



COMMUNITY HEALTH Assessment 2017

Missoula County, Montana



Missoula HOUSING AUTHORITY



COMMUNITY MEDICAL CENTER

From day one.

PROVIDENCE St. Patrick Hospital



Partnership Health Center



The Forum

Missoula Forum for Children & Youth

MISSOULA aging SERVICES

WE'RE PROUD of OUR YEARS



life is why



United Way of Missoula County



Planned Parenthood of Montana



Rural Institute For Inclusive Communities



Food - shelter - help - hope



Parks & Recreation

City of Missoula • 400 Clegg Lane • 721-PARK

Job Service MISSOULA Pathways



Missoula Coalition on Aging & Disability



UNIVERSITY OF MONTANA

2017 CHA: Core Findings

Welcome to the *2017 Missoula County Community Health Assessment*, also known as the CHA. The CHA work group (see page 2 for a list of participants) worked on this report throughout 2017. The report distills an abundance of data, input, and discussion. This introduction summarizes the group’s thinking and highlights some of the key issues that came out of all that research and discussion. For answers to some of the frequently asked questions about why and how the CHA is put together, see pages 3–4.

Community Strengths & Concerns

One thing is clear: most of us love where we live. People in our CHA small work groups, key informant interviews, and surveys at Missoula Housing Authority, the Missoula Food Bank, and the Poverello Center noted the same top Missoula County strengths:

- The outdoors and our natural environment
- The community — the people and our community spirit
- A wealth of services and a willingness to work together to solve problems

This agreement represents a great foundation for community work to improve health and wellbeing for all residents. The groups also agreed on some of the key issues of concern in Missoula County:

- Affordable and available housing
- Better job and income opportunities
- Barriers to accessing needed services

Based on all the data in this report, the CHA work group developed this list of the good and not-so-good points in the data. Many of the issues show up in both categories. This demonstrates the group’s deep thinking. It also highlights an important fact: even when things are going well overall, there are often groups, neighborhoods, or communities that do not see those benefits. For Missoula County to support health for all residents, we need to make sure to extend opportunities for health and wellbeing to everyone in the Missoula County community.

The Good		The Not-So-Good
Wide agreement across the community about our strengths and needs and love of our home		Housing is unaffordable at Missoula County wages (see pages 12–13)
Unemployment rates are low (see page 10)	BUT	Poverty rates are still high, and there are pockets of deep poverty and generational poverty (see pages 10–11, 20, and 23–24)
Lots of services available and there is a willingness to work together to solve problems	BUT	People experience barriers to access services
Health care coverage is way up over past three years (see page 22)	BUT	Changes that affect the Affordable Care Act and Medicaid expansion could erase these gains
Strong transportation system, especially the zero-fare bus system (see page 14)	BUT	Limited bus schedules and routes mean that not everyone in Missoula County can share in the benefits of this service
We are a highly educated community (see pages 21 and 25)		Child abuse and neglect has more than doubled over the past five years (see page 31) High-quality child care is unavailable and unaffordable, especially for infants (see page 32)

Core Findings *continued*

Disparities & Urgent Issues

The CHA work group also identified areas of health disparities and urgent and emerging issues.

Disparities	Urgent & Emerging Issues
Persistent poverty in low-wealth neighborhoods and some rural communities (see pages 10–11, 20, and 23–24)	The number of kids in foster care has more than doubled in the past five years (see page 31)
Based on available data, Native Americans have worse health outcomes (see page 45–46)	Kids who “graduate” from foster care do not have a lot of resources as they enter into adult life
American Indian and African-American families are over-represented in foster care (see page 31)	The state budget crisis and possible federal changes mean we could lose a lot of ground on gains we have made in the recent past

Other Highlights

This is the third CHA report for Missoula County. The first two were completed in 2011 and 2014. We have continually learned from the CHA process and improved the reports accordingly. This CHA report has expanded in some important ways:

- **Section on rural communities.** PolicyMap provided meaningful data on health and wellbeing that is specific to Missoula County’s rural communities. In addition, we hired an intern from the University of Montana School of Public & Community Health to survey residents in the rural communities for a deeper look at their strengths and needs. See pages 61–74 for this information.
- **Data for specific locations.** As more communities are looking for local data, more tools have become available. We used [PolicyMap](#) to provide much of our data for the county and city level. In some cases we could even get data for neighborhoods and rural communities in the county for the first time.
- **Maps.** PolicyMap allowed us to create some of the maps for this report, and others come from the [community health map](#) on the health department website. Maps are scattered throughout the report, but there is a section devoted to mapping vulnerable populations on pages 23–25.
- **Surveys and interviews.** The CHA work group identified key informants to interview about the needs and strengths they see in the county through their work (see pages 77–81). We also surveyed lower income residents with the help of Missoula Housing Authority, the Food Bank, and the Poverello Center (see pages 82–86), and we summarized relevant findings from the many other community surveys and listening sessions that have taken place in recent years (see pages 87–92).

Use This Report!

We hope you find ways to use this report. Please share it with anyone who is interested. Use it for planning, write grants based on the data you find here, and take it to your boards and work groups. Data doesn’t matter unless we put it to work.

If you have any questions, or if you want to be part of CHA work in the future, please contact:

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Introduction

December 20, 2017

We are happy to present the 2017 Community Health Assessment (CHA) for Missoula County. This is our third CHA; the others were completed in 2011 and 2014. Again this year we built on the foundation of our previous efforts in multiple ways.

More agencies helped give this report broader representation across the community. Representatives from more than 30 agencies and community advocates took part in CHA work group meetings throughout 2017. Together we talked through Missoula County strengths and needs and set the scope of data that appears in the report. These CHA members came from a more diverse set of organizations than in our earlier CHA efforts. We greatly appreciate that people who work in fields such as housing, job training, climate change, and community development can see the way their work intersects with community health. These groups' willingness to engage in the CHA process enriched our discussions and improved this report in many ways. Sincere thanks to all of the people and organizations who helped in any way.

The 2017 CHA has an expanded scope as well:

- **Data for specific locations.** As more communities are looking for local data, more tools have become available. We used [PolicyMap](#) to provide much of our data for the county and city level. In some cases we could even get data for neighborhoods and rural communities in the county for the first time.
- **Maps.** PolicyMap allowed us to create some of the maps for this report, and others come from the [community health map](#) on the health department website.
- **Section on rural communities.** PolicyMap provided meaningful data on health and wellbeing that is specific to Missoula County's rural communities. In addition, we hired an intern from the University of Montana School of Public & Community Health to survey residents in the rural communities for a deeper look at their strengths and needs.
- **Surveys and interviews.** The CHA work group identified key informants to interview about the needs and strengths they see in the county through their work. We also surveyed lower income residents with the help of Missoula Housing Authority, the Food Bank, and the Poverello Center, and we summarized relevant findings from the many other community surveys and listening sessions that have taken place in recent years.

As in the past, the 2017 CHA will be the foundation for creating a Community Health Improvement Plan (CHIP). The CHIP will focus on issues selected by the group and will outline a plan for how the community can work together to improve them. We hope that many other groups also find the data presented here useful for their work in collaboration, planning, grant writing, and advocacy. Data all by itself is interesting – but it can't make a difference unless we put it to use.



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2017 Community Health Assessment Work Group

*This report was compiled by Robin Nielson-Cerquone and Kristie Scheel of MCCHD.
The Rural Communities section was compiled and written by Mary Parrish.
Cover photo and design provided courtesy of [Photography by Shannon](#).*

Sponsoring Organizations

The following organizations and people devoted time and energy to the creating this report. The work group met throughout 2017, collecting and talking about data so that we can better understand health status, community assets and resources, and challenges in Missoula County. We used the Association for Community Health Improvement (ACHI) CHA Toolkit guidelines as our structure for this process.

Agricultural Workers Health & Services — Aaron Johnson, Ileana Arezia
American Cancer Society — Emily Coyle
CATCH, St. Patrick Hospital — Lisa Tims
City of Missoula Development Services — Laval Means
City of Missoula Housing & Community Development — Will Sebern
City of Missoula Parks & Recreation — Ryan Yearous
Climate Smart Missoula — Amy Cilimburg
Community Medical Center — Sue Englert, Don Miller
Disability Advocate — Leeanne Beers
Eat Smart Coalition, MCCHD — Rebecca Morley
Family Medical Residency Program, University of Montana — Rob Stenger
Job Service — Kelly Deniger
Missoula Aging Services — Jordan Lyons
Missoula City-County Health Department — Cindy Farr, Ellen Leahy, Kate Devino, Lisa Beczkiewicz
Missoula Coalition on Aging & Disability — Patti Holkup
Missoula County Community & Planning Services — Karen Hughes
Missoula Forum for Children & Youth — Anna Semple, Brandee Tyree
Missoula Housing Authority — Jim McGrath, Lori Davidson
Missoula Urban Indian Health Center — Dana Kingfisher, Troy Wilson, Trilanda NoRunner
Montana Dental Hygienists Association — Heidi Halverson
NeighborWorks Montana — Kaia Peterson
Partnership Health Center — Elizabeth Rolle
Planned Parenthood of Montana — Christopher Coburn, MacKenzie Forbis
Poverello Center — Melissa Brooks
Providence St. Patrick Hospital — Hollie Timmons, Karen Myers, Merry Hutton
Rural Institute for Inclusive Communities, University of Montana — Helen Russette
Salvation Army — Julie Clark
School of Public & Community Health, University of Montana — Tony Ward, Kari Harris
United Way of Missoula County — Kristin Stratford
Vocational Rehabilitation — Brook Hodge
Western Montana Mental Health Center — Katherine Isaacson

Many other people provided expertise, took part in small working groups focused on particular topics, and took the time for key informant interviews. Thank you to everyone who helped in any part of this process.

What's the Point of the CHA?

Why does the CHA involve such a big process?

Collecting this much data, with such a wide scope and with such a large group, is a daunting task. So why do it — especially when many of these groups often don't work together for any other reason?

The reasons the Community Health Assessment (CHA) is a big and daunting process are exactly the reasons we do it:

- 1) Unlikely partners work together and know each other in different and deeper ways.
- 2) We all better understand the public health status and needs of our community using quantitative and qualitative data, and also through our discussions and interactions.
- 3) The process creates the foundation to work together on important and timely issues of public health and wellbeing in our county.

I thought this report was about health — why do you have data for issues like housing and income?

The American Public Health Association defines public health as promoting and protecting the health of people where they live, work, and play. We can't do that unless we talk about issues like the stress and economic insecurity caused by lack of safe and affordable housing, or the difficulty in accessing health care coverage or affording health care when you can't find a job that meets your income needs.

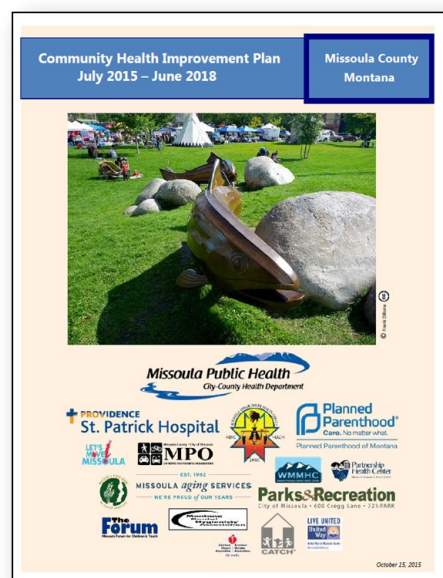
When we talk about health, disease is just the tip of the iceberg. Of course genetics and individual choices affect our health. But a significant part of our health is equally or more influenced by "social determinants" (see page 19) — economic stability, a neighborhood and physical environment that are safe and promote health, education levels and opportunities, the ability to easily find and afford healthy food, supportive communities that encourage connection, and access to high quality health care. ([Kaiser Family Foundation](#))

What do you do with all this data?

CHA partner agencies and other local organizations use the data for:

- Grants
- Strategic planning
- Program development
- Setting policies

In 2018, the CHA working group will prioritize important issues that need collaborative community attention. The appropriate agencies then work on a Community Health Improvement Plan (CHIP), which lays out a collaborative strategy to make community progress on these issues. In the most recent CHIP, the two focus areas were Obesity and Access to Health Care. Smaller groups focused on work plans for issues including access to dental care for older adults, expansion of physical activity options for all ages, and expanding suicide prevention training throughout the community. (Click on picture to go to the 2015-2018 Missoula County CHIP.)



Explanation of Data

Why These Indicators?

After the community process to create the 2014 Missoula County Community Health Assessment, a group convened to guide data gathering for this report. The group chose to focus on key demographic information that addressed social determinants of health and leading health indicators from Healthy People 2020. Further research led us to adopt some indicators from the AARP Quality of Life Index to fill in that information, and other indicators were added based on group input.

City and County Data

This report focuses on data for Missoula County as a whole. However, you will notice that many data pages include a combination of county and city data. In the last few years, much new data has become available. We are lucky that much of this data has been made available for the city of Missoula — in particular through the CDC and Robert Wood Johnson Foundation 500 Cities Project. We presented this rich city data, but our focus area for this report continues to be Missoula County as a whole. All data is reported for Missoula County, unless otherwise noted.

Glossary of Acronyms

The world of health and community data has a language of its own, and it uses many acronyms. For the sake of readability, this report will not always spell out these long titles that will be used often.

BRFSS = Behavioral Risk Factor Surveillance System

Surveys of adults 18 and over that assess behaviors related to risks for disease and disability. Note that Montana DPHHS switched its reporting of BRFSS data from the county level to regions, so we are no longer able to track trends from BRFSS data.

CDC = Centers for Disease Control and Prevention

CDC is a federal agency that works to protect health and human safety by controlling and preventing disease and injury.

MCCHD = Missoula City-County Health Department

Montana DPHHS = Montana Department of Health and Human Services

The equivalent of MCCHD at the state level. Montana DPHHS published [The State of the State's Health: A Report on the Health of Montanans](#) in 2013, which contains lots of health data for the state as a whole. Many Montana DPHHS health reports can be found at [on their website](#).

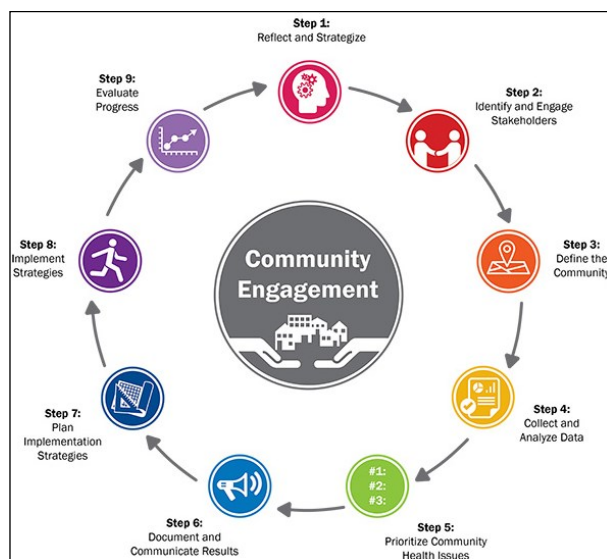
YRBS = Youth Risk Behavior Surveillance

Surveys conducted in middle schools and high schools every two years. They assess risk factors — including alcohol and drug use, risky behaviors, and eating habits — that contribute to the leading causes of death and disability.

For a list of resources that provide data at the county level, please see **Appendix 1**.

The Process

This report is part of a community engagement process following the steps outlined in the [Association for Community Health Improvement Toolkit](#) (see graphic to the right).



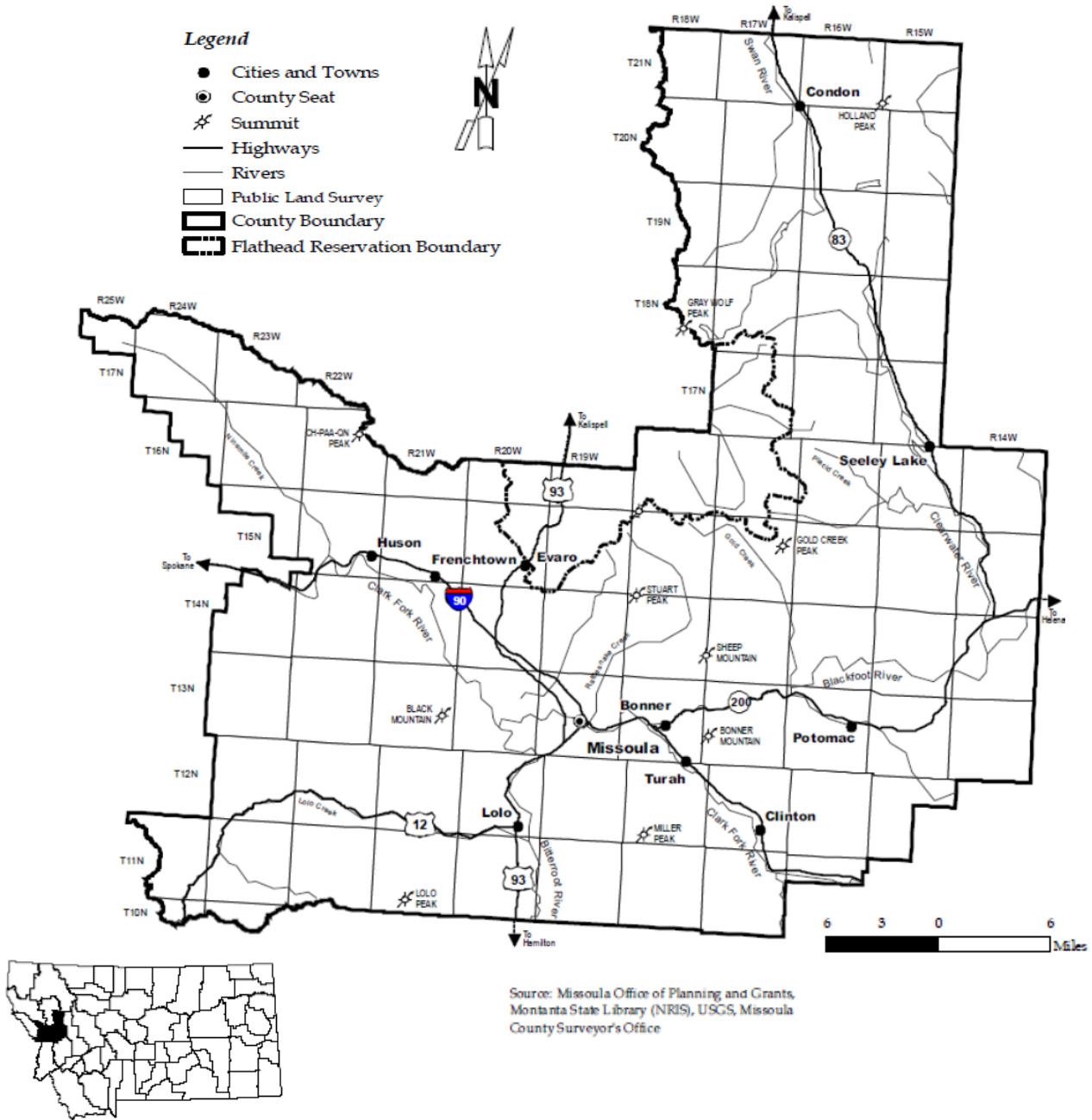
Community Profile

This section presents information about county and city physical environment and the people who live here. You will also find information about the kinds of infrastructure and systems that support or work against our health — the social determinants of health (see page 19).

- Location & Geography
- Population
- Race, Ethnicity & Language
- Disabilities
- Employment & Income
- Housing
- Transportation
- Recreation
- Community Engagement
- Health & Public Health Services
- Civic Engagement & Community Resources

Location & Geography

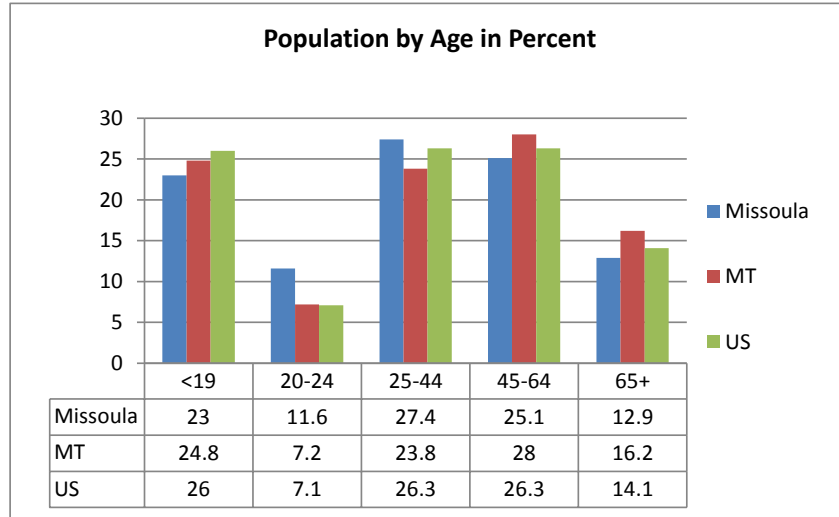
Missoula County covers an area of roughly 2,600 square miles in western Montana. The county is mountainous, with more than 1,975 miles of rivers and streams and five valleys that sit about 3,200 feet above sea level. The area is home to abundant wildlife. The first inhabitants of the Missoula area were American Indians from the Salish tribe. The first white settlement was established in 1860. (Missoula County Community and Planning Services)



Maps courtesy of Casey Wilson, [City of Missoula Development Services](http://CityofMissoulaDevelopmentServices.com)

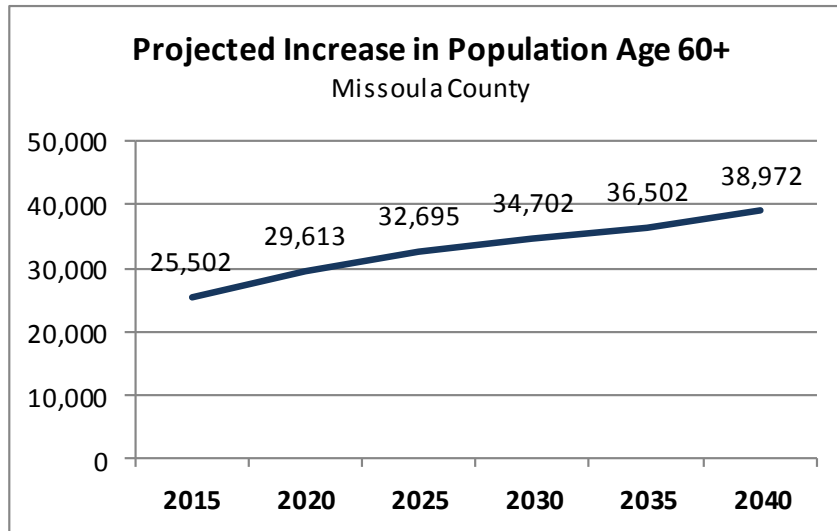
Population

The 2015 Missoula County population is 111,966, up from 109,299 in the 2010 census. This rate of growth is on par with the average growth rate for Montana and the US. The City of Missoula population accounts for 69,190, roughly 62% of the county total population. The Montana population is 1,014,699, and the US population is 316,515,021. (US Census, 2011-2015 American Community Survey 5-year estimates)



US Census Quickfacts, 2015 estimates

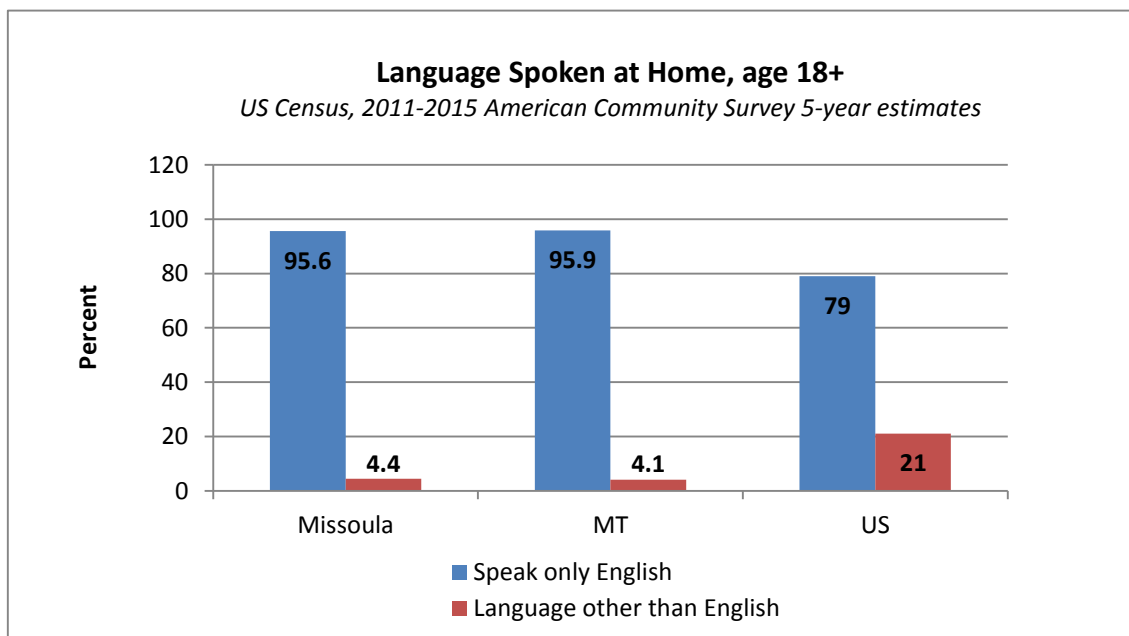
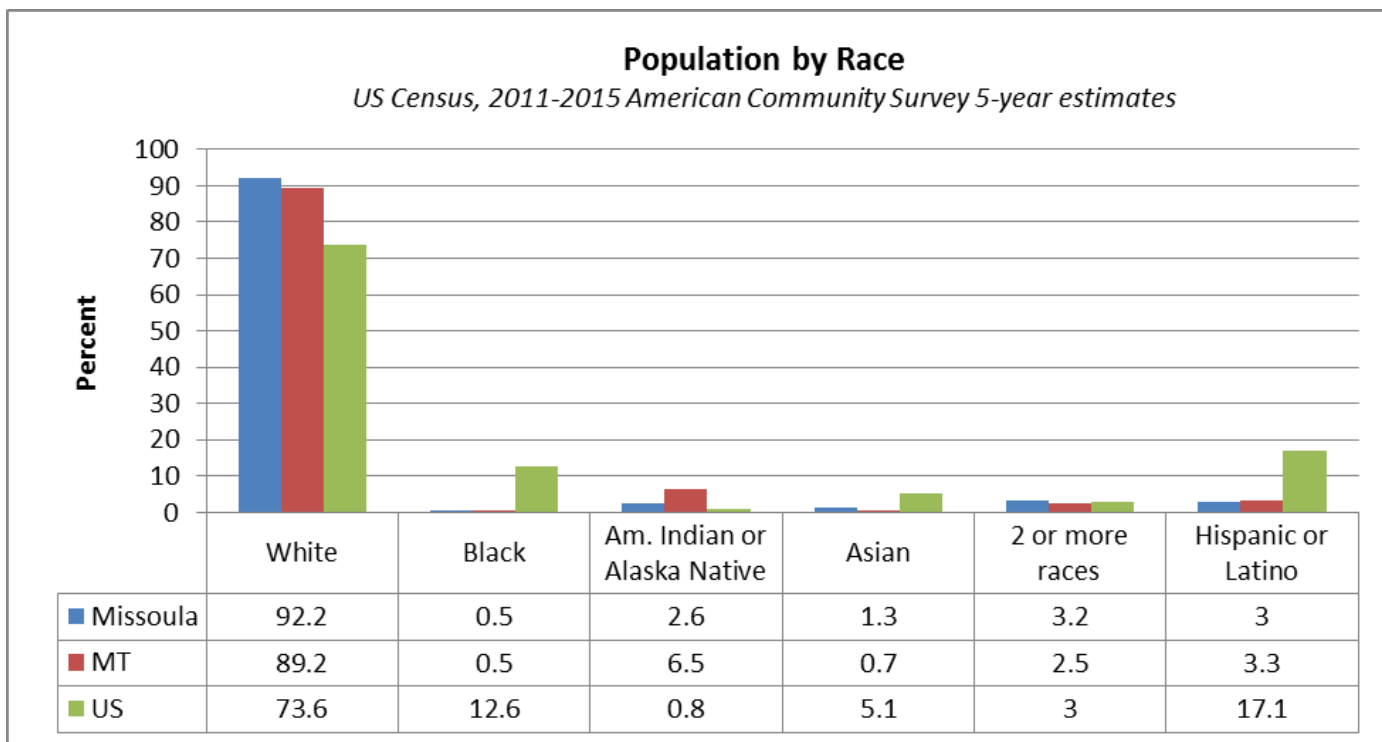
The *2014 Missoula County Community Health Assessment* recognized the aging of our population as an urgent and emerging issue. As the population ages — and especially as a larger cohort of people is over age 85 — health issues and service needs will change. For example, the expanding older population will greatly affect sectors including housing and jobs. A larger cohort of older adults will also mean an increase in the need for services in the areas of home care, shingles and pneumonia immunizations, and nutrition and poverty services relevant to older adults. There will also be increased needs related to health conditions including Alzheimer’s and dementia, falls and fall prevention, and osteoporosis.



Missoula Aging Services, based on trend projections from the 2010 US Census.

Race, Ethnicity & Language

Missoula County is predominantly white. Officially, American Indian/Alaska Native and Hispanic/Latino account for roughly 3% each in the Missoula County population, but organizations who serve these populations feel that these official numbers underreport their presence. English is the predominant language of Missoula County residents. Because the number of non-English speaking households is so low, language accommodations are not common in the community at large, creating barriers to access for health and social services for these residents.

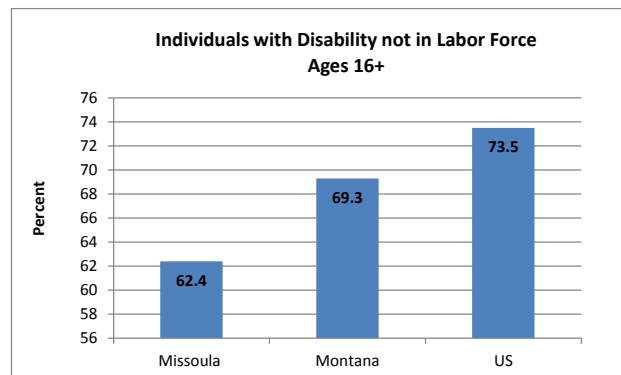
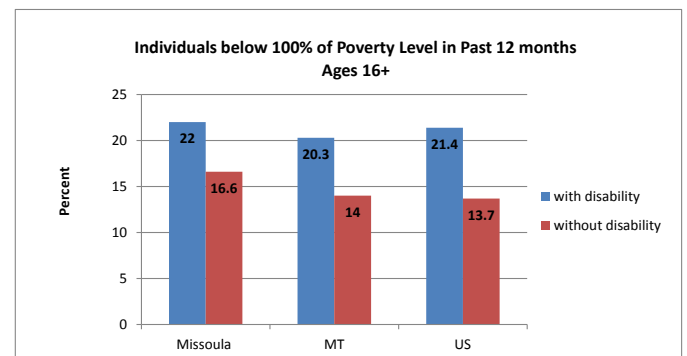
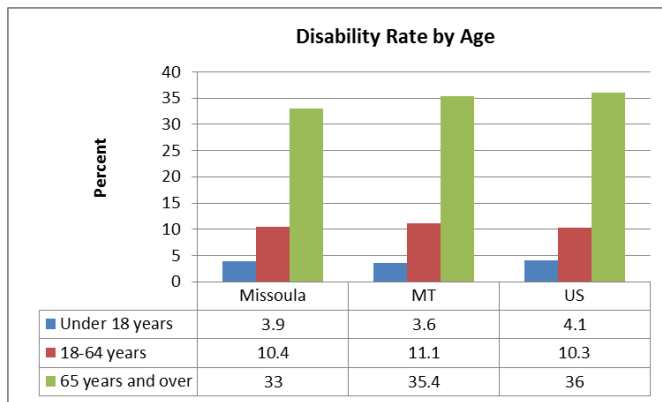
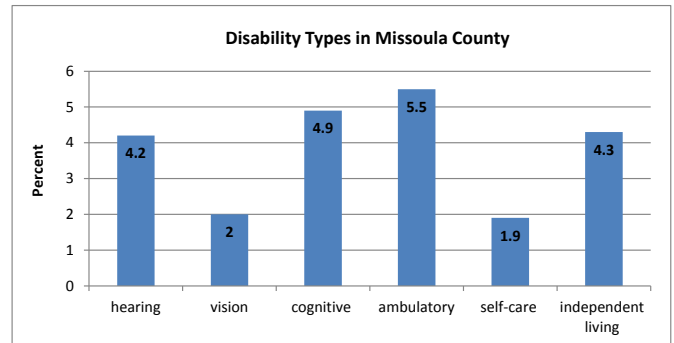
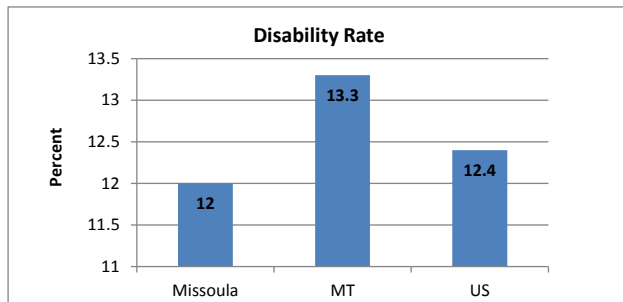


Disabilities

Inclusion of people living with disabilities is necessary for this 12% of the Missoula County population to experience optimum health and wellbeing and for full community engagement. The 2015 disability rate in Missoula is comparable to the average rates for the state and the US, and all remain similar to the 2012 numbers reported in the previous CHA reports.

The [MCCHD 2015 Health Equity Report](#) focused on identifying health disparities for the disability population in Montana's northwest region, which includes Missoula County:

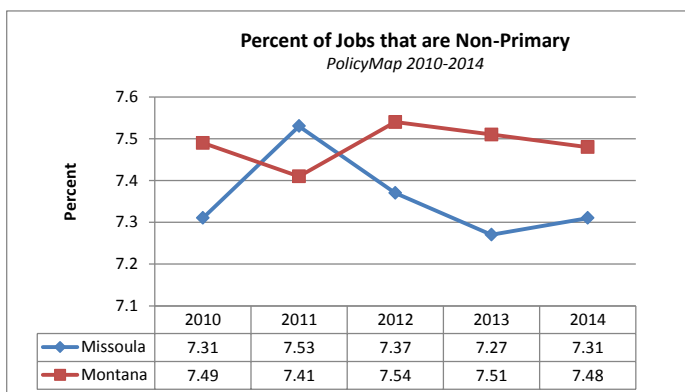
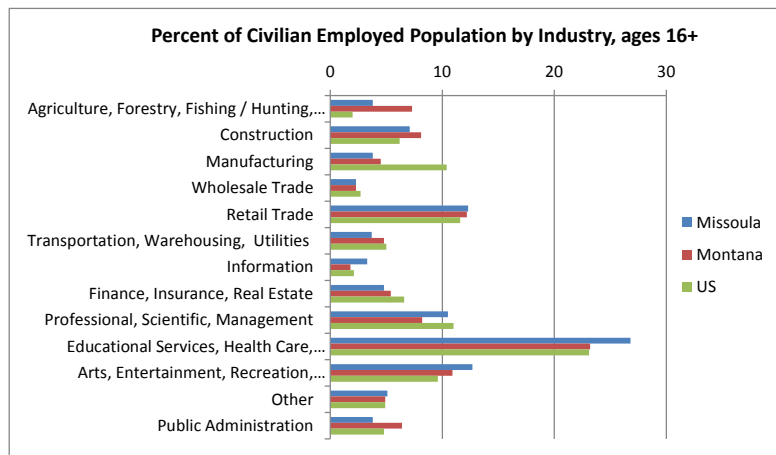
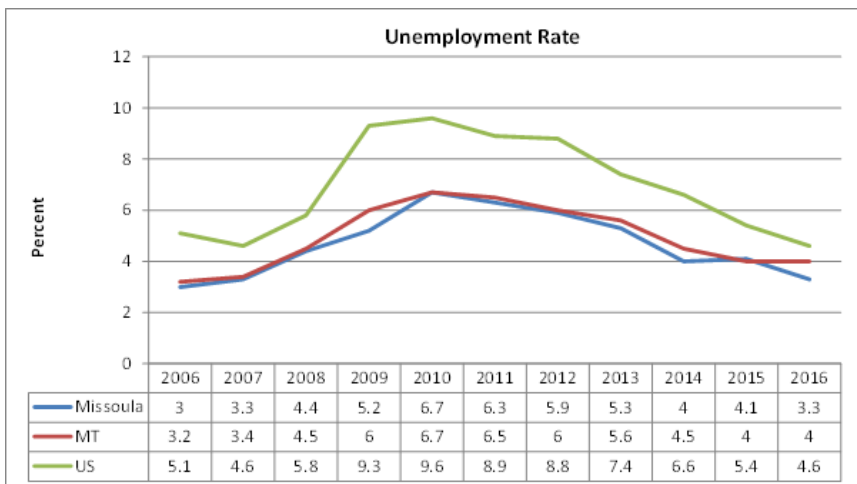
- Obesity rates: 35%, compared to 27% for the population as a whole
- People reporting good mental health every day in the past month: 48%, compared to 67% for the population as a whole
- Could not see a doctor because of cost: 24%, compared to 15% for the population as a whole
- No physical activity in past 30 days: 31%, compared to 19% for population as a whole
- Smoking: 26%, compared to 19% for population as a whole
- Dental visit in past year: 56%, compared to 62% for population as a whole



US Census, 2011-2015 American Community Survey 5-year estimates

Employment & Income

Steady employment with a living wage is a crucial foundation for health and wellbeing. The unemployment rate is currently low in Missoula County, as it is nationally. That is good news, but the reality of the Missoula County job market is that there are not a lot of high-paying career jobs, especially for people without college degrees or specialized training. US Census numbers show that educational services and health care is the top industry category in Missoula County, which is reflected in the four largest employers. The next highest job categories in the county are retail and arts, entertainment, and recreation. About 7% of Missoula County's employment reflects people who have a second job. Income levels are addressed on the following page.



