

JOURNAL OF CITY COMMISSION WORK SESSION
May 7, 2019

City Commission Work Session
Civic Center, Gibson Room 212

Mayor Kelly presiding

CALL TO ORDER: 5:30 p.m.

CITY COMMISSION MEMBERS PRESENT: Bob Kelly, Bill Bronson, Owen Robinson, and Mary Sheehy Moe. Commissioner Tracy Houck was excused.

STAFF PRESENT: City Manager Greg Doyon; City Attorney Sara Sexe; Finance Director Melissa Kinzler; Park and Recreation Director Steve Herrig; Planning and Community Development Director Craig Raymond; and, City Clerk Lisa Kunz.

PUBLIC COMMENT

None.

1. NEIGHBORHOOD COUNCIL UPDATE – COUNCIL #4

Sandra Guynn, Neighborhood Council 4 Chairperson and Official Delegate, reported that neighbors have made it clear to the council they want 36th Street South from 10th Avenue North to Central Avenue used as a residential street and not a thru street, and they have been discussing traffic calming measures.

Chairperson Guynn further reported that the council has asked Neighborhood Council liaison Lanni Klasner to research and report back in June the history of the bond levy for Siebel Soccer Park.

She further noted more recent speakers and topics presented to the council.

Commissioner Moe inquired if the council had any comments or suggestions regarding the changes the Commission made to the CDBG process to seek greater public input. Chairperson Guynn responded that the council thinks it is a much better way of handling that process.

2. ANNUAL UPDATE FROM CITY COUNTY HEALTH DEPARTMENT

Tanya Houston, Cascade City-County Health Department (CCHD) Interim Health Officer, reported that she has accepted a position with Alluvion Health, formerly known as the Community Health Care Center. She is also the Public Information Officer for any event that occurs in the County.

Ms. Houston provided handouts and discussed the attached CCHD 2018 Annual Report and a two-page fact sheet. Highlights included:

- Seven member Board of Health
- Environmental Health

- Prevention Services
- Family Health Services
- Administration
- CCHD Accreditation
- CCHD Funding Streams
- Organizational Chart and Contact Information

A brief discussion followed about Ms. Houston's transition to Alluvion Health, and the potential for long term collaboration between CCHD and Alluvion to reduce redundancy and insure the best service is provided to the community. The City of Great Falls will keep an eye on its funding responsibilities to the CCHD during the transition process, as Alluvion is non-profit, Federally Qualified Health Center that operates under a grant from the Health Resources and Services Administration (HRSA). Ms. Houston noted that Alluvion will help meet the behavioral, medical, and dental needs in the community.

DISCUSSION OF POTENTIAL UPCOMING WORK SESSION TOPICS

Mayor Kelly reported that the work session topic for the May 21st meeting is the development review process. City Manager Greg Doyon noted that once the development changes are adopted, it will require monitoring, adjusting and possible tweaking.

Manager Doyon discussed the budget process and upcoming budget work sessions, as well as a special meeting for his performance evaluation and contract review.

After a brief discussion, Mayor Kelly noted that a special meeting for Manager Doyon's review is scheduled for May 22nd at 3 p.m., and the Commission requested special budget work sessions be scheduled for June 4th and June 18th at 4:15 p.m.

ADJOURN

There being no further discussion, Mayor Kelly adjourned the informal work session of May 7, 2019 at 6:14 p.m.



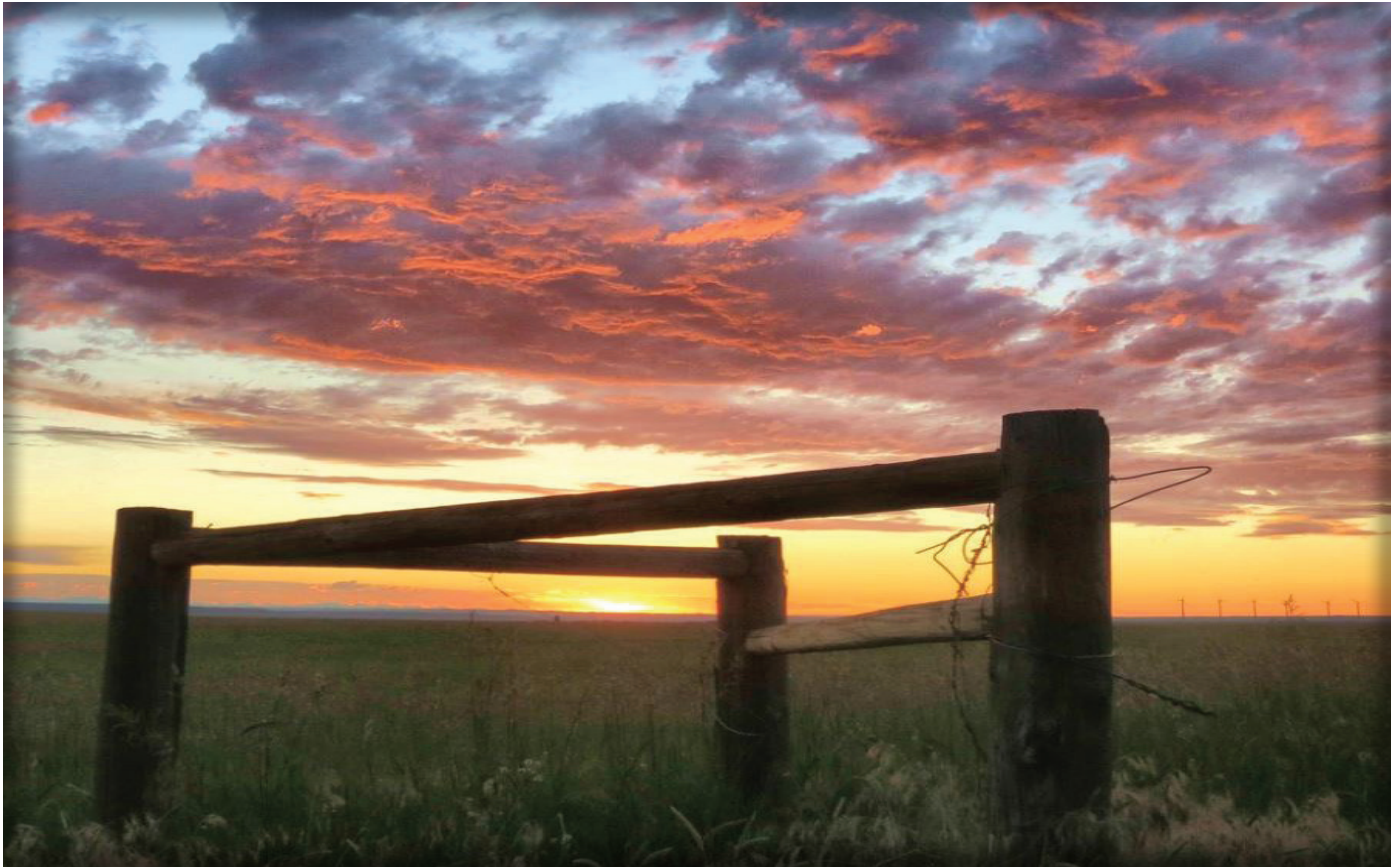
Healthy People in a Safe and Healthy Community



Cascade City-County
Health Department

2018

Annual Report



“CCHD’s mission is to be a responsive agency that strives to prevent disease and illness, ensure a healthy environment, promote healthy choices, and deliver quality services to all in Cascade County.”

A very special thank you to
Linda Tortveit
for allowing CCHD to use her stunning photographs
taken throughout Cascade County.

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About our great organization

Dear Citizens of Cascade County,

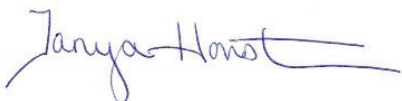
Once again, the time has come for the Cascade City-County Health Department's (CCHD) Annual Report, and I am proud to share it with you. This report provides readers a glance at the incredible work that is done by our dedicated staff. All of this is done in the pursuit of our Mission to be *a responsive agency that strives to prevent disease and illness, ensure a healthy environment, promote healthy choices, and deliver quality services to all in Cascade County.*

We had another great year in 2018. It was filled with challenges, successes, opportunities for improvement, and massive growth! On the pages of this document, you will see information, data, pictures, and graphs representing some of the superb work, but I think it's critical to note that this is only a glimpse at what is actually being done. Anyone who has questions or would like to learn more is always encouraged to contact us!

One important point of note was that CCHD successfully achieved Accreditation from the Public Health Accreditation Board (PHAB) in 2018. This was a multi-year process and an opportunity to demonstrate the fact that CCHD is, and will continue to be, an Agency filled with dedicated staff that consistently endeavor to meet and exceed the expectations of Public Health. Please read on to learn more about what our staff has done to earn this distinction of an Accredited Public Health Agency.

As we look forward towards continuing our work in 2019, I want to thank each and every one of our partners, staff, and stakeholders for their support and commitment to ensure our community continues to grow and develop in a positive way.

In good health,



Tanya Houston, Health Officer



Board of Health



Peter Gray

Board of Health Chair

Peter Gray is the Executive Director of Senior Service at Benefis Health System. He is an appointed representative for the City of Great Falls.



Ray Geyer, DO

Board of Health Member

Dr. Geyer is the Infectious Disease Physician for the Great Falls Clinic and represents a permanent spot for the Cascade County Medical Society.



Matt Martin, DDS

Board of Health Member

Dr. Martin owns Missouri Bay Dental and represents a permanent spot on the Board of Health for the 4th District Dental Society.



Owen Robinson

Board of Health Member

Owen Robinson is a Great Falls City Commissioner. One City Commissioner is required to sit on the Board of Health.

