

2015 Health Equity Report

Missoula City-County Health Department

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Introduction

Access to resources that promote healthy behaviors and better health outcomes is a fundamental right for all people. Health equity means that every person experiences the same opportunities to stay healthy and to effectively cope with disease or health-related emergencies, regardless of race, gender, age, economic conditions, social status, environment, and other socially determined factors.¹ Disparities in healthy options and health care access occur across the United States, and also here in Missoula County. These health disparities contribute to poorer health outcomes, eventually leading to premature disability and death for groups experiencing the disparities.

This report highlights the disparities experienced by two of the largest disadvantaged groups in Missoula County: the Native American population and the disability population. The report includes data on key health indicators for Montanans at the state, regional and county levels. Healthy People 2020 Targets are also provided for select health indicators.

The following definitions provide context for understanding the data in terms of health inequities:

Health inequity is a difference (or **disparity**) in health outcomes that is systematic, avoidable, and unjust.² Health equity cuts across all core metrics, including health care access, well-being, preventive services, addictive behavior, overweight and obesity, and life expectancy.³

Disadvantaged populations can be defined by what the World Health Organization (WHO) describes as the **social determinants of health**, which are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.⁴ For example, people that live in low-income neighborhoods have been found to have greater access to unhealthy food (fast food restaurants, convenience stores) and less access to healthy foods, as compared to high-income neighborhoods.⁵ People in low-income neighborhoods are also at increased risk for developing obesity compared to high-income neighborhoods.⁶

Our intention in writing and distributing this report is to promote health equity in the work of the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) work groups, as well as Missoula City-County Health Department (MCCHD) programs.

For more information about MCCHD and our programs, please visit our website:

<http://www.missoulacounty.us/healthdept>. For information or questions about this report, please contact author Helen Russette, Performance Management Coordinator, at hrussette@missoulacounty.us.

Missoula County Demographics

Worse health outcomes for Montanans are associated with the following demographics: poverty status, American Indian and Alaskan Native, Hispanic, low education, and disability status.

Table 1 shows that American Indian/Alaska Native (AI/AN) represent nearly 3% and persons with disabilities represent about 11% of the Missoula county population. The American Community Survey further describes six disability criteria within the disability population.

Table 1. Missoula County: 2014 Demographic Estimates		
Demographics	Estimate	
	Frequency	Percentage
Total Civilian Population	110,338	---
No Health Insurance	17,687	16%
• AI/AN	964	33.6%
• No High School Diploma	1,025	29.4%
Poverty	17,299	16%
• AI/AN	727	25.7%
• Disability	2,668	21.7%
• Less than high school graduate	872	25%
Receives SNAP (Food Stamps)	5,997	13%
• AI/AN	290	30.5%
• Disability	2,099	26.7%
American Indian/Alaskan Native	2,873	2.6%
Disability (total)	12,390	11.2%
• AI/AN	334	11.6%
Disability (18-64 years)	7,178	9.6%
• Hearing difficulty	1,904	2.5%
• Vision difficulty	1,260	1.7%
• Cognitive difficulty	3,031	4.0%
• Ambulatory difficulty	3,093	4.1%
• Self-care difficulty	1,065	1.4%
• Independent living difficulty	2,275	3.0%
No High School Diploma	5,173	5.8%
Source: U.S. Census Bureau, 2010-2014 5-Year American Community Survey.		
Note: The U.S. Census recommends 5-year estimates to increase the accuracy of the data for small groups.		

Health Behaviors and Outcomes: Missoula County Snapshot

The Behavioral Risk Factor Surveillance System (BRFSS) is the primary source for state information that reports on health indicators and health behaviors that are linked to leading causes of death at a national and state level. Select health indicators in the BRFSS align with *Healthy People 2020* (HP2020) objectives. HP2020 is the national health agenda of the U.S. Department of Health and Human Services and provides science-based 10-year national objectives for improving the health of all Americans. To measure improvement, benchmarks have been established and are monitored to determine if the U.S. is going in the right direction in meeting the objectives.