Top 20 Employers in Missoula County

Based on 2016 QCEW Data

1,000+ Employees

Community Medical Center

Missoula County Public Schools

Providence St. Patrick Hospital

University of Montana

500 to 999 Employees

City of Missoula

Missoula County

DIRECTV Customer Service

Forest Service

Opportunity Resources, Inc.

Walmart

250 to 499 Employees

Albertson's

Allegiance Benefit Plan

Good Food Store

Western Montana Mental Health Center

100 to 249 Employees

Costco Wholesale Corporation

Glacier Bank Corp.

Greater Missoula Family YMCA

Southern Homecare Services

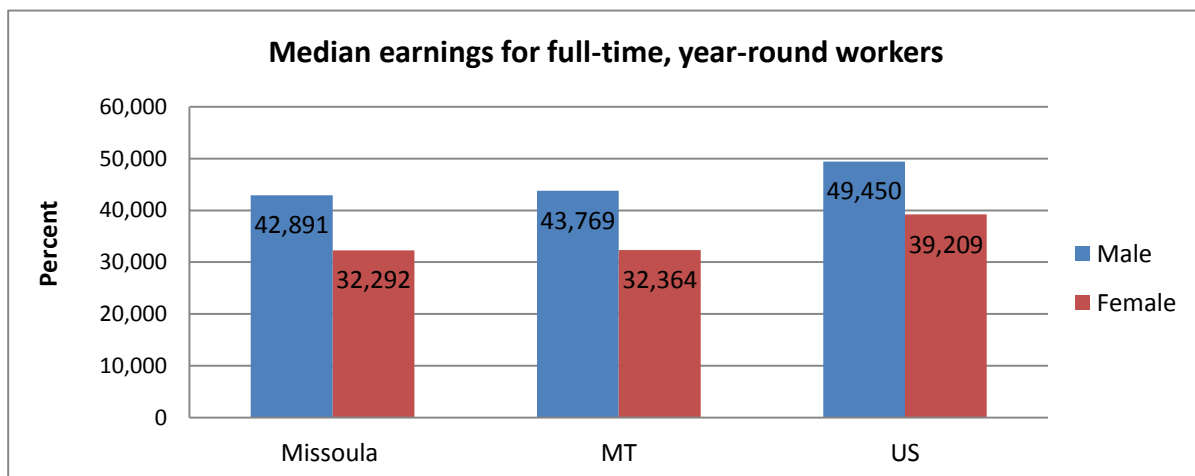
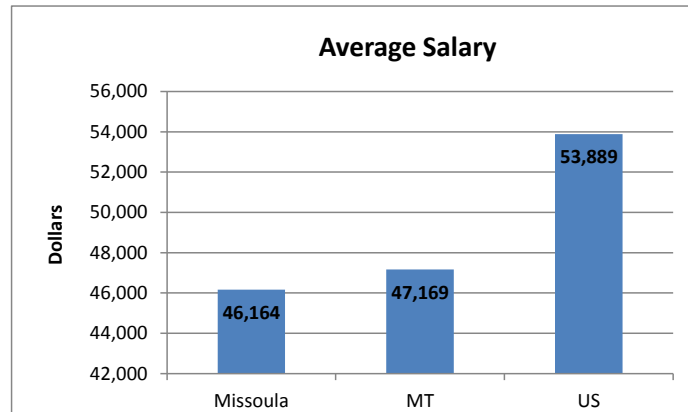
US Postal Service

Western Montana Clinic

All graphs: US Census, 2011-2015 American Community Survey 5-year estimates

Employment, *cont.*

Steady employment with a living wage is a crucial foundation for health and wellbeing. The MIT [Living Wage Calculator](#) for Missoula County puts the necessary annual income for a family with two adults and two kids who need childcare at \$65,150, which means each adult would need to work full time earning \$15.66 per hour. Meanwhile, the average salary is \$46,164, and the minimum wage is \$8.15 per hour. Missoula County shows the same gender gap in earnings as the state and nation, which is of particular concern since 11% of Missoula County households with children in the home are headed by single women. This is higher than the state rate of roughly 8%. (US Census, retried from PolicyMap 9/29/2017)



US Census, 2011-2015 American Community Survey 5-year estimates

Housing

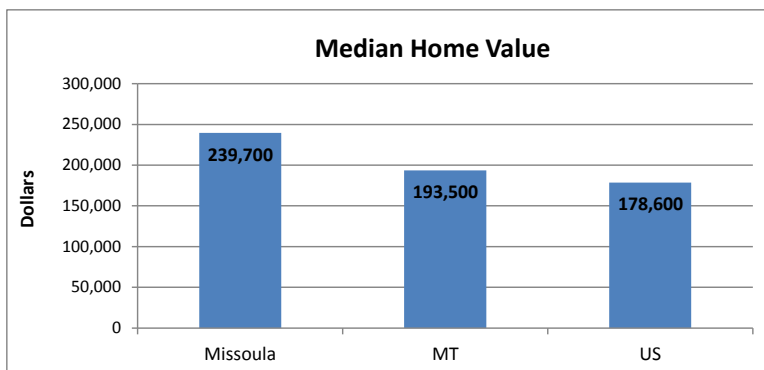
Housing is one of the key building blocks of health and wellbeing. A clean, well maintained living environment can directly reduce problems such as asthma and falls. Housing in a safe and well-built environment can affect issues including physical activity, community engagement, and even good nutrition, because of access to a full kitchen or nearby stores with healthy foods. Housing that a household can afford is the cornerstone of economic stability. Affordable housing means that adults in households only need to hold one job, and that household budgets have room for healthy food, gym memberships, high quality child care, and the like — not to mention health insurance, doctor visits, and preventive care.

Missoula has a tight and expensive housing market. The [Missoula Organization of Realtors 2017 Missoula Housing Report](#) details the rising costs of home values in Missoula. In 2016, the median price of a Missoula home went up 6.8%, to a new high of \$255,000. The housing report also shows that rental vacancy rates, already very low, fell again to 2.9% of units available to rent in 2016, meaning that rentals are even more difficult to find and afford. There is a supply of subsidized housing, but 1,654 households remain on the waiting list for Section 8 vouchers in Missoula County (MOR 2017 Missoula Housing Report). The next page addresses housing affordability and housing cost burden.

MEDIAN PRICE OF SALES IN MISSOULA URBAN AREA			
Year	Annual Number of Sales	Median Price	% Change in Median Price
2007	1,392	\$219,500	6.2%
2008	996	\$215,000	-2.1%
2009	1,033	\$208,775	-2.9%
2010	903	\$200,500	-4.0%
2011	878	\$205,000	2.2%
2012	1,068	\$209,700	2.3%
2013	1,322	\$215,000	2.5%
2014	1,265	\$225,000	4.7%
2015	1,390	\$238,700	6.1%
2016	1,392	\$255,000	6.8%

TABLE 5 Source: Montana Regional MLS

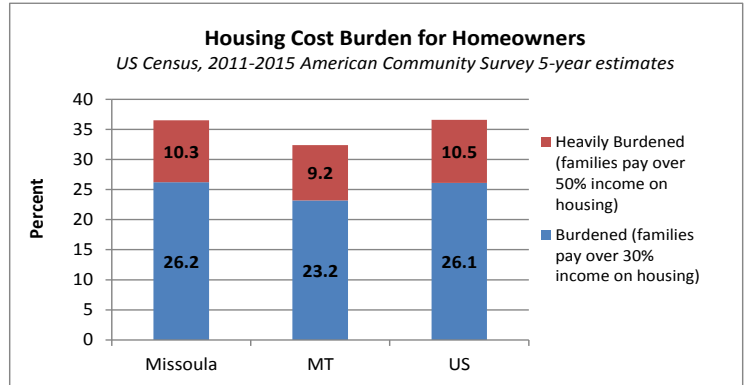
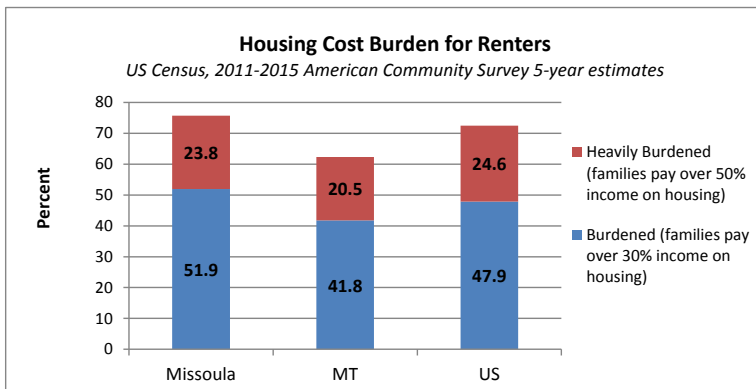
Table from 2017 Missoula Housing Report, Missoula Organization of Realtors



2015 Home Value; US Census, 2011-2015 American Community Survey 5-year estimates

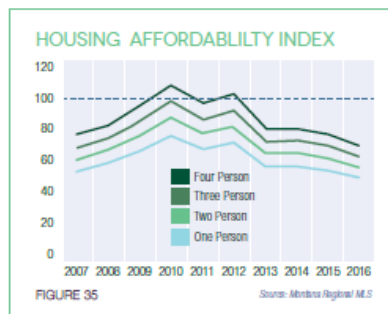
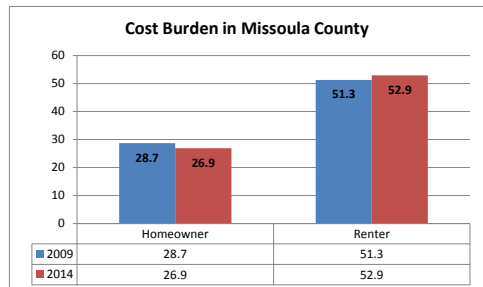
Housing, cont.

The tight housing market causes an undue proportion of Missoula County households to be “cost burdened,” defined as paying more than 30% of their income for housing, or “severely cost burdened,” paying more than 50% of their income for housing. Households paying this much for shelter have problems affording food, health care, and other necessities. The Missoula Organization of Realtors reports that housing affordability hit a new low in Missoula in 2016. The tables below from their report shows that down payments are key to the affordability of homeownership. And even with a 20% down payment, homeownership is quickly out of reach with the combination of low Missoula incomes and high Missoula home prices. County homeownership rates have declined from 62% in 2000 to 58% in 2015. (PolicyMap) Homeownership is important because it provides stability and security, and it is still the primary way families build wealth and improve financial wellbeing from generation to generation.



MISSOULA HOUSING AFFORDABILITY INDEX 2014-2016						
2014	2015	2016	YEAR	2014	2015	2016
\$225,000	\$238,700	\$255,000	Median Home Price (MOR)	\$225,000	\$238,700	\$255,000
4%	4%	4%	Downpayment	20%	20%	20%
4.13%	4.19%	4.5%	Interest Rate	4.13%	4.19%	4.5%
\$315	\$334	\$357	Mortgage Insurance	0	0	\$0
MEDIAN FAMILY INCOME						
\$45,400	\$43,560	\$43,200	1 person	\$45,400	\$43,560	\$43,200
\$51,900	\$49,800	\$49,300	2 person	\$51,900	\$49,800	\$49,300
\$58,400	\$56,040	\$55,500	3 person	\$58,400	\$56,040	\$55,500
\$64,800	\$62,220	\$61,600	4 person	\$64,800	\$61,200	\$61,600
HOUSING AFFORDABILITY INDEX*						
59	53	48	1 person	85	76	69
67	61	55	2 person	97	87	78
76	68	62	3 person	109	98	88
84	76	69	4 person	121	107	98
MEDIAN FAMILY INCOME NEEDED TO PURCHASE MEDIAN PRICED HOME						
\$77,076	\$82,165	\$89,916	Income	\$53,604	\$57,196	\$62,892

TABLE 8 Source: Montana Regional MLS, HUD
*2017 includes taxes and homeowners insurance on a 30-year fixed loan



2017 Missoula Housing Report, Missoula Organization of Realtors. A value of 100 means that a household with the median income has exactly enough money to qualify for a loan for the median price of a home. The farther the number is below 100, the greater the mismatch between median income and median home price.

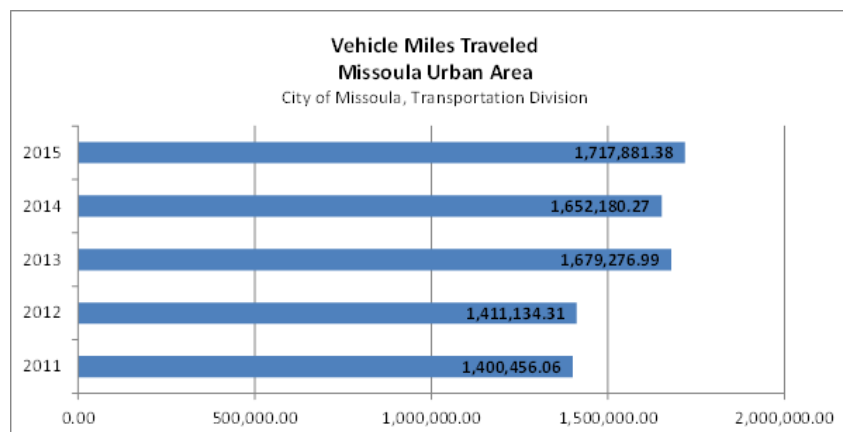
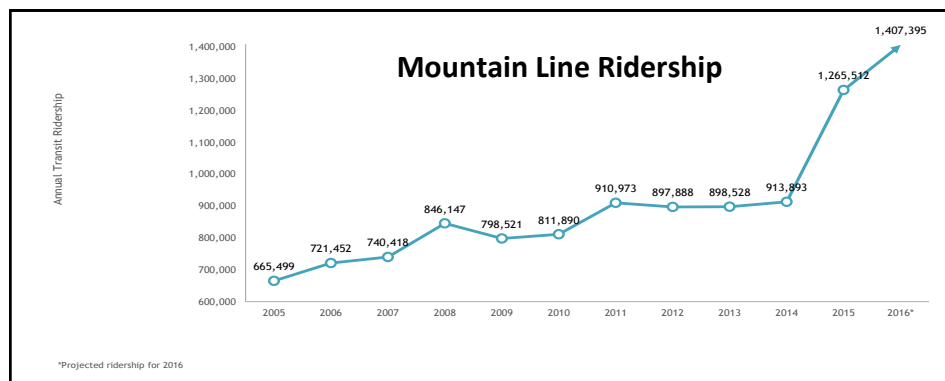
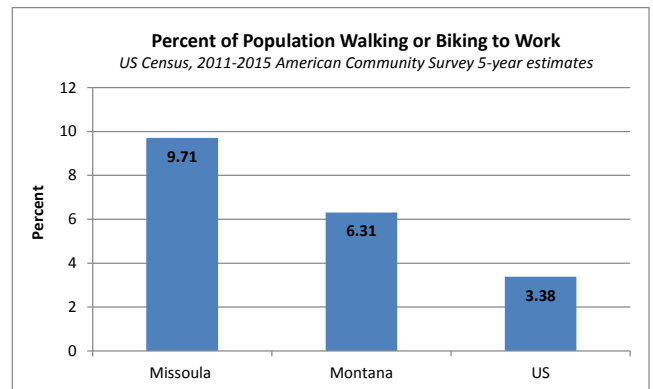
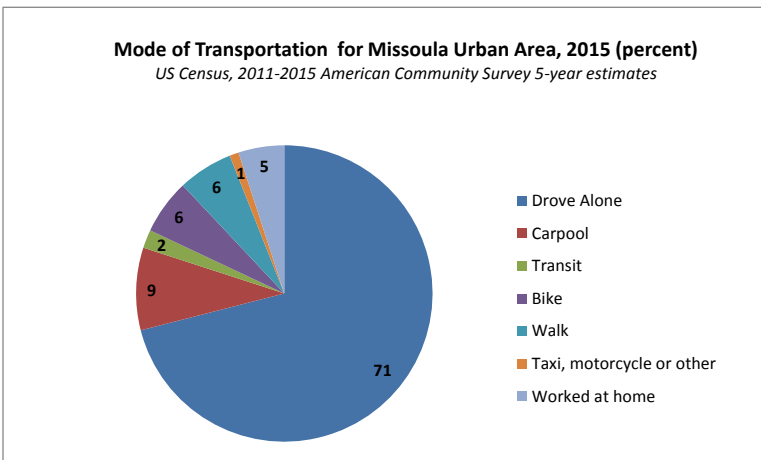
Increasing the amount of housing that meets “[visitability standards](#)” is a goal of Summit Independent Living, Missoula Aging Services, the Missoula Coalition on Aging and Disability, the Rural Institute, and other groups in Missoula. Visitability standards assure that people who use wheelchairs or other devices to help with mobility can get into and around a structure. Basic visitability requires one zero-step entrance that is accessible from the street or a driveway, doorways that provide 32 inches of clear space, hallways that are 36 inches wide, and full access to a bathroom on the main floor. Currently there is no way to measure the number of homes that meet visitability standards in Missoula County, but there is interest in developing this as a housing measure.

Transportation

Missoula County's public transportation system includes key components in addition to its road system:

- Mountain Line bus system in the Missoula urban area, which instituted zero-fare service in January 2015
- Network of bike lanes and bike and walking paths (see the [Missoula city bike map](#))
- Missoula International Airport, which is experiencing rapid growth in passenger numbers (up 8.6% from 2015 to 2016, and up 98% over the previous 20 years; [Missoulian, January 12, 2017](#))

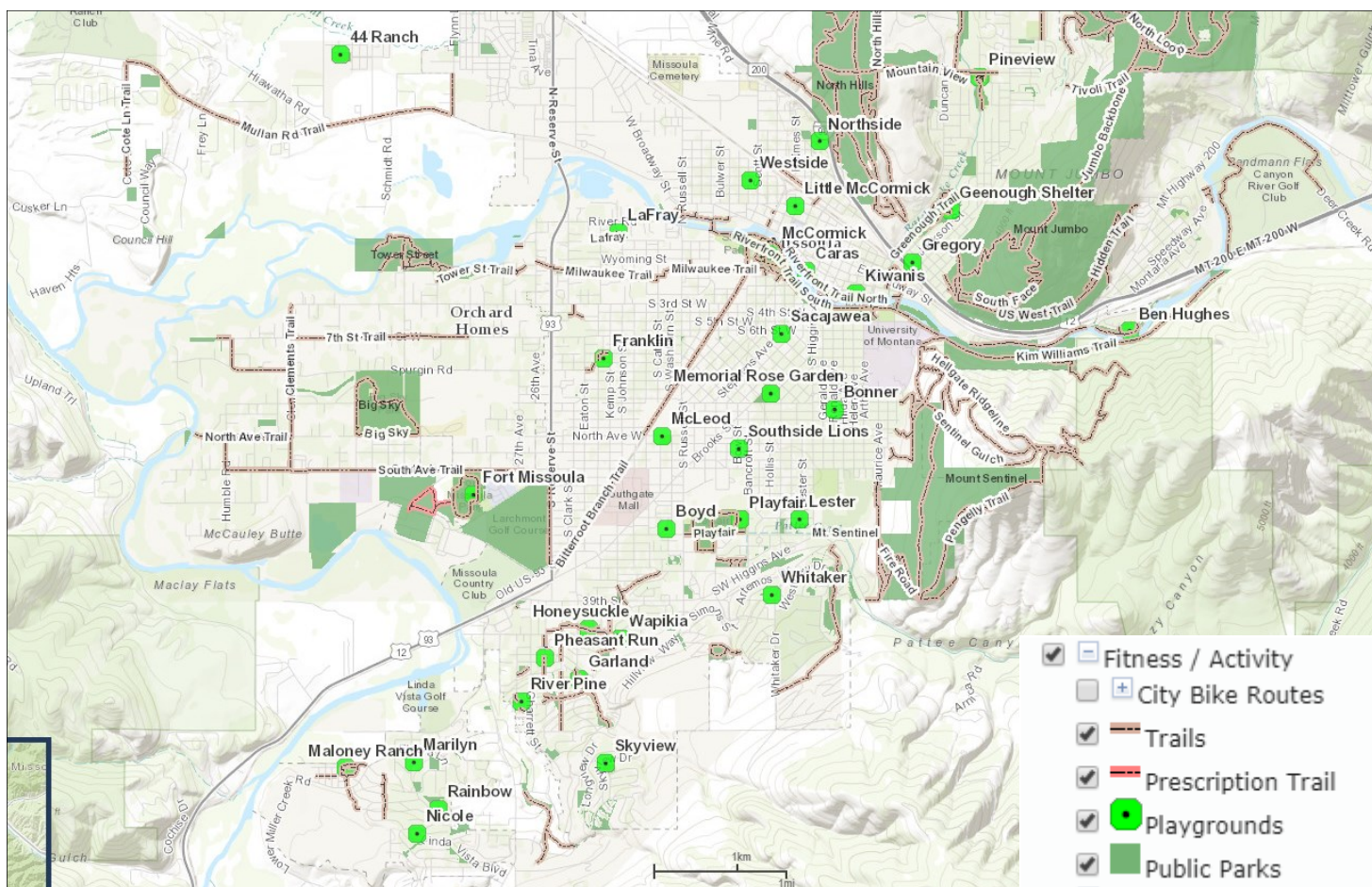
The [Missoula County and City of Missoula Metropolitan Planning Organization](#) focuses transportation efforts for the greater Missoula urban area on increasing bus ridership and active transportation. Bicycle commuting is higher in Missoula than in Montana or the US. Zero-fare Mountain Line bus service has increased bus ridership to record levels. High use of alternative transportation has positive impacts on other issues including air quality, physical activity, and access to employment and services, particularly for low-income households.



Recreation

Missoula County residents are proud of our wealth of recreational opportunities. Our beautiful natural environment and acres of open space and parkland are amenities that positively affect all kinds of issues in this report, including physical activity, mental health, and transportation. City of Missoula Parks and Recreation reports that the urban area boasts:

- 458 acres of parkland
- 15.6 miles of paved/commuter trails and 53.63 miles trails on conservation lands
- 4,191 acres of conservation lands
- 3,057 acres in the Missoula Valley and 14,650 acres countywide of protected lands through fee acquisition or conservation easements obtained through the 2006 open space bonds
- 36 playgrounds, with two more to be added in 2018, and 58 developed park sites
- 27,869 people participating in programs led by Parks & Rec in 2016, and 3,248 people taking lessons
- 172,333 swims at Splash Montana and Currents in 2016 (a cold summer), with a 5-year average of 180,000 swims per year



MCCHD Community Health Map. <http://www.missoulacounty.us/government/health/health-department/interactive-health-maps>, 10/24/2017.

Health & Public Health Services

Missoula County serves as a medical hub for the region and is home to multiple health services. Two hospitals are located here, Providence St. Patrick Hospital and Community Medical Center. Partnership Health Center is our Federally Qualified Health Center (FQHC), which provides health care including dental and mental health on a sliding fee scale. The Missoula City-County health Department serves the entire county population under an interlocal agreement between the two entities. Services are primarily located in the City of Missoula urban area, however, which means that residents in the outlying areas of the county often must travel long distances for health services.

Direct health services are summarized in this section. Numbers come from the agencies who are credited as providing the services. Social services are listed in **Appendix 2: Community Resources.**

Health Care Facilities	
Local Hospitals	2
Total Beds	472
Hospital	CMC 151, Prov 212
Psychiatric	Prov 34
Inpatient Rehabilitation	0
Obstetrics	CMC 17 (plus 6 labor rooms and 4 antepartum), Prov 7
Neonatal Intensive Care (NICU)	CMC 32
Pediatrics	CMC 16 Prov 3
Federally Qualified Health Centers	1

Dental Providers	
Dentists	60+
Offices that accept Medicaid	estimated 10%

Mental Health Providers	
Inpatient Treatment	WMMHC: 1 crisis stabilization home with 5 voluntary beds and 2 emergency detention beds
Outpatient Mental Health Treatment Centers	WMMHC: 1 center for adults and 1 for children
Addiction Treatment	WMMHC: 1 adult inpatient center with 16 beds, 1 adult outpatient center, 1 youth addictions center

Health & Public Health Services *continued*

Numbers for older adult services come from Missoula Aging Services.

Services for Older Adults	
Nursing Homes	4 with 413 beds (includes memory care beds)
Nursing Home Memory Care Services	2 with 47 beds
Assisted Living Facilities	18 with 641 beds
Assisted Living Memory Care Services	122 beds
Adult Respite Care	7 facilities
Adult Day Care	4 facilities, including 2 memory care facilities

All public health direct services are provided by the Missoula City-County Health Department.

Public Health Direct Services July 2016–June 2017	
Maternal Child Health Home Visiting Programs	654 clients 3,633 encounters
Nurse Family Partnership Home Visiting Program	840 encounters
Breastfeeding Calls to New Mothers	894 calls
Asthma Home Visiting Program	28 clients 176 encounters
Population-based services (NICU rounds, classes to new and expectant mothers, in-service training)	2,085 clients
WIC	2,023 clients
Immunizations	5,437 visits, 5,477 IZs
Travel Clinic Immunizations	735 visits, 2,172 IZs
Other Clinic Services	1,413 non-IZ visits, including 950 TB tests and 1434 other services (blood tests pregnancy tests, lice checks, etc.)
Diabetes Prevention Program	63 clients began program
Foster Child Health Program (collaboration with Providence Grant Creek Family Medicine and DPHHS Child & Family Services)	145 clients 431 encounters

Civic Engagement & Community Resources

Missoula County has a wealth of community resources that together form a system that contributes to the wellbeing of residents. The [National Center for Charitable Statistics](#) tracks registered Missoula County groups:

- 1,000 nonprofit organizations
- 270 public charities
- 43 foundations
- 163 social capital groups (“clubs, sports, and other mutual benefit or social bonding organizations”)
- 110 churches

See **Appendix 2** for a list and description of some of Missoula County’s community resources that most directly affect the population’s health and wellbeing. This list was developed through full group communications, key informant interviews, and focus groups.

Civic Engagement is difficult to measure. The [AARP Livability Index](#) provides some metrics that attempt to capture community involvement and cohesion. On that index, Missoula County ranks in the top third of US communities in the areas of:

- Voting rates: 66.5% compared to US median of 55.6%
- Number of cultural institutions (performing arts companies, museums, concert venues, sports stadiums, and movie theaters per 10,000 residents: 1.3 compared to US median of 0.6.

Missoula County ranked in the middle third of US communities for:

- Civic engagement (measured as number of civic, social, religious, political, and business organizations per 10,000 residents): 8.7 compared to US median of 7.3
- Social engagement (measured by survey of how often people eat with household members and interact with neighbors and friends): 0.96 index compared to US median of 0.98 (highest measure is 2)

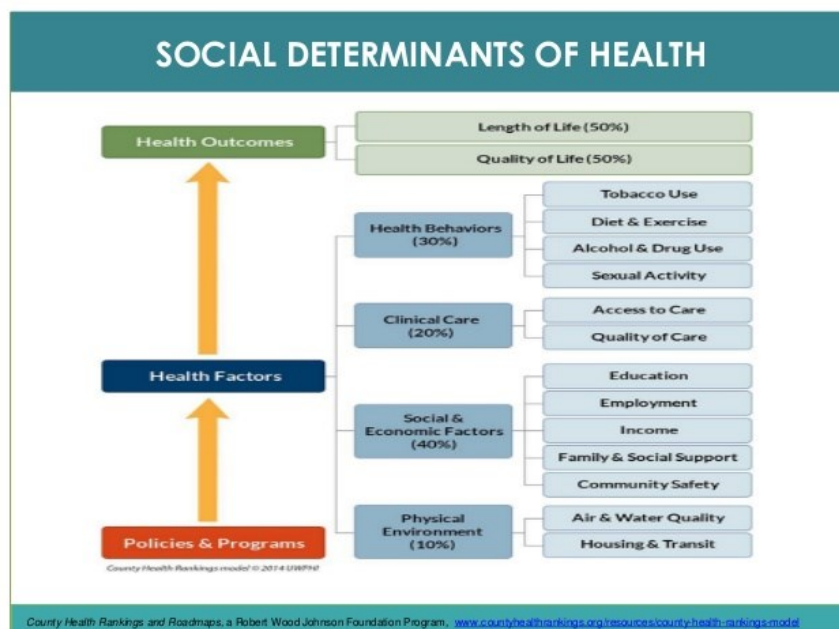
Key Social Determinants of Health

The definition of the term “social determinants of health” according to the Centers for Disease Control & Prevention:

Conditions in the environments in which people live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

At its most basic level, addressing the social determinants of health means that you are working to give everyone a fair shot at achieving a high level of health and wellbeing.

Income, Education, and Access to Health Insurance are three of the key social factors that form the foundation of good health. The reason: income, education level, and health insurance largely control a person’s access to the resources that support individual health and create favorable health outcomes in a population. Health outcomes and behaviors are interrelated in many complex ways. These key social determinants are related to almost all of the indicators included in this report.



Poverty

Poverty plays a role in most of the indicators of health and wellbeing in this report. Indicators with an obvious correlation are employment, housing, transportation, health insurance, and access to healthy food. In some cases, poverty's role is more complicated. Researchers are constantly learning new ways that the conditions and stress of poverty lead to an increased risk of disease and mental health problems. (For more data on poverty in Missoula County, see the MCCHD [2016 Health Equity report](#).)

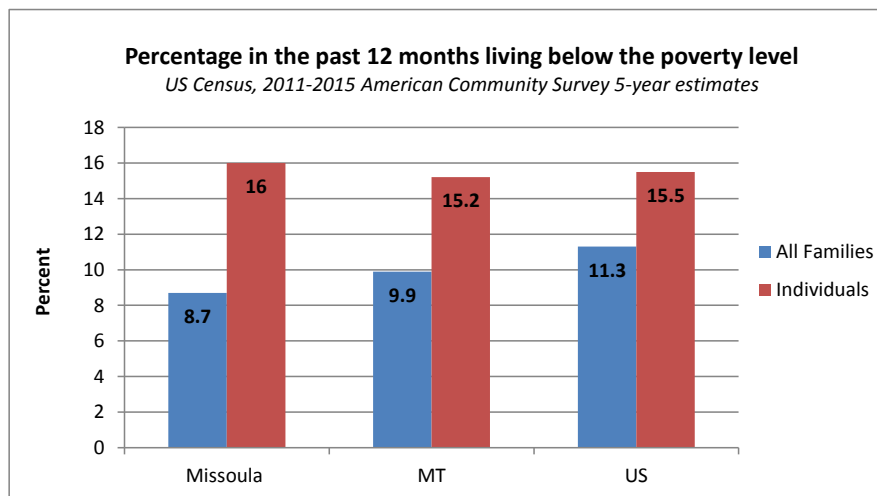
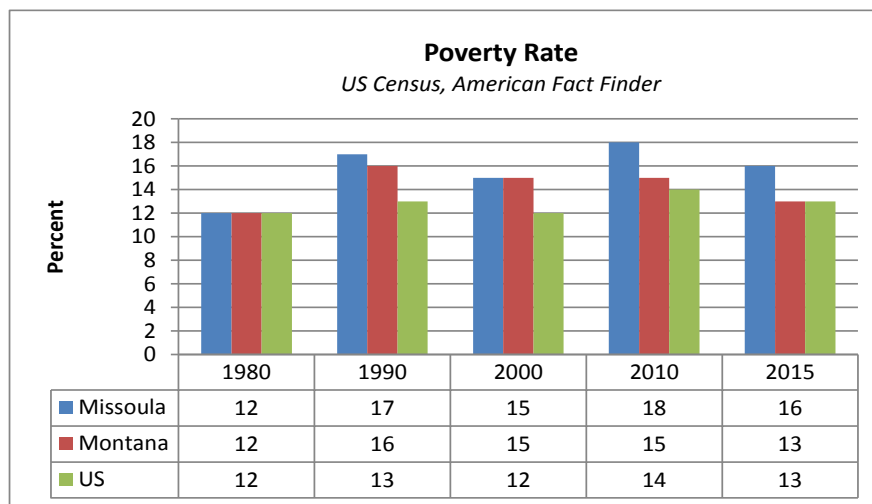
Low wages and high housing costs lead to high rates of poverty in Missoula County. The MIT [Living Wage Calculator](#) for Missoula County puts the necessary annual income for a family with two adults and two kids at \$65,150.

- The budget for this number is extremely bare bones — it includes no extra costs beyond the basics. It also assumes lower costs than may be possible to access in Missoula. For example, it allocates only \$755 per month for rent.
- This number assumes that both adults are working full time for \$15.66 per hour each.

If only one adult were working, the necessary pre-tax annual income would be \$48,766.

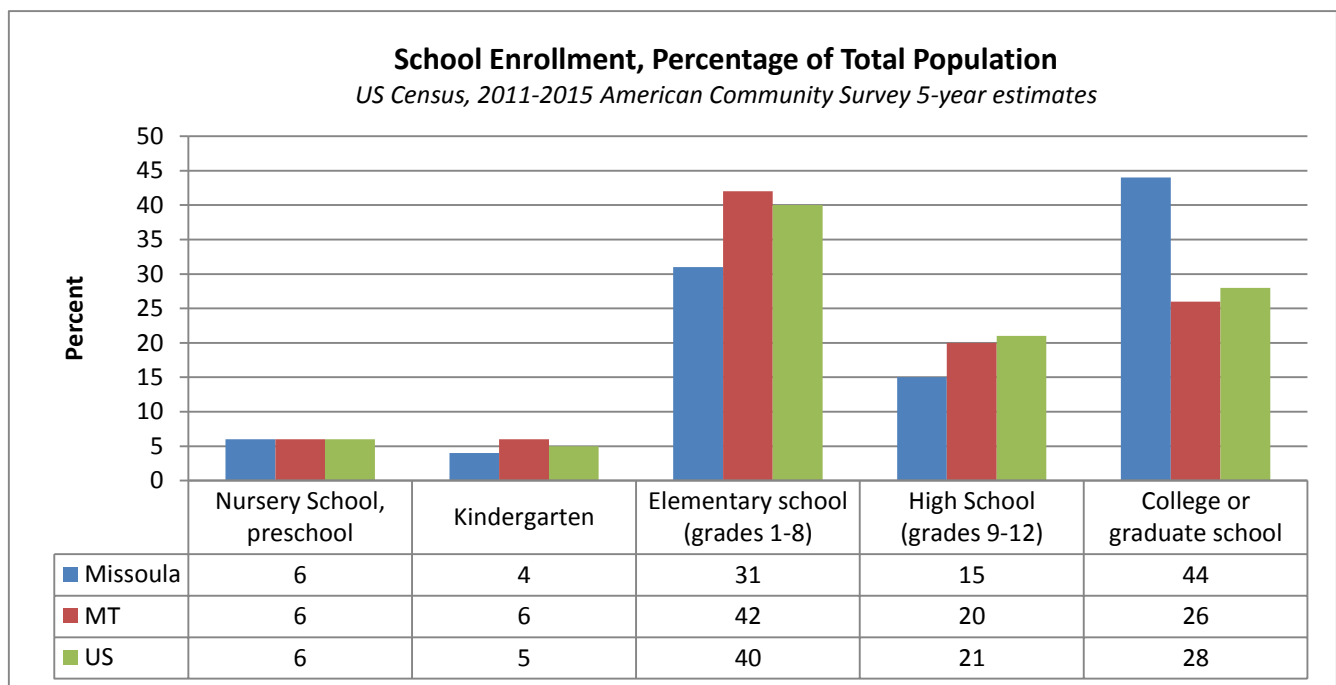
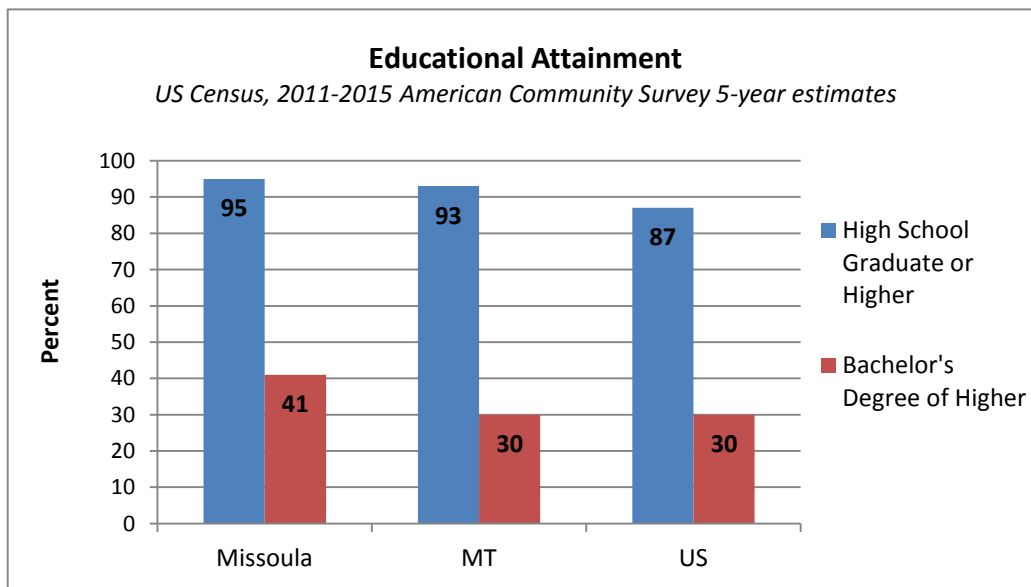
- The main reason for the difference is the estimated costs for \$13,666 in child care that would not be needed if one parent were the primary caregiver for the children.
- This calculation would require the working adult to earn \$23.45 per hour.