Tammy Lacey

Board of Health Vice Chair

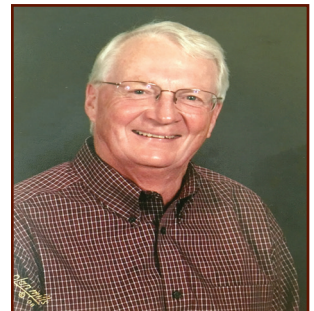
Tammy Lacey is the Superintendent of Great Falls Public Schools and represents a permanent spot on the Board of Health for School District No. 1 of Great Falls



Terry Barber

Board of Health Member

Terry Barber is a retired pharmacist and is an appointed representative for Cascade County.



Jane Weber

Board of Health Member

Jane Weber is a Cascade County Commissioner. One County Commissioner is required to serve on the Board of Health.



ENVIRONMENTAL HEALTH



THE ENVIRONMENTAL HEALTH DIVISION PROMOTES A HEALTHY ENVIRONMENT THROUGH EDUCATION EFFORTS, MONITORING HEALTH AND SAFETY ISSUES, AND ENFORCING STATE LAWS AND REGULATIONS THROUGH MULTIPLE PROGRAMS.



ENVIRONMENTAL HEALTH STAFF: (LEFT TO RIGHT) PAM BECK, BRUCE TREIS, MILLIE OLSEN, SANDY JOHNSON, RHONDA KNUDSEN AND LAURA BRUSKY

Pool and Spa Safety

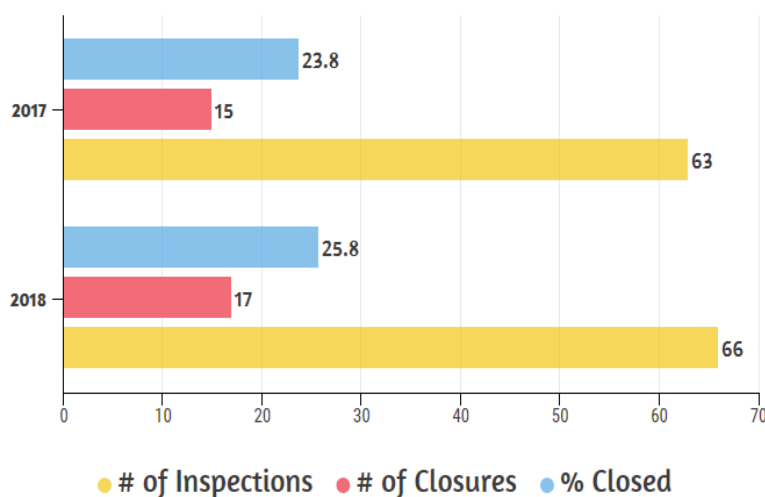
CCHD's Environmental Health Division (EH) inspected 100% of the licensed pools in Cascade County during 2018. EH created a new chemistry log sheet to increase chemistry compliance and decrease pool closures, and included it with the 2018 DPHHS licenses that were mailed to every pool in Cascade County. One of EH's Sanitarians presented a short segment at the Certified Pool Operator (CPO) training that was held locally to reinforce regulatory requirements for licensed pools.

MT State Pool and Spa Administrative Rules are important in reducing the risk of physical and chemical injury, including water borne pathogens, to their users. EH staff enforce these rules by inspecting facilities for compliance and closing those pools and spas that are not within critical limits for chemistry measurements.

Disinfectant residual and pH range compliance violations are higher this year compared to last year which led to increased pool closures even despite an increase in compliance with the requirement to have a CPO. Compliance with CPO training requirements increased from 2017 by 4.9%, but the rate of pool and spa closures increased instead of decreased. It appears more training and education is needed beyond the CPO training to reduce the number of violations of chemical/disinfectant balancing - a major contributor to pool and spa closures.

CCHD aims to decrease pool closures and increase compliance by scheduling one inspection with each of the CPOs at their facility to educate them on the new regulations, including pool chemistry requirements.

Cascade County Pools & Spas 2018



Violation	2017	2018
DISINFECTANT RESIDUAL	17	19
pH IN RANGE	10	14
FLOW METER WORKING	8	5
MONITORING RECORDS	5	6
MANAGEMENT: SUPERVISION; TRAINING CPO, AFO	5	2
OTHER	4	7
C/C; STABILIZER CONTROL	4	5
VGB DOCUMENTATION: EXP DATE	4	2
2408 - TEST KIT; CALIBRATION	2	0
TOTAL ALKALINITY IN ACCEPTABLE RANGE	1	7
BABY CHANGING TABLE	1	2
RECIRCULATION SYSTEMS	1	1
DISINFECTION SYSTEMS	1	1
2419 - WATER SUPPLY/WASTE DISPOSAL	1	0
FACILITY SAFETY AND EMERGENCY EQUIPMENT PLANS	0	6
WATER CLARITY	0	1

Environmental Health Continues to Offer Certified Professional Food Manager Courses

Environmental Health continued their second year of offering Certified Professional Food Manager (CFPM) courses to food establishment operators and managers. During 2018, 7 classes involving 127 students were conducted.

A CDC study has shown the presence of a Certified Food Protection Manager in a retail food facility is linked to decreased foodborne illness risk factor violations.

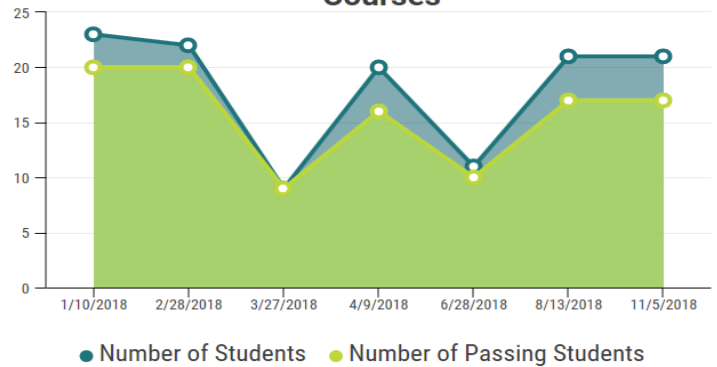
As of January 1, 2016, each retail food facility has been required to employ one CFPM. Before CCHD began to offer the course in 2017, CFPM course/test offerings in Cascade County had a high fail rate (as high as 30%).

EH hypothesized that increasing the operators' CFPM test passing rate would also increase the number of facilities that have a CFPM. Additionally, this would result in increased compliance rates and food safety knowledge. The pass rate for 2018 was 6 percent lower than 2017. This is likely due to the increased number of classes and number of students taking the class.

Since offering CFPM courses, CCHD has seen less CFPM violations during routine inspections. The increased compliance should lead to an increase in food safety knowledge in our food facilities and, from that, a decrease in the occurrence of foodborne illness in our community. This will continue to be tracked and reported



**CCHD Environmental Health
Certified Professional Food Manager
Courses**



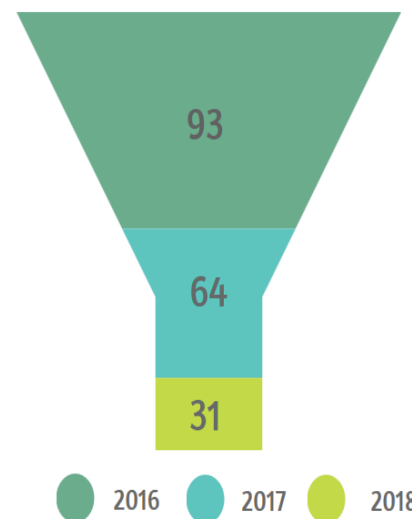
“Leaders in Food Safety”

During 2018, Environmental Health staff began holding “Leaders in Food Safety” meetings with licensed food operators and managers. These meetings provide an opportunity for operators and managers to discuss possible food safety issues with CCHD’s Sanitarians. Some topics discussed included Service Animals in food establishments and packaging and labeling requirements for fresh produce.

CCHD has received positive feedback from attendees. Three meetings were held in 2018 with 21 licensed facility representatives attending.

Next year, Environmental Health hopes to open the meetings to members of the public to provide everyone with food safety information and guidance.

**CFPM Violations
Observed During
Routine Inspections**



CCHD Rabies Mitigation Efforts

CCHD’s Environmental Health Division worked to increase their rabies exposure response efforts during 2018.

Along with a Rabies Response Protocol being developed in response to noted challenges in communication, there is now a dedicated rabies email and cell phone to contact victims or pet owners that do not respond to phone calls.

Regular correspondence with Great Falls Police Department Animal Control Officers is exchanged to address any open bite cases and allows both agencies to stay informed on status and actions needed to resolve each case.

The recommended treatment window for a potential rabies exposure is 14 days after the time of the bite. By decreasing the resolution time, CCHD can increase the timeliness of any necessary post-exposure prophylaxis (PEP) recommendations.

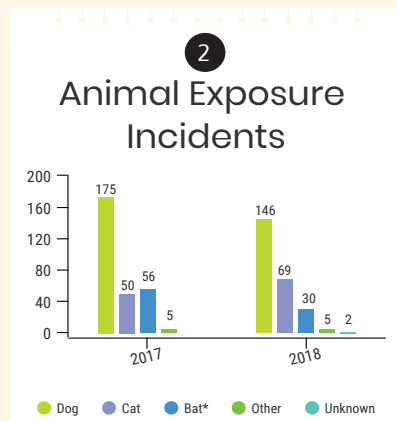
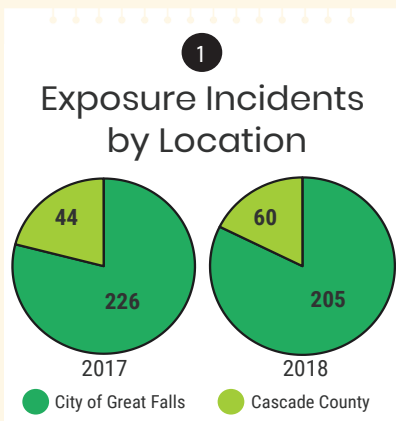
While the percentage of PEP recommendations and administrations per reported potential exposure remained steady from 2017 to 2018 (15% to 16%), the actual number of PEP administrations decreased. PEP is an expensive and painful series for individuals to endure. CCHD’s goal is to prevent unnecessary PEP administration whenever possible.



