing and Transit</b>	Severe housing problems	Comprehensive Housing Affordability Strategy (CHAS) data	2008-2012
	Driving alone to work	American Community Survey	2010-2014
	Long commute – driving alone	American Community Survey	2010-2014

<sup>1</sup> Not available for AK and HI.

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## County Health Rankings & Roadmaps

Building a Culture of Health, County by County

[countyhealthrankings.org](http://countyhealthrankings.org)



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## Appendix C

# Community Need Index

## Methodology and Source Notes

### Overview

Not-for-profit and community-based health systems have long considered community need a core component of their mission of service to local communities. While specific initiatives designed to address health disparities vary across local communities (outreach to migrant farm workers, asthma programs for inner city children, etc), the need to prioritize and effectively distribute hospital resources is a common thread among all providers.

Given the increased transparency of hospital operations (quality report cards, financial disclosures, etc.), community benefit efforts need to become increasingly strategic and targeted in order to illustrate to a variety of audiences how specific programs have been designed and developed. While local community needs assessments will always play a central role in this process, they are often voluminous, difficult to communicate, and may lack necessary qualitative and statistical justification for choosing specific communities as having the “greatest need”.

Because of such challenges, Dignity Health and Truven Health jointly developed a Community Need Index (“CNI”) in 2004 to assist in the process of gathering vital socio-economic factors in the community. The CNI is strongly linked to variations in community healthcare needs and is a strong indicator of a community’s demand for various healthcare services.

Based on a wide array of demographic and economic statistics, the CNI provides a score for every populated ZIP code in the United States on a scale of 1.0 to 5.0. A score of 1.0 indicates a ZIP code with the least need, while a score of 5.0 represents a ZIP code with the most need. The CNI should be used as part of your larger community need assessment, and can help pinpoint specific areas that have greater need than others. The CNI should be shared with your community partners and used to justify grants or resource allocations for community initiatives.

### Methodology

The CNI score is an average of five different barrier scores that measure various socio-economic indicators of each community using the 2015 source data. The five barriers are listed below along with the individual 2015 statistics that are analyzed for each barrier. These barriers, and the statistics that comprise them, were carefully chosen and tested individually by both Dignity Health and Truven Health:

#### 1. Income Barrier

- Percentage of households below poverty line, with head of household age 65 or more
- Percentage of families with children under 18 below poverty line
- Percentage of single female-headed families with children under 18 below poverty line



## 2. **Cultural Barrier**

- Percentage of population that is minority (including Hispanic ethnicity)
- Percentage of population over age 5 that speaks English poorly or not at all

## 3. **Education Barrier**

- Percentage of population over 25 without a high school diploma

## 4. **Insurance Barrier**

- Percentage of population in the labor force, aged 16 or more, without employment
- Percentage of population without health insurance

## 5. **Housing Barrier**

- Percentage of households renting their home

Every populated ZIP code in the United States is assigned a barrier score of 1, 2, 3, 4, or 5 depending upon the ZIP code national rank (quintile). A score of 1 represents the lowest rank nationally for the statistics listed, while a score of 5 indicates the highest rank nationally. For example, ZIP codes that score a 1 for the Education Barrier contain highly educated populations; ZIP codes with a score of 5 have a very small percentage of high school graduates.

For the two barriers with only one statistic each (education and housing), Truven Health used only the single statistic listed to calculate the barrier score. For the three barriers with more than one component statistic (income, cultural and insurance), Truven Health analyzed the variation and contribution of each statistics for its barrier; Truven Health then weighted each component statistic appropriately when calculating the barrier score.

Once each ZIP code is assigned its barrier scores from 1 to 5, all five barrier scores for each ZIP code are averaged together to yield the CNI score. Each of the five barrier scores receives equal weight (20% each) in the CNI score. A score of 1.0 indicates a ZIP code with the least need, while a score of 5.0 represents a ZIP code with the most need.

## **Data Sources**

- 2015 Demographic Data, The Nielsen Company
- 2015 Poverty Data, The Nielsen Company
- 2015 Insurance Coverage Estimates, Truven Health Analytics

## **Applications and Caveats**

- CNI scores are not calculated for non-populated ZIP codes. These include such areas as national parks, public spaces, post office boxes and large unoccupied buildings.
- CNI scores for ZIP codes with small populations (especially less than 100 people) may be less accurate. This is due to the fact that the sample of respondents to the 2010 census is too small to provide accurate statistics for such ZIP codes. This issue is mitigated by either eliminating such ZIP codes from your analysis completely, or by making sure that low population ZIP codes are combined with other surrounding high population ZIP codes using the weighted average technique described above.

## Appendix D

# Community Symposium Participating Organizations

## January 21, 2016

LAC

Benefis Health System

Cascade City-County Health Department

State Child/Families Advocacy

Great Falls Public Schools

Juvenile Probation

Family Connections

Opportunities Inc.

Community Health Care Center

MSU Extension

City of Great Falls

Gateway

United Way

Get Fit Great Falls

University of Great Falls

YWCA

Holy Spirit

Alliance for Youth

St. Vincent de Paul

Cascade County Law Clinic

Smooth Transitions

Great Falls College MSU

Chamber of Commerce

Montana State Legislator

Cascade County Commission

City of Great Falls Commission

Voices of Hope

Center for Mental Health

Planned Parenthood of Montana

Private Counselors