Meanwhile, the actual median income for a Missoula County household is \$46,164. Income data are presented on pages



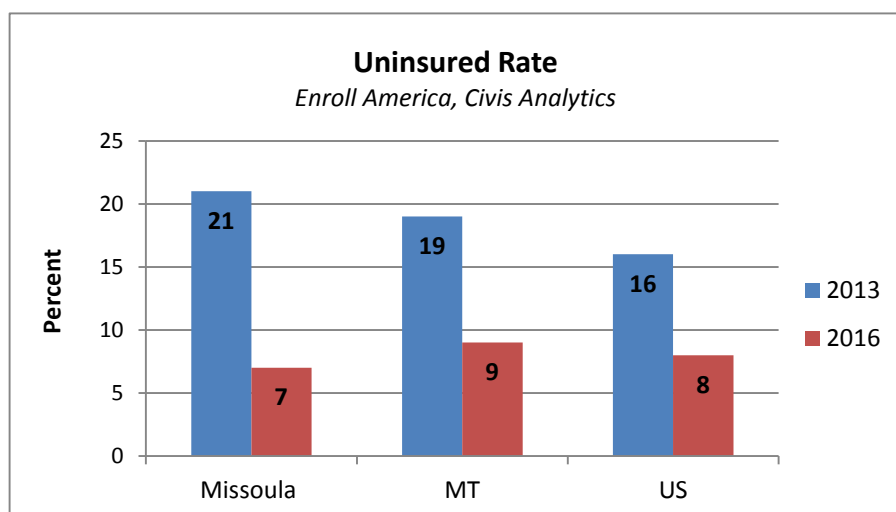
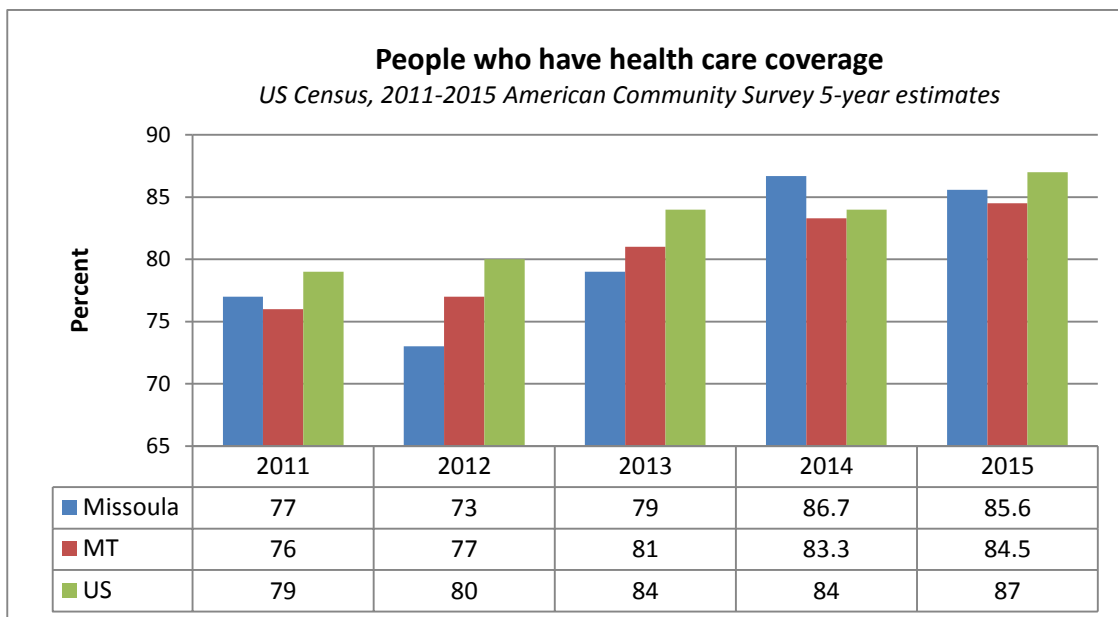
Education

The presence of the University of Montana, as an educational institution and as an employer, means that the City of Missoula in particular is focused on education. Education levels are significantly higher than the state or nation. The most recent MCPS dropout rate (four-year cohort) was 2.6%, compared to the Montana rate of 3.6%. Education correlates to many other measures, including employment, income, and health behaviors including tobacco use, physical activity, and nutrition.



Health Insurance

Missoula County and Montana have historically had very low rates of health insurance coverage. The game-changers for Montana were the passage of the Affordable Care Act in 2010 and Medicaid expansion in 2015. Missoula County has an active community of partners who have coordinated (in part through the [2015-2018 Community Health Improvement Plan](#)) to enroll residents for health care coverage. Political instability may hurt progress in this area. Shortened ACA enrollment periods without advertisement, along with uncertainty about the status of Medicaid expansion and ACA policies, may keep people from signing up for coverage in the short term. Over the long term, extensive cuts could erase our gains in this area.



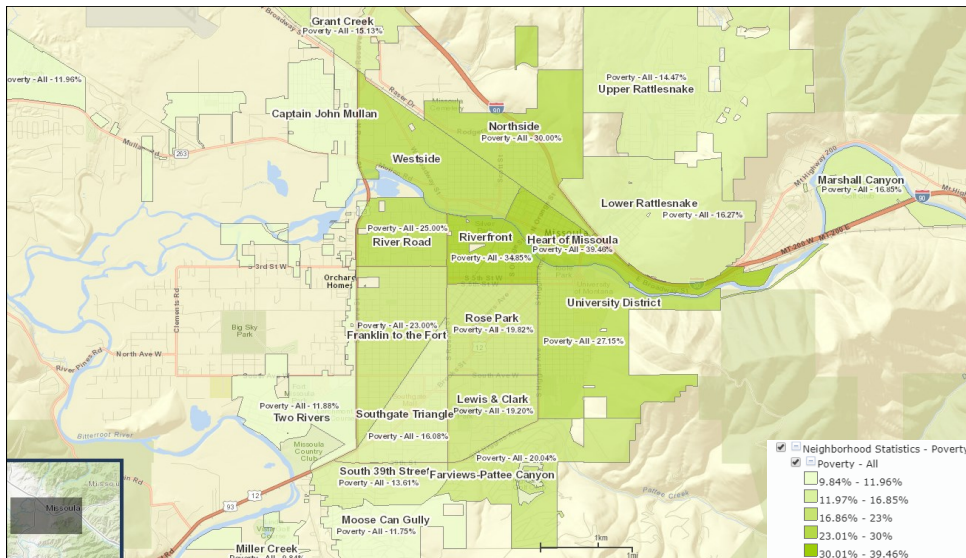
Vulnerability Maps

Optimum conditions for health are not spread equally throughout the county or city of Missoula. Averaged numbers can smooth out the data in a way that hides the disparities and inequities within the community. Data maps like the ones on these pages have become increasingly useful for areas with smaller populations, including Missoula. They tell more of the story of our vulnerable populations — those who experience disadvantages in the social determinants of health. These maps focus on the key social determinants. Other maps — for obesity, tobacco use, parks and food access, sidewalk connectivity, tree canopy, mental health — would show very similar patterns of disparities in our poorest neighborhoods. Mapping also provides a way to understand the complex relationships among demographic and health indicators.

Unless otherwise noted, these maps were retrieved in September 2017 from the MCCHD Invest Health Community Health Maps, which you can find on the MCCHD website at <http://gis.missoulacounty.us/mcchd/healthmap>. Unfortunately, it is not possible to easily map these indicators for the county as a whole at this time. Additional data about Missoula County's outlying communities is presented beginning on page 61.

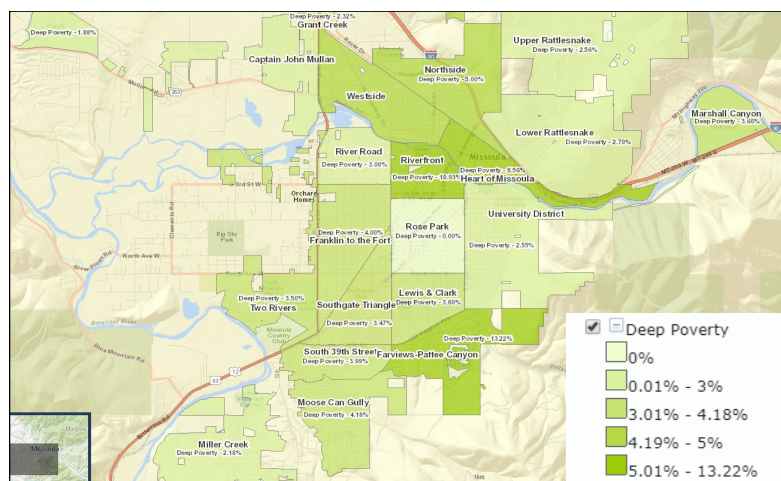
Poverty

All poverty, City of Missoula



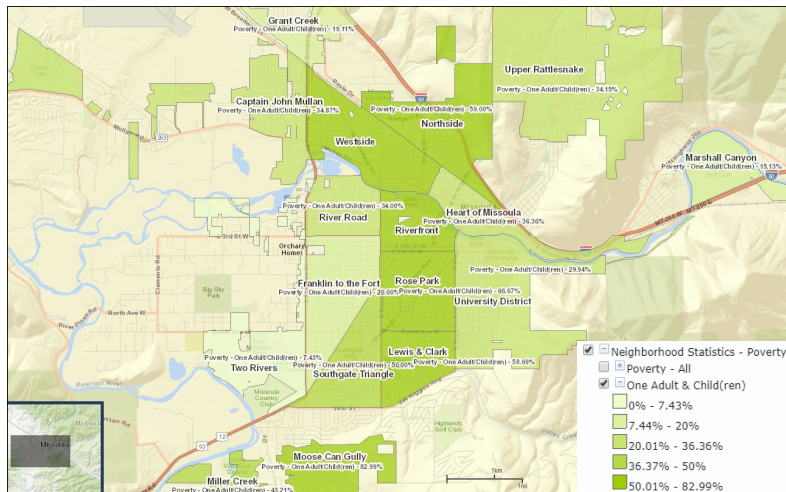
Note: The higher-than-expected rate of poverty in the University District most likely reflects the number of student renters in the area.

Deep poverty (consistent over 20+ years), City of Missoula

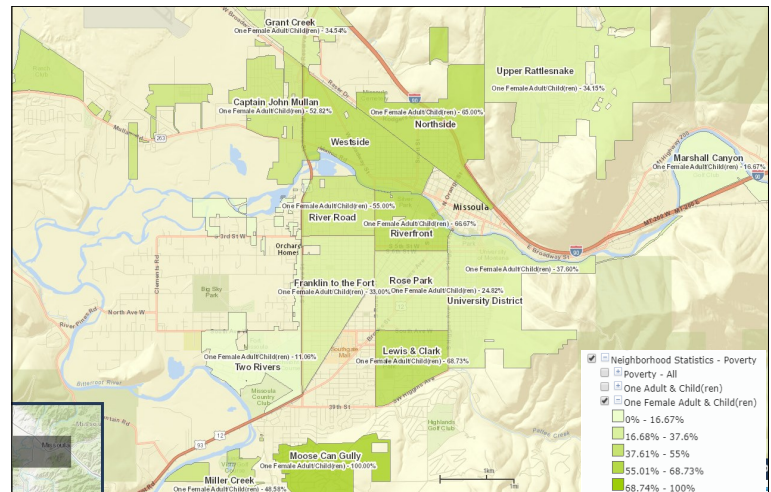


Vulnerability Maps, cont.

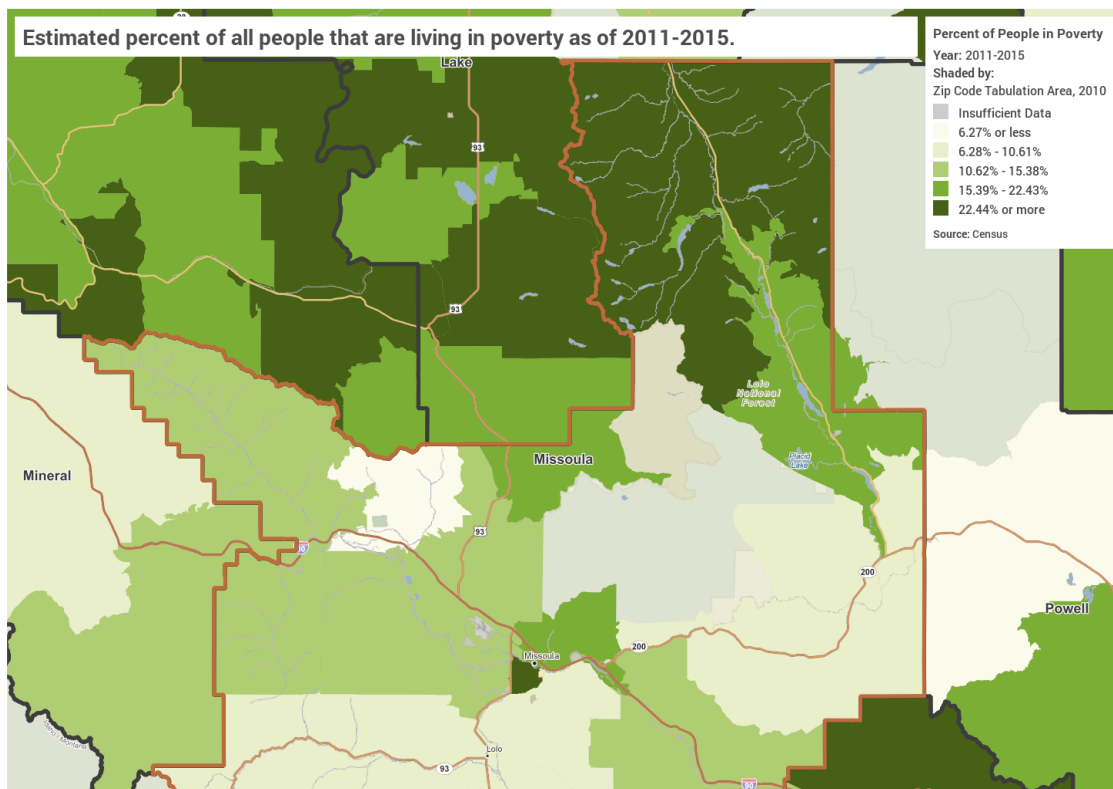
Poverty in households of one adult and children, City of Missoula



Poverty in households of one female adult and children, City of Missoula (note the different scale)

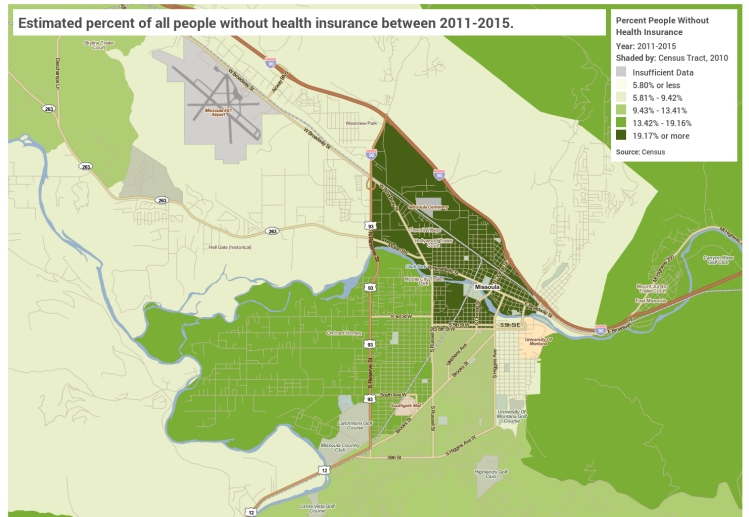


Poverty in Missoula County



Vulnerability Maps, cont.

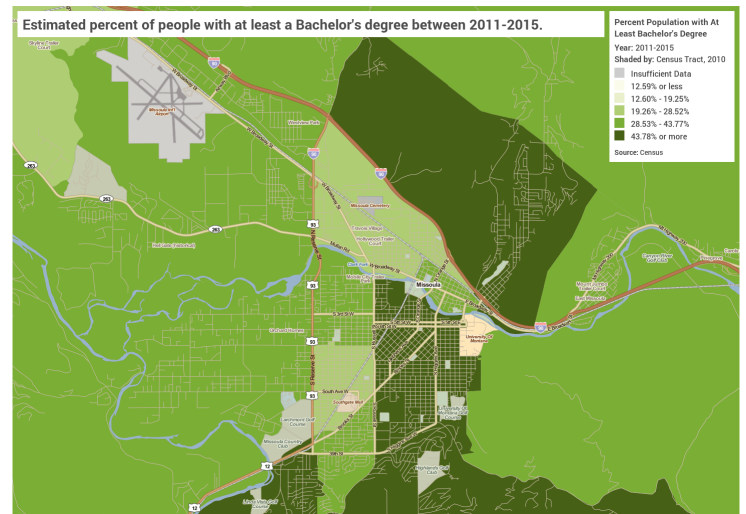
Lack of Health Insurance



Education

PolicyMap breakdowns for education levels in Missoula County show great differences among census tracts — but they are difficult to reproduce in a way that is easy to read. The basic numbers are listed in the table at the bottom of the page. The main take-away is that Missoula County residents are an educated bunch.

More specific highlights from PolicyMap: The highest rate of people whose highest level of education is some college or an associate’s degree are in census tracts in the Northside/Westside neighborhoods (42.1%), Orchard Homes (from 44.1% to 51.9% depending on the census tract), and the South Hills (42.7%). The highest rates of people having at least a bachelor’s degree are (not surprisingly) highest in the University area, ranging by census tract from 60% to a whopping 93%. Much of Missoula — including the Rattlesnake, Rose Park, Lewis and Clark South Hills, and Target Range — have rates of bachelor’s degrees of 50% and over. The Northside/Westside neighborhood rates range from 25.9% to 36.7% for bachelor’s degrees. The areas with the smallest proportions of college degrees are two census tracts off Russell and the West Riverside area, where 13% and 15.1% of people have college degrees.



	Some College or Associate’s Degree	At Least a Bachelor’s Degree
Missoula City	30.7%	46.3%
Missoula County	31.9%	40.7%
Montana	33.2%	29.5%
US	29.1%	29.8%

PolicyMap, retrieved 4/9/2017

Health Indicators

Health indicators measure characteristics of populations or environments that describe some aspect of their health. Health indicators can be used to define public health problems, track changes over time, define differences and inequities among groups or geographies, and assess whether programs or services are meeting their objectives.

This section highlights data on issues that affect individual and community health in Missoula County. Indicators are arranged alphabetically. The CHA work group chose not to group the data topics because the relationships among the data is complex, and many factors have an impact on most of the health indicators in this report. Substance use disorder, for instance, impacts most of the issues in this report — certainly suicide, child abuse and neglect, and mental health, but also traffic safety, nutrition, injury and violence, and reproductive and sexual health. Likewise, climate change is related to topics as diverse as air quality, infectious disease, and physical activity.

Wherever possible the data includes trends and comparisons. Data presented is the most recent data we could find. Targets and goals are presented in the text. Most targets and goals come from [Healthy People 2020](#). For more information on goals, visit the HP 2020 website. It goes beyond the main health outcome data and outlines multiple goals targets for each health indicator.

Note that data is for Missoula County unless it is specifically called out as being for the city.

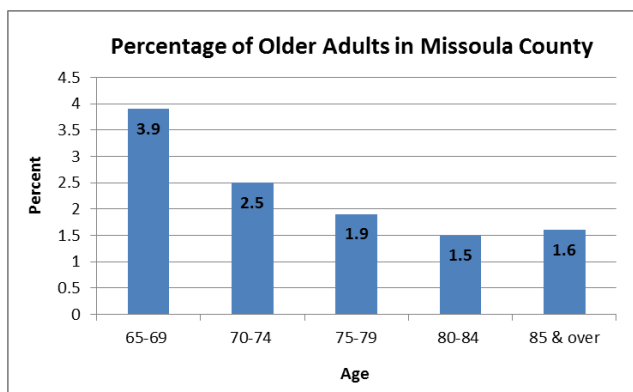
See the Table of Contents for topics and page numbers.

Aging Population & Health

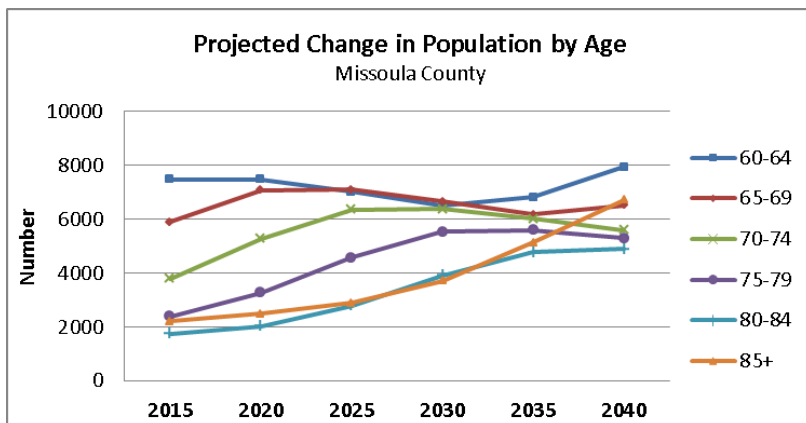
The [2014 Missoula County Community Health Assessment](#) recognized the aging population as an urgent and emerging issue. The US population is seeing an increase in both the number and percentage of older adults as the baby boomers age, and Missoula County is no different. The Missoula County population of people 60 and older is projected to grow from 25,502 in 2015 to 38,972 in 2040, an increase of 54%. (Missoula Aging Services, based on 2010 US Census numbers) As the population ages — and especially as a larger cohort of people is over age 85 — key health issues and service needs will change. Older adults have many of the same needs and wishes as younger age groups; clean air, walkable communities, and accessible services and amenities are important to every age group. However, an older population will have increased needs for certain types of health and home care services, and for housing and infrastructure that accommodate increased rates of functional difficulties and lessen fall risk. According to [Missoula Aging Services](#), some of the main issues of concern are dental care, mental health, elder abuse, and poverty.

Alzheimer's and other dementias will become a growing issue in Missoula County as the population ages. Alzheimer's and other dementias are more prevalent in the oldest age groups, which are project to have the highest rates of growth in the coming decades. According to the national Alzheimer's Association, one in three older adults dies with Alzheimer's or some other form of dementia. The Alzheimer's Association forecasts that the number of Montana adults 65 and older living with Alzheimer's will grow from 19,000 in 2016 to 27,000 in 2025, a 42% increase. (Alzheimer's Association, [Montana Fact Sheet](#)) Very little data is available on Alzheimer's and dementia specific to the city or county of Missoula. For Montana, the Alzheimer's Association reports that the disease is the sixth leading cause of death in Montana, and in 2016 the Montana Medicaid costs of caring for people with Alzheimer's totaled \$150 million.

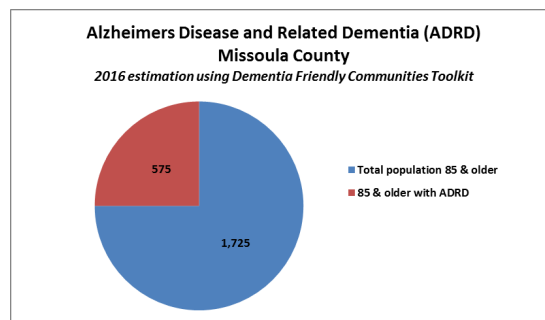
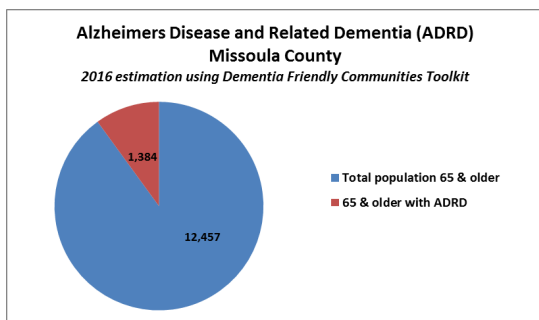
The [Healthy People 2020 includes a set of goals for older adults](#) that focus on disease prevention behavior including physical activity and care-seeking, improving long-term services and supports, reducing falls, collecting and using data on elder abuse, and increasing geriatric certification within the health care sector. Goals for Alzheimer's and dementia are to increase the number of people with Alzheimer's and dementia who are aware of their diagnosis, and to reduce preventable hospitalizations for people over 65 with Alzheimer's and dementia.



Missoula Aging Services, from US Census data



Missoula Aging Services, based on trend projections from the 2010 US Census

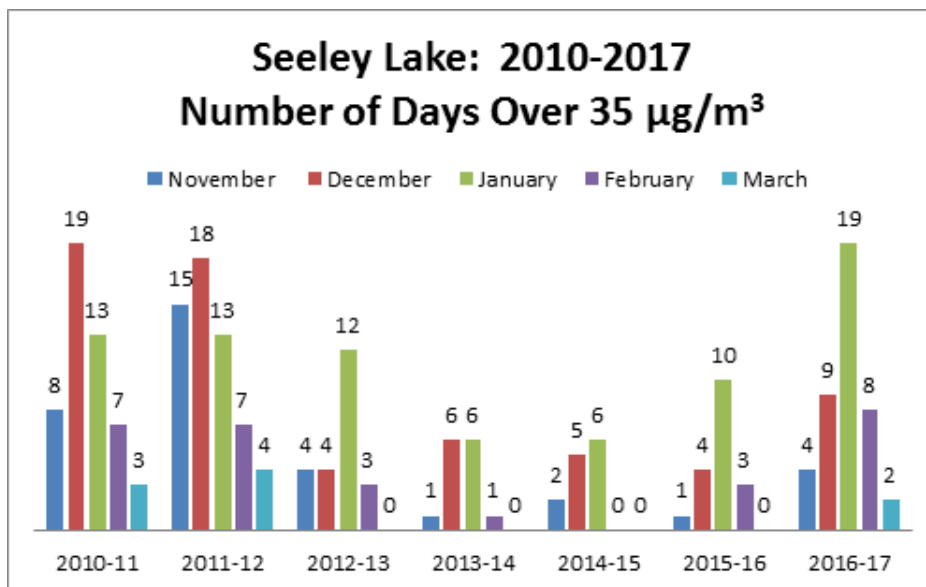
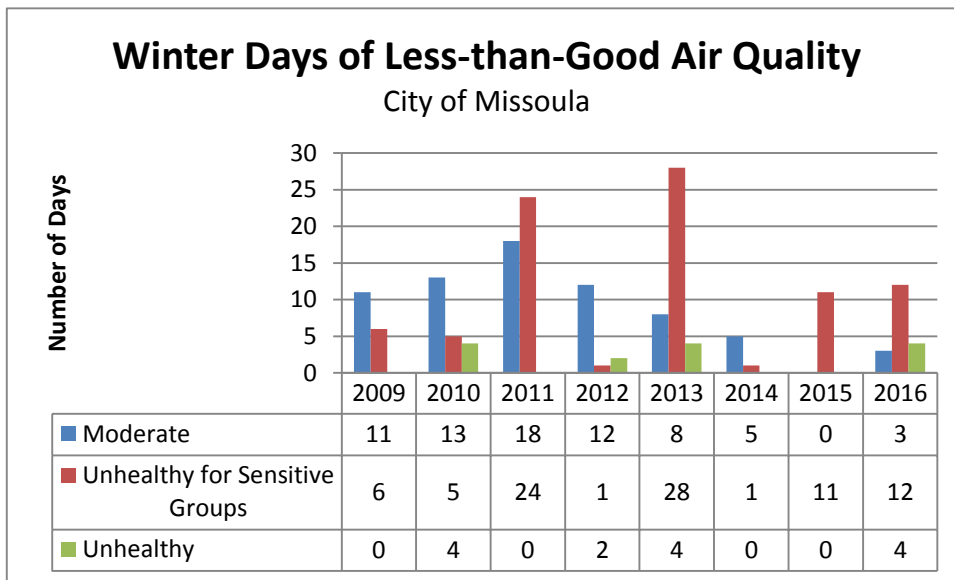


Air Quality

Missoula County's mountain valleys are prone to periods of inversions and poor air quality. The primary contributor to air pollution is wood smoke from wood stoves, outdoor burning, and naturally occurring wildfires. Missoula County's programs to monitor air quality and regulate burning have led to significant improvement in outdoor air quality over the years, especially in the winter. Wildfires pose a sporadic but significant air quality challenge in the summer and fall. Wildfire location, wind direction, and stagnant air due to weather conditions create bad wildfire days.

The community of Seeley Lake, in the northern part of the county, has the county's worst air quality at this point. The wildfires of the summer of 2017 caused unprecedented hazardous air quality in Seeley Lake, but that is just part of the story. Seeley Lake regularly experiences high levels of air pollution, primarily because of wood burning. Many Seeley Lake residents depend on woodstoves to heat their homes. A 2012 woodstove exchange program resulted in significant improvements in air quality, but there is still significant work to be done.

The National Ambient Air Quality Standards set two goals for PM2.5 (particulate matter of about 2.5 microns in size, which are tiny and easily breathed into the airways): 1) Fewer than 2% of the days in a calendar year over 35 micrograms per cubic meter of PM2.5, and 2) The annual average for PM2.5 is under 12 micrograms per cubic meter.



Source: [Air Quality Division](#), Missoula City-County Health Department, October 2017

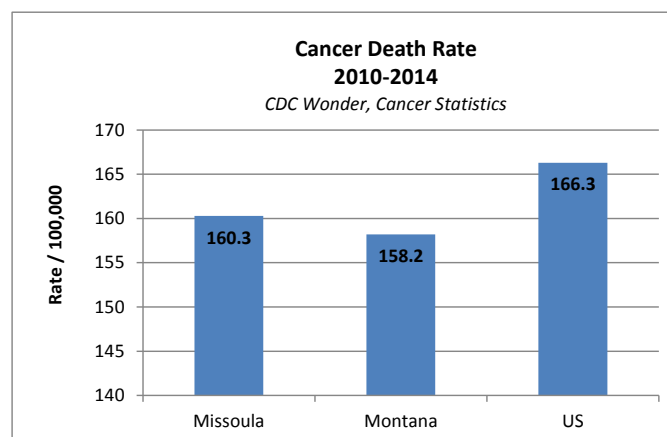
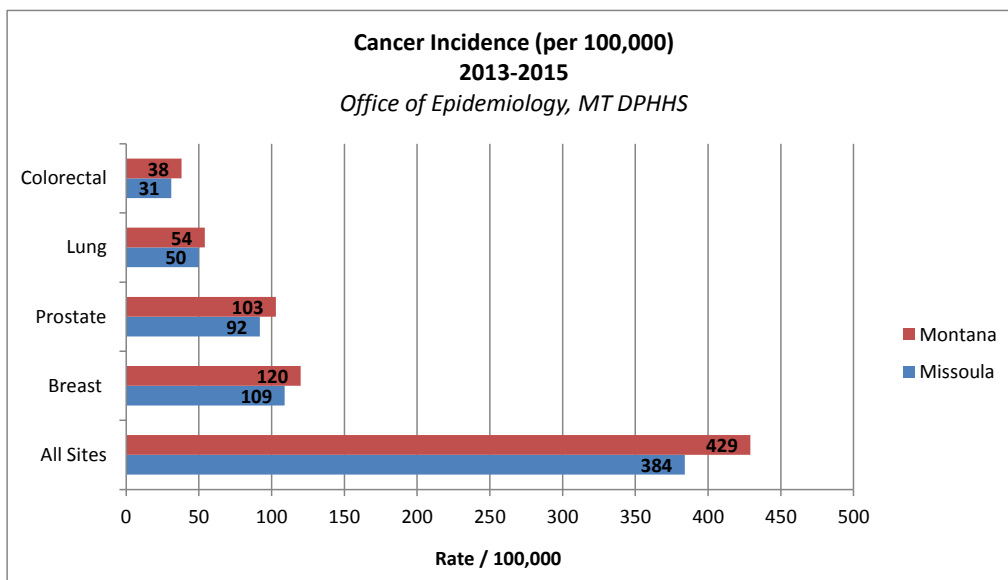
Cancer

Advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Although more than half of the people who develop cancer will be alive in five years, cancer remains a leading cause of death in the US, second only to heart disease. In the coming years, as the number of cancer survivors approaches 12 million, understanding survivors' health status and behaviors will become increasingly important. (Healthy People 2020)

Many cancers are preventable by reducing risk factors such as tobacco use, physical inactivity, poor nutrition, obesity, and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B. Screening is effective in identifying some types of cancers, including breast cancer (using mammography), cervical cancer (using Pap tests), and colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy). Healthy People 2020 objectives all concern reducing the death rate from different types of cancer. In future years the CHA should track cancer deaths if the goal is to compare to national benchmarks. (Healthy People 2020)

Montana DPHHS's *State of the State's Health* reports that each year Montana has about 5,000 new cases of cancer. In Montana, as in the nation as a whole, breast cancer, prostate cancer, and lung cancer, and colorectal cancer are the most prevalent diagnoses.

Healthy People 2020 sets target goals for specific cancers and interventions. The main target is to reduce the cancer death rate to 161.4 deaths per 100,000 population. Missoula County and Montana are currently at or below that goal.