CCHD Rabies Prevention



In 2018, CCHD finalized a Rabies Response Protocol to: Provide a clear route of reporting potential human exposures to rabies; Outline CCHD’s follow-up steps to prevent transmission of rabies to humans in Cascade County; and Provide the measures CCHD takes to appropriately recommend rabies post-exposure prophylaxis (PEP).



3 Post-Exposure Prophylaxis (PEP)

PEP was administered without CCHD recommendation 2 times and recommended 40 times in 2018.

PEP was administered without CCHD recommendation 14 times and recommended 30 times in 2017.

CCHD’s goal is PEP to only be administered with CCHD’s recommendation.

4 Decreased Resolution time

The average resolution time of rabies exposure incidents has decreased in from 2017 to 2018, by 5 days.

5 Age Tracking

in 2018, CCHD began tracking birth dates of exposure victims. Minors, ages 0-17 had a higher bite rate, especially young children (0-4).

This could reflect the nature of bite reporting as parents are more likely to seek medical treatment for their children, even for minor injuries.

6 CCHD Environmental Health’s Rabies Prevention Team



(Left to Right) Millie Olsen, RS; Rhonda Knudsen, RS; and Pam Beck, EH Assistant

Radon Information and Outreach

Because radon is the second leading cause of lung cancer in the United States, Environmental Health (EH) set a goal to increase radon awareness in Cascade County for 2018.

Twenty education and outreach events, including presentations, newsletter articles, Facebook and website postings were conducted. Staff also revised the Radon Detector Form and instruction sheet, simplifying the process for homeowners.

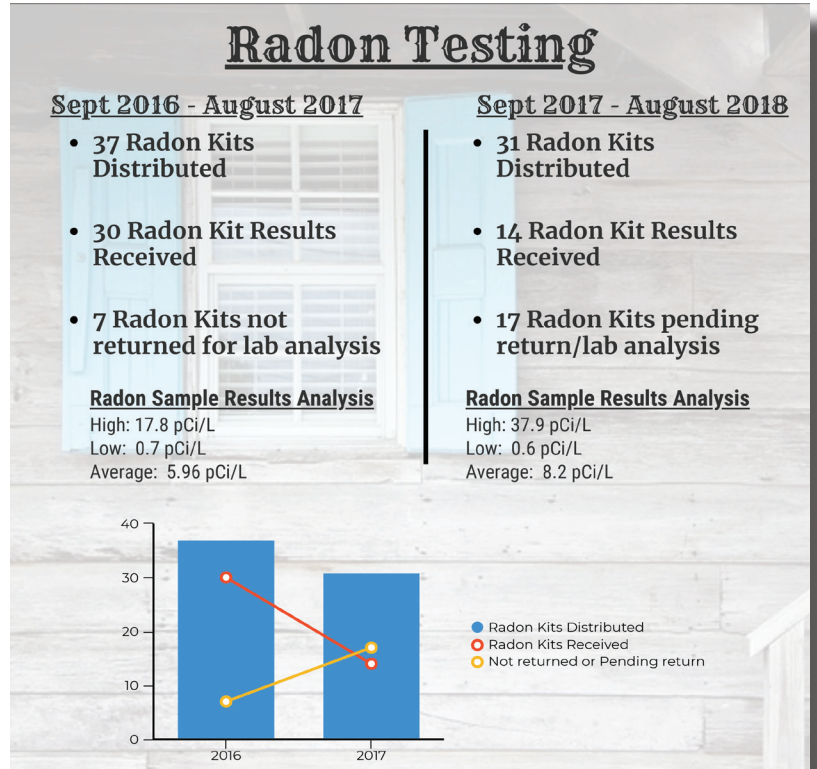
Though some radon testing is done as a part of real estate transactions, EH aimed to reach more home owners to increase radon sampling so mitigation in homes with the higher radon levels would occur.

EH wanted to increase the number of homes tested and radon results received from 30 homes between Sept 2016 - Aug 2017 up to 37 homes between Sept 2017 - Aug 2018.

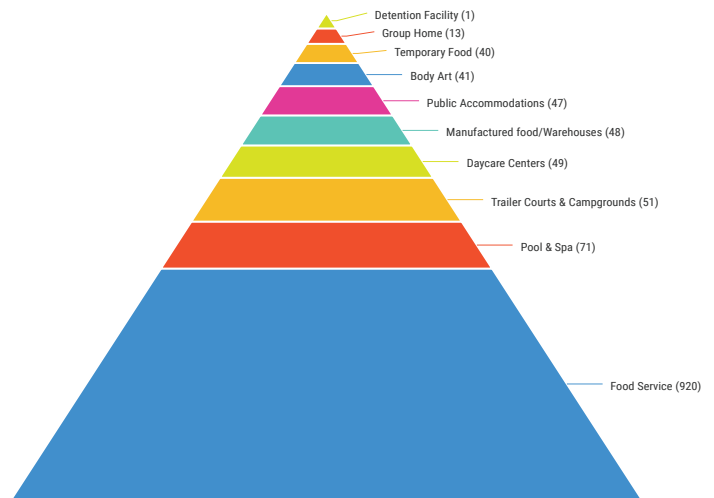
The data collected indicates the outreach efforts did not result in an increase of homes tested based on radon kits sold and returned to CCHD for analysis.

The kits sold at CCHD are long-term kits with testing periods typically between 3-12 months. However, short term (24-96hr) radon test kits can be purchased at retail stores and sent directly to the lab with results being sent directly to the purchaser of the kit. This is a data gap for CCHD since CCHD doesn't receive these results. EH will continue education and outreach and track results.

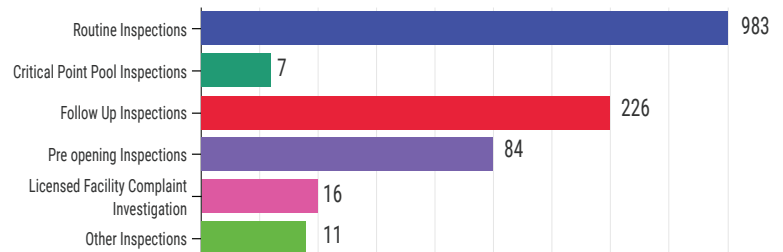
Data EH has collected over 20 years shows that more than 60% of the radon kits collected in Cascade County, exceed the EPA 4.0 pCi/L action level. More emphasis will be placed on radon resistant construction and mitigation moving forward.



2018 Inspections by Environmental Health



Types of Inspections during 2018



PREVENTION SERVICES



THE PREVENTION SERVICES DIVISION WORKS TO PREVENT DISEASE AND INJURY IN CASCADE COUNTY BY INVESTIGATING DISEASE OUTBREAKS, KEEPING THE COMMUNITY IMMUNIZED AGAINST DISEASES AND OFFERING RESOURCES AND EDUCATION.



Prevention Services Staff: (Back Row) Tom Lambert, Bowen Trystianson, Trisha Gardner (Front Row) Sarah Cozino, Jo Carlson, Teddy Nault, Marilyn Kersch, Robin Bliler, Lenore Harris, Lauren Eisenbarth, Trixie Smith, Penny Paul

“Stop the Stigma”

CCHD’s Montana Tobacco Use Prevention Program (MTUPP) is part of The Substance Abuse Prevention Alliance (SAPA) Coalition. In 2018, a five-part educational forum “Stop the Stigma” was held at MSU Great Falls and was free to the public.

Guest speakers at the event discussed topics such as tobacco; alcohol and drugs; impact of tech time on our youth; mental health and substance abuse; and other addictions. CCHD’s Tobacco Prevention Specialist presented “Blowing Smoke: The Past & Present state of Tobacco”.

SAPA found offering this community education extremely valuable due to the attendance and community responses. The coalition will continue to research topics of community interest to focus on for future forums.



Please join us for some amazing **FREE** Community Events



Monday, October 22 @ noon & 6 p.m.

Are you watching kids scroll through life, with their rapid-fire thumbs and a six-second attention span? The documentary *Screenagers* takes a deeply personal approach as it probes into the vulnerable corners of family life to explore struggles over social media, video games, academics and Internet addiction. *Screenagers* reveals how tech time impacts kids’ development and offers solutions on how adults can empower kids to best navigate the digital world and find balance. Panel discussion to follow evening viewing. Discussion on parenting with boundaries and tips on self-regulation.



Tuesday, October 23 @ noon

Blowing Smoke: The Past & Present State of Tobacco

Join us for a presentation about the history of tobacco, new products to include electronic cigarettes, and thought provoking ideas about its future. Brief presentation will be followed by a panel discussion.



Tuesday, October 23 @ 6 p.m.

Red Flags & How to Take Action

Nicole Zimmerman from Alliance for Youth will walk you through how to identify and respond to a mental health and/or substance abuse crisis for yourself, family member or a friend. Panel discussion to follow. Panel will include representatives from the National Alliance on Mental Illness (NAMI) and Great Falls Mental Health Triage Services.



Wednesday, October 24 @ 6 p.m.