The majority of the health data in this section are Montana BRFSS northwest region data. Missoula County is part of the Montana DPHHS Health Region 5, which also includes Ravalli, Mineral, Lake, Sanders, Lincoln, and Flathead counties. These data are reported at the regional level to provide a large enough population to determine how well Montanans are doing in meeting HP2020 targets for the total population, disability population, American Indian and Alaska Native population, and other select demographics.



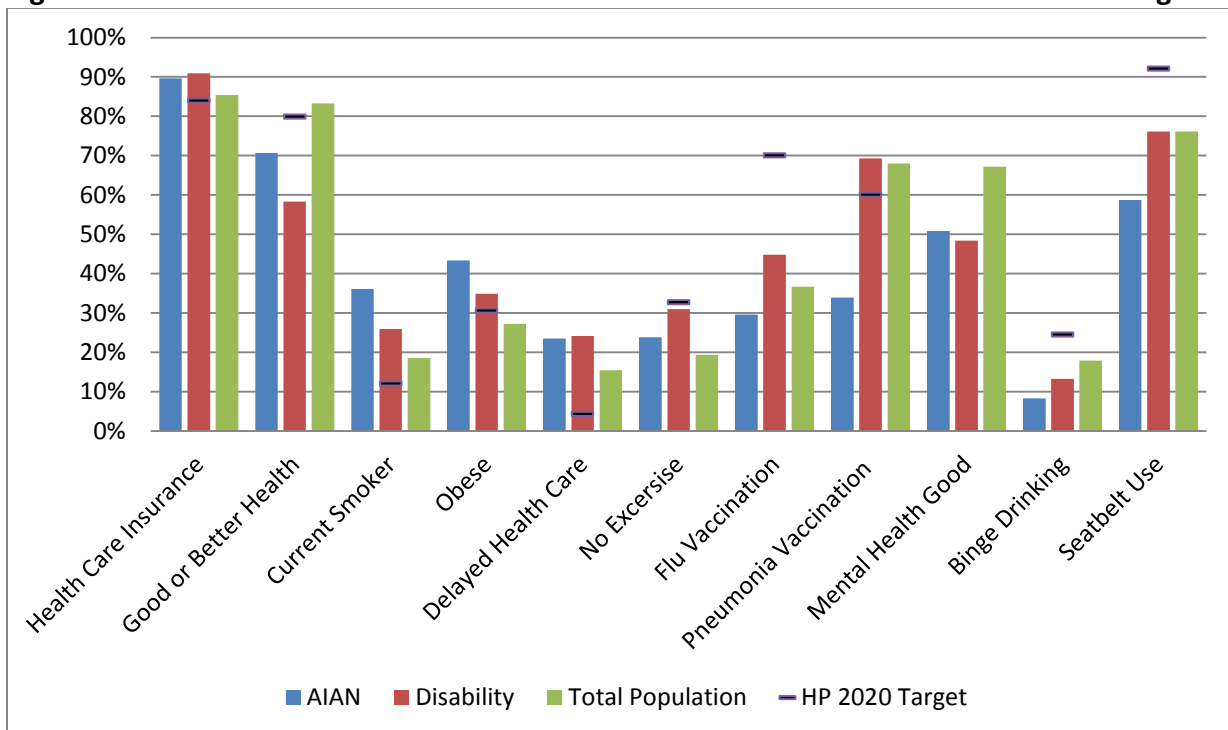
Figure 1 contains select health indicators and their available HP2020 targets for the total Montana northwest region population, AI/AN status, and Disability status. Please see *Appendix A* for a description and the direction of the HP2020 targets for Figure 1. Other HP2020 targets not included in Figure 1 are provided in different sections and are not included in *Appendix A*.

The following list includes descriptions of the variables in the figure.

- *Health Care Insurance* represents the question, “Do you have any kind of health care coverage, including health insurance prepaid plans such as HMOs or government plans such as Medicare or Indian Health Service?”
- *Good or Better Health* represents the category “Respondents who reported having excellent, very good or good health.”