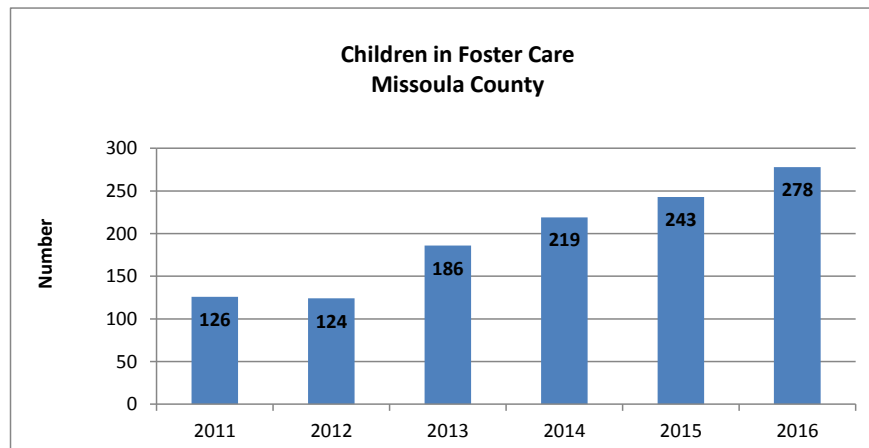
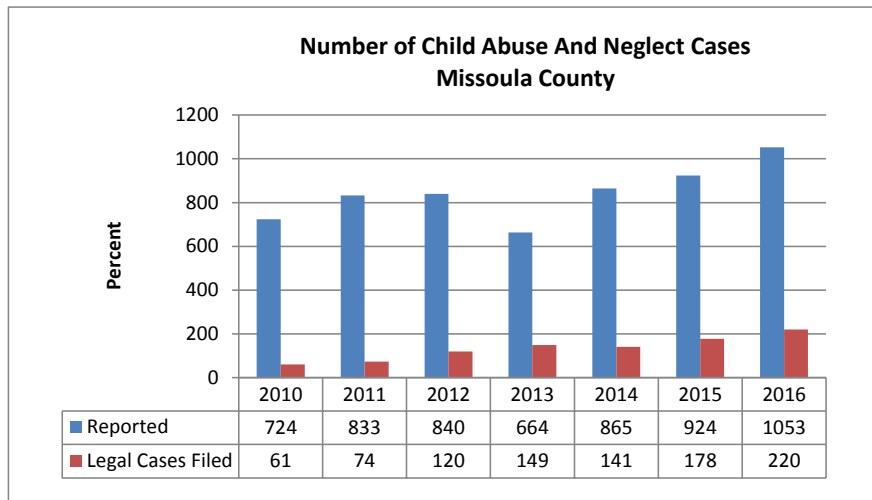


Child Abuse & Neglect

Child and Family Services Division (CFS) in Missoula is part of the Montana Department of Public Health and Human Services. CFS provides state and federally mandated services to investigate abuse and neglect reports, help families stay together, and place children in foster or adoptive homes. The number of children in foster care is growing rapidly. The reasons for the increased number of children in foster care is multi-faceted, but a key aspect of the problem is the increase in meth use. In many of the families parents are using multiple drugs at a time — for instance, meth, prescription pills, and marijuana. Domestic violence also appears to have increased, and with a more significant level of violence.

In 2011 the Missoula Foster Child Health Program was initiated as a joint effort of MCCHD, the Foster Care Clinic at Providence Grant Creek Family Medicine, and CFS to provide in-depth medical exams focused on foster care and provide a medical home to children in the system. When children are placed in care, they generally go through multiple placements per year. The lack of stability contributes to health and dental problems that need to be addressed. A recently completed evaluation of the Missoula Foster Child Health Program, funded by the Casey Family Foundation, found that the number of placements directly affects health; 18% of children in foster care had three or more placements, and this was found to directly contribute to poor health outcomes.

A disproportionate number of American Indian children are in foster care in Missoula County. In 2016, native children made up 4.1% of the child population of the county but made up 14.68% of the children who entered foster care at some point in the year.



Child & Family Services Region V Office, Missoula, Montana, February 2017

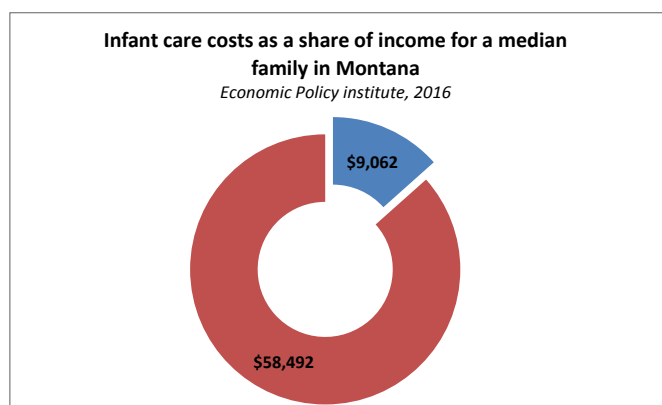
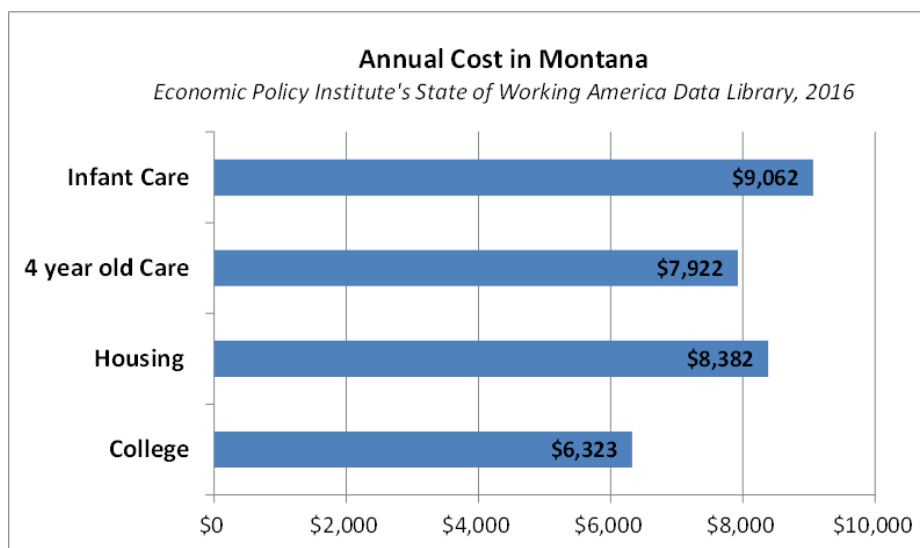
Child Care

Child care is a new indicator in the 2017 Missoula County CHA. The CHA small groups clearly identified child care as a critical piece of the health and wellbeing of our community, and this theme continued throughout our key informant interviews. We are particularly concerned with the lack of available and affordable high-quality infant care. Much research, including the research on adverse childhood experiences (ACEs), reminds us that consistent and excellent care for our youngest residents is critical to their later health and wellbeing across the board — from mental health and disease status to education and employment.

We do not yet have data specific to the city or county of Missoula. The [Economic Policy Institute's State of Working America Data Library](#) lists these statistics for Montana:

- Infant care for one child takes up 15.5% of a typical family's income.
- A typical family would have to spend 29% of their income on child care for one infant and a four-year-old.
- Child care is considered affordable if it is less than 10% of total income (US DPHHS). By this standard, only 28% of Montana families can afford infant care.
- A single mother earning minimum wage spends 47% of her income on care for one child.
- Infant care costs \$2,739 (43.3%) more per year than in-state tuition for four-year public college.
- Infant care costs 8.1% more than average rent in Montana. Child care for one infant and a four-year-old costs more than rent in all metropolitan and rural areas in the state.

HP 2020 does not list specific child care objectives, but one of the objectives for early childhood definitely requires strong child care: increase the proportion of children who are ready for school in all domains of healthy development.



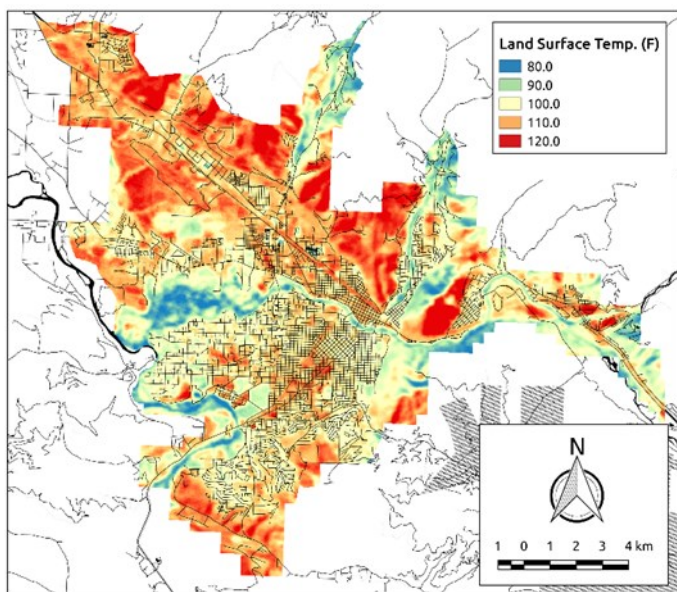
Climate Change

Climate change was identified as an urgent and emerging issue during the 2014 CHA process. The community, led by [Climate Smart Missoula](#), the City of Missoula, and Missoula County are establishing baselines for understanding the ways we are affected by and contribute to climate change. We know that average temperatures are getting warmer in Missoula County as they are across the western US. In the Missoula area we can expect 20 more days above 90° in the summer (beginning in the middle of the century), according to the 2017 [Montana Climate Assessment](#). We are also experiencing more extreme weather events, including wildfires and accompanying wildfire smoke, floods, record snowfall, and extreme heat. All have effects on health and wellbeing:

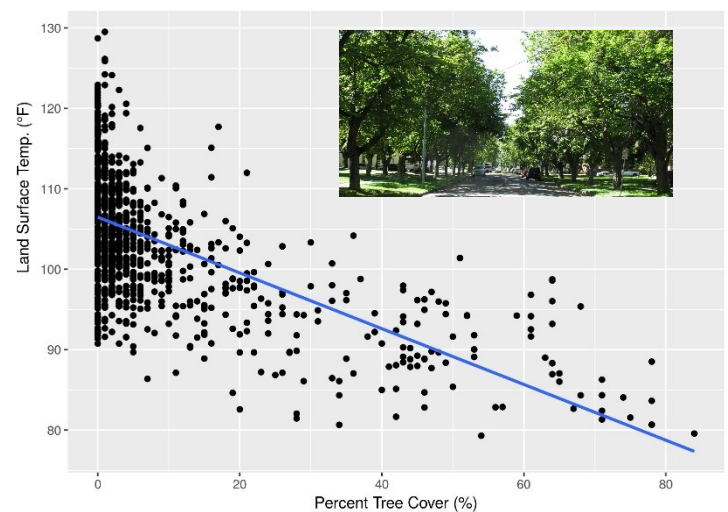
- Extreme heat days are dangerous to the very young and the old and can trigger heat exhaustion and heat stroke and create problems for people with cardiovascular or respiratory conditions.
- Warm nights can be physiologically stressful for people without adequate house cooling.
- Smoke from wildfires seriously impacts air quality and can cause major problems for anyone with asthma, COPD, or other respiratory issues. Young children and older adults are particularly susceptible. Wildfire smoke also creates risks for people with pre-existing heart conditions.
- The combination of heat and wildfire smoke is particularly challenging for health.
- Droughts and water shortages have major effects on agriculture and river health.
- Warmer climates are a home for “vectors” (primarily mosquitoes) that cause diseases like malaria, dengue fever, and Zika, all of which could come to Montana if warming continues unabated.
- Prolonged challenging conditions and dramatic changes from the norm can affect mental health.

The [Yale Climate Opinion Maps](#) show that Missoula County residents are much more aware of and concerned about climate change than in many other counties in the nation: 75% of us think global warming is happening and trust climate scientists on global warming, and 62% of us are worried about it.

The summer of 2017 was the worst wildfire smoke season since MCCHD began keeping records. Wildfires caused a long period of unhealthy to hazardous air quality in Missoula County, especially Seeley Lake and Lolo. Climate Smart partnered with many other agencies — including several CHA members — to provide air filters for the most vulnerable and for classrooms. They are also currently working on projects to plant trees and build shade shelters in the city. Tree planting is especially important for the areas that experience the highest temperatures during heat waves (see map and graph below). Trees provide cooling, which supports both physical and mental health.



Variation in surface temperature during our hottest days across the Missoula area. Figure created by Nick Silverman, Adaptive Hydrology, LLC.



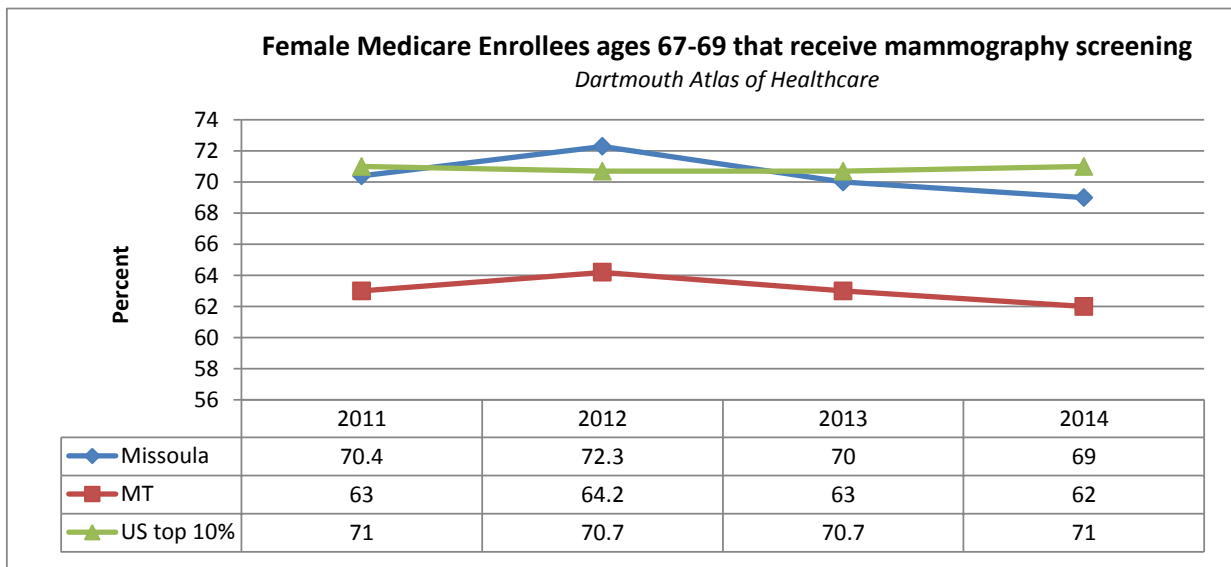
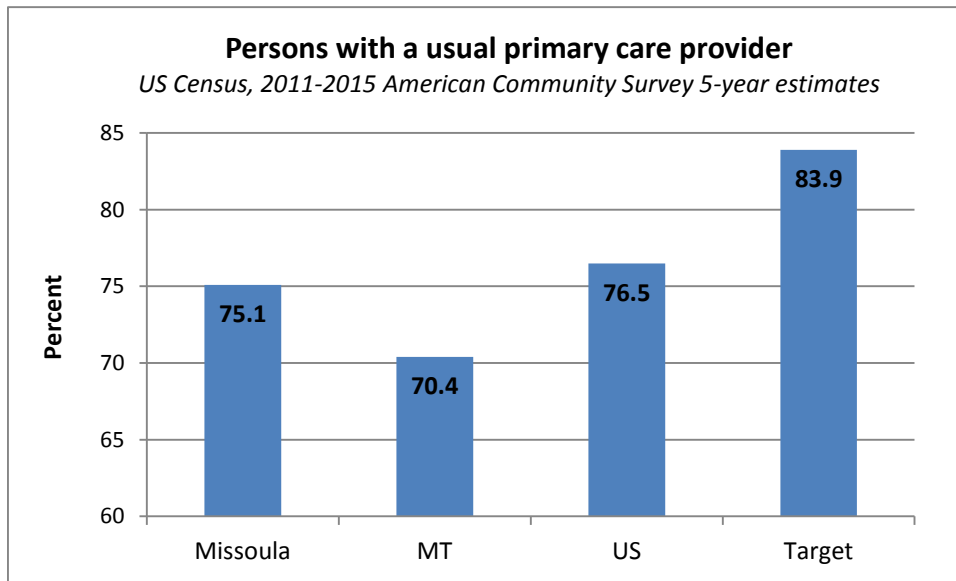
The more shade-providing trees in an area, the cooler the air temperature. Data sourced from the Missoula area. Figure created by Nick Silverman, Adaptive Hydrology, LLC.

Clinical & Preventive Services

Regular clinical preventive services — check-ups, tests, and immunizations — are crucial for maintaining good personal health. These services prevent disease or catch them early, when they are more treatable (and less costly to treat). Medicare, Medicaid, and health insurance, particularly under the Affordable Care Act, make these preventive services affordable. Still, many people with some form of health insurance don't take advantage of these services, often still due to cost. Missoula County has a wealth of clinical services, particularly in the city. According to [Health Resources & Services Administration Area Resource Files](#), in 2014 the ratio of primary care physicians to the population was:

- Missoula County: 1:1,070
- Montana: 1: 1,310
- Top US performers: 1:1,040

The Healthy People 2020 objective for people reporting a usual primary care provider is 83.9%. The Healthy People 2020 objective for breast cancer screening is to increase to 81.1% the proportion of women aged 50 to 74 who receive breast cancer screening based on the newest recommendations.

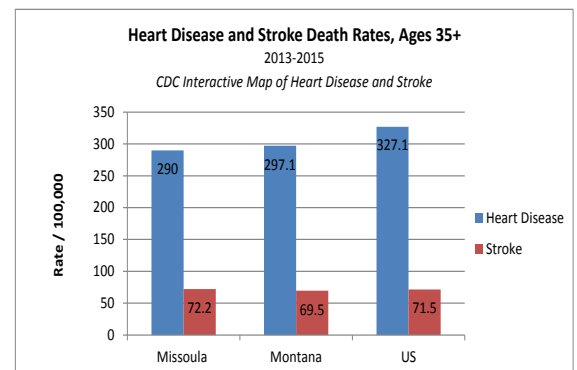
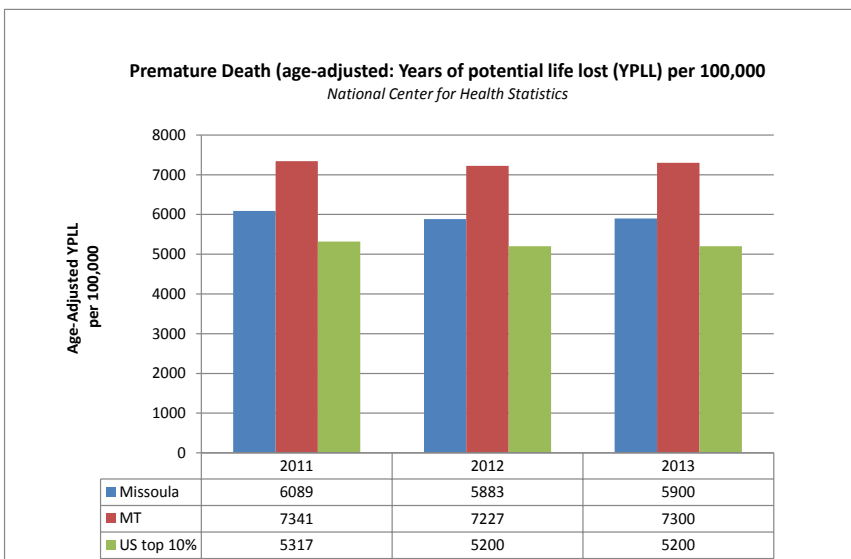
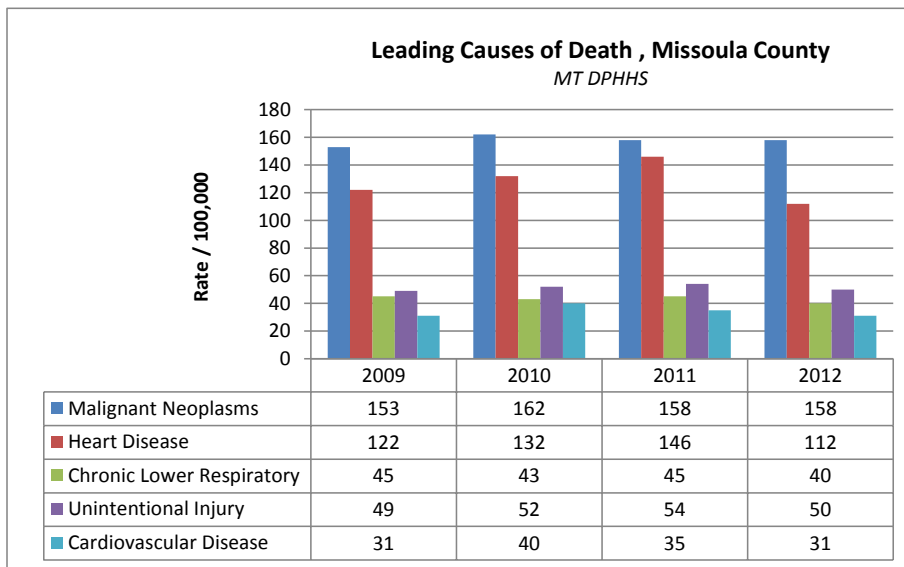


Leading Causes of Death

The top two leading causes of death are the same in Missoula County as in the state and nation: cancer (malignant neoplasms) and heart disease. Missoula County rates are lower than national averages for most of the leading causes of death, especially for heart disease and stroke. However, death by suicide is much higher than the national average. (See pages 56 and 57.) Disease rates are affected by many other indicators in this report, including tobacco use, physical activity, nutrition, obesity, pollution, and immunizations.

Years of potential life lost (YPLL) estimates the number of years a person would have lived if he or she had not contracted a disease or had an accident, compared to the average life expectancy. YPLL gives an idea of the impact of disease and accident on a community or in terms of a specific disease.

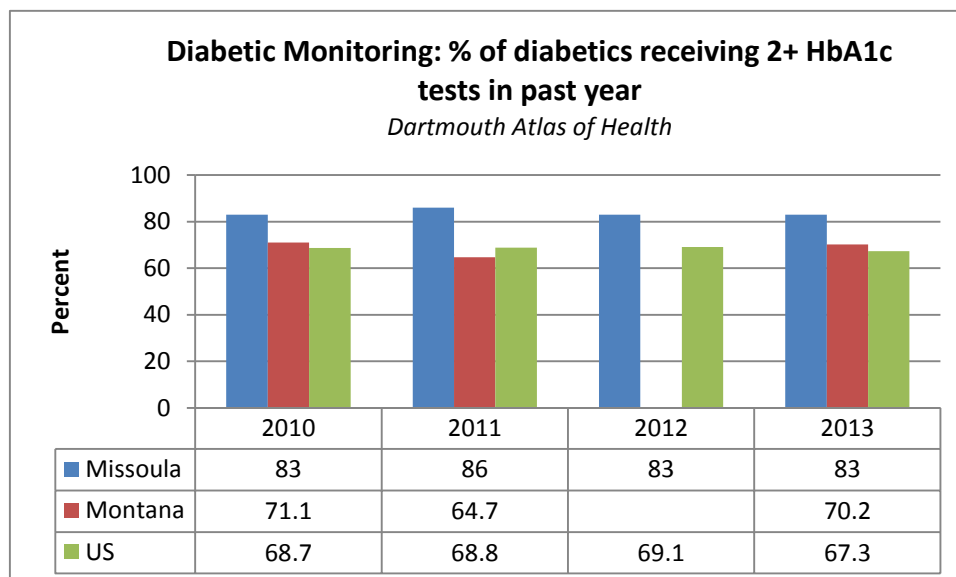
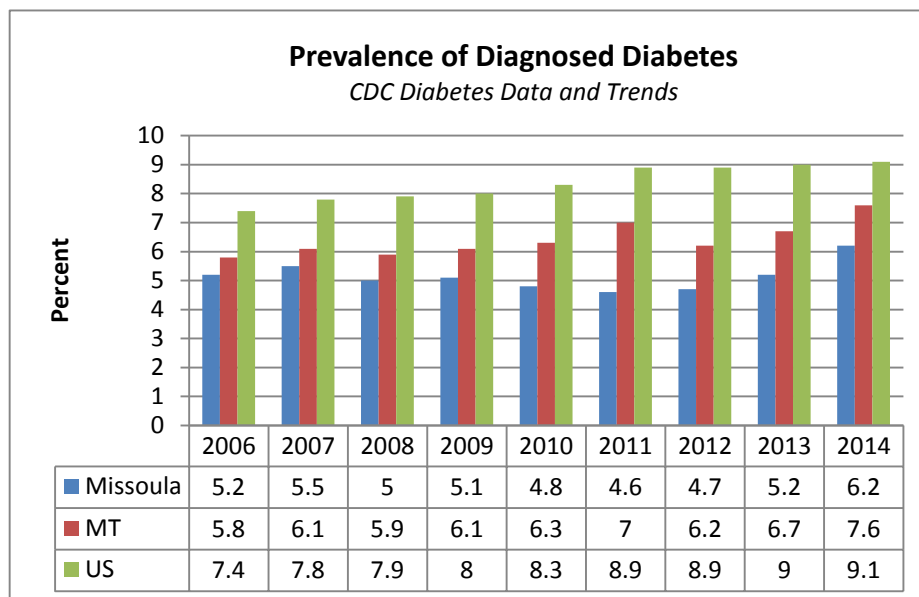
The Healthy People 2020 targets for leading causes of death are reducing death rates to 161.4/100,000 for cancer; 103.4/100,000 for heart disease; 66.6/100,000 for diabetes; and 34.8/100,000 for stroke.



Diabetes

Diabetes incidence is increasing nationwide as Americans age and become more overweight. The complications of diabetes greatly diminish quality of life. Diabetes lowers life expectancy, increases the risk of heart disease two to four times, and is a leading cause of kidney failure, lower limb amputation, and adult-onset blindness (CDC Diabetes Health Resource). For that reason it is crucial that people with diabetes get appropriate and regular care, which is partly measured by how many patients on Medicare receive testing. Diabetes complications are costly, to households and to public systems. [Montana DPHHS's State of the State's Health report](#) includes information about the financial costs of diabetes. Missoula has lower rates of diabetes than the state and nation, but it is noteworthy that the national average for diabetes did not go over 4% until 1992. Diabetes rates correspond closely to obesity rates and are related to nutrition and physical activity indicators.

Healthy People 2020 objectives for diabetes include reducing the rate of new cases, reducing the diabetes death rate, and increasing appropriate health care for people with diabetes.



Food Security

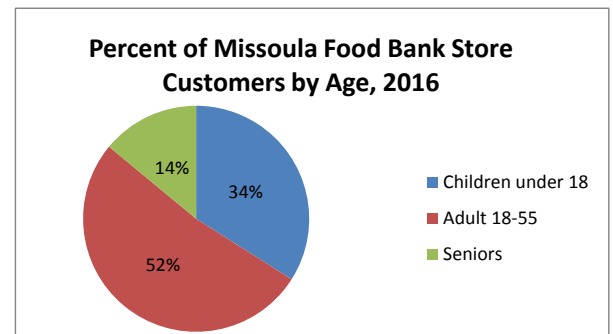
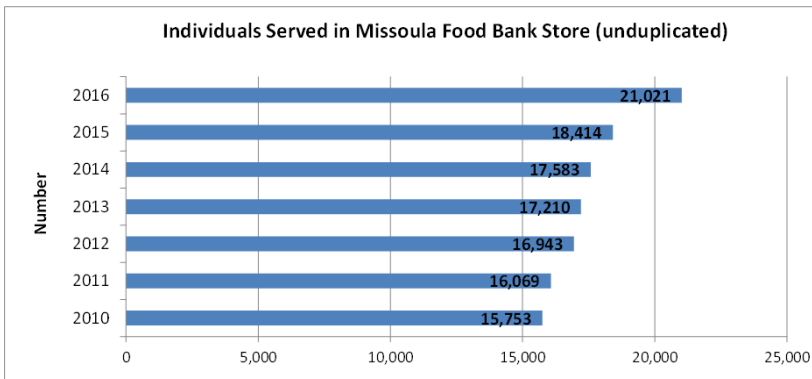
Missoula's location in an agricultural valley means that we enjoy a varied food infrastructure that includes farms, farmers' markets, and community gardens, as well as grocery stores. The Missoula Food Bank, along with a handful of smaller food pantries and a number of food programs for children, provide emergency food to residents in need. Missoula County includes two official "food deserts" (areas without ready access to full-service grocery stores) in East Missoula and the area from Desmet School to the airport. ([Let's Move! Missoula](#)) Access to nutritious food impacts health in many ways and relates to indicators including poverty, obesity, and diabetes.

Missoula County's high levels of poverty make food security and access to healthy food a serious problem. The USDA says Missoula's food insecurity rate is 14%, which is roughly the same as the Montana and US average. Some telling statistics from the [Missoula Food Banks' 2016 In Review](#) fact sheet:

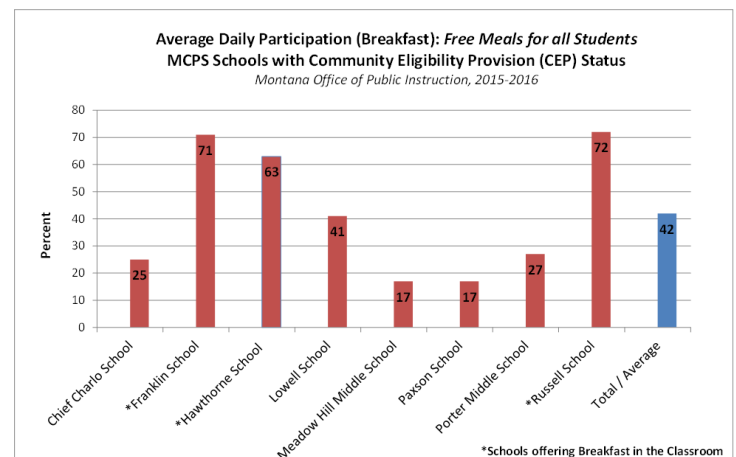
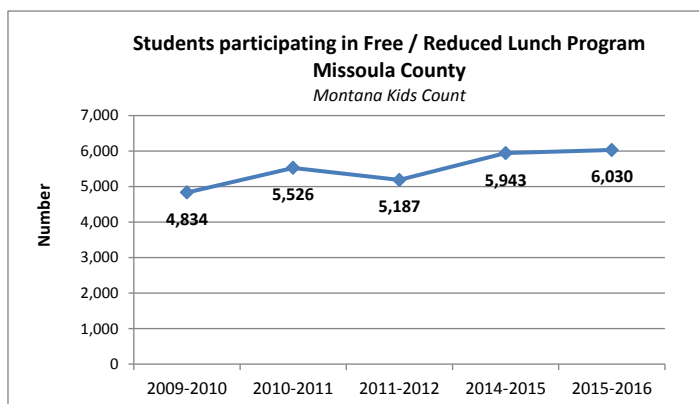
- 16% of people who visited were living on less than \$2 a day.
- The average visitors spent 61% of their monthly income on housing.
- Demand for all services increased in 2016. For example, Kids Table After School Meals served increased 340%, Kids EmPower Packs provided increased 62%, and customers served at the Lolo location increased 30%.

School children who qualify based on household income for the free and reduced meal program have access to breakfast and lunch provided by the schools and funded by the National School Lunch Program (NSLP). Over 50% of all Missoula County Public Schools students qualify for free or reduced meals.

Healthy People 2020 nutrition objectives include increasing the number of schools that offer nutritious foods and drinks in settings outside of school meals and increasing the proportion of people with access to a food retail outlet that sells a variety of healthy foods.



Missoula Food Bank

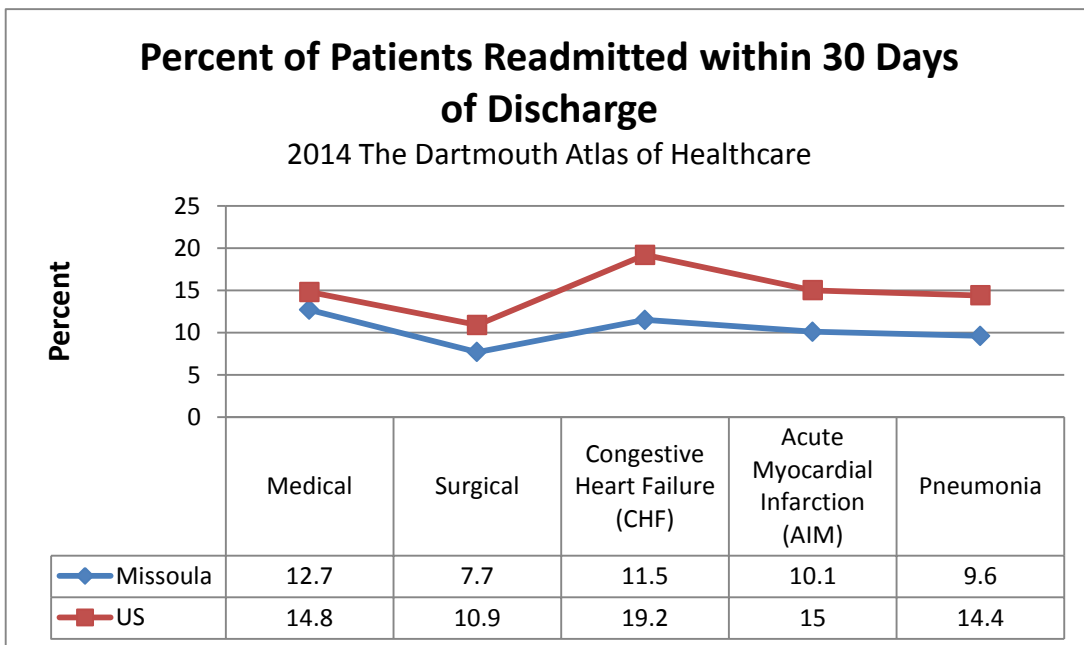
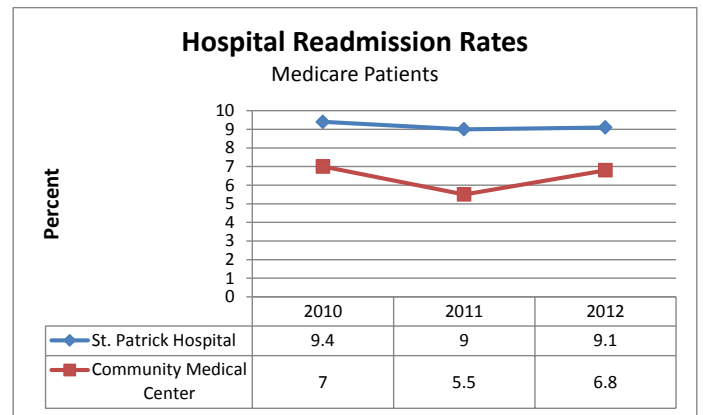
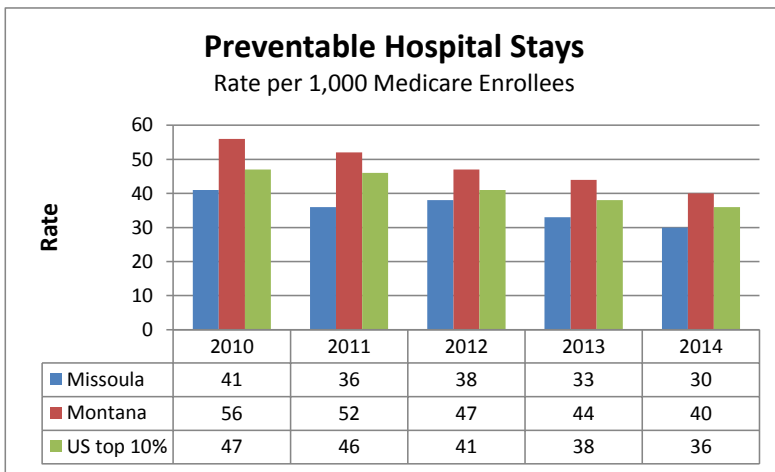


Health Care Quality

The overall rate of unplanned readmission after discharge from the hospital (also called "hospital-wide readmission") focuses on whether patients who were discharged from a hospital stay were hospitalized again within 30 days. The overall rate of unplanned readmission shows whether a hospital is doing its best to prevent complications, provide clear discharge instructions to patients, and help ensure patients make a smooth transition to their home or other setting such as a nursing home.

Preventable hospital stays measures the rate at which Medicare enrollees enter the hospital for conditions that should have been treatable as an outpatient. It is an indicator of both the quality of outpatient care in a community and of potential overuse of hospitals for routine care.

Healthy People 2020 objectives for health care quality are to reduce central line infections and invasive health care-related *Staph* infections.