Prescription Perspective: My Story

Belden Billy from Rocky Boy shares the story of his own battle with substance abuse. He will share how his journey started, escalated and how he ended up here speaking to us today. Belden’s family also started an activist group in Rocky Boy to help combat the spread of drug abuse and he will discuss their efforts as well. Panel discussion to follow. Panel will include family members and experts battling the opioid epidemic.



Thursday, October 25 @ 6 p.m.

Porn & Sex Addiction

With the Internet and pornography being so readily available, we are seeing more people developing significant problems around compulsive/addictive behaviors. Join presenter Steven I. Lanzet, M.Ed., LMFT, LCPC, CSAT-S, for this community presentation on what families, parents & you need to know. Sponsored by Mental Health America & Alliance for Youth.

All events in Heritage Hall ♦ Great Falls College MSU ♦ 2100 16th Ave. S.



For more information, call 406.952.0018

Follow us on Facebook

Stop the Stigma–Debunking the Myths



Worksite Wellness: 7 WELCOA Benchmarks

CCHD’s Health Promotion Specialist (HSP) provides technical assistance to 12 counties in Montana on Worksite Wellness for their businesses. This falls under the Chronic Disease Prevention and Health Promotion Bureau’s Worksite Wellness grant. In addition to technical support, CCHD’s HSP worked with the Wellness Council of America (WELCOA) to implement their Seven Benchmarks to businesses across the State. This training is the first of it’s kind within the program.

Businesses can receive training on the Seven Benchmarks by CCHD’s HSP. The Seven Benchmarks provide a structure to help organizations dedicated to their employees health. Additionally, this provides an opportunity for CCHD to step in as a resource in our community.

CCHD’s HSP has trained two businesses since implemented in July of 2018. One business insures 650 medical providers in Western Montana. This business has started Worksite Wellness in their corporate office and hopes to reach out to their providers in the future with the Seven Benchmarks. The other business is a mining company with 200 employees.

CCHD is proud to be a resource, and work with employers wanting to offer high performing, healthy workplaces for their employees.

Fire Station Flu Shot Fridays

In an effort to increase access for the residents of Cascade County to receive their flu shots and build relationships with community partners, CCHD partnered with Great Falls Fire Rescue (GFFR) to hold “Fire Station Flu Shot Fridays”.

Each Friday in October, CCHD held flu shot clinics at one of the four fire stations in Great Falls. This was a first year partnership with GFFR. Flu shot clinics at GFFR stations proved to be fun and accommodating locations for adults and children receiving their flu shot.

Anyone 6 months and older had the opportunity to meet firefighters, tour the fire stations, look through fire trucks and take pictures - all while getting their flu shot. This effort was aimed to excite children and adults about their flu shot experience, while providing an opportunity to learn more about two community agencies. 331 people received their flu shot at these clinics!

This collaborative and innovative event was considered a success. CCHD and GFFR look forward to this being an annual event that community members can look forward to and take part in.



Communicable Disease Staff Revamp Their Monthly Reporting

An accomplishment that Prevention Services Staff tackled in 2018 was updating and revising the monthly Communicable Disease Report for the Board of Health. The previous format had been used since 2013.

The new report format was implemented to provide a greater depth of information each month about a highlighted topic, while continuing to provide the monthly statistics of reportable diseases.

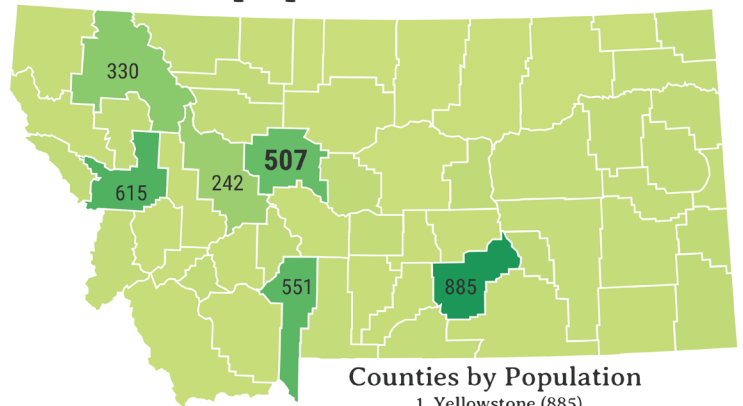
With the expanded format of the report, Board of Health members have enjoyed the reports and are asking more questions. Prevention Services staff is very excited to continue to use the expanded format and increase interest in highlighted topics.



Diseases	2016	2017	2018
Campylobacter	16	19	29
Chlamydia	415	445	507
Coccidioidomycosis	1	0	5
Cryptosporidiosis	3	4	5
Diarrheal Outbreak	5	1	1
E. coli non-0157 (STEC)	14	10	5
Giardia	8	8	8
Gonorrhea	81	60	63
Haemophilus influenza, Invasive	1	1	1
Hantavirus	1	0	0
Hepatitis B	2	2	4
Hepatitis C	153	162	141
HIV	3	1	3
Influenza	324	444	1088
Influenza Hospitalizations	54	117	113
Legionella	1	1	1
Lyme Disease	1	0	0
Malaria	0	0	1
Norovirus	60	56	72
Pertussis	1	0	1
Q Fever	0	1	0
Respiratory Syncytial Virus (RSV)	140	50	165
Rocky Mountain Spotted Fever	1	0	2
Salmonella	11	7	11
Shigella	0	1	0
Strep Pneumonia (invasive)	19	11	12
Tuberculosis (TB)	0	1	0
Varicella	2	0	1
West Nile Fever	0	0	11

Services Provided	2016	2017	2018
MMR Titer	16	20	20
Varicella Titer	65	44	53
Hep A & B Titer	63	64	68
Cholesterol Panels	0	1	15
TB Skin Tests	1150	750	688
Blood Pressure Screenings	12	13	10
Pregnancy Tests	12	4	1
Lead Level Follow Up	10	5	5
Hepatitis C Tests	292	237	258
HIV Tests	324	310	333
Lice Checks	214	429	206
BBP PEP	4	6	11
TOTAL	1838	1883	1668

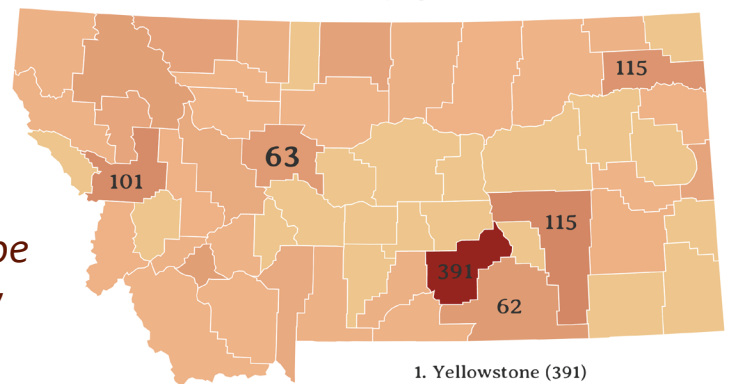
Chlamydia in Montana's most populated counties



Counties by Population

1. Yellowstone (885)
2. Missoula (615)
3. Gallatin (551)
4. Flathead (330)
5. Cascade (507)
6. Lewis & Clark (242)

Montana counties with highest number of Gonorrhea cases during 2018



1. Yellowstone (391)
2. Rosebud/N. Cheyenne (115)
3. Missoula (101)
4. Roosevelt (77)
5. Cascade (63)
6. Big Horn/Crow (62)

The increased number of influenza cases may be a result of increased testing and reporting by healthcare providers.

The number of hospitalizations due to influenza remained consistent with the previous year.

Syphilis in Montana

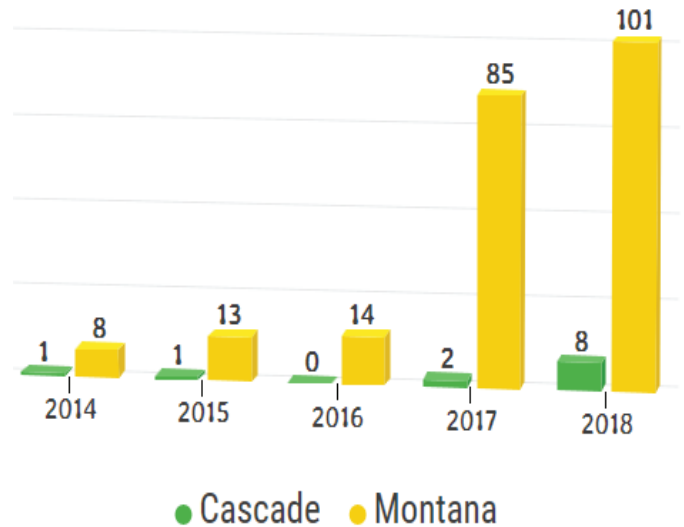
Once felt to be nearly eliminated, syphilis has again become a public health issue across the nation, leading to the possibility that syphilis case numbers could continue to increase.

At the end of 2018, 101 cases of primary and secondary syphilis had been reported in the State of Montana. Typically, the number of syphilis cases in Cascade County has not risen above two cases per year. 2018 was the exception with 8 cases. This increase may be due to testing efforts around the state and increased awareness of risks.

Syphilis is a sexually transmitted infection that is divided into stages (primary, secondary, latent, and tertiary) and is a great public health concern. Syphilis is easy to miss in its early stage, but is easy to cure with the right antibiotics from your healthcare provider. Untreated syphilis can spread to the brain, nervous system or eyes.

In addition to walk-in services for sexually transmitted infection (STI) testing, CCHD staff provide STI education throughout the community through social media, media interviews and community presentations.