- *Current Smoker* represents the category “Adults having smoked at least 100 cigarettes in their lifetime and currently smoke at least some days.”
- *Obese* represents the four categories of body mass index: “underweight, normal weight, over weight, and obese.”
- *Delayed Health Care* represents the category “Adults not able to obtain health care due to cost.”
- *No Exercise* represents the category “Adults who reported not doing physical activity or exercise during the past 30 days other than their regular job.”
- *Flu Vaccination* represents the question “During the past 12 months have you had either a flu shot or a flu vaccine that was sprayed in your nose?”
- *Pneumonia Vaccination* represents the question “Have you ever had a pneumonia shot?”
- *Mental Health Good* represents the question “Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?”
- *Binge Drinking* represents the category “Binge drinkers (men having five or more drinks on one occasion and women having four or more drinks on one occasion).”
- *Seatbelt Use* represents the category, “Always wear seatbelts.”

Figure 1. 2014 Northwestern Montana Health Behaviors and Outcomes for HP2020 Targets



Sources: 2014 Montana BRFSS. Helena, MT. Montana DPHHS, Public Health and Safety Division; U.S. Dept. of Health and Human Services (2014). Healthy People 2020: Topics and Objectives, <http://www.healthypeople.gov>.

Health Indicators: Regional and State

Injury

Suicide Highlight

Healthy People 2020 (HP2020) objective MHMD-1 is to reduce the suicide rate to 11.3 suicides per 100,000 population. **In 2014, Missoula County experienced a total of 37 suicides, for a suicide rate of 33.8 per 100,000.⁷ This rate is triple the HP2020 target, and it continues to trend upward.** In response to these statistics, MCCHD has intensified its focus on suicide by including suicide prevention efforts in the [2016-2018 MCCHD Strategic Plan](#).

Table 2 shows trend data for suicide deaths and rate of suicide by demographics. Disparities exist within suicide data; males and American Indians/Alaskan Natives experienced the highest suicide rates in 2013.

Table 2. Montana Suicide Deaths and Age-Adjusted Rates per 100,000 population
ICD-10 Codes: X60-X84, Y87.0,*U03

Criteria	2009		2010		2011		2012		2013		HP2020 Target
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	
AI/AN	26	36.3	23	33.2	16	N/A	19	N/A	25	34.5	10.2
White	191	19.8	203	22.4	214	23.5	210	22.9	212	22.9	
Female	42	8	48	9.1	55	10.8	46	9.4	61	12.1	
Male	177	34.5	179	34.8	177	34.5	187	36	182	35.4	
15-24*	38	28	29	21.7	28	20.6	24	17.6	39	28.3	
25-34*	30	24.9	35	28.5	42	33.6	49	38.8	42	33	
35-44*	28	24.6	30	26.6	34	30.3	39	34.5	38	33.1	
45-54*	45	29.7	37	24.7	52	35.8	37	26.4	43	31.9	
55-64*	43	32	50	36	42	29	48	32.7	41	27.5	
Montana	219	21.2	227	21.8	232	22.5	233	22.6	243	23.7	
Missoula County	18	NR	22	17.5	31	26.7	24	19.5	26	23.2	

* = crude rates.

NR = "Not Reliable".

Source: CDC, National Center for Health Statistics. Underlying Cause of Death 1999-2013 on CDC WONDER Online Database, released 2015. <http://wonder.cdc.gov/ucd-icd10.html>

Seatbelt Use

HP2020 objective IVP-15 is to increase the use of safety belts of motor vehicle drivers and right-front passengers to 92 percent

Table 3. Seatbelt Use Among Northwest Montanans

	Total	AI/AN	Disability	HP2020 Target
Always Wears Seatbelt	76.4%	59%	76%	92%

Source: 2014 Montana BRFSS. Helena, MT. Montana DPHHS, Public Health and Safety Division.

Health Care Access

Have Personal Health Care Provider

HP 2020 objective AHS-3 is to increase the proportion of persons with a usual primary care provider to 83.9 percent.