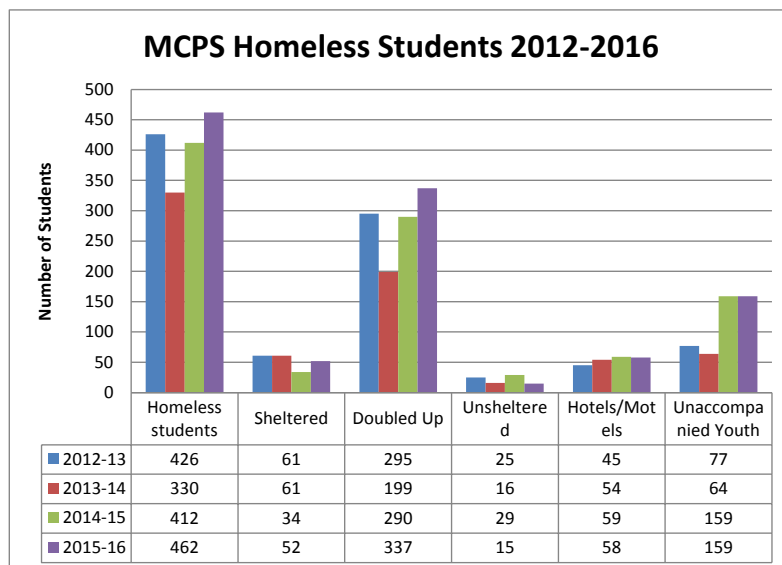
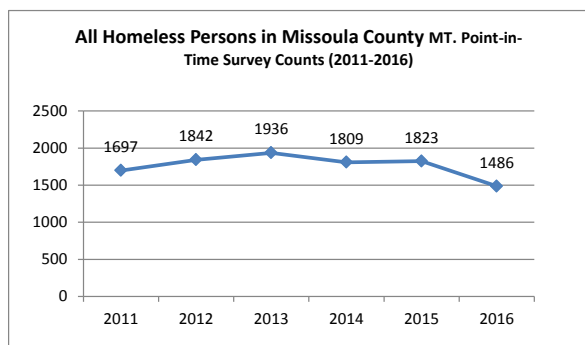
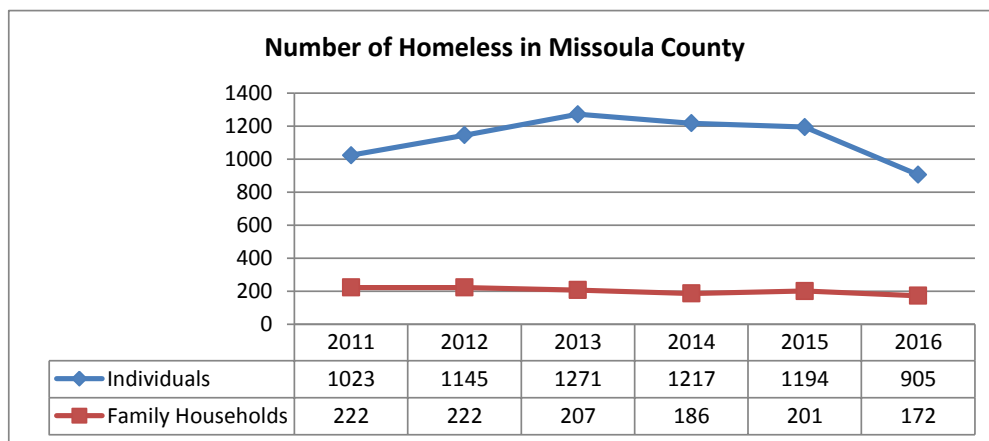
Homelessness

Data on this page comes from homeless counts done across Montana as a point-in-time survey once each year. [Missoula's 10-Year Project to End Homelessness](#) provided the data. The 2016 survey showed that 395 individuals and families were experiencing homelessness in Missoula:

- 38% were experiencing homelessness for the first time.
- 67% were homeless for less than one year.
- 32% were homeless families/households, which includes a total of 78 children, most under the age of 12.
- 15% are considered chronically homeless, which is defined by HUD as someone who has experienced homelessness for a year or longer, or who has experienced at least four episodes of homelessness in the last three years (for a total of at least 12 months), and has a disability.

The [Poverello Center](#) is the main source of emergency housing for homeless people in Missoula. In 2016, the Pov provided 49,532 nights of shelter to 1,587 individuals, housing and other services were provided to more than 216 veterans, and 64 people used the Medical Respite Program to avoid hospital discharge onto the streets.

Source for first two graphs: Reaching Home: Missoula's 10-Year Plan to End Homelessness, January 2017



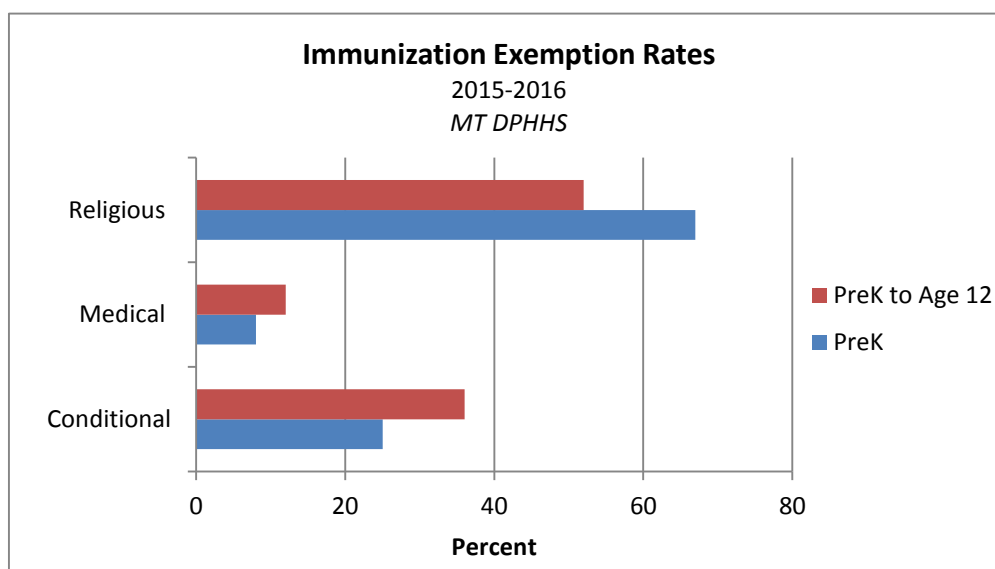
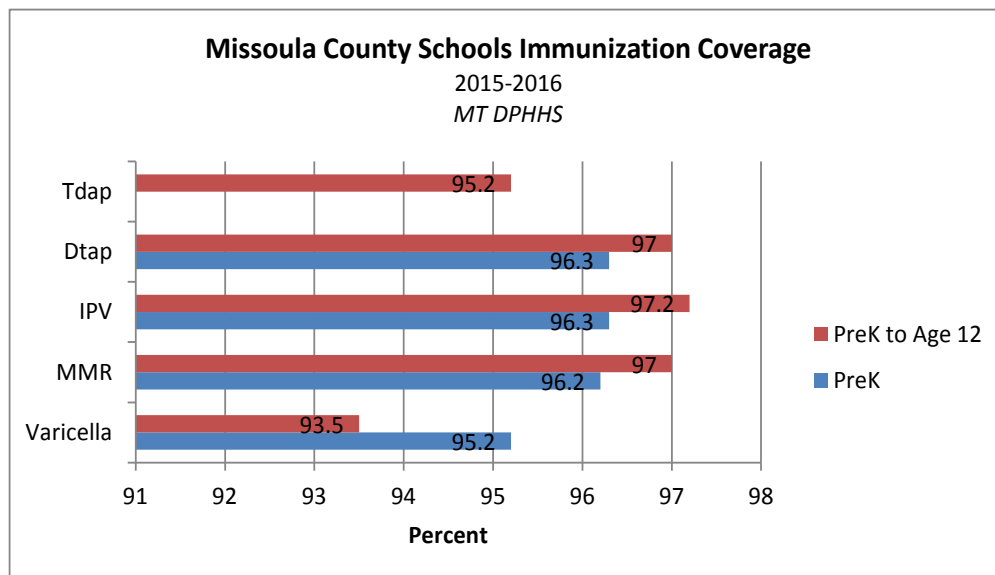
Missoula County Public Schools, February 2017

Immunizations

A community's immunization rates are hard to determine. Immunizations are given in many different venues, with no single reporting requirement. This is especially true for flu shots, adult immunizations, and shingles and pneumonia vaccines in the adult population. Immunization is fundamental to personal and public health by protecting people from serious and potentially life-threatening illnesses. Immunization rates are related to health indicators including infectious disease, cancer, and access to health care. Data on this page comes from the epidemiologists at the Montana DPHHS Immunization Program.

Healthy People 2020 objectives for immunizations include targets for fully immunized children, adolescents, and adults. For preschoolers, the target is 80% up to date on all recommended vaccines. For school-aged children, the target is to maintain 95% immunization rates.

MT DPHHS Immunization Program



Infectious Diseases

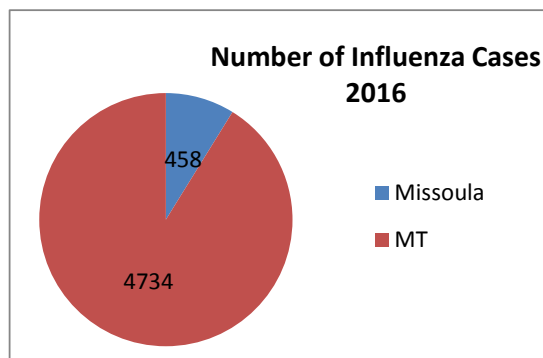
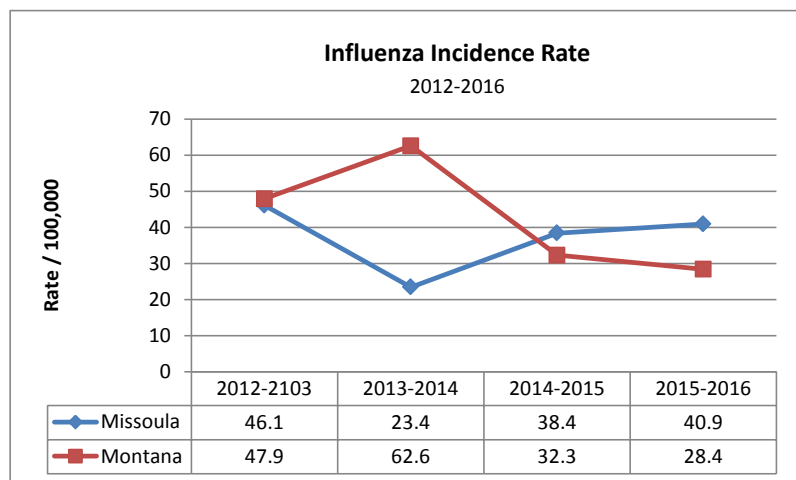
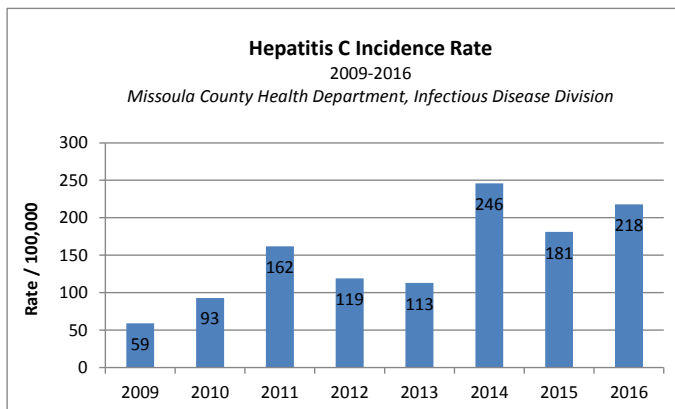
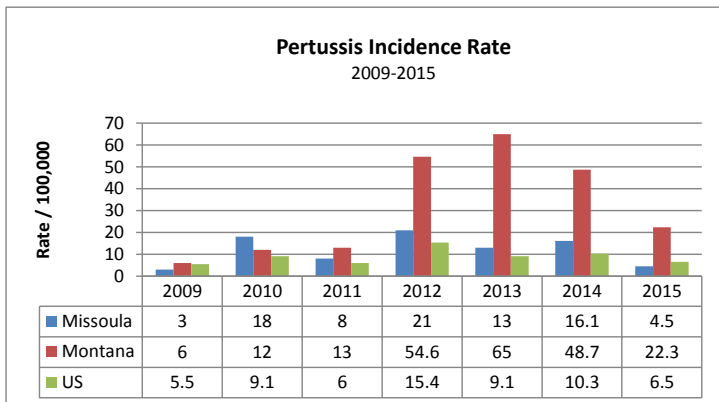
Pertussis, also known as whooping cough, is a vaccine-preventable disease. In recent years, outbreaks of pertussis have been occurring more frequently in the US, Montana, and Missoula County. Pertussis can be dangerous to the elderly, the very young, and people who are immunocompromised.

Hepatitis C has become an emerging public health issue. Many people who have Hepatitis C are not aware of it. Hepatitis C is curable 95% of the time. When left untreated, 20% to 25% of people develop serious complications. The number of Hepatitis C cases is thought to be significantly higher than the number that is actually reported. ([MCCHD Infectious Disease Program](#))

Influenza is an unpredictable disease, flu viruses and constantly changing, and immunity from vaccination declines over time — all reasons why an annual flu vaccine is recommended. We would like to be able to accurately track the proportion of the community that is receiving flu vaccines, but no central system exists to make that possible. The same is true of pneumonia and shingles vaccines.

Healthy People 2020 goals for infectious diseases include reducing pertussis among infants and adolescents, increasing annual flu vaccinations for all age groups, and both reducing new cases of hepatitis C and increasing the proportion of people who are aware that they have a hepatitis C infection.

All data from MT DPHHS



Injury & Violence

Healthy People 2020 combines statistics for violence and injury. From the point of view of individuals and the health care system, the two categories have similar results because they happen anytime, without warning, and can have extremely serious effects on people's lives. Injury and violence data relates to other health indicators including substance use disorder, mental health, traffic safety, suicide, child abuse and neglect, and poverty. We have work to do to gather and understand local data on injury and violence.

The following public agencies respond to crisis of injury and violence in Missoula County:

Law enforcement

- City of Missoula Police Department
- Missoula County Sheriff's Department, including Search and Rescue
- Montana Highway Patrol
- University of Montana Department of Public Safety
- Missoula International Airport Transportation Security Administration officers
- Satellite office of the Federal Bureau of Investigation, Salt Lake City Region

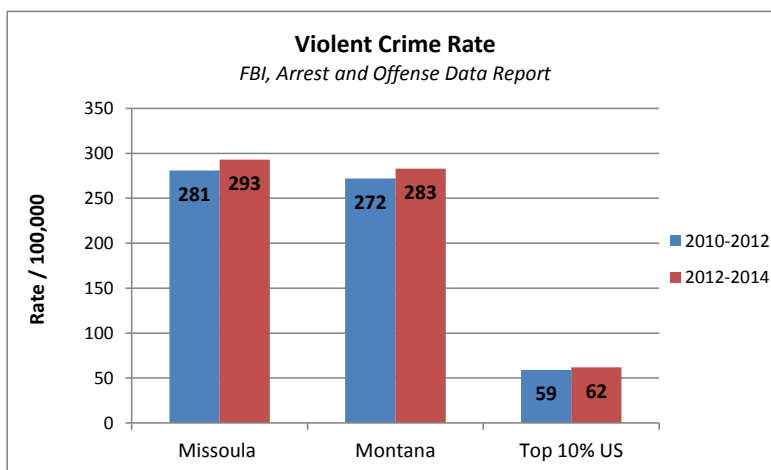
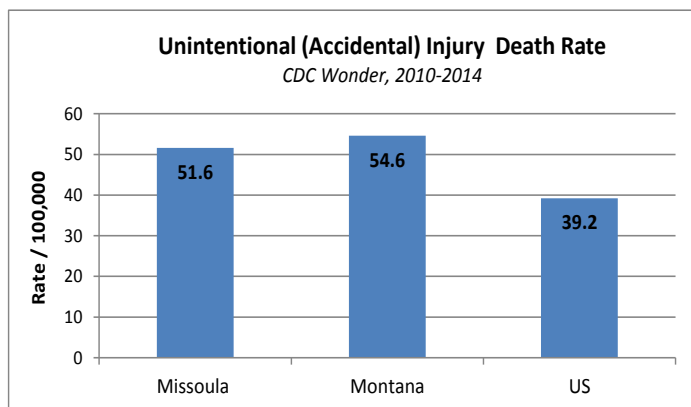
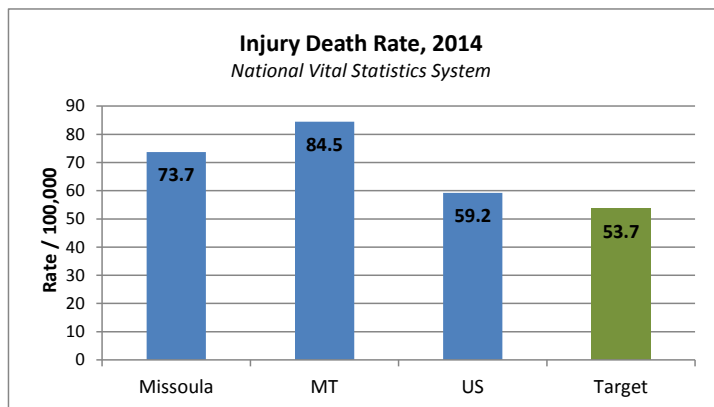
City and rural fire departments

Emergency medical services through Missoula Emergency Services

Missoula County Detention Center, which has a total capacity of almost 400

- Short-term juvenile detention center
- County jail for men and women
- State regional prison

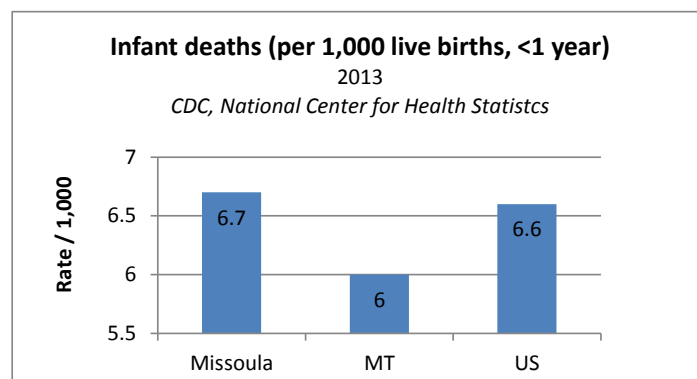
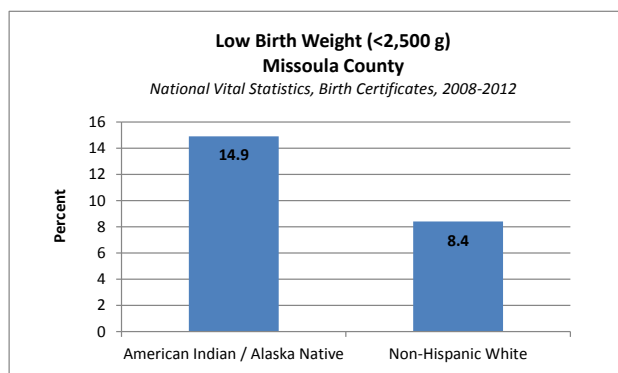
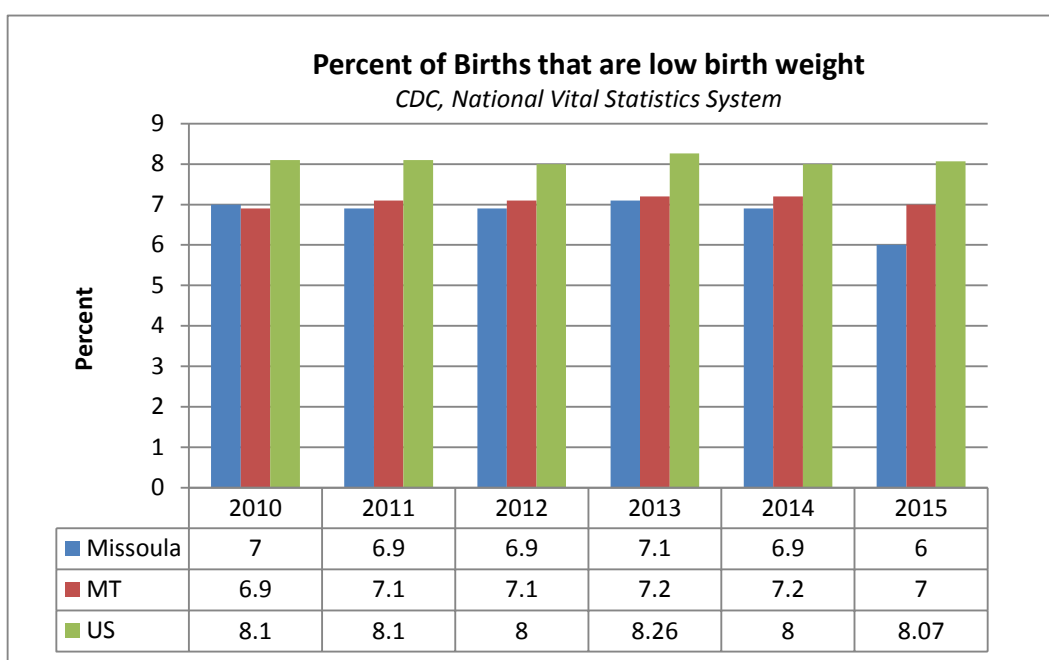
Healthy People 2020 objectives and targets for injury and violence prevention include reducing the unintentional injury death rate to 36.4 deaths per 100,000 population, reducing homicides and sexual violence, reducing physical assaults, reducing domestic violence, and reducing children's exposure to violence.



Maternal & Infant Health

Babies born too early or sick, or to a mother who is not healthy herself, are often babies with low birth weight (LBW). LBW babies are more likely to have a host of physical and mental health issues, and their early lives often require much specialized health care intervention. The Montana DPHHS *State of the State's Health* report offers expanded information on maternal and infant health with age and race breakdowns. Low birth weight is significantly more common among American Indian mothers than non-Hispanic white mothers. Nationally, preterm birth and infant deaths are a major concern. Preterm births have risen significantly since 1990, and the US has a much higher infant death rate than most other industrialized countries.

The Healthy People 2020 targets are to reduce preterm births to 9.4%, reduce LBW to 7.8% of births, and to reduce the rate of all deaths within the first year to 6 per 1,000 live births. Missoula County compares well overall to these goals, but American Indian babies in Missoula County do not meet the goals for LBW.



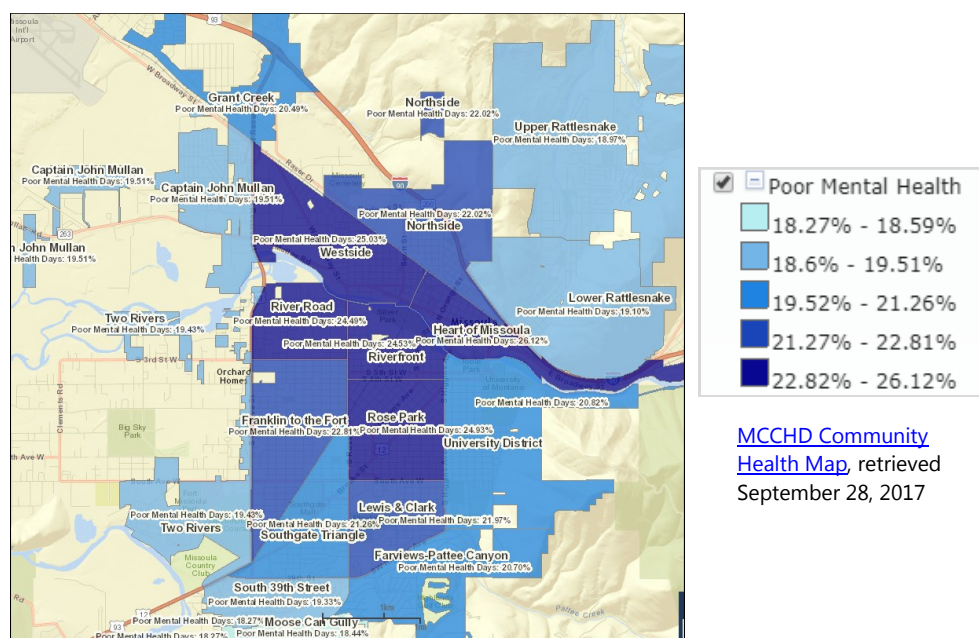
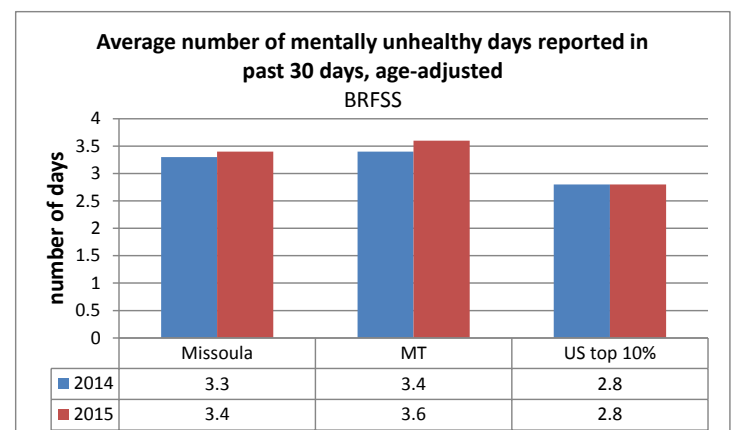
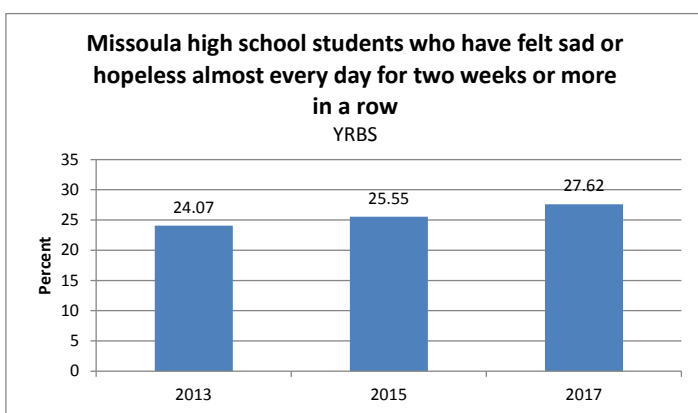
Mental Health

Mental health emerged in the 2014 CHA as a prime area of concern. The way the CHA group could address mental health in the [2015-2018 Community Health Improvement Plan](#) was through suicide prevention. The lack of mental health care and services, along with the lack of treatment options for co-occurring problems including substance abuse and health care issues, regularly comes up in community surveys and forums as a main area of concern.

The number of mentally unhealthy days gives a simple indication of a community's state of mental health. The percentages reported on the [Missoula Community Health Map](#) are from self-reports in BRFSS of people who experienced seven or more poor mental health days in the past 30. The numbers for Missoula County, the state, and the US have stayed fairly constant. Missoula County has historically showed higher rates of mentally unhealthy days compared to the state and nation. Mental health is related to most of the other topics in this report — including employment, housing, poverty, health status, disability, substance abuse, education, and community engagement.

It is noteworthy that Missoula County's ratio of mental health care providers for the population is actually very good at 270:1, compared to 410:1 for Montana and 360:1 in the top 1% of counties in the US — a reminder that having sufficient numbers of providers does not automatically improve access to services.

Healthy People 2020 objectives for mental health include expanding availability and use of mental health services, increasing mental health screening, and reducing major depressive episodes in all age groups.



[MCCHD Community Health Map](#), retrieved September 28, 2017

Native American Health

Data on health and wellbeing data specifically for Native Americans in Missoula County has been hard to come by. The [2017 Urban Indian Health Institute Community Health Profile: Individual Site Report, Missoula Urban Indian Health Program Service Area](#) provides data on demographics, mortality, and maternal and child health specifically for the region served by the [Missoula Urban Indian Health Center](#) (MUIHC). MUIHC serves all American Indian and Alaska Native (AI/AN) people in Missoula County. The 2015 American Community Survey estimates Missoula County's AI/AN population at 4.1% of the total, or about 4,500 people, making it the county's largest minority group.

The American Indian population in the county is concentrated in the city of Missoula and primarily connects and receive services of all kinds through the University of Montana's [American Indian student programs](#) and MUIHC. MUIHC saw 472 clients, for a total of 3,323 encounters, in 2017. MUIHC provides limited direct health services. It uses an integrated, family- and community-based approach to focus on emotional wellbeing, diabetes case management and prevention, substance abuse counseling and prevention, wellness education and referrals, fitness and nutrition services, and access to health care coverage.

Inequities in American Indian Health and Wellbeing

Statewide health data from the [Montana DPHHS 2013 State of the State's Health](#) first detailed major state-wide disparities and inequities in the American Indian population, including these alarming statistics:

- More than one-third of American Indians in Montana live below the poverty level, compared to only 13% of white residents.
- The median age of death for white men in Montana is 75, compared to 56 for Indian men; for white women, the median age of death is 82, while for Indian women it is 62.

Follow-up efforts were made to determine the state of health inequities for AI/AN people more locally. The [MCCHD 2015 Health Equity Report](#) identified health disparities from the BRFSS for the Native American population in Montana's Northwest region, which includes Missoula County:

- Suicide: 34.5/100,000 in 2013, compared to 22.9/100,000 for whites
- Seatbelt use: 59% always wear a seat belt, compared to 76% for the population as a whole
- Could not see a doctor because of cost: 24%, compared to 15% for the population as a whole
- Obesity: 43%, compared to 27% for population as a whole
- Reported all days of good mental health in past 30 days: 51%, compared to 67% for population as a whole
- Smoking: 36%, compared to 19% for population as a whole
- Pneumonia shot among adults 65 and older: 34%, compared to 68% for population as a whole
- Dental visit in past year: 47%, compared to 62% for population as a whole

The Urban Indian Health Institute's Missoula County data report shows that this pattern of health inequities and poorer health outcomes extends to the county level. We know that poverty, unemployment, and other critical sociodemographic indicators are much worse on Indian reservations throughout Montana, and these issues may be responsible for some of these disparities for the AI/AN population in the county as well. (See graph on poverty on the next page.)

Missing Pieces

The available data reveals a glaring pattern of unequal access to opportunities and poorer health outcomes for American Indians in Missoula County and throughout the state. However, the data lacks insight on the reasons behind the inequities and the American Indian community's needs and strengths. The Missoula County community as a whole also knows little about the promising work already under way through MUIHC and others in the area. This knowledge is critical for understanding the underlying issues that cause the disparities, and for determining the best way to move forward in partnership.

Data

All data on the following page come from the [2017 Urban Indian Health Institute Community Health Profile: Individual Site Report, Missoula Urban Indian Health Program Service Area](#).

Native American Health, cont.

This data was selected from the Urban Indian Health Institute report cited on the previous page. Note that it used only data from the roughly 2.6% of Missoula County residents who reported their race as AI/AN alone and compared it to the 92% of the population who identified as non-Hispanic white.

Selected demographic statistics for Missoula County AI/AN population:

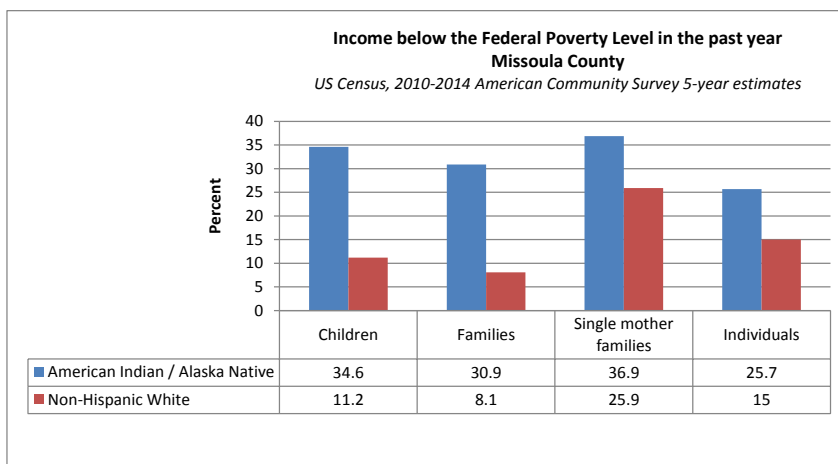
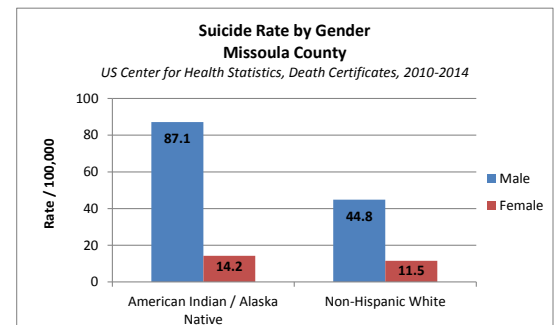
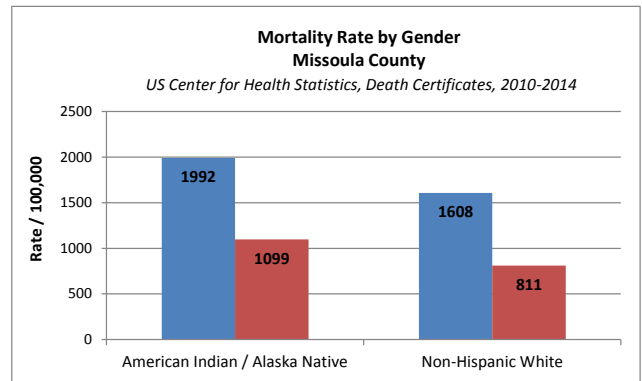
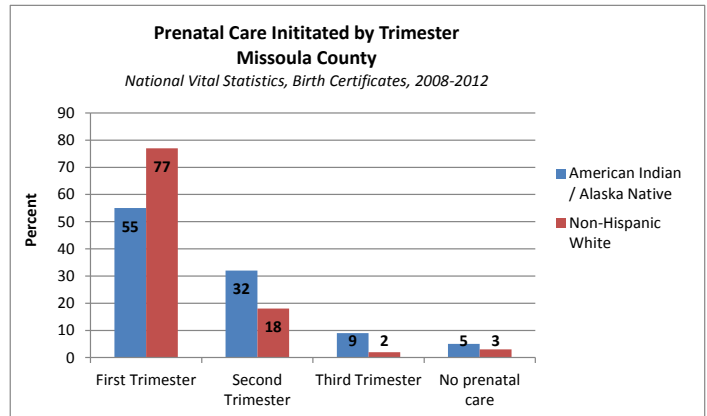
- The AI/AN population was younger than the white population. 43.6% of AI/ANs are under age 25, compared to 33.3% of whites. Only 5.6% of AI/ANs were over 65, compared to 13.3% of whites.
- Between the ages of 35 and 44 years, there were 2.3 times more AI/AN women than AI/AN men.
- The rate of unemployed AI/ANs 16 and older was 20.9%, 2.5 times higher than the white rate of 8.5%.
- 18.3% of the AI/AN population 25 and older had a bachelor's degree, compared to 40.9% for whites; 27% of AI/ANs over 25 had a high school diploma or equivalent, compared to 22.4% for whites.

Selected mortality statistics:

- The overall suicide rate was 50.4/100,000 for the AI/AN population, compared to 27.9/100,000 for whites.
- Death by homicide for the AI/AN population was 4.5 times higher than for whites (8.1/100,000 compared to 1.8/100,000).

Selected maternal and child health statistics:

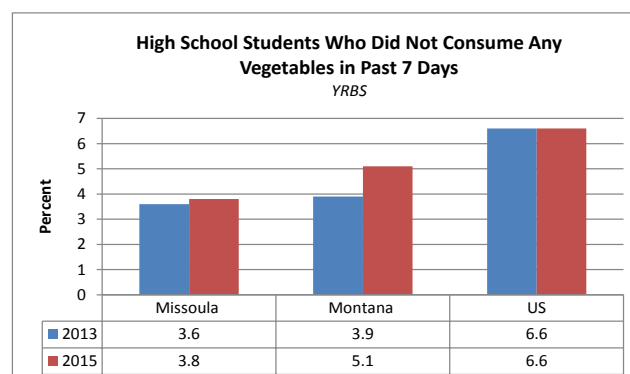
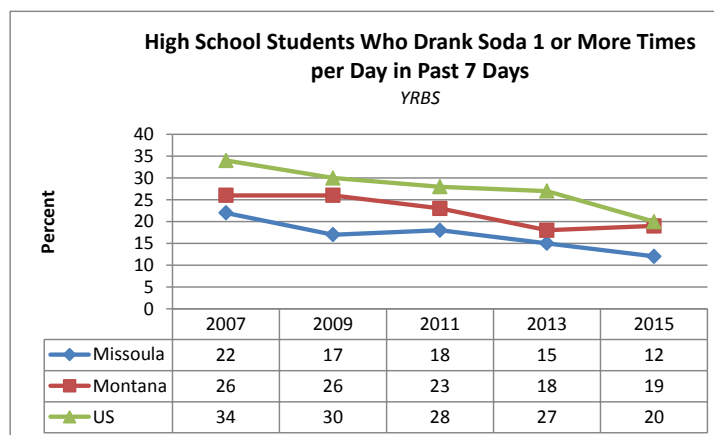
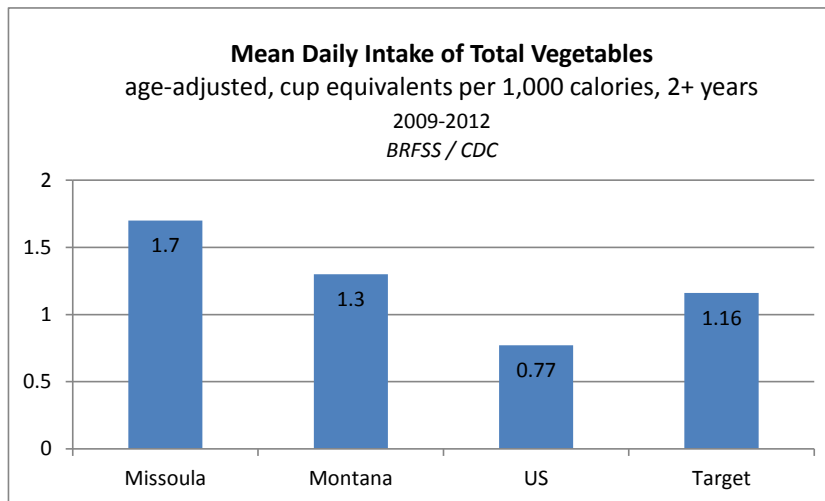
- Overall AI/AN women give birth at younger ages than white women. 62.7% of all births among AI/AN women were to women in their 20s, compared to 51.8% among whites.
- Pregnant AI/AN women were more likely to smoke while pregnant (24%) compared to pregnant white women (12.5%).
- AI/AN women were more likely to have a low birth weight baby than whites (14.9% compared to 8.4%) and were more likely to have premature births (18.1% compared to 11.8%).