Syphilis Cases



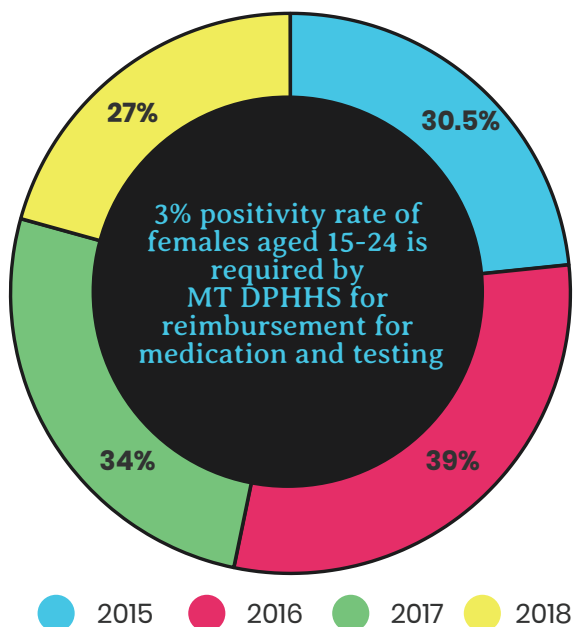
CCHD's STD Clinic Positivity Rates

The goal of a Sexually Transmitted Disease (STD) clinic, such as CCHD's is to serve the highest risk population that may not receive services elsewhere.

One method of measurement that is utilized is the positivity rate. In order to be reimbursed for medication and testing, Montana's STD/HIV Section requires each jurisdiction with an STD clinic to maintain at least a 3% positivity rate for females aged 15-24. This is done by ensuring the testing is focused on those most at risk, not necessarily by testing a large volume.

CCHD's STD clinic has one of the highest positivity rates in the State, which indicates that CCHD is testing the appropriate people; those most at risk for acquiring STDs. In 2018, an increased number of tests were performed due to more individuals identified at risk. This did result in a decrease in positivity rates, but is still well within the required range. CCHD will continue serving those populations most at risk with this targeted clinic.

CCHD's STD testing positivity Rates



FAMILY HEALTH SERVICES



THE FAMILY HEALTH SERVICES DIVISION FOCUSES ON EARLY INTERVENTION PROGRAMS TO ENHANCE THE HEALTH AND SAFETY OF CASCADE COUNTY. STAFF WORK WITH THE COMMUNITY TO ENSURE HEALTHY PREGNANCIES, SCHOOL READINESS AND PHYSICAL AND EMOTIONAL HEALTH.



Family Health Services Staff: (Back row) Mary Kay Burns, Rosemary Bozeman, Kim Mehaffey, Stacy LeMaster, Caleen Tacke, Jo-Viviane Jones, Ranya Joshu, Shelly Mackenstadt, Reanna Lipp, Marjorie Glatzmaier (Front Row) Mary Frohlich, Sophia Tanguma, Ellie Zwerneman, Davida Hryszko, Abigail Lichliter, Cyndie Einan, Michele McCrea, Elizabeth Chargois

Oral Health Program Provides Tools for a Future of Healthy Oral Health

The Maternal Child Health - Oral Health Program provided oral health education to Great Falls Public Schools, rural schools, 5 Hutterite colonies and 2 parochial schools. With the help of local, volunteer dentists, the Oral Health Program has also provided visual oral health screenings to elementary schools in Cascade County, including the Montana School for the Deaf and Blind and Head Start Preschool.

Through the Oral Health Education classes, many children are given the power to take charge of their own oral health practices, knowing not only “how” to have good oral health, but also the “why” it is important to do so.

Parents are notified of any potential oral health issues their child may be experiencing. Assistance is provided for parents struggling to get treatment for their child and payment options, if needed.

Oral caries (tooth decay) continue to be the number one childhood disease in the United States. However, through the Oral Health Program, children in Cascade County are better prepared for a future of good oral health.



5,407 children were involved in the Cascade County Oral Health Program during the 2017-2018 school year

CCHD's SafeCare Accreditation Success

Since Montana rolled out Safecare in 2015, all agencies had to undergo the accreditation process. SafeCare involves trained home visitors working with families, in-home, to improve skills or parent interaction, health and home safety.

During October of 2018, CCHD's SafeCare program received National Accreditation from the National SafeCare Training and Research Center in Georgia.

Accreditation standards are based on the core program criteria that promotes a high quality service delivery in order to maximize the effectiveness of SafeCare for families. Model fidelity is important since it is not effective if not carried out with adherence to the highest fidelity standards.

All SafeCare modules involve baseline assessment, intervention (training) and follow-up assessments to monitor change.

This was the first year CCHD's SafeCare program was required to take part in the accreditation process after beginning implementation of the program in Cascade County.

Moving forward, it is a requirement to participate in the accreditation process on an annual basis. Accreditation status is valuable as it ensures we are helping parents provide a nurturing, safe, and healthy home environment.



Fetal Alcohol Syndrome Study Published in 2018

CCHD staff involved in the Fetal Alcohol Syndrome (FAS) research program worked closely with Great Falls Public School District and the University of Mexico to contribute to the 2018 published research titled “*Characteristics of Children with Fetal Alcohol Spectrum Disorders and Maternal Risk Factors in a Rocky Mountain Region of the USA*”. CCHD was responsible for the collection of data and reporting to the University of New Mexico for further interpretation.

A cross-sectional, two cohort sample study was taken, involving first grade children, with parents consent, from 17 public and private schools. Maternal risk interviews were conducted of mothers of students who agreed to be interviewed. The results produced rates of FAS and PFAS higher than predicted by long-standing popular estimates.



The results indicate the community needs further preventative education for all women and young teens of child-bearing age to recognize the danger of alcohol use in pregnancy. The varying degrees of alcohol related neuro-development was noted as difficult to diagnose by the dysmorphology specialist at case conferences.

The information from the research increased awareness of children who may have problematic areas in growth and development, behavior and educational needs.

CCHD’s responded to the data by: increasing staff’s awareness of children exposed to alcohol and drugs; utilizing screening tools for pregnant women for alcohol; and increasing education as a preventative tool against Fetal Alcohol Syndrome.

The research paper is available in *Drug and Alcohol Dependence, An International Journal on Biomedical and Psychosocial Approaches*. Volume 155, Pages 118-127.

Car Seat Safety

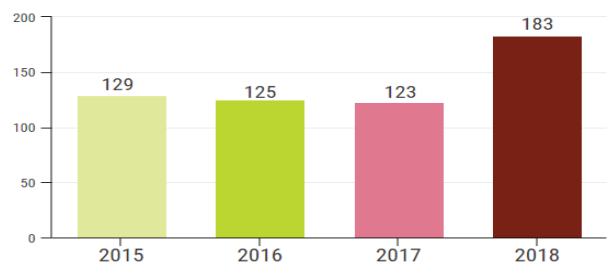
Cascade Buckle Up Montana (BUMT) and Safe Kids Cascade County are two programs that frequently overlap in services. CCHD’s car seat program fits into both programs with Safe Kids being more focused on child safety activities.

More car seats were distributed in 2018 than previous years. This is due to Safe Kids and the Graco car seat company reaching out to CCHD to take part in a car seat giveaway.

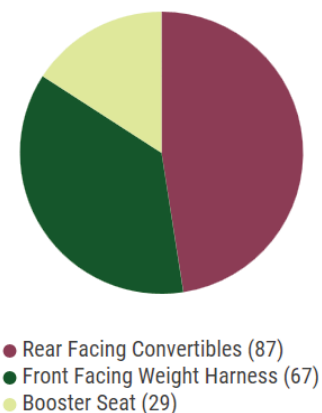
During September, CCHD received 25 car seats to hand out to families who could not otherwise afford to purchase them. These families were required to go through an educational process and allow CCHD staff to fit the car seat to the child and properly install the car seat in the vehicle. The process was time-consuming, but well worth it.

CCHD staff provided car seat presentations for prenatal classes at Benefis Healthcare and Malmstrom Air Force Base. Other car seat presentations were held at Head Start and health fairs. CCHD staff work regularly with Department of Family Services and foster families providing car seats and education.

Car Seats Distributed by CCHD



Car Seat Types Distributed in 2018



Westside Orchard Garden Sponsorship

CCHD sponsored the Kids Garden to help provide garden, science and nutrition education to 175 children during the summer. The Center for Disease Control and Prevention (CDC) describes vegetable consumption as an important component of weight-management.

One strategy to increase the children's vegetable consumption is to support and promote community and home gardens like the Westside Orchard Garden. Exposing children to vegetable gardening may contribute to increased vegetable consumption and willingness to try new, healthy foods.

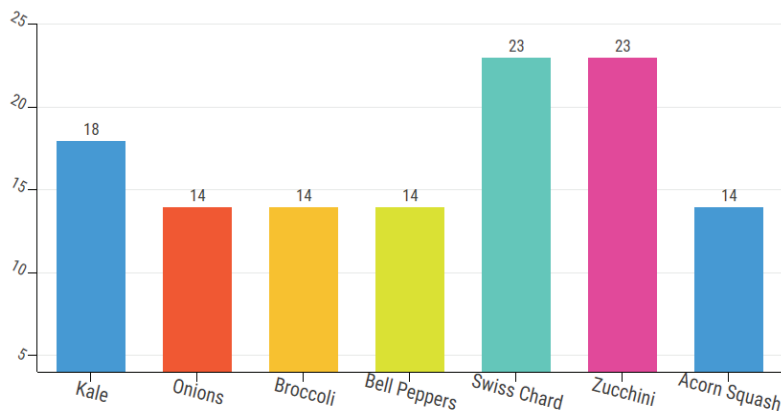
Around 175 children from Salvation Army, Cameron Center, the Center for Mental Health, and the Boys and Girls Club were in the community garden during the week.