Table 4. Have One or More Personal Health Care Providers Among Northwest Montanans				
	Total	AI/AN	Disability	HP2020 Target
Personal health care provider				83.9%
At least one provider	68.1%	65.5%	74.1%	
More than one provider	7.2%	7.1%	10.4%	

Source: 2014 Montana BRFSS. Helena, MT. Montana DPHHS, Public Health and Safety Division.

Have Health Care Coverage

HP 2020 objective AHS-1.1 is to increase the proportion of persons with medical insurance to 100 percent.

Table 5. Health Care Coverage Among Northwest Montanans				
	Total	AI/AN	Disability	HP2020 Target
Have Health Care Coverage	85.4%	89.6%	91%	100%

Source: 2014 Montana BRFSS. Helena, MT. Montana DPHHS, Public Health and Safety Division.

Delayed Health Care

HP 2020 objective AHS-6.2 is to reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care to 4.2 percent.

Table 6. Could Not See Doctor Because of Cost Northwest Montanans				
	Total	AI/AN	Disability	HP2020 Target
Could not see doctor because of cost	15.4%	23.5%	24.1%	4.2%

Source: 2014 Montana BRFSS. Helena, MT. Montana DPHHS, Public Health and Safety Division.

Healthy Weight

Obese

HP2020 objective NWS-9 is to reduce the proportion of adults who are obese to 33.9 percent for adults aged 20 years and older.

Table 7. Northwest Montanans That Are Obese				
	Total	AI/AN	Disability	HP2020 Target
Obese	27.2%	43%	35%	33.9%

Source: 2014 Montana BRFSS. Helena, MT. Montana DPHHS, Public Health and Safety Division.

Chronic Health Conditions

Asthma

HP 2020 objective RD-4 is to reduce activity limitations among persons with current asthma to 10.3 percent. AI/AN and disability demographics are not available for the asthma health indicator. Table 8 just reports activity limitations that are experienced by adults with and without current asthma.

Table 8. Persons with Asthma That Experience Activity Limitations			
	Asthma	No Asthma	HP2020 Target
Activity Limitations	34.9%	26.1%	10.3%

Source: 2014 Montana BRFSS. Helena, MT. Montana DPHHS, Public Health and Safety Division.

Mental Health

An HP 2020 objective is not available for the prevalence of depression. Respondents were asked about their mental health, which includes stress, depression, and problems with emotions, and how many days during the past 30 days was their mental health not good.

Table 9. Having No Poor Mental Health Days Among Northwest Montanans				
	Total	AI/AN	Disability	HP2020 Target
All Days Mental Health was Good	67.2%	51%	48%	N/A

Source: 2014 Montana BRFSS. Helena, MT. Montana DPHHS, Public Health and Safety Division.

Diabetes

HP 2020 objective D-8 is to increase the proportion of persons with diagnosed diabetes who have at least an annual dental examination to 61.2 percent. AI/AN and disability demographics are not readily available for the diabetes health indicator. Table 10 reports the percentage of persons with and without diabetes that had visit a dentist or dental clinic within the past year.

Table 10. Dental Visit Among Persons with Diabetes in Northwest Montana			
	Diabetes	No Diabetes	HP2020 Target
Dental Visit	46.4%	57.4%	61.2%

Source: 2014 Montana BRFSS. Helena, MT. Montana DPHHS, Public Health and Safety Division.

COPD

HP 2020 objective RD-9 is to reduce activity limitations among adults ages **45 and over** with chronic obstructive pulmonary disease (COPD) by 18.7 percent. AI/AN and disability demographics are not readily available for the COPD health indicator. Table 11 reports the percentage of adults with and without COPD that have current activity limitations, further broken down by age categories beginning at age 45.

Table 11. Activity Limitations Among Persons with COPD* in Northwest Montana

	Activity Limitations	HP2020 Target
COPD		18.7%
45-54	66.9%	
55-64	54.8%	
65+	68.1%	
No COPD		
45-54	26.3%	
55-64	27.6%	
65+	30.9%	

Source: 2014 Montana BRFSS. Helena, MT. Montana DPHHS, Public Health and Safety Division.