Nutrition

Everyone knows that it's important to eat your vegetables and limit your sugar and fat intake, but it remains difficult to gauge the health of our diets in Missoula County. The best insight comes from the self-reported eating habits captured in the BRFSS surveys of adults and the YRBS surveys of Missoula County youth. The information we have suggests that, on average, Missoula County residents are doing better than the state and national averages — although we are still a long ways from recommended intake of fruits and vegetables, and we still take in too much sugar.

Healthy People 2020 objectives for nutrition include increasing the amount of vegetables (target: 1.16 cup equivalents per 1,000 calories) and fruit (target: .93 cup equivalents per 1,000 calories) eaten by people age 2 and over, increasing consumption of whole grains, and reducing consumption of added sugars and solid fats.

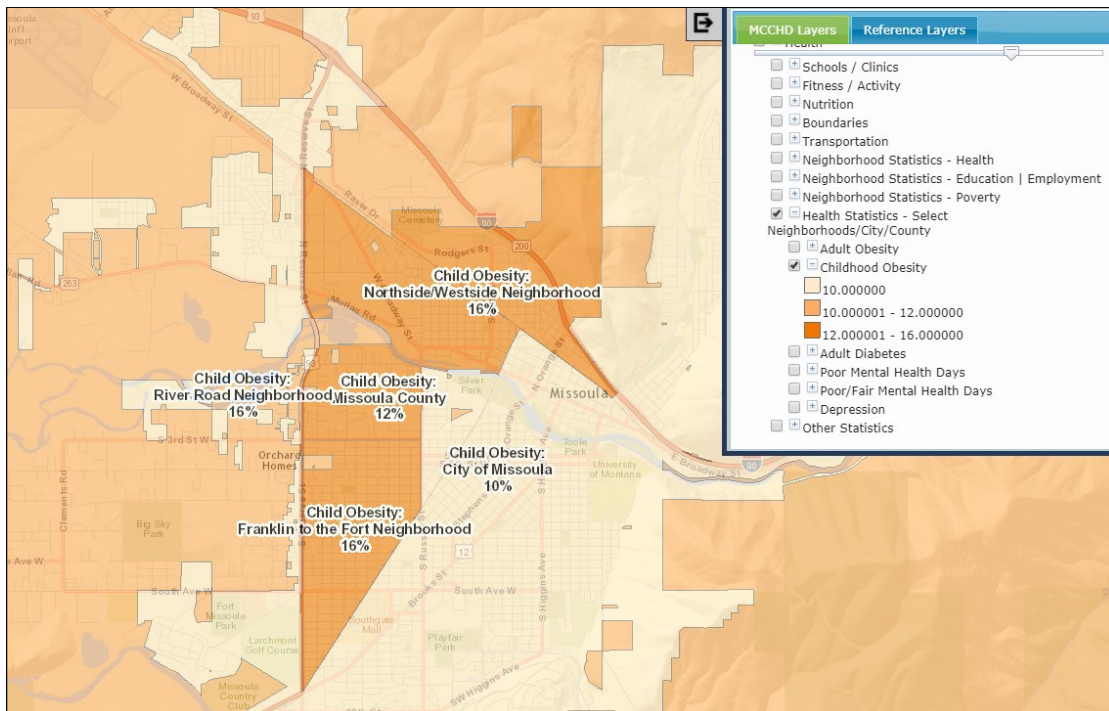
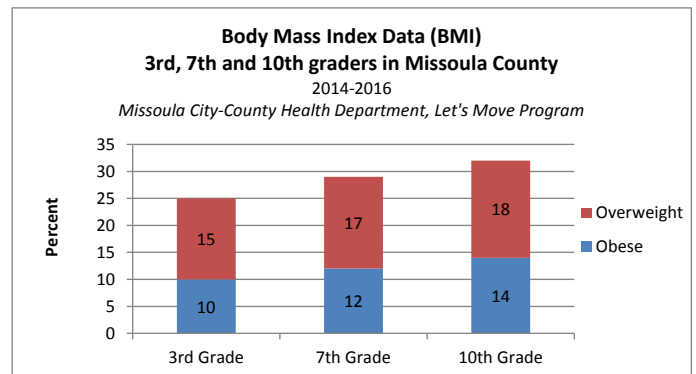
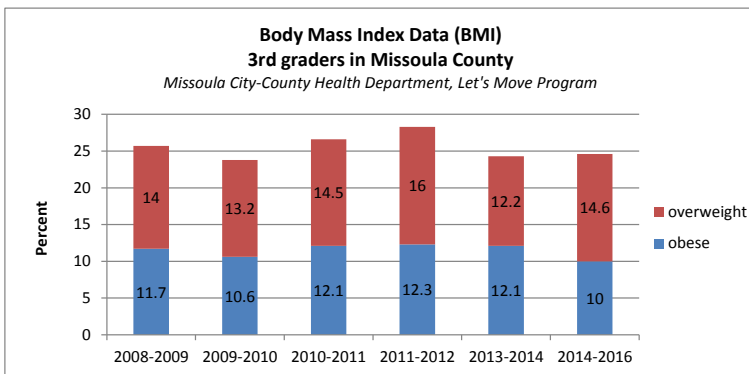


Obesity, cont.

Childhood Obesity

Montana and Missoula County children are also much more obese than in the past, although they are obese at lower levels than adults, and the rise seems to have plateaued. MCCHD has collected BMI (body mass index) data since 2008 in a collaboration with county schools. Over time, it has become clear that children in lower income neighborhoods are overweight and obese at higher levels than the city as a whole. Very preliminary data from middle and high schools suggest that our children tend to become more overweight as they get older. (Note: No BMIs were collected in the 2012–2013 school year.)

Healthy People 2020 objectives for weight status in children include reducing obesity among children of all age groups. Targets are 15.7% of children 6 to 11 and 16.1% of children 12 to 19.



[MCCHD Community Health Map](#), retrieved September 28, 2017

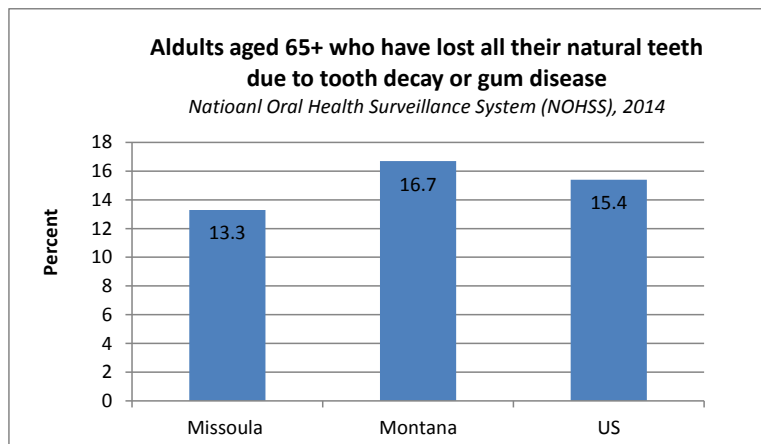
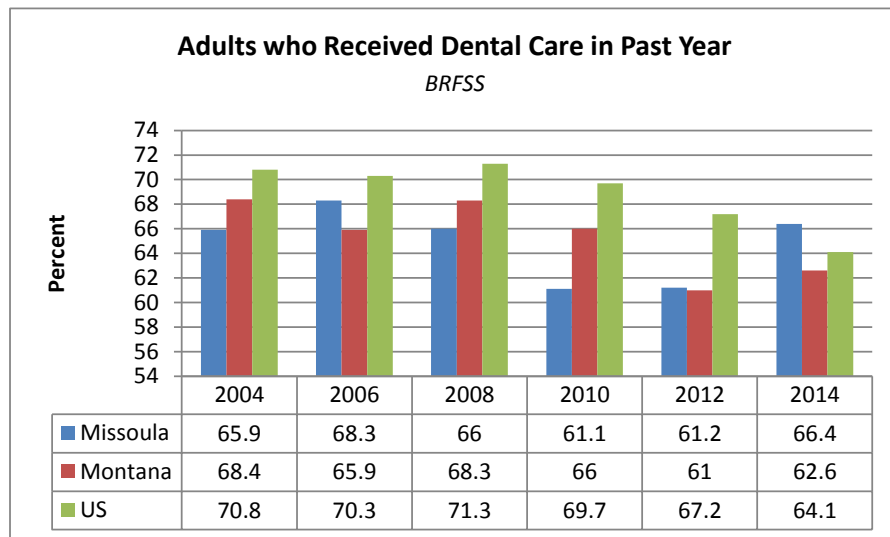
Oral Health Care

Regular dental health care is important for teeth, and research is showing that conditions in the mouth affect health in other ways as well. The health of the mouth and teeth, especially the gums, links to conditions including pneumonia, heart disease, stroke, and, in pregnant women, premature births.

Oral health care is considered a crisis in Missoula County for those who work with the people in highest need — older adults, people in long-term care facilities, and people with low incomes.

- Contributing factors to the problem are lack of dental insurance for most residents, no dental coverage through Medicare for the population over 65, and no fluoridation in the public water supply.
- Missoula scores a 26 — on a scale with a top end of 25 — as a Health Provider Shortage Area for oral health care (Health Resources and Service Administration).
- Partnership Health Center’s sliding-fee dental clinic sees a significant number of patients each year but can’t keep up with demand. The waiting list is currently about six months long for new patients. PHC’s current caseload is more than 4,500 patients.

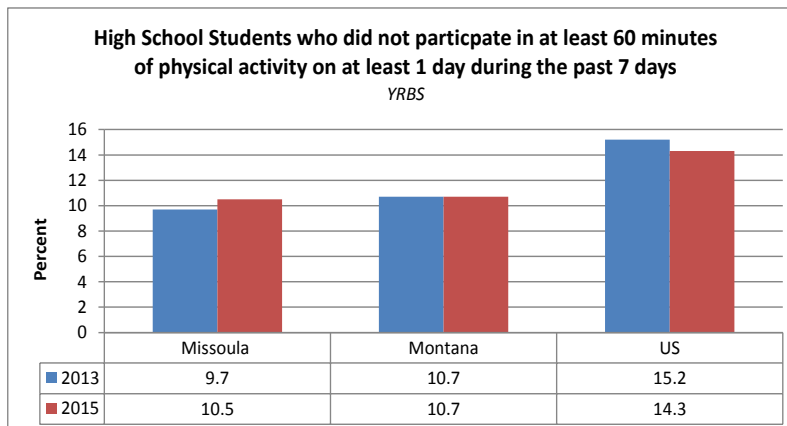
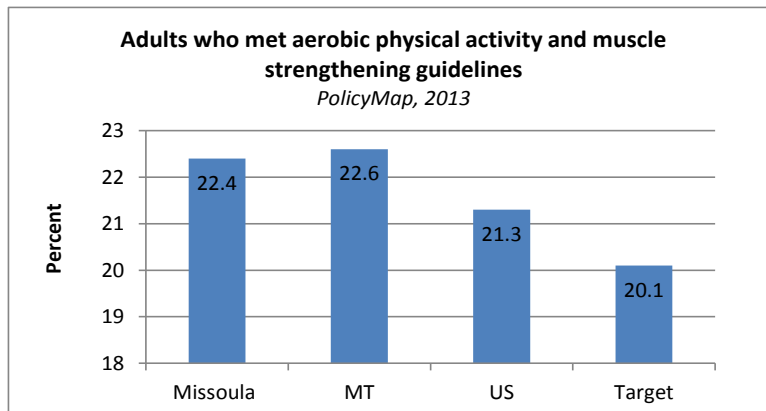
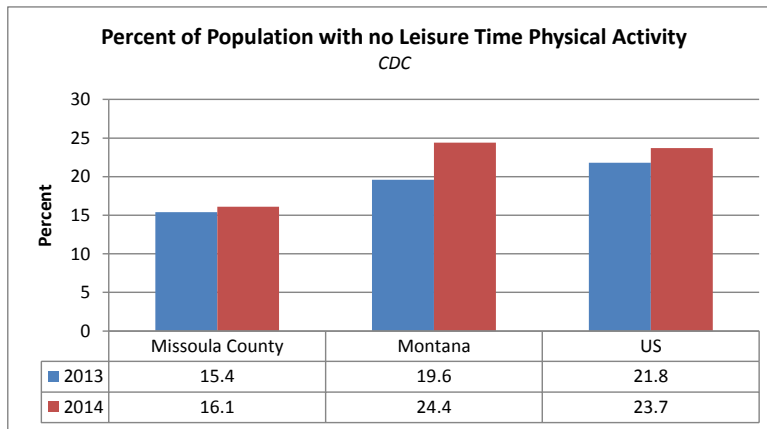
Healthy People 2020 objectives include reducing dental caries in children of all age groups, reducing untreated dental decay in adults and children, and increasing the proportion of people age two and over who have had a dental visit in the past year (target: 49%).



Physical Activity

Physical activity is key to living a healthy life. Exercise helps control weight. Physically active people also tend to live longer and have lower risks for many diseases, including heart disease, diabetes, and stroke. General recommendations are for 30 to 60 minutes a day of physical activity for adults, and at least 60 minutes a day for children and adolescents. About 2/3 of Americans don't get the recommended amount of physical activity. (CDC [State Indicator Report on Physical Activity 2014](#))

Healthy People 2020 objectives for physical activity include reducing the proportion of the population who engage in no leisure time physical activity (the target is 32.6%, which has been met for the county, state, and nation), increasing the proportion of adults and adolescents who meet different standards of physical activity guidelines, increasing the number of schools who have daily physical education and regular recess, and increasing the number of trips made by walking.



Pollution

Air quality, water quality, and radon data are provided on other pages of this report. Missoula faces a few other environmental issues captured here:

- Dioxins are a common class of toxic chemical compounds. Dioxins can be released into the environment through forest fires, backyard burning of trash, certain industrial activities, and residue from past commercial burning of waste. Dioxins break down very slowly, meaning that dioxin from both man-made and natural sources remain in the environment for a long period of time. Practically all living creatures have been exposed to dioxins. High exposure can lead to health problems such as cancer. (Environmental Protection Agency)
- Brownfields are a former industrial or commercial site where future use is affected by real or perceived environmental contamination.
- The [AARP Livability Index](#) lists the City of Missoula in the bottom third of US communities for near-roadway pollution, with 3.93% of people living within 200 meters of a high-traffic road, which increases noise, exhaust, and barriers to walking and biking.

The Healthy People 2020 objectives for toxics and waste include minimizing the number of hazardous sites that pose risks to human health and the environment, reducing the release of toxic pollutants into the environment, and increase recycling of municipal solid waste.

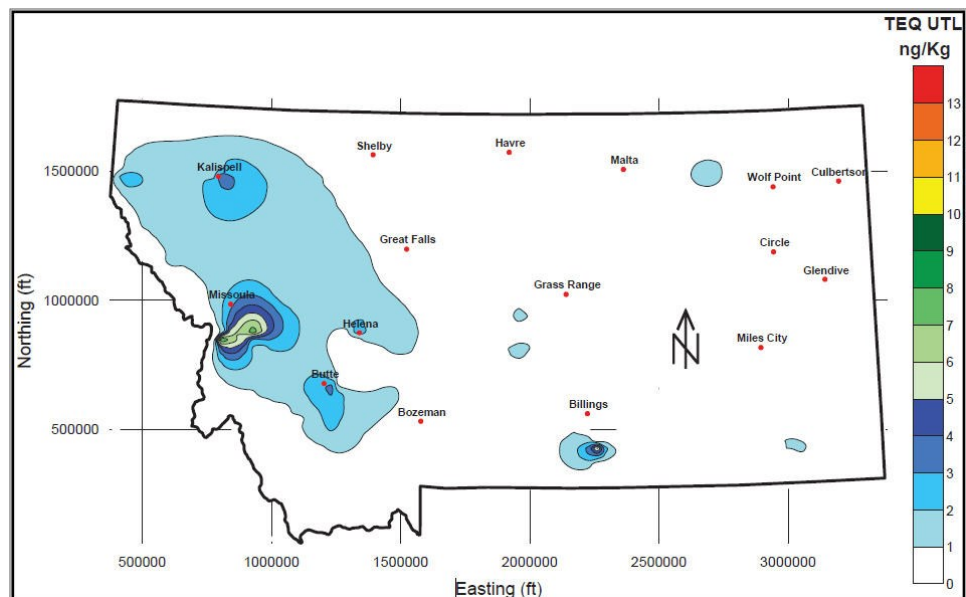


Orange shapes are brownfield sites in Missoula County. Retrieved from PolicyMap 2/2/2017

Distribution of dioxins and dibenzofurans in Montana. Montana Department of Environmental Quality. April 2011. [Montana Dioxin Background Investigation Report](#).

TEQ = toxicity equivalent quotient, a measurement of potential toxicity.

UTL = upper tolerance limit, a reference value for the background concentrations.



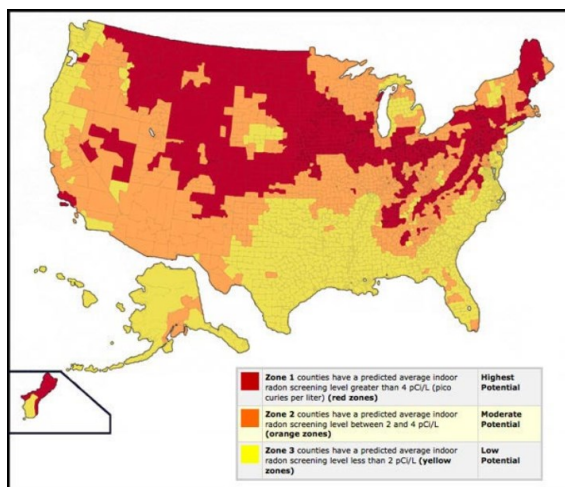
Radon

Radon is the primary indoor air pollutant of concern in Missoula County. Radon is a colorless, odorless gas formed during the radioactive breakdown of uranium in soils, rock, and water. While the gas itself is inert, the radioactive breakdown of radon causes the potential health threat. Radon occurs naturally in many areas of the US at very high levels, as shown in the map below. Radon is the second leading cause of lung cancer in the US and is estimated to cause many thousand deaths each year, second only to tobacco use. Children are especially vulnerable to the effects of radon because they breathe twice as fast as adults and take in more radon in relation to the size of their lungs; smokers compound their risk of lung cancer when also exposed to radon. There is no way to track exactly how many cases of lung cancer are caused by radon. However, radon can be avoided with radon-resistant construction and mitigation in buildings. Mitigation generally costs from \$1,000 to \$2,000 per building and removes 99% of radon. (All information on this page is from the MCCHD Environmental Health Division)

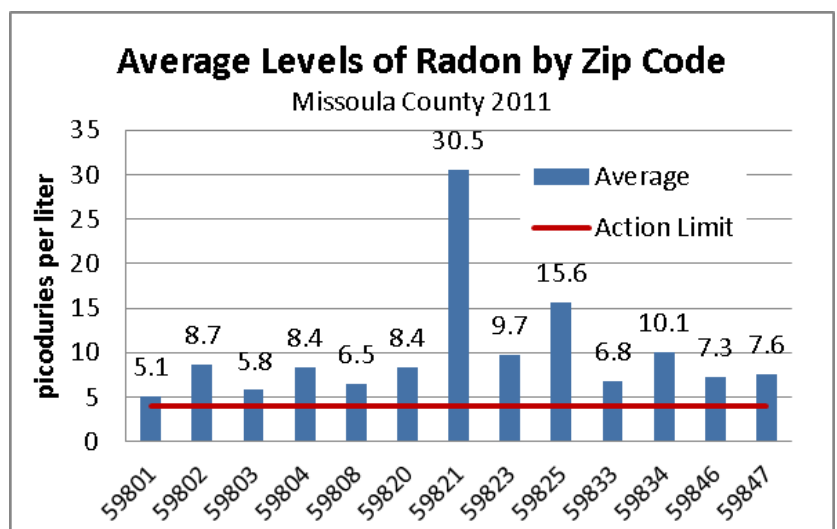
Missoula's average levels of radon are very high. The national average for radon levels is 1.7 pCi/L, and the EPA action level is 4.0 pCi/L. In Missoula, over half of homes are above action levels — and many are way above action levels. Some Missoula radon facts:

- All studies done by MCCHD consistently show that 51% to 54% of Missoula-area homes are over the radon action level — and the Missoula average is 7.2 pCi/L, over seven times the action level.
- There is no way to track exactly how many homes in Missoula have tested high, or been tested at all. There is no testing requirement and no centralized data collection.
- There is no pattern to where radon is found. Houses next door to each other can have vastly different radon levels.
- Over the past decade, much of the new housing construction in the Missoula area has been radon-resistant. Methods of tracking are still under development.

Healthy People 2020 objectives for healthy homes and communities include increasing the proportion of homes with a radon mitigation system (target is 30% of homes that are above the action level) and increasing the proportion of new single-family homes constructed with radon-reducing features to 100% in high-radon areas such as Missoula County.



US EPA. <http://www.epa.gov/radon/zonemap.html>

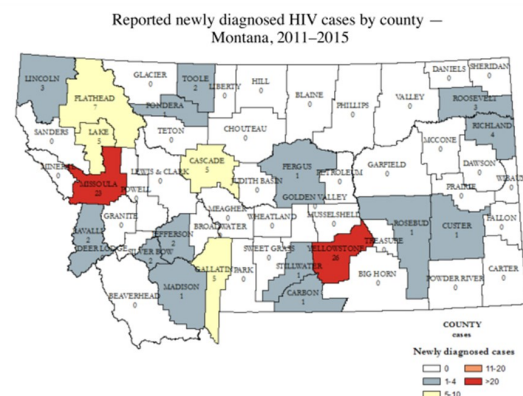
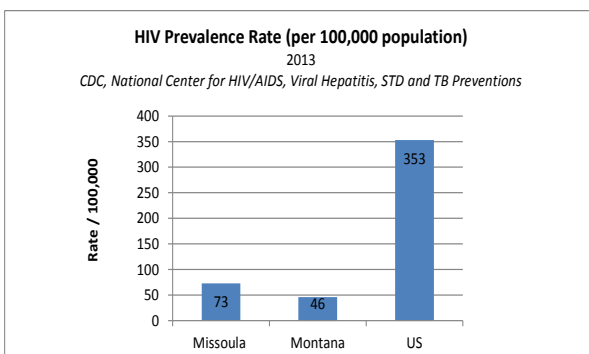
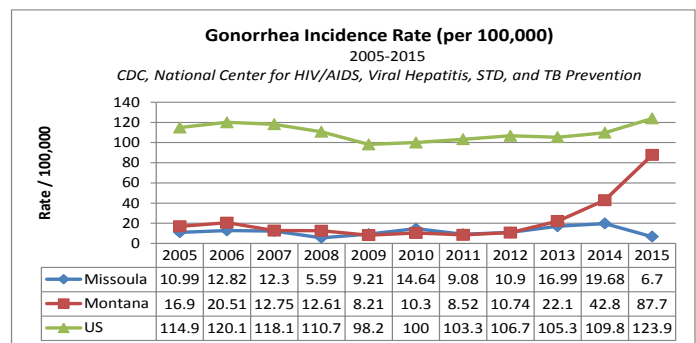
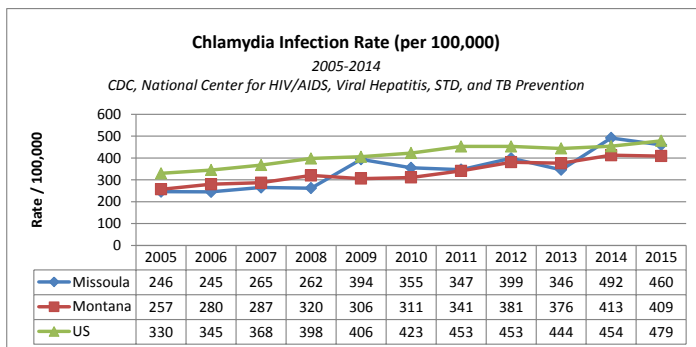


MCCHD. [Radon Levels in Missoula County: An Updated Study](#), December 15, 2011. This is the most recent data available that is specific to Missoula County, and it includes only samples analyzed through the MCCHD Environmental Health Division.

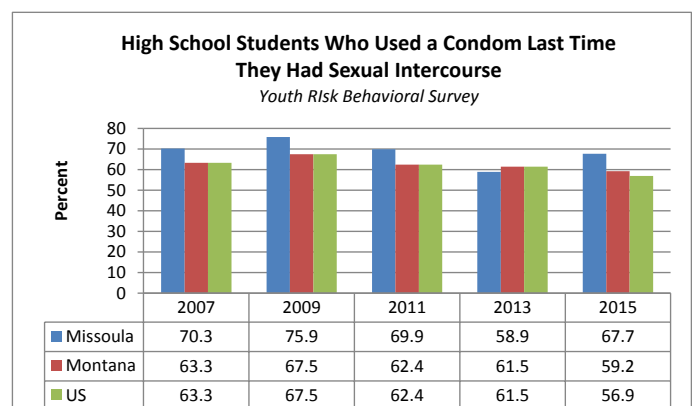
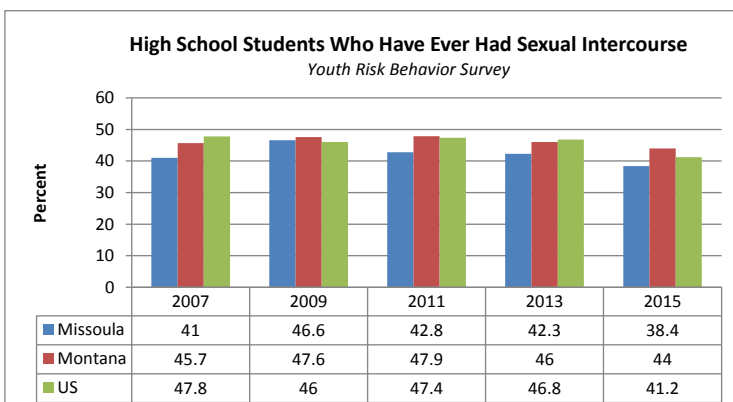
Reproductive & Sexual Health

The area of reproductive and sexual health includes use of birth control, sexual activity among young people, and sexually transmitted disease. This crucial piece of health care is most important for adolescents and young adults. For many young people, reproductive health care is their only point of contact with the medical system. (CDC HP2020)

Healthy People 2020 objectives for sexually transmitted disease include reducing Chlamydia infection screening and rates in male and female population groups and to reduce gonorrhea in females aged 15 to 44 (to 251.9 per 100,000 population) and males 15 to 44 (to 194.8 per 100,000). HIV objectives include reducing the number of new HIV diagnoses, reducing the rate of transmission, and increasing the proportion of people who have been tested. The objectives for family planning include to increase the proportion of adolescents 17 and younger who have never had sexual intercourse (the target for girls from 15 to 17 is 80.2% and 79.2% for boys of the same age) and to increase the proportion of sexually active males and females who use condoms along with another method of birth control.



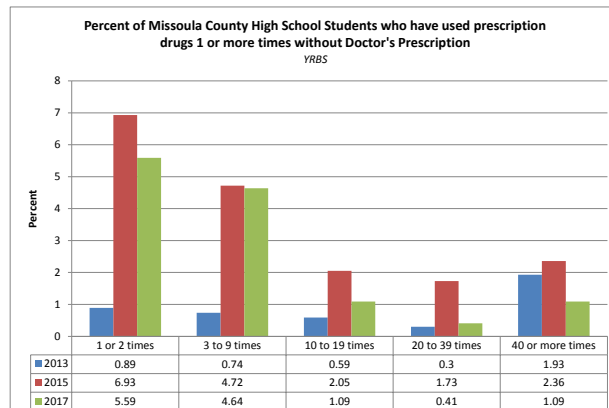
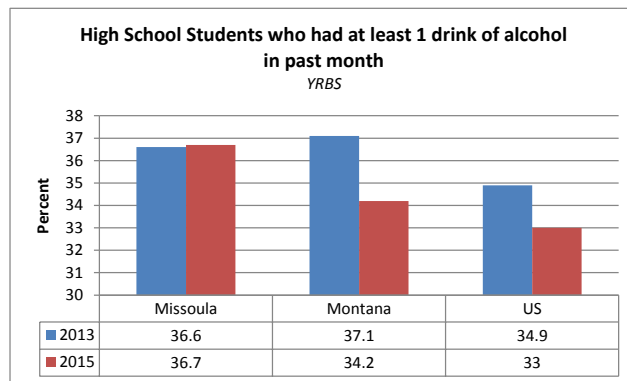
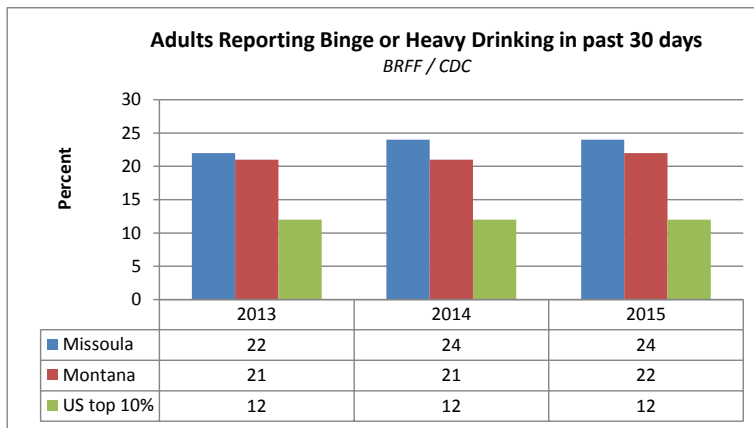
Get Checked Montana <https://getcheckedmt.org/a-lot/>
Retrieved April 10, 2017.



Substance Use Disorder

Substance use disorder includes abuse and misuse of legal drugs, such as alcohol and prescription drugs, as well as illegal drug use. Substance use disorder causes a host of problems for individuals and communities. Substance abuse often goes along with mental health issues and chronic health problems, and it can cause major family disruption. It is noteworthy that in the 2014 BRFSS results for the northwest region of Montana, two groups that experience health inequities were much less likely to binge drink than the total population of the region. Of the total population, 17.9% reported binge drinking in the previous 30 days, compared to 13% of people with a disability and 8% of American Indian/Alaska Natives. ([2015 MCCHD Health Equity Report](#)) The CDC target for binge drinking is 24.4%.

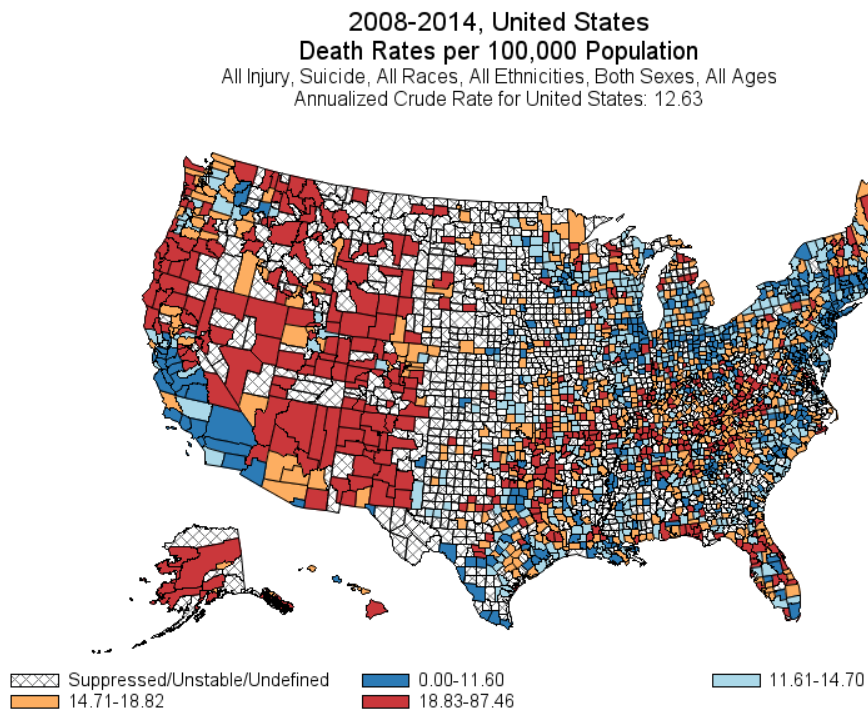
Healthy People 2020 objectives for substance abuse include reducing binge drinking, impaired driving, and illicit substance use, as well as increasing use of treatment services. Objectives related to adolescent substance abuse are increasing the proportion of high school seniors who have never used alcohol to 30.5% and the proportion who have never used illicit drugs to 58.6%.



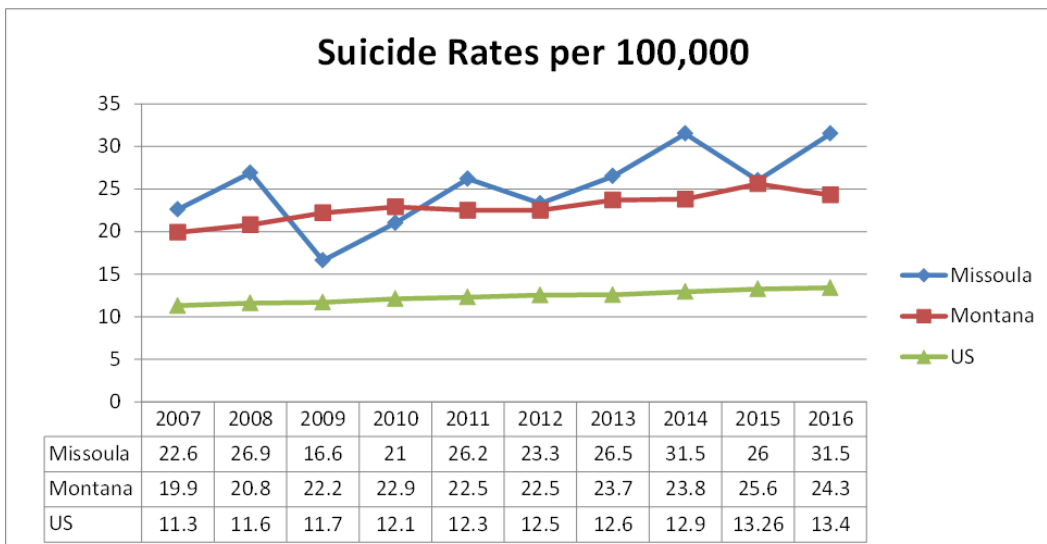
Suicide

Suicide is a huge public health problem in Montana. In every year since statistics have been kept, Montana has ranked in the top five for suicide rates. Experts cite lack of access to mental health care, easy access to firearms, persistent stigma against using mental health services in the rural Western mentality, and physical and social isolation as major contributing factors to Montana's dismal rankings. (MCCHD Suicide Prevention Program and [Project Tomorrow](#))

The primary Healthy People 2020 objective for suicide is to reduce the suicide rate to the target of 10.2 per 100,000 population. The other suicide-specific objective is to reduce suicide attempts by adolescents (the target is 1.7 per 100 population). Suicide statistics by group, including youth suicide statistics, are included on the following page.