CCHD staff surveyed the number of children willing to try specific vegetables early in the summer and again late in the summer to determine if gardening would impact their willingness to try vegetables.

While 90 kids filled out the pre-survey, only 29 filled out the post-survey. This was due to several volunteers leaving before the bulk of the vegetables were harvested. Next year, an assigned individual will administer pre and post surveys. CCHD staff enjoyed working with the kids and were encouraged to see their increased willingness to try their vegetables.



Increased percentage of youth trying veggies during early summer vs. late summer 2018 at Westside Orchard Gardens



1,377 lbs of vegetables were grown and donated to the Boys and Girls Club, Salvation Army and Rescue Mission

Healthy Montana Families: SafeCare; Parents as Teachers; and First Year Initiative

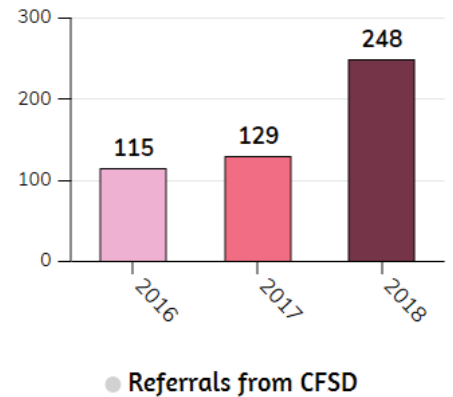
A new initiative with the goal of reducing child abuse, neglect and child deaths in Montana through specific early intervention, education and prevention services was piloted at CCHD in 2018.

This new collaborative approach between Child and Family Services Division (CFSD) and CCHD is the first in the Nation, focused on preventing entry and re-entry of children into the Child Welfare System.

The First Year Initiative (FYI)/Parents as Teachers (PAT) home visitor provides support on four levels of CFSD involvement: when a report is generated but the child is not removed and no case is opened; when a report is generated, the child is not removed, but a case is opened; when a report is generated, the child is removed and placed in kinship/foster care; and during the transition back to the child's natural home. The home visitor engages in early intervention on a wide range of issues a family may face. Issues may include health and safety risks, domestic violence, substance abuse and barriers to community resources. These services are voluntary and not court-ordered.

Due to this collaboration, the home visiting programs witnessed a significant increase in average, active 6 month and 12 month caseloads for FYI, SafeCare, and Parents As Teachers (PAT). 2018 established baseline data of enrollment for all three home visiting programs while collaborating with CFSD.

Engaging in this collaboration successfully increased the numbers of families served. Feedback from CFSD has been positive as they now identify CCHD's services as valuable resources when working with high-risk families.



Between May of 2018, when the program was implemented, and December 2018, 43 families either enrolled, completed the program or received some type of additional support.

Women, Infants, & Children (WIC) Cascade County



Recently, WIC transitioned from paper vouchers to the electronic benefit transfer (EBT) system. EBT cards, similar to debit cards, are used for food benefit issuance and redemption at authorized WIC grocery stores.

In addition to EBT Cards, the WIC SMART App was created for eligible participants to complete their nutrition education requirements online by simply logging in anywhere, on any device to complete their lessons.

WIC participants enjoyed the following benefits of the EBT card and App:

- The App allows participants to track purchases and check balances;
- Freedom to use the benefits in multiple visits;
- Cards are easier to use at a store versus the paper vouchers;
- No stolen or lost benefits; and
- All household participants are on one card, instead of multiple vouchers for each family member.

ADMINISTRATION



THE ADMINISTRATION DIVISION WORKS COLLECTIVELY TO ENSURE FISCAL RESPONSIBILITY AND TRANSPARENCY; PREPAREDNESS EFFORTS ARE DEVELOPED, EXERCISED AND IMPLEMENTED; ACCREDITATION IS MAINTAINED; AND COMMUNICATION WITH THE PUBLIC IS ACCOMPLISHED IN A TIMELY AND ACCURATE MANNER.



ADMINISTRATION STAFF: (LEFT TO RIGHT) KATIE BREWER, MELANIE MCKINZIE-SWARTZ, ANNA ATTAWAY, TANYA HOUSTON

CCHD Achieves Accreditation

CCHD received accreditation in 2018 for five years by the Public Health Accreditation Board (PHAB). CCHD initially applied with PHAB to begin the accreditation process in 2014.

This milestone accomplishment is official recognition that CCHD meets or exceeds the rigorous standards established by the non-profit, non-governmental board. The national accreditation program works to improve and protect the health of the public by advancing and ultimately transforming the quality and performance of the nation's state, local, Tribal and territorial public health departments.

Accreditation means that CCHD is committed to continuous quality improvement so the community's needs are met as effectively as possible. PHAB accreditation demonstrates CCHD's accountability and credibility to everyone with whom the Agency works.

For public health departments, the process of pursuing accreditation is voluntary. CCHD found this process worthwhile as it communicated CCHD's desire to exhibit excellence, integrity and leadership, while expressing its commitment to Cascade County.



The process to ensure expectations and requirements were met and demonstrated helped CCHD staff and Leadership hold themselves accountable to the community and stakeholders.

Moving forward, CCHD must submit Annual Reports demonstrating continued compliance and work towards the betterment of the Agency. Specific areas are addressed, including descriptions of how CCHD strives to meet requirements of Accreditation and expectations of stakeholders.

In 2023, CCHD will reapply for re-accreditation in order to continue holding the distinction of an Accredited Agency.

Quality Improvement Efforts Make a Difference



CCHD's Quality Improvement (QI) Team focuses on developing a culture of quality at CCHD.

During 2018, the QI team was proud to work on multiple undertakings, including: QI training implemented for new staff; QI trainings at All Staff meetings; sharing QI projects at meetings and in newsletters; and formal tracking of QI projects through AchieveIt - CCHD's Performance Management Database.

Not only is QI a vital part of PHAB Accreditation, it enables CCHD to increase effectiveness, ensure accountability, improve outcomes, and measure improvement within the agency and our community.

2018 Flooding In Cascade County: Communication is Key



June of 2018 brought flooding to several areas in Montana. Cascade County was one of the counties affected by flooding. Sun River Valley saw the greatest impact in Cascade County from the accumulation of snow melt and rain.

CCHD 6/20/18 Facebook Post of East end of Sun River: 31,025 people reached, 4,678 engagements, 396 shares, 29 reactions, 8 comments

CCHD’s Public Health Emergency Preparedness staff worked with multiple community partners including

County Commissioners, Disaster Emergency Services, Cascade County Sheriff’s Office, County Public Works, Salvation Army, Sun River Valley LDS Church, Volunteer Fire Departments and many others to effectively communicate, respond and assist with recovery efforts in the Sun River Valley and Great Falls areas.

CCHD’s Health Officer was appointed Cascade County’s Public Information Officer and CCHD was selected to be the primary source of Cascade County’s flooding information. Facebook and CCHD’s websites were utilized as the primary methods of communication to the public.

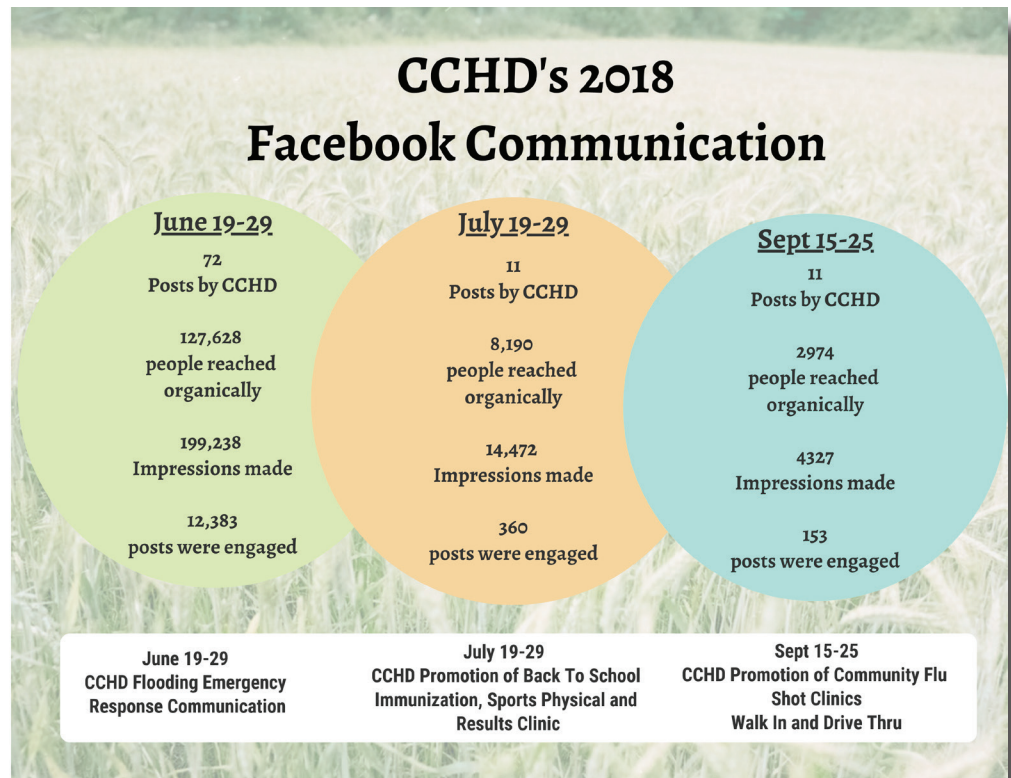
During the flooding, CCHD’s Facebook posts reached more people during that ten day timeframe than ever before. This would not have been possible without the assistance of local media and community partners sharing CCHD’s Facebook posts and website updates as the primary source of information in Cascade County.