* = Coronary Obstructive Pulmonary Disease

Physical Activity

No Physical Activity in Past 30 Days

HP 2020 objective PA-1 is to reduce the proportion of adults who engage in no leisure-time physical activity to 32.6 percent. Table 12 reports the percentage of adults that reported having no leisure-time physical activity within the past 30 days.

Table 12. No Physical Activity in Past 30 Days Among Northwest Montanans

	Total	AI/AN	Disability	HP2020 Target
No Physical Activity	19.3%	24%	31%	32.6%

Source: 2014 Montana BRFSS. Helena, MT. Montana DPHHS, Public Health and Safety Division.

* = Coronary Obstructive Pulmonary Disease

Alcohol and Tobacco

Binge Drinking

HP 2020 objective SA-14.3 is to reduce the proportion of adults ages 18 and over engaging in binge drinking during the past 30 days to 24.4 percent. Table 13 reports the percentage of adults that binge drank (males having five or more drinks on one occasion; females having four or more drinks on one occasion) within the past 30 days.

Table 13. Binge Drinking Among Northwest Montanans

	Total	AI/AN	Disability	HP2020 Target
Binge Drinking	17.9%	8%	13%	24.4%

Source: 2014 Montana BRFSS. Helena, MT. Montana DPHHS, Public Health and Safety Division.

* = Coronary Obstructive Pulmonary Disease

Current Smoker

HP2020 objective TU-1.1 is to reduce current cigarette smoking by adults to 12 percent. Table 14 reports the percentage of adults who are current smokers as indicated by having smoked at least 100 cigarettes in their lifetime and currently smoke at least some days.

Table 14. Current Smoking Status Among Northwest Montanans

	Total	AI/AN	Disability	HP2020 Target
Current smoker	18.5%	36.1	26%	12%

Source: 2014 Montana BRFSS. Helena, MT. Montana DPHHS, Public Health and Safety Division.
* = Coronary Obstructive Pulmonary Disease

Immunizations

Flu Shot

HP 2020 objective IID-12.12 is to increase the percentage of adults aged 18 and older who are vaccinated annually against seasonal influenza to 70 percent. Table 15 reports the percentage of adults that have received a flu shot or a flu vaccine that was sprayed nose within the past year.

Table 15. Received Flu Shot Among Northwest Montanans

	Total	AI/AN	Disability	HP2020 Target
Flu shot within past year	36.7%	30%	45%	70%

Source: 2014 Montana BRFSS. Helena, MT. Montana DPHHS, Public Health and Safety Division.
* = Coronary Obstructive Pulmonary Disease

Pneumonia Shot

HP 2020 objective IID-13 is to increase the percentage of adults ages 65 and over who are vaccinated against pneumococcal disease to 90 percent.

Table 16. Received Pneumonia Shot Among Northwest Montanans Aged 65 and Over

	Total	AI/AN	Disability	HP2020 Target
Pneumonia shot among adults 65+	68.0%	34%	69%	90%

Source: 2014 Montana BRFSS. Helena, MT. Montana DPHHS, Public Health and Safety Division.
* = Coronary Obstructive Pulmonary Disease

Oral Health

Visited Dentist or Dental Clinic within Past Year

An HP 2020 objective is not available for adults who have visited a dentist or dental clinic in the past year. Table 17 reports the percentage of adults that visited a dentist, dental hygienist, or dental clinic within the past year.

Table 17. Dental Visit Past Year Among Northwest Montanans

	Total	AI/AN	Disability	HP2020 Target
Visited dentist or dental clinic within past year	61.5%	47%	56%	N/A

Source: 2014 Montana BRFSS. Helena, MT. Montana DPHHS, Public Health and Safety Division.
* = Coronary Obstructive Pulmonary Disease

Conclusion

The Missoula City-County Health Department (MCCHD) incorporates a data-driven approach to decision-making so that the Missoula community receives quality services and support. Health equity benefits everyone. In order to meet the needs of *all* people, we must first know where the needs are and what groups require the most need. This report will be used to inform MCCHD programs and projects.