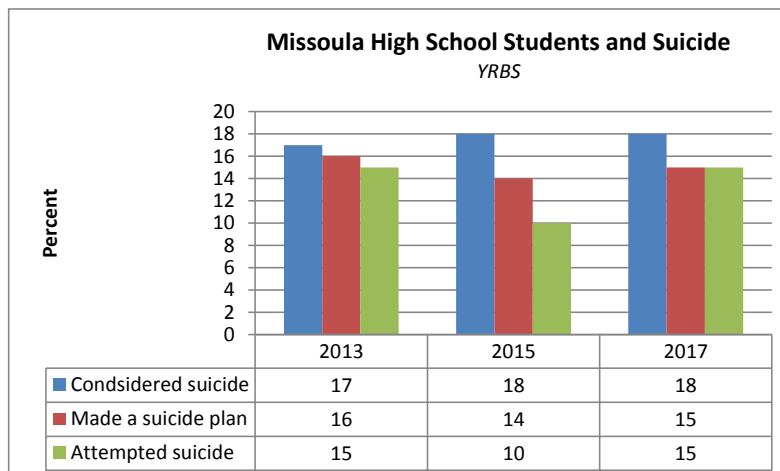
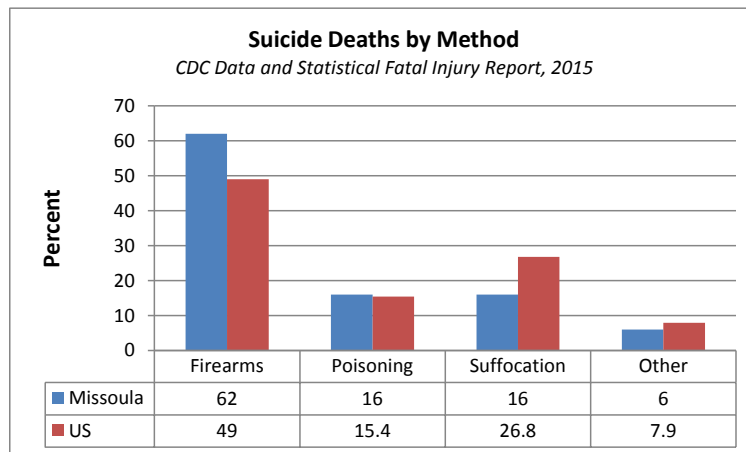
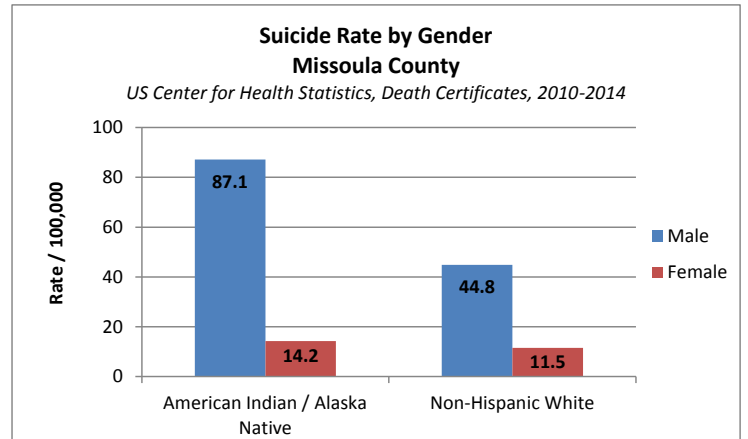
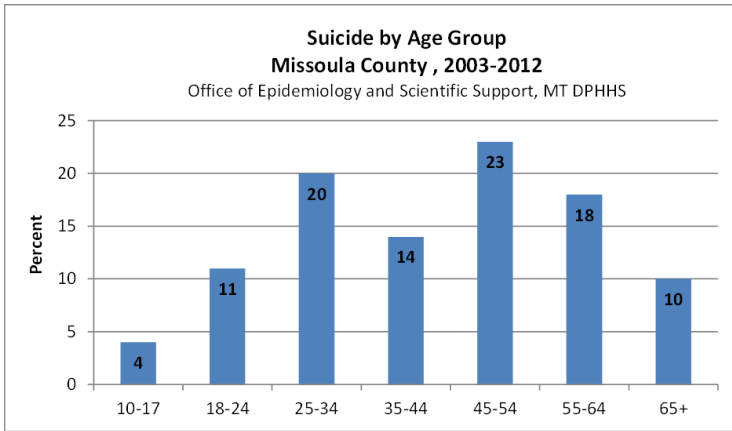


[CDC WISQARS Fatal Injury Mapping](#), retrieved March 2017



Suicide, cont.

Suicide death rates vary greatly by gender, race, and age group. Men, American Indians (especially males), and people aged 45 to 64 (again, especially males) are significantly more likely to die by suicide. Firearms are responsible for the highest proportion of completed suicides — 62% of them in Missoula County, compared to 49% in the US as a whole. Easy access to firearms probably accounts to a large extent to Montana’s high rates of suicide. Suicide attempts by firearms are almost always lethal.

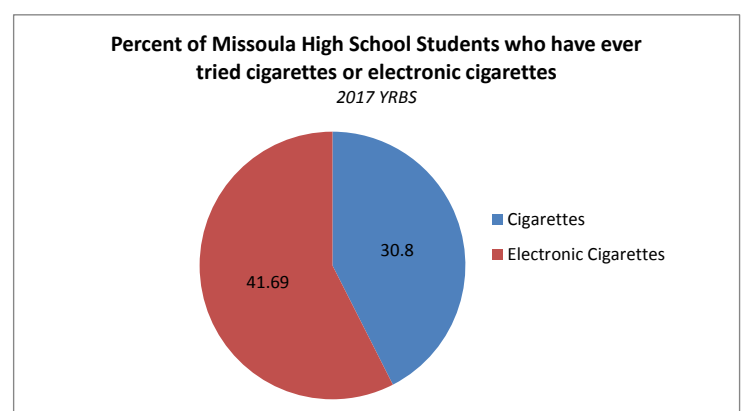
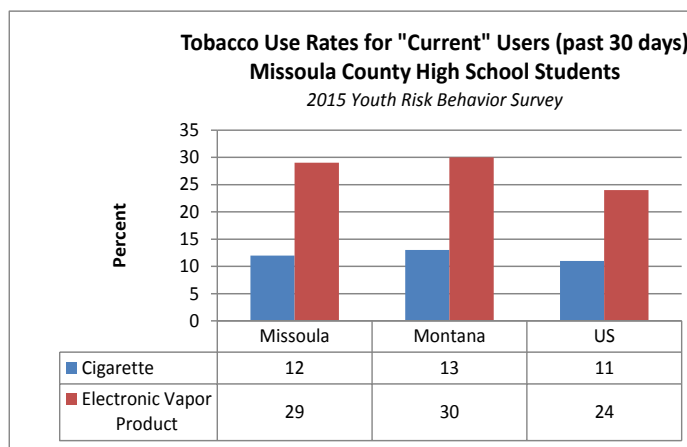
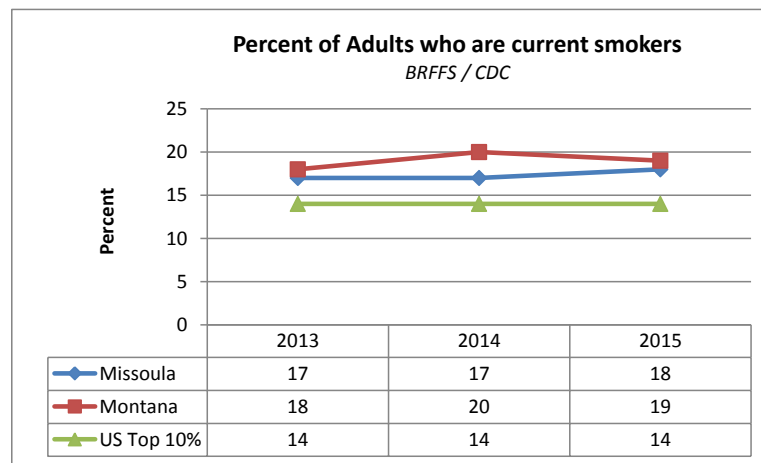


Tobacco Use

The health risks of using tobacco are widely known. Tobacco use contributes to disease including cancer, heart disease, and lung diseases. On a national level, tobacco use causes more death each year than HIV, illegal drug use, alcohol use, motor vehicle crashes, suicides, and murders combined — and yet tobacco deaths are 100% preventable. Tobacco use by pregnant women also contributes to premature birth, low birth weight babies, stillbirths, and infant death. Great strides have been made since the 1960s, when as many as 40% of people in the US smoked. At this point tobacco use seems to be declining, but very slowly. Several emerging issues threaten that progress, most notably e-cigarettes. E-cigarettes are introducing tobacco use to new audiences. In 2014 e-cigarettes became the most commonly used tobacco product for middle and high school students. (Healthy People 2020)

Secondhand smoke extends the health risks to others. Missoula County and Montana residents benefit from laws that require smoke free workplaces, restaurants, and bars — 100% of those locations must prohibit smoking. Nationwide, only 58% of the population live in places with smoking ordinances that protect them from secondhand smoke. (SAMHSA) The Healthy People 2020 goal for smoking rates is 12%.

Healthy People 2020 objectives for tobacco use include reducing the proportion of adults who currently smoke cigarettes to a target of 12% and reducing the proportion of current adolescent tobacco users to 21%. Other objectives address treatment, second-hand smoke, and policy changes.

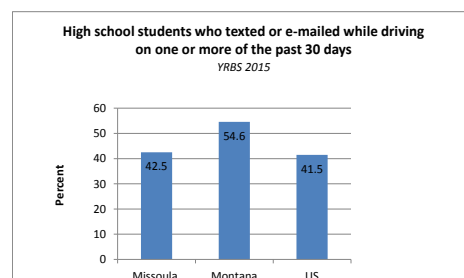
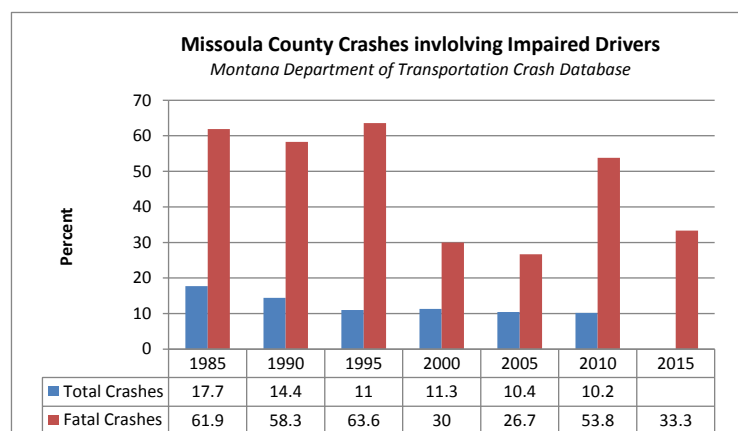
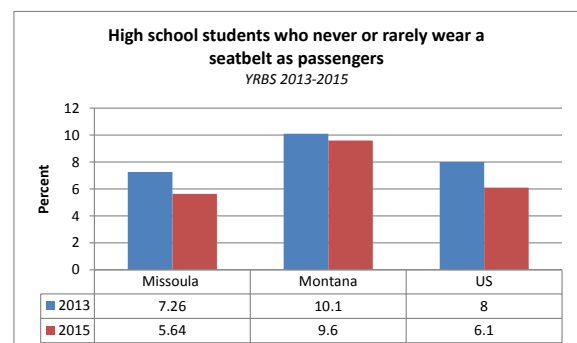
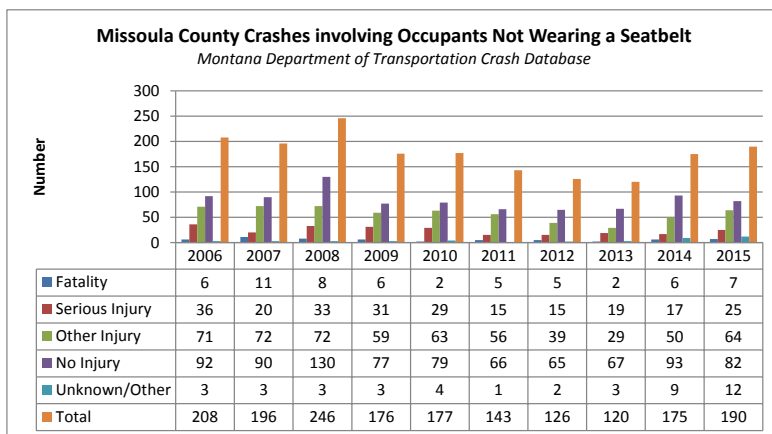


Traffic Safety

In 2015, 224 Montanans were killed in traffic crashes, more than in previous years. Of those deaths, 173 people were riding in vehicles that had seat belts — but 118 of them (68%) weren't properly belted in. (Montana Department of Transportation, [Plan2Live](#)) Seat belt usage has grown steadily over the years. [Missoula County's Buckle Up Coalition](#) has seen good news in seat belt usage. Numbers were collected through point-in-time observation twice in 2013, showing usage rates of 80% and 83.5%; in 2014 the rate was 76%; in 2016 the rate was 78%; and in 2017 the rate was 90%, which is close to the Healthy People 2020 goal of 92%. However, statewide we know that seat belt usage remains low on reservations, in pickup trucks, and among vehicle passengers aged 15 to 25.

Montana has a serious problem with DUIs. Our state has one of the highest alcohol-related fatality rates per vehicle miles traveled in the nation. (Montana Department of Transportation, [Vision Zero](#)) In Missoula County, crashes involving impaired drivers have slowly decreased over the past 30 years. However, these crashes most often make up half or more of the fatal crashes in the county. ([Missoula DUI Task Force](#))

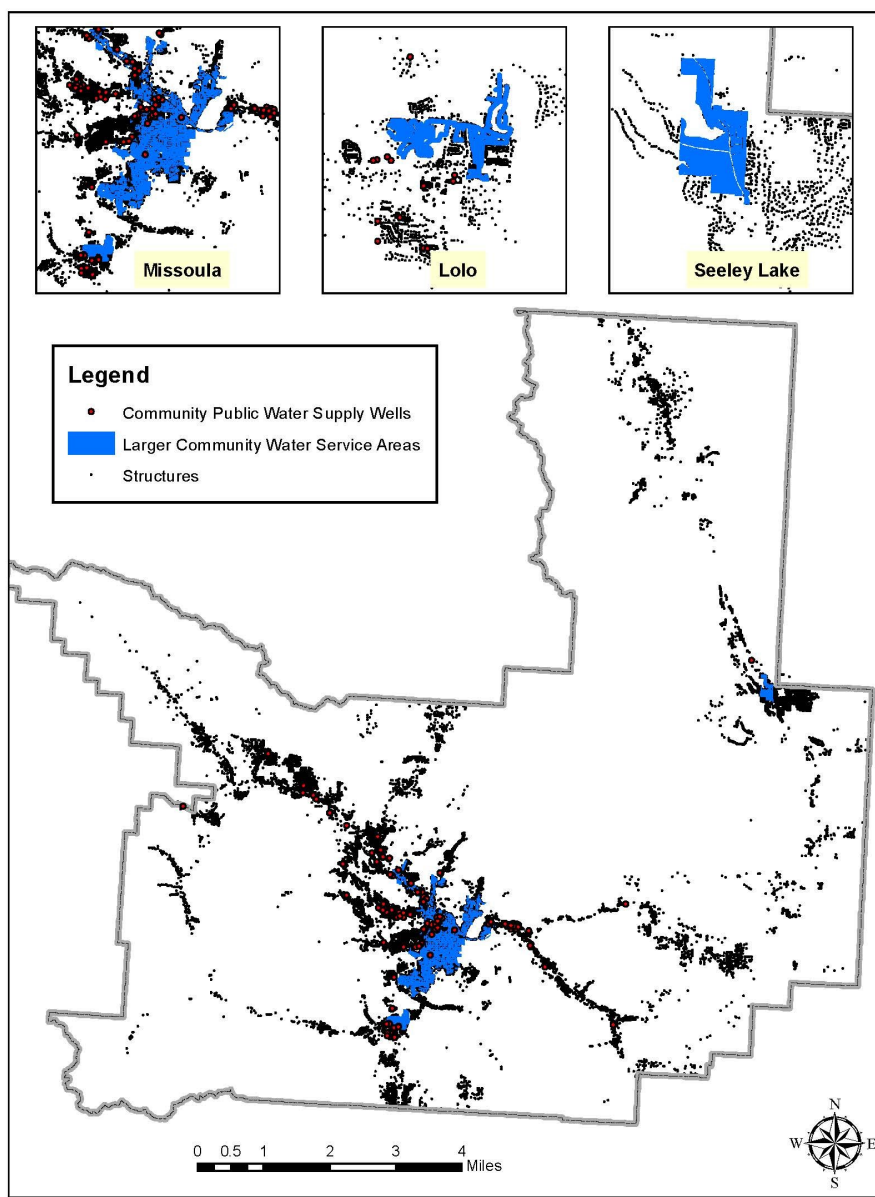
Healthy People 2020 objectives for traffic safety include increasing use of safety belts (the target is 92%), increasing use of appropriate child safety restraint systems, and reducing motor vehicle crash-related deaths and injuries.



Water Quality

Clean drinking water is essential for the health of any community. The Safe Drinking Water Act (SDWA) is the primary federal law that ensures clean and safe drinking water in public water supplies. Under SDWA, public water supplies are required to meet federal drinking water standards that include regular and rigorous testing for chemical and microbial contaminants. In 2016, 65.4% of Missoula County residents had homes connected to public water supplies. This is just slightly higher than in 2014, when 63.8% of the population was served by public water supplies.

Nationally according to [Healthy People 2020 environmental health statistics](#), 93.2% of people get their water from public water supplies that meet the SDWA. The Healthy People 2020 target is 91%, well above the Missoula County level. Other HP2020 water quality objectives include water conservation by reducing per capita domestic water withdrawals and reducing waterborne disease outbreaks.



[Missoula Valley Water Quality District](#), MCCHD, March 2017

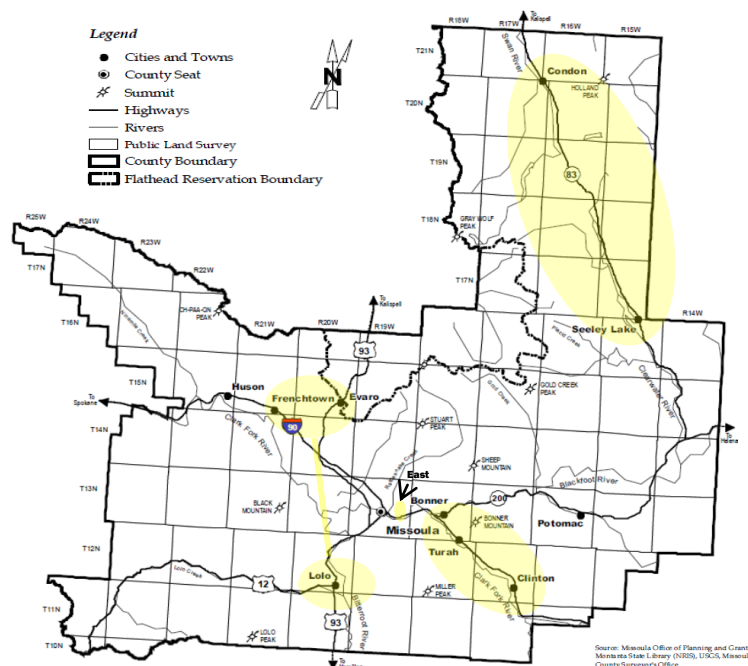
Rural Missoula County Communities

The rural communities of Missoula County have their own unique set of needs and issues. The CHA group agreed that the best way to address rural community needs was to create a new section for the report. We searched out new tools to help us do that.

- [PolicyMap](#) allowed us to get some hard data for some health and wellbeing issues in our rural communities.
- MCCHD hired summer intern Mary Parrish from the University of Montana School of Public & Community Health to survey rural residents and conduct some key informant interviews.

The surveys were analyzed in the following community groups (see map below):

- Bonner, Clinton & Turah
- Seeley Lake & Condon
- East Missoula
- Evaro, Frenchtown & Lolo (combined due to low numbers of responses in these communities)



Map courtesy of Casey Wilson, [City of Missoula Development Services](#)

Demographic Data for Rural Communities

PolicyMap allows us to provide some detailed demographic data for most of the rural communities in Missoula County for the first time. The data provides insights on the ways our rural communities differ from the city of Missoula — and also from each other:

- Growth trends range from the fast growth of Lolo to population loss in Seeley Lake.
- Incomes all tend to be lower than the average of the city of Missoula, with the notable exception of Frenchtown.
- Evaro is the only community with a significant population of American Indian and Alaska Natives, as expected based on its proximity to the Flathead Indian Reservation.
- Age distribution varies widely across the rural communities.

All data on this page was retrieved from PolicyMap on 9/25/2017 and comes originally from the American Community Survey estimates from 2011-2015. Data on health and wellbeing is also presented on the next two pages, but that data is not available for all of our communities due to small population size.

Population	Lolo	East Missoula	Seeley Lake	Bonner–West Riverside	Frenchtown	Clinton	<u>Turah</u>	Condon	<u>Evaro</u>
2000	3342	2275	1458	1672	N/A	N/A	N/A	N/A	322
2015 estimate	4125	2359	1081	1600	1657	1127	431	431	339
% change	+23.4%	+3.7%	-25.9%	-4.3%	N/A	N/A	N/A	N/A	+5.3%

Median Household Income	Lolo	East Missoula	Seeley Lake	Bonner–West Riverside	Frenchtown	Clinton	<u>Turah</u>	Condon	<u>Evaro</u>	Missoula County	Missoula City	MT
Average	\$60,276	\$39,390	\$40,813	\$37,774	\$69,570	\$54,417	\$61,818	\$41,875	\$52,250	\$46,164	\$66,788	\$47,169
% below \$50,000	36.5%	64.7%	58.8%	52.4%	37.2%	46%	34%	56.5%	42.7%	53.1%	56.7%	52.4%

Race	Lolo	East Missoula	Seeley Lake	Bonner–West Riverside	Frenchtown	Clinton	<u>Turah</u>	Condon	<u>Evaro</u>	Missoula County	Missoula City	MT
White	95.1%	94.8%	95.1%	88.3%	99.4%	99.2%	87.9%	99.3%	58.7%	91.4%	92.2%	89.2%
Black	0	0.5%	0	0	0	0	2.6%	0	0	0.7%	0.5%	0.5%
AI/AN	1.3%	0.8%	0	5.8%	0	0	9.5%	0	38.1%	2.4%	2.6%	6.5%
Asian	.39%	1.3%	0	0	0	0	0	0.7%	0	1.6%	1.3%	0.7%
Hawaiian or Pacific Islander	0	0	4.9%	0	0	0	0	0	0	0.1%	.1%	.1%
2+ Races	2.1%	2.7%	0	5.0%	0	0.8%	0	0	3.2%	3.7%	3.2%	2.5%
Hispanic or Latino	1.1%	2.0%	5.0%	4.3%	1.9%	0	0	0.7%	1.8%	3.5%	3.0%	3.3%

Age Distribution	Lolo	East Missoula	Seeley Lake	Bonner–West Riverside	Frenchtown	Clinton	<u>Turah</u>	Condon	<u>Evaro</u>	Missoula County	MT
Under5	5.7%	2.8%	3.1%	5.1%	9.8%	6.0%	3.5%	2.6%	3.8%	5.1%	6.0%
Under18	23.7%	15.5%	18.5%	22.5%	21.8%	22.2%	29.9%	14.9%	18.3%	18.0%	22.1%
18-64	67.5%	74.4%	57.1%	66.1%	69.7%	66.6%	58.5%	63.6%	67.3%	69.7%	61.7%
65+	8.8%	10.2%	24.4%	11.4%	8.5%	11.3%	11.6%	21.6%	14.5%	12.3%	16.2%

Health Data for Rural Communities

For the first time, we are able to get statistics for selected health and wellbeing measures for some of our rural communities. PolicyMap includes a smaller set of data down to the level of zip codes, census tracts, or block groups. That data is presented below and on the next page. In general, the numbers are similar to those for the city of Missoula and Missoula County as a whole. Overall, rural communities are somewhat more likely to access health care and have health insurance than in the City of Missoula. In specific cases, the relatively higher number of certain health conditions may be related to the higher average ages in some of the rural communities.

Health Indicator	Data Source	Bonner – West Riverside	Frenchtown	Lolo	Seeley Lake	Missoula	Montana	US
Percentage of adults reporting having a personal doctor or health care provider	CDC/BRFSS 2013	73.5	78.7	78.5	78.8	75.1	70.4	75.4
Percentage of adults reporting a physical checkup in the past year	CDC/BRFSS 2013	59.3	62.9	62.3	65.1	61.2	61.8	67.9
Percentage of adults ever diagnosed with diabetes	CDC/BRFSS 2013	7.6	7.0	7.1	9.7	8.2	7.7	10.1
Percentage of families receiving SNAP (food stamps)	US Census, 2011-2015 ACS 5-year estimates	9.7	21.1	8.0	10.9	13.9	10.9	13.2
Percent of all people without health insurance	PolicyMap/ US Census 2011-2015 ACS 5-year estimates	17.9	6.6	17.6	14.3	19.8	19.1	16.6
Percent of all people with health insurance	PolicyMap/ US Census 2011-2015 ACS 5-year estimates	82.1	93.4	82.4	85.6	80.4	80.4	82.8
Percent of adults vaccinated for the flu in the past year	CDC/BRFSS 2013	37.4	41.3	40.6	42.7	39.7	39.0	38.3
Percentage of adults ever tested for HIV	CDC/BRFSS 2013	33.4	31.2	32.6	27.8	29.7	31.4	37.2
Estimated percent of adults ever diagnosed with depression	CDC/BRFSS 2013	25.8	21.8	22.1	24.0	23.8	21.1	17.5
Estimated percent of adults reporting seven or more days of poor mental health in the past 30 days	CDC/BRFSS 2013	21.6	16.7	17.1	18.6	20.5	19.1	20.9

Health Data for Rural Communities *continued*

Health Indicator	Data Source	Bonner – West Riverside	Frenchtown	Lolo	Seeley Lake	Missoula	Montana	US
Estimated percent of adults reporting fair or poor physical health in the past 30 days	CDC/BRFSS 2013	16.0	12.6	12.6	17.2	15.2	15.4	17.8
Estimated percent of adults reporting very good or excellent physical health in the past 30 days	CDC/BRFSS 2013	54.9	60.3	60	51.7	55.7	55.3	50.2
Estimated percent of adults reporting to be obese (BMI of 30 or greater)	CDC/BRFSS 2013	26.3	24.7	25.6	26.6	25.4	24.6	27.9
Estimated percent of adults reporting to be overweight (BMI greater than 24.9 and less than 30)	CDC/BRFSS 2013	36.3	36.8	35.6	34.4	38.0	38.0	35.1
Estimated percent of adults reporting to meet physical activity recommendations within past 30 days	CDC/BRFSS 2013	22.5	24.2	24.3	21.1	22.4	22.6	19.3
Estimated percent of adults reporting to be physically inactive in the past 30 days	CDC/BRFSS 2013	26.1	23.7	23.6	27.7	26.9	26.9	30.3
Estimated percent of adults reporting to engage in binge drinking	CDC/BRFSS 2013	22.8	22.1	22.5	18.6	21.6	20.8	16.4
Estimated percent of adults reporting to engage in heavy drinking	CDC/BRFSS 2013	9.5	9.7	9.7	8.9	8.6	7.7	5.9
Estimated percent of adults reporting to smoke regularly	CDC/BRFSS 2013	23.2	18.1	18.7	19.9	21.6	19.0	18

Qualitative data on perceived community needs and strengths are summarized on the following pages. Based on response numbers, the information was broken down for:

- Bonner, Clinton & Turah
- Seeley Lake & Condon
- East Missoula
- Evaro, Frenchtown & Lolo (combined due to low number of responses in these communities)

Rural Communities Survey

Survey developed, conducted, and reported by Mary Parrish

Graduate intern Mary Parrish from the University of Montana School of Public & Community Health conducted background research, informal interviews, community outreach, and a health survey with residents of Missoula County's rural communities. The result is a better understanding of perceived strengths and needs across the county.

The rural community assessment was conducted between June and August 2017. Health was examined holistically to include more than just personal health. Topics such as public safety, roads, food, education, jobs, and recreation were also included. Methods of connecting with rural Missoula County residents included:

- Initial meetings with Missoula County Community and Planning Services (CAPS), an organization with long-standing relationships in many of the outlying communities. CAPS employees shared key contacts, outreach strategies, and known community successes and struggles. CAPS introduced MCCHD outreach specialists with community councils from each community. Community councils contributed either by sharing emails, completing an online survey, or distributing the health survey through social media and their established local networks.
- Conversations with community council members and other interested residents by email and telephone.
- Online survey (**see Appendix 3**).
- Informal interviews with key interested residents in Seeley Lake and Condon. The intent of these interviews was to bolster survey data and get in-depth knowledge of local struggles and strengths from the most rural town.
- Outreach at the Bob Marshall Music Festival in Seeley Lake. The Seeley Lake Community Foundation invited MCCHD personnel to attend to talk to community members about perceptions of health and wellness and their experiences with services in the county. Key service providers were also interviewed, including the Lions Club, Partnership Health Center in Seeley Lake, and Missoula Aging Services in Seeley Lake.
- MCCHD personnel met with the *Seeley-Swan Pathfinder*, the community's newspaper, to discuss the CHA and spread awareness about the health assessment survey. The paper provided a nice write-up, but the timing was unfortunate. Almost immediately afterward the wildfire season became extremely intense, and Seeley Lake's attention turned toward resource closures, bad air, and evacuations. This no doubt affected the survey response rate in the Seeley-Swan.

The survey data was separated into four areas based on response rate: Bonner, Clinton, and Turah; Condon and Seeley Lake; East Missoula; and, Evaro, Frenchtown, and Lolo. This report presents the findings of each area's top five perceived strengths and needs. Overall, each area reported similar assets: a strong tie to community, a deep respect for the location of their home, and accessibility to unparalleled recreation.

Often an area's top strength was also noted as an area of most pressing need. For example, Seeley Lake and Condon residents have a strong tourist economy. This is both a boon and a burden, which was particularly evident during this summer's fire season. Consequently, while residents appreciate the tourist economy, they clearly recognize the need to develop a more diversified economy that offers living wages year-round to all community members.

It is critical to note that every community recognized the need for something and some place to gather around, usually a school, a church, or a town center. Some communities, like East Missoula, lack this, while others noted that the churches or schools provide a strong, unifying presence.

The 2017 CHA represents a big step forward in engaging with rural communities and building relationships with county residents. MCCHD and the CHA group are grateful to the community councils that disseminated the survey, community residents who completed the survey, and individuals who took part in informal interviews. We want to send out a special thanks to the *Seeley Lake Pathfinder* for publishing information about the CHA in the paper and online.

We hope that rural communities in Missoula County find this information useful. Please note that the findings from this study are not concrete answers, but rather starting points for discussions on how to improve the health and wellness of all Missoula County residents.

Bonner, Clinton & Turah

Respondent Demographics

Twenty-four residents representing Bonner (n=20), Clinton (n=1), and Turah (n=3) completed the Community Health Assessment Survey for Rural Communities. This represents about 31% of all rural respondents.

All respondents reported living in Bonner, Clinton and/or Turah full-time for at least one to two years; 75% of respondents (n=18) have lived in the area for more than 10 years, indicating that these survey participants are likely to be well-informed about their community's health.

Nearly 70% of residents reported working full-time in a variety of job sectors. Private and Nonprofit sectors employ nearly half of all respondents with Education (12.5%), Government (8.33%), and Health Care (8.3%) also represented.

Community Information: Perceived Health and Wellness

Bonner, Clinton and Turah respondents described their community's strengths and weaknesses in detail. These individuals recognize the importance of community involvement whether it be civic engagement, community pride, or neighbors looking out for another. Respondents also identified, however, that while their community is comprised of "wonderful, self-reliant people," it also needs somewhere or something to unite around such as a clearly defined town center or central meeting place. Consequently, Community is both a strength and a need identified by Bonner, Clinton, and Turah respondents.

Perceived Strengths

Respondents identified Recreation, Education, Community, Location, and Religious Organizations as community strengths. Recreational opportunities, which are tied to Location, are a great resource that promotes residents' health and wellness. One respondent noted, "Getting outside helps us stay healthy," and that includes easy access to local trails, rivers, and mountains for a variety of exercise and hobby options. Residents here enjoy the peace and quiet that a rural space affords. They also noted the history of the area as a unique asset.

Education and Religious Organizations were noted as key factors helping create a sense of community in Bonner, Clinton, and Turah. Schools and churches provide a physical space where residents can come together, and they provide a moral space for individuals to unite around common causes or share dialogues about emerging community issues.

Finally, residents identified Community as a strength. Many respondents reported that the people that comprise the area are what makes it home. This appears to be a place where neighbors look out for one another, "where working people can afford to raise children," and enjoy everything that the Bonner, Clinton, and Turah have to offer.

Perceived Needs

Food, Recreation, Community, Transportation, and Public Safety were reported needs. The need for a grocery store or market, somewhere to buy food locally, was mentioned 18 times, which is significant since there were 24 respondents from this area. One individual noted that a local grocery store would reduce food insecurity, including more affordable, local options with less transportation costs.

Recreation, Transportation, and Public Safety needs are related to one another. Several respondents reported the need for more parks (10 mentions), a clean river, and parking infrastructures particularly at river put-in and take-out locations. A park would be a wonderful addition to the community for children and families alike. Removing hazardous logs in the river would make it safer for all recreationalists. Developing parking structures would improve public safety for river users, residents, and those just passing through Highway 200.

Finally, although many respondents reported a community where neighbors look out for neighbors, some reported that the area lacks community identity, community involvement, and community pride. Respondents suggested that perhaps this was due to lack of interest on the part of individuals, insufficient funding, or the lack of a clearly defined town center where residents could meet.

Bonner, Clinton & Turah: Top 5 Perceived Strengths

Theme	Description	Ranking	Quotes
Recreation	Access to outdoor recreation – rivers, trails, fishing, etc.	1 (tie)	<i>Top notch and easily accessible. We are a family that recreates. We love walking and hunting the mountain. Getting outside helps us stay healthy.</i>
Education	Schools, including building, quality, school location, teachers, staff	1 (tie)	<i>Bonner school is a great asset to this community.</i>
Community	People, neighborhoods, community pride, civic engagement, etc.	3	<i>In most areas there is still the small town feel of looking out for your neighbors and a sense of community. I am so proud to live here. Some of the hardest working and most conservation-minded people I know ... have lived for years in this community.</i>
Location	Physical location	4 (tie)	<i>Peace and quiet and open space Privacy Historic community</i>
Religious Organizations	Churches, typically described as providing a sense of community or creating a space for gatherings	4 (tie)	<i>[Churches and schools] are some of the few places where the community can come together.</i>

Bonner, Clinton & Turah: Top 5 Perceived Needs

Theme	Description	Ranking	Quotes
Food	Access to local food resources — grocery stores, farmers' markets, local restaurants, etc.	1	<i>Grocery store in Bonner. So we would spend less in gas each week to shop for food and for the community members who face food insecurity.</i>
Recreation	Access to outdoor recreation including rivers, trails, fishing, hunting, etc.	2	<i>The community needs a park. The Bonner Superfund park is still closed and it's a real missed opportunity. I would like to see the parking issue resolved at the Tamarack drop-off point.</i>
Community	People, neighborhoods, community pride, civic engagement, etc.	3	<i>Cohesiveness as Bonner is not well defined. We don't have a central meeting place where neighbors can see each other. Get people to attend council meets and discuss things.</i>
Transportation	Infrastructure including roads, traffic lights, sidewalk, and streetlights. Typically related to public safety	4	<i>Infrastructure to support all of the additional businesses at the mill site, especially the new concert venue. Parking and infrastructure at the state park and for river users. Build two large parking lots at each put-in and take-out location.</i>
Public Safety	Crime, law enforcement, emergency services	5	<i>Now that Mountain Line is offering no-charge rides, we are seeing a considerable increase in the transient population in the area so additional law enforcement patrols would be good.</i>

Seeley Lake & Condon

Respondent Demographics

Condon (n=5) and Seeley (n=6) had 11 survey respondents representing about 14% of all rural participants. In addition to survey participants, four individuals were interviewed that work, live, and play in Seeley Lake. These interviewees helped bolster the survey data. Approximately 64% of Condon and Seeley (n=11) residents reported living in the area for more than 10 years. Sixty percent of respondents reported working full-time, while the remaining 40% are retired. Most full-time employed participants reported working in the Other category with a diversity of job roles including self-employment, customer service, and construction.