Public Comments left on CCHD’s Facebook Posts during the 2018 flooding event

“Thank you for covering the events taking place out here.”

“Thank you for all your hard work.”

“...I know you guys are busy! Thank you for the updates!”



Protocol Committee Makes Strides

2018 proved to be a productive year for CCHD's Protocol Committee. Their hard work produced several accomplishments during the year, including the development of 8 new protocols, retirement of 7 protocols and review of 85 protocols over all.

Protocol Committee also moved away from the manual process of each division possessing a hard copy of CCHD's Protocol Manual to housing the protocols in a shared electronic folder. With this change, all employees may reference the online version to ensure utilization of the most up-to-date copy.

By the end of 2018, 81% of CCHD's protocols were reviewed within the last 2 years, a significant improvement compared to 30% at the beginning of the year.

Protocols and procedures develop and maintain an operational infrastructure supporting public health functions. Maintaining updated and relevant protocols and procedures ensures agency operations are maintained and consistent to increase efficiency within CCHD.

Protocol Committee's accomplishments were a result of extending meetings, sending protocols out prior to meetings - giving everyone a chance to review them, and dividing duties amongst the team which helped maintain consistency within the documents.

CCHD's Funding Streams

Core and Contracted Funding Streams on the Same Fiscal Year

These two tables in this section identify the funding streams on the same fiscal year as Cascade County. These two core funding streams fund the mandated work required of the City-County Health Department. The contracted funding streams are those that fund very specific work and have a contract for service that outlines the work.

Fiscal Year Core Funding Streams

Fund No.	Fund Name	REVENUES			EXPENDITURES		
		Budget	Actual	Percent	Budget	Actual	Percent
2270	City-County Health (216)	\$1,397,759	\$1,373,502	98%	\$1,028,965	\$1,018,045	99%
2270	Environmental Health (428)	\$111,337	\$139,487	125%	\$409,764	\$395,416	96%
	TOTALS	\$1,509,096	\$1,512,990	100%	\$1,438,729	\$1,413,461	98%
		Final	\$3,894	Over	Final	\$(25,268)	Under

Fiscal Year Contracted Funding Streams

Fund No.	Fund Name	REVENUES			EXPENDITURES		
		Budget	Actual	Percent	Budget	Actual	Percent
2855	MAP (544)	\$31,500	\$30,754	98%	\$32,179	\$25,883	80%
2963	Bioterr (PHEP) (481)	\$94,787	\$94,787	100%	\$94,787	\$85,016	90%
2966	MT Cancer Control (471)	\$261,450	\$261,450	100%	\$261,450	\$190,002	73%
2967	Air Pollut/Quality (261)	\$11,705	\$11,705	100%	\$11,705	\$11,594	99%
2967	Air Pollut/Emissions (452)	\$2,499	\$2,318	93%	\$2,499	\$2,389	96%
2971	WIC Farmer's Market (526)	\$1,265	\$1,265	100%	\$1,265	\$1,265	100%
2973	MCH (299)	\$226,012	\$234,918	104%	\$234,405	\$221,987	95%
2973	HMF PAT (303)	\$402,971	\$421,046	104%	\$402,971	\$400,669	99%
2973	HMF SafeCare (306)	\$135,848	\$113,446	84%	\$135,848	\$106,714	79%
2975	HIV Consort RW B (294)	\$30,000	\$30,000	100%	\$30,000	\$30,000	100%
2977	Immunization Program (307)	\$50,760	\$50,760	100%	\$50,760	\$50,782	100%
	TOTALS	\$1,248,797	\$1,252,449	101%	\$1,257,869	\$1,126,300	90%
		Final	\$3,652		Final	\$(131,569)	

Each of the Contracted Funding Streams originate from a contract for service. Most of the contracts outline the maximum amount of revenue that can be earned for service(s) provided.

Some contracts are set up so CCHD is reimbursed for services after they have been rendered. These contracts typically “zero out” at the end of the fiscal year. In other words, the amount of revenue received very closely matches the amount expensed during the fiscal year.

Others are set up so CCHD gets paid after submitting a specific deliverable. With these types of contracts, it is possible to complete the work in a more cost effective manner and end the year with some revenue earned. When this happens, the revenue earned, not expensed, will be rolled forward into the next contract year and budgeted into the expenses.

Contract Year Funding Streams

Fund No.	Fund Name	REVENUES			EXPENDITURES		
		Budget	Actual	Percent	Budget	Actual	Percent
2960	FDA Grant (301) *	\$17,700	\$8,690	49%	\$17,700	\$16,014	90%
2960	BUMT (524)**	\$35,000	\$35,461	101%	\$35,000	\$34,861	100%
2971	WIC (278)**	\$348,587	\$283,037	81%	\$348,587	\$280,798	81%
2979	AIDS/HIV Testing (402)*	\$36,544	\$34,051	93%	\$36,544	\$36,637	100%
	TOTALS	\$437,831	\$361,240	83%	\$437,831	\$368,311	84%
		Final	\$(76,591)		Final	\$(69,520)	

* 01/01/18 - 12/31/18
 **10/01/17 - 09/30/18

The two funding streams below are for multiple years. The contract with the Environmental Protection Agency for Institutional Controls in Neihart (2969-379) was originally for five years. Due to the delay in Super Fund clean-up, the EPA issued an extension for another five years.

Multi Year Contract Funding Streams

Fund No.	Fund Name	REVENUES			EXPENDITURES		
		Budget	Actual	Percent	Budget	Actual	Percent
2969	Inst. Control-Neihart (379) *	\$176,288	\$81,071	46%	\$176,288	\$86,349	49%
2979	HIV Early Intervention (336)**	\$40,017	\$9,622	24%	\$40,017	\$15,118	38%
	TOTALS	\$767,416	\$432,352	56%	\$767,416	\$437,861	57%

* 08/2008 - 08/2018
 **01/01/17 - 09/30/2018

The funding streams below do not have current contracts associated with them. These are funding streams that having remaining funds left over from contracts that have ended. The balances are available to be expensed in a manner that aligns with the original contract.

The Safe Kids Safe Communities (SKSC) Donations is a fund that remains open in order to receive donations to purchase car seats.

The Emergency Response balance (2963-481) is comprised of funds earned in our regular Emergency Preparedness fund that are not expensed during the contract period.

The Accreditation balance (2966-471) is a result of revenues earned in the Montana Cancer Disease Program (MCDP 2966-471) that are not expensed during the contract period. The balance is used to support the efforts of CCHD to remain an accredited agency.

Carryover Funding Streams

Fund No.	Fund Name	REVENUES			EXPENDITURES		
		Budget	Actual	Percent	Budget	Actual	Percent
2855	MMSI (361) <small>6/1/14 - 6/30/16</small>	\$ -	\$ -	-	\$6,003	\$3,600	60%
2960	SKSC Donations (461) <small>Available until expensed</small>	\$ 500	\$62	12%	\$2,290	\$600	22%
2963	Bioterr (PHEP) (481) <small>Response Balance</small>	\$ -	\$ -	-	\$27,080	\$8,478	31%
2966	MT Cancer Control (471) <small>Accreditation Balance</small>	\$ -	\$ -	-	\$75,407	\$7,150	9%
4070	Health Dept. Reserve (216)	\$ -	\$ 92	-	\$ -	\$ -	0%
	TOTAL	\$ 500	\$ 154	31%	\$105,277	\$16,228	15%

The table below brings all of the funding streams together and shows the Actual Revenues and Actual Expenditures for this point in time to report. The Core Funding Streams that address the mandated services as outlined in the law make up less than half the revenue and expenses of the overall Health Department budget.

Core Funding Streams as a Percent of Total Revenues and Expenses

	Actual Revenues	Percent of total Revenues	Actual Expenses	Percent of total Expenses
Core Funding Streams	\$1,512,990	47%	\$1,413,461	46%
Fiscal Years*	\$1,252,449		\$1,126,300	
Contracted Years*	\$361,240		\$368,311	
Multiple Years*	\$124,814		\$131,086	
Rolled Forward Funds*	\$154		\$16,228	
TOTAL	\$3,251,647		\$3,055,387	

* Contracts for Service

A common misconception about CCHD's funding is that is primarily funded through local taxes. All of the funding streams except the Core Funding Streams originate from the Federal Government and are most often passed through the Montana Department of Public Health and Human Services.

The Core Fund is the only funding stream that receives local revenue from taxes. The remaining sources of funding in the Core Fund are from fees for services, license and inspection fees, miscellaneous sources or transfers.