The 2015 Health Equity Report identified several disparities among the Native American and disability populations compared to the total population of Montana's northwest region. Notable findings from the data include these health disparities.

For the AI/AN population:

- Suicide (Table 2) – *this disparity is especially significant*
- Seatbelt Use (Table 3)
- Could Not See a Doctor Because of Cost (Table 6)
- Obese (Table 7)
- Days of Good Mental Health (Table 9)
- Smoking (Table 14)
- Pneumonia Shot (Table 16)
- Dental Visit in Past Year (Table 17)

For the disability population:

- Could Not See a Doctor Because of Cost (Table 6)
- Obese (Table 7)
- Zero Days of Good Mental Health (Table 9)
- No Physical Activity in Past 30 Days (Table 12)
- Smoking (Table 14)
- Dental Visit in Past Year (Table 17)

Other notable statistics:

The disability population had a higher proportion of health care coverage (Table 4) and having a health care provider (Table 5) than the population as a whole.

The binge drinking numbers (Table 13) are correct. The AI/AN population, and to a lesser degree the population with disabilities, report lower binge drinking rates than the population as a whole, and all of the Montana Region 6 statistics are better than the HP2020 target. These numbers are correct – for the population as a whole. Certain age groups in Montana do report very high rates of binge drinking.

All populations in Montana Region 6 have low rates of receiving flu shots (Table 15) and pneumonia shots (Table 16) compared to the HP2020 targets.

This data challenges MCCHD, CHA and CHIP agencies, and other groups who care about health and wellbeing in Missoula County to put this data to work. The data points out areas of focus to improve health outcomes for *all* residents of Missoula County.

Citations

1. Brennan Ramirez L, Baker E, Metzler M. Promoting health equity: A resource to help communities address social determinants of health. *Department of Health and Human Services, Centers for Disease Control and Prevention*. 2008.
2. U.S. Department of Health and Human Services. NCHHSTP social determinants of health. CDC Web site. <http://www.cdc.gov/nchhstp/socialdeterminants/definitions.html>. Updated 2014.
3. Malphrus E, McGinnis JM, Blumenthal D. Vital signs: Core metrics for health and health care progress. National Academies Press; 2015.
4. World Health Organization. Social determinants of health. WHO Web site. http://www.who.int/social_determinants/en/. Accessed December 17, 2015.
5. Hilmers A, Hilmers DC, Dave J. Neighborhood disparities in access to healthy foods and their effects on environmental justice. *Am J Public Health*. 2012;102(9):1644-1654.
6. Wang MC, Kim S, Gonzalez AA, MacLeod KE, Winkleby MA. Socioeconomic and food-related physical characteristics of the neighbourhood environment are associated with body mass index. *J Epidemiol Community Health*. 2007;61(6):491-498.
7. Office of Epidemiology and Scientific Support, Montana DPHHS; Center of Disease Control and Prevention; Missoula City-County Health Department.

Appendix A

HP2020 Target Definitions

1. Health Care Insurance: Increase the proportion of persons with medical insurance.
2. Good or better health: Increase the proportion of adults who self-report good or better physical health.
3. Current Smoker: Reduce cigarette smoking by adults.
4. Obese: Reduce the proportion of adults who are obese.
5. Delayed Health Care: Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care.
6. Exercise: Reduce the proportion of adults who engage in no leisure-time physical activity.
7. Flu Vaccination: Increase the percentage of adults aged 18 and older who are vaccinated annually against seasonal influenza.
8. Pneumonia Vaccination: Increase the percentage of noninstitutionalized high-risk adults aged 18 to 64 years who are vaccinated against pneumococcal disease.
9. Mental Health Good: No HP2020 target exists for this specific variable
10. Binge Drinking: Reduce the proportion of persons engaging in binge drinking during the past 30 days—adults aged 18 years and older.
11. Seatbelt Use: Increase the use of safety belts of motor vehicle drivers and right-front passengers.