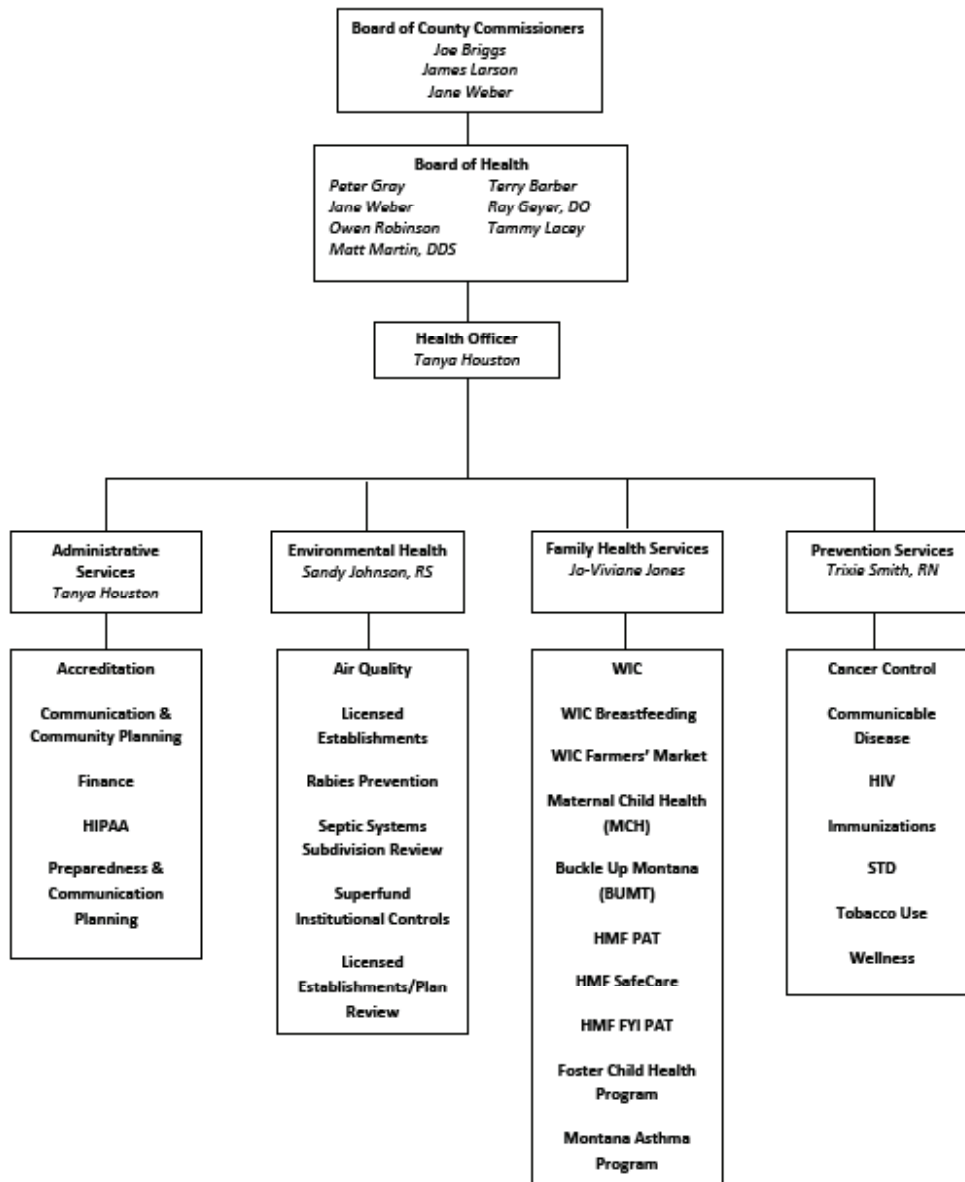
The table below breaks out the revenue sources of the Core Funding Streams.

Revenue Sources of Core Funding Streams

	Amount Budgeted	Actual Amount Received	Percent of Core Revenue	Percent of Total Revenue
Fees for Services	\$480,200	\$452,228	29.89%	13.91%
Taxes - County General Fund	\$565,559	\$562,868	37.2%	17.31%
City of Great Falls Contribution	\$250,000	\$250,000	16.52%	7.69%
Licenses & Inspections	\$111,337	\$139,487	9.22%	4.29%
Inter-fund Transfer	\$100,000	\$100,000	6.61%	3.08%
Misc. Sources	\$2,000	\$8,406	0.56%	0.26%
TOTAL	\$1,509,096	\$1,512,990		46.53%



Cascade City-County Health Department Organizational Chart



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 Great Falls, MT 59401
 Tel: 406-454-6950
 Fax: 406-454-6959

CCHD's mission is to be a responsive agency that strives to prevent disease and illness, ensure a healthy environment, promote healthy choices, and deliver quality services to all in Cascade County.



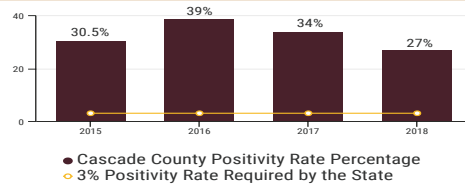
CITY-COUNTY HEALTH DEPARTMENT



CCHD achieved accreditation in 2018 for five years by the Public Health Accreditation Board (PHAB). This milestone accomplishment is official recognition that CCHD meets or exceeds standards established by PHAB that demonstrate accountability and credibility.

Accreditation means that CCHD is committed to continuous quality improvement so Cascade County's needs are met effectively.

Moving forward, CCHD must submit Annual Reports exhibiting continued compliance and work towards the betterment of the agency. CCHD will apply for re-accreditation in 2023.



Prevention Services

Sexually Transmitted Disease (STD) Clinic serves high risk populations that may not otherwise receive services.

A measurement method utilized for local health jurisdictions is positivity rates. To receive reimbursement for medication and testing from the State's STD/HIV section, each jurisdiction must maintain at least 3% positivity rate for females aged 15-24.

CCHD's STD clinic has one of the highest positivity rates in the State, indicating CCHD is testing the appropriate people; those most at risk for acquiring STDs.



Family Health Services

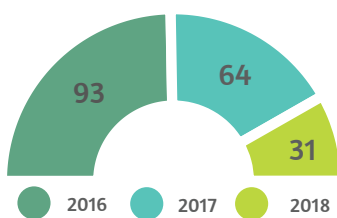
SafeCare received National Accreditation during October of 2018. SafeCare involves trained home visitors working with families, in-home, to improve skills or parent interaction, health and home safety. SafeCare's modules involve baseline assessment, intervention (training) and follow-up evaluation to monitor change.

Moving forward, each year CCHD's SafeCare will participate in the accreditation process on an annual basis. Accreditation must be achieved annually to provide the SafeCare model to families.

Accreditation ensures CCHD's home visitors are helping parents provide a nurturing, safe and healthy home environment.

For five consecutive years, CCHD has finished within or below budget.

CFPM Violations Observed During Routine Inspections



Environmental Health offered Certified Professional Food Manager (CFPM) courses to food establishment operators and managers for the second year. During 2018, Sanitarians conducted 7 classes for 127 students.

A study by the Centers for Disease Control showed the presence of a Certified Food Protection Manager in a retail food facility is linked to decreased food-borne illness risk factor violations. Each food facility is required to employ one CFPM. Since offering CFPM classes, CCHD has seen less CFPM violations during routine inspections.

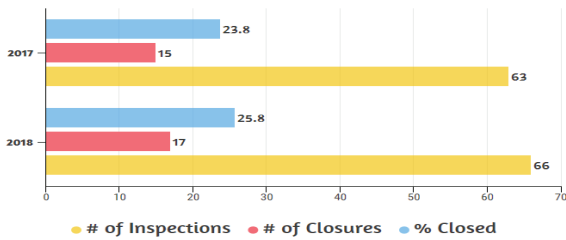
Environmental Health (EH)

Sanitarians inspected 100% of the licensed pools in Cascade County during 2018, along with creating a Chemistry Log Sheet to increase chemistry compliance and decrease pool closures. The Chemistry Log Sheet was included with all of the 2018 pool and spa licenses from DPHHS.

A local Certified Pool Operating training was held locally to reinforce regulatory requirements for licensed pools with EH's Sanitarian presenting a segment to attendees. 2018 showed higher compliance with requirements for pools to have a Certified Pool Operator. However, disinfectant residual and pH range compliance violations were slightly higher during 2018.

CCHD aims to decrease closures and increase overall compliance by scheduling one inspection with each Certified Pool Operator to educate them on regulations and requirements.

Cascade County Pools & Spas 2018

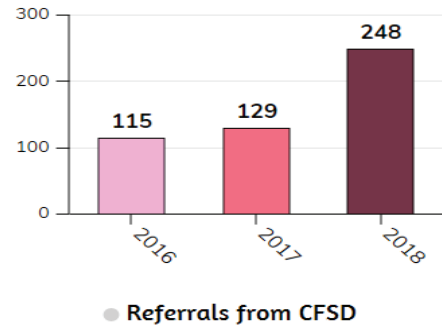


Healthy Montana Families

provides home visiting and family support services in Cascade County. CCHD's First Year Initiative was piloted to reduce child abuse, neglect and deaths through specific early intervention, education and prevention. This collaborative approach between Child and Family Services Division and CCHD is the first in the Nation focused on preventing entry and re-entry of children into the Child Welfare System.

CCHD's Home visitor provides support on four levels of CFSD involvement by engaging in early intervention on a wide range of issues including domestic violence, substance abuse and barriers to resources.

This collaboration has increased the families served. Referrals from CFSD were higher in 2018 than previous years due to CCHD's home visiting services being an identified resource for high-risk families.



Prevention Services

public health nurses and registration staff conducted the first year of "Fire Station Flu Shot Fridays" in collaboration with Great Falls Fire Rescue. Each Friday in October, CCHD held flu shot clinics at one of the four fire stations in Great Falls. The community had opportunities to meet fire fighters, tour fire stations, look through fire trucks; all while getting their flu shot. 331 people received their flu shot during the first year of the collaboration. CCHD and Great Falls fire Rescue look forward to this being an annual event for community members to participate in.

These collaborative efforts are essential services available to the community. During 2018, 1088 cases of influenza were reported to CCHD. This is a significant increase from previous years. 2018 numbers may be a result of increased testing and reporting by healthcare providers. The number of hospitalizations due to influenza remains consistent with the previous year. CCHD will continue to look at new and innovative ways to provide Cascade County with easy access and opportunities to receive their annual flu shot.

331

people received their flu shots during the first year of "Fire Station Flu Shot Fridays"



Increased influenza cases may be a result of increased testing and reporting by healthcare providers.

2018 Influenza hospitalizations remain consistent with 2017.

● Influenza cases
● Influenza Hospitalizations