Community Information: Perceived Health and Wellness

Community was identified as the most prominent strength, while Health Care and Economy were identified as the most pressing needs. Participants, including the four interviewees, described the community as strong, charitable, and willing to help. Health services were identified as a critical need not only for a remote area, but for the aging community that lives there. Additionally, participants reported that jobs, specifically, year-round jobs with living wages, are needed to improve the local economy and bring young families to the area.

Perceived Strengths

Condon and Seeley survey participants reported Community, Location, Recreation, Education, and Economy as area strengths. Here, individuals appear to have a sense of togetherness, at least with their neighbors. Like other rural areas, Location and Recreation were top strengths. The remote location affords one of a kind access to outdoor recreation and beautiful scenic views. The area offers hunting, fishing, hiking, and other recreational opportunities. A few respondents identified the school system as a place that brings people together. Here, class sizes are small, which creates an opportunity for individual attention in the classroom.

Finally, the tourism economy was identified as a strength of the area. Note that Economy was also described as something that needs to be diversified and more robust. The tourist economy booms in the late spring and summer, and it significantly drops in the off season. Many of the local businesses survive and thrive during peak tourist season, but this type of economy is problematic when it becomes compromised like it was during this summer's fire season.

Seeley Lake & Condon: Top 5 Perceived Strengths

Theme	Description	Ranking	Quotes
Community	People, neighborhoods, community pride, civic engagement, etc.	1 (tie)	<i>The willingness to help each other out. Seeley Lake is an amazing asset to Montana. Beautiful example of the definition of community. The residents here are largely charitable, outgoing, and very nice to know and work with.</i>
Location	Physical location	1 (tie)	<i>Beauty, camaraderie, and remoteness.</i>
Recreation	Access to outdoor recreation including rivers, trails, fishing, hunting, etc.	3 (tie)	<i>Close to National Parks and wilderness.</i>
Education	Schools, including building, quality, school location, teachers, and staff	3 (tie)	<i>The school brings people together. Small class sizes and individual attention for students.</i>
Economy	Jobs, wages, etc.	5	<i>Tourism is Seeley's greatest asset in the summer months; without that small businesses suffer.</i>

Perceived Needs

Health Care and Economy tied for the most pressing perceived needs in the area. These two themes were followed by Housing, Government, and Other. Condon and Seeley are remote and many social services are far away in Kalispell or Missoula. Not only would these services be critical to any resident, but the need is exacerbated because a large aging population resides there. Health Care facilities that accept walk-ins, a doctor, a veterinarian, and a prescription refill service were some of the suggestions to improve Condon and Seeley. This need was also described by both a county-wide social services organization and a Seeley Lake non-profit. Missoula Aging Services recognized the need for expanded personal care in the far reaches of Missoula County and placed a Resource Specialist in Seeley Lake starting last October 2016. The Resource Specialist provides information to individuals in need and connects them to care. While this is a step toward improving health care, Missoula Aging Services indicated that there is still a significant and pressing need for certified nursing assistants to provide in-home care in remote areas of the county. The Seeley Lake Community Foundation established the “iRide” van services in March 2017. This service represents a creative way to connect individuals to services at a low cost. For a very small fee, the van service connects residents in the Seeley-Condon area to local medical services. Additionally, for a \$10 round trip fee, residents can ride to Missoula for additional care or social services.

As mentioned previously, Economy is problematic here. Many respondents discussed diversifying the economy to support workers and their families. Seeley and Condon residents need local jobs with living wages all year, not just during the tourist season. Some suggestions from the survey include: creating opportunities for entrepreneurs that would like to improve the area; reducing restrictions on logging and building; and, identifying economically and environmentally sustainable jobs. Economy is related to Housing, and affordable housing is also needed in this area. Too few jobs with living wages make it difficult for younger families to move to the area. Housing is expensive and there are few options for affordable rentals.

Seeley Lake & Condon: Top 5 Perceived Needs

Theme	Description	Ranking	Quotes
Health Care	Quality, quantity, and availability of health services	1 (tie)	<i>I would make sure the medical services in Seeley Lake would take walk-ins no matter what the issue happens to be. Senior care, health care, vet. Forcing a person to drive to Kalispell or Missoula to see their doctor or emergency room is too far away.</i>
Economy	Jobs, wages, etc.	1 (tie)	<i>Economic opportunities for entrepreneurs. Gainful employment for younger residents. Jobs are very scarce and when found most depend on tourist season.</i>
Housing	Quality and quantity of housing and affordability for all incomes	3	<i>There are high-value homes and properties beyond affordability for younger workers and those properties displace and limit the number of more modest but functional/serviceable properties. Add affordable housing so younger persons might be able to find a means to stay and work in the area.</i>
Government	Legislation, regulation, etc.	4	<i>Oppressive regulations stop growth and prosperity. Eliminate mandatory rural building permits. Support private property rights. County has abandoned Seeley Lake.</i>
Other		5	<i>Just respect the people of the Sawn Valley and keep the urban attitude in Missoula. [The community] is divisive a lot over most issues.</i>

East Missoula

Respondent Demographics

East Missoula had the highest response rate with nearly 40% of all rural survey respondents living there. (n=29). All but one participant lives in East Missoula year-round. Just over 65% of participants reported living in East Missoula for more than 10 years, while 25% reported living there five to 10 years.

Respondents reported a variety of employment statuses, with 40% Full-time, 20% Part-time, and 40% Retired. East Missoula residents indicated employment across a variety of job sectors, with the Non-Profit and Government sectors representing the most employees. Some recent job roles included administrative assistant, journeyman, musician, teacher, and doctor.

Community Information: Perceived Health and Wellness

East Missoula participants represented most of rural survey respondents. Again, like other rural towns, East Missoula residents indicated a strong sense of community, reporting people helping one another is a great strength of the area. Recreation (rivers, trails, and mountains) were also identified as a resource that improves quality of life. Residents resoundingly reported that Education and Government are critical needs. Many residents would like to see the elementary school re-open not only to decrease parent and caretaker burdens, but also to create a sense of community that is otherwise lacking. Government, as indicated in respondents' short answers, specifically refers to noise ordinances, zoning ordinances, and public safety related to road maintenance.

Perceived Strengths

Community, Recreation, and Location, followed by Social Services, Religious Organizations, and Air and Water Quality were the most prominent perceived strengths in East Missoula. Respondents overwhelmingly reported that their neighborhoods and neighbors were important, and that East Missoula is a place with a great community feeling where people tend to help one another out.

Like other rural communities in Missoula County, Recreation and Location were identified as area strengths. Responses indicated that residents enjoy easy access to a variety of local recreational activities including the river, trails, and Mount Jumbo. East Missoula was described as a beautiful, friendly area. Its proximity to Missoula provides access to many needed services without having to give up a peaceful and serene home life.

Some respondents indicated that Social Services and Religious Organizations provided supportive services to the community. The Lions Club hosts family-friendly events and social services, while churches offer a supportive community environment and a space where the community can come together. Finally, Air and Water Quality, having the same number of references as Social Services and Religious Organizations, was a strength. Residents appear to appreciate their sewer system that was constructed in the recent past.

Perceived Needs

Respondents were very descriptive about their community's needs which included Education, Government, and transportation infrastructure related to Public Safety and Roads. More than 20 references were made about Mount Jumbo Elementary School. Residents want to see the school reopen. Without the institution, the town lacks a sense of community, cohesion, and togetherness. Survey participants stated that many families are moving to the area and there is an increasing need for the school to reopen. A school in East Missoula would not only decrease the transportation and planning burden on parents and caregivers, but it would also provide a communal space where residents could meet and talk. Respondents questioned why the school was closed and why it hasn't reopened for community residents. Some thought there was a lack of funding, but many did not know why a "perfectly good school" wasn't being used. One individual was hopeful that seeing Missoula elementary students using the facility this past year while Lowell School was under construction would help demonstrate the value of the resource to the East Missoula community.

Government was also a contentious issue. Here, government refers to noise and zoning ordinances. Since East Missoula is a county and not a city property, it doesn't not have the same kind of regulation. The timing of this survey was in mid-to late July, and respondents overwhelmingly described their interest in noise ordinances to reduce or entirely halt fireworks. Without these restrictions, some community members suffered at the expense of fireworks. Some individuals indicated that the noise affected their children, their ability to work, their pets, and local veterans. Additionally, some respondents reported that they would like to see zoning ordinances come into effect that would help regulate the sewer system. A few participants suggested that there should be ordinances and enforcement of household appearance and abandoned vehicles that tarnish East Missoula's image.

Finally, residents were also very vocal about the need for transportation infrastructure to improve public safety. Taken together, Roads, Public Safety, and Sidewalks, Lighting, and traffic Lights were more needed than Education and Government along. Roads and alleyways are in disrepair and need maintenance. Respondents want to see the roads be safer and more pedestrian friendly with sidewalks, lighting, and traffic lights. Designated bike lanes would help promote the use of alternative transportation. Additional Public Safety issues were related to drug activity, particularly near the school when it was not in use; outdated and unsafe park equipment; RVs and abandoned vehicles; and increasing homelessness. Some noted that while Mountain Line is a good resource, its fee-free services appear to have increased the transient population in the community, which was a concern for some parents and caregivers.

East Missoula: Top 5 Perceived Strengths

Theme	Description	Ranking	Quotes
Community	People, neighborhoods, community pride, civic engagement, etc.	1	<i>Neighbors watching out for other neighbors. Great community feeling. East Missoula, on the whole, is a wonderful place to live, full of people of all ages with varied interests. Most of us want to be able to live our lives without being annexed to Missoula, in the quiet that we usually have out here.</i>
Recreation	Access to outdoor recreation including rivers, trails, fishing, hunting, etc.	2	<i>East Missoula has a couple nice parks and a lovely proximity to the trails of Mount Jumbo. Close to trails, river, kids can play, usually quiet.</i>
Location	Physical location	3	<i>Easy access to cultural activities and medical needs that increase with aging. Being close to Missoula but not in Missoula lessens the impact of living with too many people yet proximity to services. I-90 for ease of travel and access to outdoors.</i>
Social Services	Schools, including building, quality, school location, teachers, and staff	4 (tie)	<i>Lions Club puts on activities for our community. Supportive services.</i>
Religious Organizations	Churches, typically described as providing a sense of community or creating a safe space	4 (tie)	<i>The church is good at bringing people together for Easter and they have a kids' party which gives out free school supplies. Helpful church.</i>
Air & Water Quality	Typically related to clean air and water infrastructure	6	<i>The sewer. A sewer system put in place in '02 to protect our ground water from septic tanks, which is what was previously out here.</i>

East Missoula: Top 5 Perceived Needs

Theme	Description	Ranking	Quotes
Education	Schools, including building, quality, school location, teachers, and staff	1	<p><i>Local school (Mount Jumbo) for the kids that live here in East Missoula to attend.</i></p> <p><i>The closing of Mount Jumbo school was a real hit to the community. Not sure why the closure happened, the community is growing, families are relocating here.</i></p> <p><i>East Missoula very much needs to have a neighborhood school again. I've heard from more than one long-time resident that when the school closed, the community started to degrade.</i></p>
Government	Legislation, regulation, etc.	2	<p><i>No county ordinance for noise abatement after a specified time in the evening.</i></p> <p><i>We are county so I guess there is less government involvement, but I feel noise ordinance and road conditions should be important town wide.</i></p> <p><i>I'd very much like to see East Missoula CLEANED UP and local ordinances established.</i></p>
Roads*		3	<p><i>Improvements to Highway 200.</i></p> <p><i>The roads and alleys are in bad repair, also we need better lines on the highway.</i></p> <p><i>Safe roadways; people speed through town on the highway and some of the side streets.</i></p>
Public Safety	Crime, law enforcement, emergency preparedness, etc.	4 (tie)	<p><i>Fewer unsafe features (drugs, unregulated fireworks, etc.).</i></p> <p><i>I feel that the recent problems residents have observed with drug traffic and other crimes are directly related to the poor condition of the community — those who engage in such activities see it as a place where they'll o mostly unnoticed.</i></p>
Sidewalks, Lighting, Traffic Lights*		4 (tie)	<p><i>East Missoula is a great place to live but is poorly funded.</i></p> <p><i>Take one look at the streets and the children walking in the dark on Halloween. Children enjoying parks that are not up to date with outdated equipment. Safety in this community is being way overlooked and should be put on a higher priority before something tragic happens that could have been prevented.</i></p>

Evano, Frenchtown & Lolo

Respondent Demographics

Approximately 17% of all rural survey respondents reported living in Evano (n=3), Frenchtown (n=2), and Lolo (n=8). (The results were combined due to the low number of responses for each individual community.) All respondents in the area live there year-round, with nearly 70% living there more than 10 years. Forty percent of respondents reported working Full-time, which just over 30% are Retired. The remaining respondents reported part-time employment or unemployment. Of this sample, most respondents work in the Private Sector with Government, Education, and Health Care also represented. Most recent job roles indicate that residents work as federal lands specialists, educators, researchers, and bus drivers, among other jobs.

Perceived Strengths

Evano, Frenchtown, and Lolo respondents reported that Location, Community, Health Care, Education, and Recreation were community strengths. Location and Community had a similar number of references, while Health Care and Education were also tied. Residents enjoy the rural, uncrowded areas with scenic view and rural beauty. Lolo residents also reported that they have access to many local goods and services in town but are also close enough to Missoula for other services and amenities. Like other areas of Missoula County, these residents report a wonderful, close-knit community where neighbors often work together.

Few references were made to Health Care and Education. Respondents recognize that they have access to health services through a walk-in clinic in town, and more services nearby in Missoula. The school was recognized as being "very proactive in the community." Lastly, five references were made to recreational opportunities. The state park, ball fields, and town trail system were called out as community strengths.

Evano, Frenchtown & Lolo: Top 5 Perceived Strengths

Theme	Description	Ranking	Quotes
Location	Physical Location	1 (tie)	<i>Natural beauty of the area. It is a scenic, beautiful place.</i>
Community	People, neighborhoods, community pride, civic engagement, etc.	1 (tie)	<i>Close-knit community neighborhoods. People are excited to live here, and excited to see things changing and growing.</i>
Health Care	Quality, quantity, and accessibility of health services	3	<i>Access to health services in community.</i>
Education	Schools, including building, quality, school location, teachers, and staff	4 (tie)	<i>School system is very proactive in the community. .</i>
Recreation	Access to outdoor recreation, including rivers, trails, fishing, hunting, etc.	4 (tie)	<i>Great recreation locally.</i>

Perceived Needs

Some perceived needs parallel perceived strengths in this area. Education, Community, Recreation, Transportation, and Government were the most reported community needs. Several individuals would like to see a new school facility or an addition to the existing school. While respondents indicated that there are great neighbors in the area, some stated they wanted to see more civic engagement and community involvement. They would like "a close community that steps forward and volunteers for community service" and "an increase in the community involvement for projects in the area." Perhaps not surprisingly, lack of civic engagement was noted as a possible reason for the lack of school improvements.

Residents enjoy their easy access to parks and trails. However, they would like to see more parks and green spaces for families and a multi-user trail for all community members. Regarding Transportation and trails, a few respondents suggested that a trail system connecting the school to neighboring towns to improve safety for children, families, and commuters. Lastly, Government was identified as an area of need. Here, Government refers to better communication between the county and city so that communities are better apprised of proposed and upcoming changes that might affect residents.

Evano, Frenchtown & Lolo: Top 5 Perceived Needs

Theme	Description	Ranking	Quotes
Education	Schools, including building, quality, school location, teachers, and staff	1 (tie)	<i>A new school facility would help our students live and learn more safely. Our community has been unsuccessful at passing a school bond.</i>
Community	People, neighborhoods, community pride, civic engagement, etc.	1 (tie)	<i>A close community that steps forward and volunteers for community service. Gain a sense of community. I would like to see an increase in the community involvement for projects in the area..</i>
Recreation	Access to outdoor recreation, including rivers, trails, fishing, hunting, etc.	3	<i>A public park would be great. Multi-user trail.</i>
Transportation	Infrastructure, including roads, traffic lights, sidewalks, and street lights. Typically related to public safety	4 (tie)	<i>An adequate trail system linking the elementary school from Frenchtown to Huson on Mullan Road to provide safe walking/biking for community members. Safe biking trails.</i>
Government	Legislation, regulation, etc.	4 (tie)	<i>Difficulty in working through the “system” created to administer funds for trails. More communication with county officials regarding information affecting our community.</i>

*Cumulatively, Transportation, including Roads, Public Safety, and Sidewalks, Lighting and Traffic Lights is the most pressing need, with more than 30 references.

Community Input

This section includes summary results of public input related to health and wellbeing in Missoula County.

- Summary of discussion in CHA small working groups
- Summary of key informant interviews
- Results from a survey of lower income residents
- Summary of recent community surveys, focus groups, and listening sessions related to community health and wellbeing

Summary of CHA Small Working Groups

CHA Small Working Groups

In March and April 2017, 43 CHA members broke out into seven small working groups focused on five topic areas:

- Basic Needs (two separate groups)
- Healthy Neighborhoods (two separate groups)
- Climate Change
- Health Inequities
- Mental Health and Substance Abuse

The groups used a SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis to talk through issues related to the focus topic.

Missoula County Strengths

- Access to the outdoors, parks, and trails
- Lots of resources and services
- Strong educational systems, from kindergarten through graduate school
- Strong health care system
- Community is oriented toward planning and improvement
- Caring community that is willing to collaborate

Missoula County Weaknesses & Threats

- Housing – area of extreme need
 - Availability and affordability
 - Within and near the urban area and in some rural communities
 - Fully connected to services – transportation of all kinds, sewer, healthy food outlets, etc.
 - Mixed-income neighborhoods
 - Environmentally friendly and weather adaptive
 - Specialized housing
 - For aging and place and visitability
 - Transitional housing—sober housing, wet housing, housing for people coming out of jail, etc.
 - For people with health issues including mental illness, dementia, and mobility problems
 - Housing network to prevent homelessness
- Low wages and lack of strong industry
- Mental health and substance abuse
 - Thread through all our other issues
 - Affordability and accessibility are problems
 - Big gaps for specific age groups
- Child Care
 - Affordability and availability; infant care is almost impossible to access
 - Affects low-income families in particular

Missoula County Opportunities

- Great services and resources, but they don't always connect
 - Barriers to creating a holistic system of services
 - In some cases we don't even know about each other's programs
 - Public may not even know about all available services and can have problems with access
- Data
 - Data gaps
 - Groups individually spend a lot of time collecting the data – could we share this effort?
 - No system exists for sharing data
 - Ideally we would spend more time using the data in ways that support each other than we do collecting it

Key Informant Interviews

Priorities for key informant interviews were identified by the full CHA working group at the May 2017 meeting. MCCHD staff solicited introductions from the CHA group for the identified key informants. MCCHD staff contacted all identified key informants. They received a copy of the interview questions and were given a choice of answering questions by email or taking part in a phone or in-person interview. One follow-up email was sent if there was no reply.

Efforts resulted in 19 completed key informant interviews in June and July 2017. Responses were tallied to identify the most common themes. For each question, topics that got three or more responses are listed. However, simple tallies do not do the interviews justice. The conversations were thoughtful and wide-ranging. A subjective summary of the overall responses has been added to give a more accurate impression of the interviews. Items with an asterisk correspond with the conclusions from the CHA small group meetings in the spring of 2017.

What are the important issues that negatively affect health and wellbeing in Missoula County?

- Lack of affordable housing/long waiting lists for subsidized and public housing: 11*
 - Especially for specific populations (felons, aging, history of substance abuse, mental health issues): 6*
- Low-paying jobs/lack of employment at a living wage/poverty/high cost of living: 9*
 - Especially for specific populations (felons, aging, disabilities, history of substance abuse, mental health issues): 2*
- Substance use disorders: 6*
 - Opioids, benzos, meth: 2
 - Medical/ambulatory detox: 2
- Issues of aging and disability: 6
 - Population is aging quickly
 - Alzheimer's and dementia
 - Caregiver stress
 - Income requirements for Medicaid
 - Lack of awareness of aging issues
 - Interim/short-term case management
 - Lack of visitable houses and neighborhoods
- Suicide/mental health: 5*
- Unaffordable child care/lack of access to child care for infants and non-standard work hours: 3*
- Racism/lack of cultural awareness/discrimination: 3

Summary:

Almost all key informants focused on bigger picture issues, and those issues overlapped significantly with the conclusions from CHA group meetings. The two items on the list that weren't widely discussed in the CHA group are issues of aging, disability, and racism. These may be areas to investigate in future processes.

What conditions or services in Missoula County do you think most effectively support health and wellbeing for residents?

- Lots of non-profits and services in Missoula County that cooperate and collaborate regularly: 9*
- Partnership Health Center: 6*
- Bike/walk trails and sidewalk options: 6*
- Zero-fare buses: 5*
- Community support for healthy lifestyles, events, volunteers, non-profit and services: 4*
- Mental health services/professionals/WMMHC: 3

Key Informant Interviews *continued*

Parks & Recreation parks and programs: 3
Case management programs (including home visiting): 3

Summary:

Most key informants listed specific organizations or agencies that provide the most important supports. Identified agencies covered a wide range of types of services – housing, food and nutrition, outdoor, health care, education, child care, public assistance, employers, etc.

What are the most effective or successful local supports in place for the Missoula County clients your agency works with?

Nutrition – Food Bank, WIC, Meals on Wheels, other food programs: 8
Mental Health Care – WMMHC/mental health practitioners/Full Circle: 7
Emergency shelter services – YWCA, Poverello, Family Promise: 7
Housing – MHA, Human Resource Council UM Family Housing: 7
Office of Public Assistance: 4
Partnership Health Center: 4
Substance abuse treatment – Turning Point, sober housing: 4
Transportation – Mountain Line services, free buses, bike and walking options: 3*
Employment: Job Service, Vocational Rehab, Human Resource Council Youth Employment Program: 3
Disability services – Summit Independent Living, MonTECH: 3
Youth homes – Dan Fox home, Missoula Youth Homes: 3

Summary:

Key informants listed more than 70 different effective local supports, again across a wide range of services. The areas of most effective supports were different depending on the reason the informants' agencies worked with residents, as would be expected. The supports seen as most effective were often directly related to the agencies that the informants reported as key collaborators.

What are the biggest gaps in services for your clients?

Lack of available and affordable housing (especially for people with challenges or other issues, etc.): 13

Getting connected to the system/barriers to services – too fragmented, too many points of entry, requires too many documents, takes too much case management time, too long of a wait: 5*
Lack of visitable housing: 3

Summary:

Key informants listed many fewer service gaps for their clients. But the overall impression of the answers follows the theme of the answers above: lack of access to services that do exist in some way. Respondents noted a lack of access to case management services, dental care, affordable child care, medical detox, home help to keep older adults in their homes, etc.

Question 5: Please describe your collaborative work. Who are your key collaborators?

Partnership Health Center/Family Medicine Residents: 5
Missoula Housing Authority: 4
Poverello Center: 4
Individual businesses: 3
Homeward/WORD: 3
Mental health providers and agencies (Winds of Change, Full Circle, Three Rivers): 3
MCCHD: 3

Key Informant Interviews *continued*

Summary:

Informants listed more than 90 different agencies with whom they have collaborative relationships. The interviewer was clear about asking for more official and ongoing collaborations, rather than informal or infrequent projects. Every CHA member agency was listed at least once. Some respondents only mentioned one or two collaborative relationships, while others listed many.

Do you feel your collaborative efforts effective in furthering your mission?

Summary:

Answers to this question were impossible to tally. They ranged from “it varies” through “they are good for updates and ideas for funding” through “it’s crucial – we couldn’t do our work otherwise.” The key informants who listed more formal and ongoing collaboration were much more likely to find their collaborative relationships essential, as were groups that take a leading role in their collaborations.

Some respondents expressed interest in collaboration with a focus on large-scale issues but were unsure how that would look or function.

What would make your collaborative efforts more effective?

Funding specifically to help develop collaborations – needs staff time and resources: 4

Better knowledge of each other/ongoing updates from all groups and their services from one source: 3

Personal relationships are key: 3

Buy-in from all parties is crucial – everyone needs to have buy-in and get value from the collaboration: 3

Summary:

There was general agreement that agencies in Missoula County could be connected in more meaningful ways, and also a general understanding that doing so would need dedicated leaders and time to make it happen. Some insightful key informants also pointed out the need for the schools – MCPS and more rural districts – to be a full partner in collaborations, and that collaborative partners need to set their own strong agenda and not just spend their time scrambling for grants.

The CHA group feels that residents’ mental health and substance abuse issues are woven through many of our challenges in Missoula County. Do you see that in your work?

Our work doesn’t include a situation where we would see substance abuse or mental health issues: 5

Social norms around drinking and substance use contribute to a lack of awareness in services: 3

Mental health is a huge barrier to self-sufficiency, especially getting and retaining good employment: 3

People with mental health/substance abuse issues are the hardest to place in services: 3

Summary:

Answers to this question were nuanced and generally specific to the type of agencies where key informants worked, which accounts for the top answer above. All key informants agreed that mental health and substance abuse issues make providing services for individuals more difficult, particularly when resources are limited, and that services (especially housing) are not widely available to help stabilize or reduce harm to people abusing substances or with difficult mental health problems.

What have we missed?

Summary:

The range of answers to this question was wide. This list is a consolidation of all the answers, divided into categories.

Key Informant Interviews *continued*

Overall Environment

How do all the casinos and marijuana shops affect our health and wellbeing?

Concerns about the way development is happening and the speed of it; where are our priorities?

System Needs

Need to fund the solutions we spend money to identify.

It is easier to drive all the way to Tribal Health than it is to use PHC. Takes too long to get an appointment at PHC, and their intake appointments scare people away with the way they talk about costs and payment. The sliding fee scale isn't talked about until last and it isn't clear.

The big missing piece is strong preventive services for abuse and neglect – need to start working on prevention in a way that is clear we are creating change.

The new Headwaters Foundation is looking at strategies right now, and their staff should be part of conversations.

Free buses are good but often the bus system's reach and hours are not quite right for workers.

Medicaid cuts will change mental health treatment models.

Would like to see MCPS more fully embedded in the community. We need to start thinking of workforce preparation that doesn't necessarily include post-secondary education, and MCPS would give a more integrated perspective on issues.

We have always seen families where multiple generations go through the foster care system, but now we are seeing a new kind of client who is new to the system because of drug use.

Housing

Housing prices going up is causing a lot of anxiety among clients.

Most homeless people over 65 are on the street because of health problems.

Aging Issues

Don't forget the special needs of people who are aging.

Medicare doesn't cover everything – doesn't cover prescriptions fully, and doesn't cover dental and hearing aids at all.

An upcoming issue is the aging of the population. This will greatly affect the workforce, housing, types of jobs, etc.

Positive Movement

Missoula Urban Indian Health Center is on the forefront of integrated services – can especially see it in highly successful diabetes program.

Integrated behavioral health is the model in health care now; moving toward integrated health care, which will be more effective in providing services.

Mountain Home Montana is beginning a program to help homeless young moms access substance abuse treatment, in conjunction with the Recovery Center and others.

There are significant needs in our community, but there are also a disproportionately high number of amazing mental health providers here.

If you could wave a magic wand and change something about Missoula County to better support health and wellbeing for residents, what would you do?

Summary:

Again the range of answers was wide, and the completed summary list of answers on the is worth a look.

Affordable housing for everyone (Montana and US): 7*

Mental health and health care services for all: 3*

Mental health and addiction treatment that was easier to connect people to, especially if they are currently using: 3*

Key Informant Interviews *continued*

Systems

- Centralized place to apply for services – single point of entry would remove barriers and create better relationship-building with clients to make sure they aren't falling through the cracks
- Monthly publication sings the praises of people who do this work in the community
- Missoula Urban Indian Health Center having their own building – a permanent place to call home would allow for better service delivery in many ways
- Eliminate the stigma associated with asking for help
- Direct, intensive, triaged case management for everyone who needs it, for whatever reason
- Quadruple the budget for everything we already do
- More resources for family caregivers

Housing, Jobs & Education

- Supportive housing for everyone who needs it – permanent or transitional
- Living wages
- Free education at Missoula College
- High-quality, affordable, sliding-fee child care centers in different locations around town that are close to business hubs
- Really strong adult education program with marketing support and lots of collaborations
- Emergency housing for families with case management services to help them get back on their feet
- Creative housing solutions that are inclusive of people with disabilities, older adults, people with dementia, families, students, low income, people with mental health issues, etc.

Mental Health and Substance Abuse

- Wet housing
- Medical detox
- Community environment and social norms that limit alcohol and drug use

CHA Survey of Lower Income Residents

The CHA survey came about through the process to prioritize key informant interviews. Input from lower income Missoula County residents came out the top of our prioritization list. Missoula Housing Authority, the Missoula Food Bank, and the Poverello Center offered their help to connect us with their residents, customers, and guests. With input from CHA members, MCCHD staff developed the CHA survey. Our goal was to collect information on:

- Residents' visions of community strengths and needs
- Services used and valued by residents
- Gaps in services
- How residents support their own health and wellbeing

The survey was slightly adapted for each agency's clients. The slightly different surveys and the different modes of taking the survey probably influenced the results to some extent. However, these differences in survey methods allowed us to respect the needs of each resident group and still let us accomplish our primary goal, which was input from lower income residents on the same topics discussed by the CHA group and in key informant interviews.

For more on the methodology of the survey, see **Appendix 3**. For the full results of the survey, see **Appendix 4**.

Summary of CHA Survey of Lower Income Residents

Community Strengths and Needs

When survey questions addressed community strengths, survey respondents' most common answers matched those of the CHA working groups and key informants:

- Outdoors and the natural environment (more than 40%)
- People and the sense of community (about 1/3)
- Wealth of services (about 15%)

The most common community needs identified by survey respondents also overlapped with those seen by the CHA working groups and key informants, although the survey answers were much more varied. The most common answers in the survey were:

- Affordable and available housing
- Better jobs/more income
- Better personal health
- Improved services
- Service providers and decision makers need to get to know us/show us more respect

The last response appeared throughout the survey in slightly different forms. Many respondents felt that the fact that they are low income or in need of services creates a lack of notice and respect from the larger community and from some specific service providers.

Services

When asked directly at the end of the survey about which services work really well in Missoula County, the top results were, in this order:

- Food Bank
- Mountain Line
- Missoula Housing Authority
- Office of Public Assistance
- All services work well here

The fact that this survey was given through the Food Bank and Missoula Housing Authority obviously makes these agencies more likely to come up on this list, but it is worth noting that the residents expressed a strong sense of

appreciation and respect for these programs. In interviews, respondents expressed an especially high level of regard and appreciation for the Food Bank.

In one section of the survey, respondents noted services they and their household had ever used within different categories. The highest proportion of respondents, at 96%, had used food and nutrition services, while at 22% the lowest proportion reported using services to stop using tobacco, alcohol, or drugs.

Food & Nutrition (96% of respondents had used services in this category)

SNAP (80% of those who used these services)

Food Bank (74% of those who used these services)

Reduced-Price Physical & Mental Health Care (88% of respondents had used services in this category)

Medicaid (65% of those who used these services)

Partnership Health Center (55% of those who used these services)

Reduced-Price Dental Services (74% of respondents had used services in this category)

Partnership Health Center Dental (62% of those who used these services)

Dentists who accept Medicaid (56% of those who used these services)

Services to Stop Using Tobacco, Alcohol, or Drugs (22% of respondents had used services in this category)

Support groups such as AA (26% of those who used these services)

Other (26% of those who used these services, with no two answers the same)

Housing (82% of respondents had used services in this category)

Missoula Housing Authority (89% of those who used these services; about 60% of respondents were MHA residents)

Human Resource Council (17% of those who used these services)

Services for Children & Families (29% of respondents had used services in this category)

Child Care Resources (63% of those who used these services)

All free and reduced-price after-school programs, including YMCA (60% of those who used these services)

Education & Jobs (57% of respondents had used services in this category)

Job Service (62% of those who used these services)

Missoula College or UM (32% of those who used these services)

Dickinson Lifelong Learning Center (29% of those who used these services)

Transportation Services (70% of respondents had used services in this category)

Mountain Line (81% of those who used these services)

Bike and walking trails (39% of those who used these services)

An open-ended question elicited thoughts about which services had been the most important to them. People listed specific services. Here are the categories in order of their rank:

Food & Nutrition (39)

Housing (38)

Reduced-Price Physical & Mental Health Care Services (36)

Transportation (26)

Services for Children & Families (9)

All services were equally important (8)

Jobs & Education (7)

Other (4)

Substance Abuse Services (2)

CHA Survey *continued*

From the interviews, it seems that many respondents would have chosen “all services have been equally important” if it had been offered as a choice.

When asked to identify gaps in services, or services they needed but couldn't find or get for some reason, only about one-third of respondents answered. The most common answer categories were:

- Help with paying for other important needs such as vet care for pets, glasses, family emergencies, car repair, or a phone (10)

- More realistic benefits: income cutoffs are often unrealistically low, benefits are often unrealistically small, and any savings or extra income can jeopardize your benefits, which makes it hard to move off services (10)

- Dental services, including dentists who allow payments and help paying for dentures (8)

- Help for older or disabled adults, including legal services, support groups, and help to stay in homes (8)

Several of the CHA working groups had questions about how residents find out about services and expressed concerns that there was no system to make sure that people know what services are out there. Survey respondents were asked about their sources for locating services. The top answers were:

- Other (40%)

- Missoula Housing Authority (35%)

- Public Assistance Office (27%)

- Friend (26%)

- Figured it out for myself (22%)

The most common “other” answers were “word of mouth” and “overheard other people talking about it.” Missoula Housing Authority obviously does a good job of helping their residents with locating services (remember that 60% of the respondents are MHA residents), as does the Public Assistance Office. Several other agencies had a few mentions as well. However, the high number of responses that indicate that people figured it out by themselves or through the grapevine supports the CHA work group's concern about community awareness of services.

Income & Budgeting

Monthly income breakdown was reported as follows:

- Less than \$500: 18%

- \$500 to \$999: 41%

- \$1,000 to \$1,999: 36%

- \$2,000 or more: 41%

People reported paying for their non-housing expenses in a variety of ways, in order:

- Public assistance (48%)

- Disability benefits (34%)

- LIEAP utility assistance (30%)

- Social security, a pension, or other retirement benefits (26%)

- Free or donated goods or services (22%)

- A part-time job (21%)

- A full-time job (19%)

“Other” was chosen by 27% of respondents, with only “family help” getting more than one response.

All surveys asked a question about how respondents stretched their budgets. From interviews, it is clear that this was not a strong question for these groups. If we had let them choose “I don't/didn't make enough money to even have a budget to stretch,” it seems like most people would have chosen that option.

Most people gamely tried to answer this question anyway, and the top answers were:

- Don't buy anything extra/unnecessary at all
- Eat mostly or only free or donated food
- Limit food intake in some way
- Almost never use the car

Housing

Housing questions were asked differently at the different interview sites. See **Appendix 3** and **Appendix 4** for details on the differences.

Housing Stability (asked at MHA and Food Bank only)

Missoula Housing Authority residents were significantly more stable in their housing situation than the Food Bank:

- Respondents who lived in their current home 5 years or more: MHA 28%, Food Bank 13%

- Respondents who lived in their current home for one year or less: MHA 23%, Food Bank 44%

At the Food Bank, 36% of respondents rented an apartment, 17% owned their home or trailer, and 27% had some other living arrangement (camping, living with friends or family, in UM housing, renting a trailer).

At the Food Bank we also interviewed respondents about the temperature of their house in this warm summer and ways they try to keep it cool; 54% reported that their house was too warm.

Health

Respondents were asked how many days of the past 30 they enjoyed good physical health. The top answers were the two extremes:

- 40% reported good health on 24 to 30 days

- 29% reported good health on only 0 to 7 days

It is worth noting that the time of the survey may have influenced these answers. In interviews, some people reported that they would have had more days of good health if there wasn't so much wildfire smoke in the air.

Respondents were also asked how many of the past 30 days they have been worried, tense, or stressed. Again the top answers split into the two extremes:

- 38% reported only being worried and stressed on 0 to 7 days

- 25% reported being stressed for 24 to 30 days

Social Connections

Of respondents, 75% reported regularly spending social time with others outside their household, and 52% of that group said they spent social time with others 2 to 4 times per week. Only 26% of respondents reported volunteering, with most volunteering at the Food Bank or the Poverello Center. In interviews, most Food Bank respondents reported enjoying and appreciating their volunteer work at the Food Bank. When asked if they belonged to any clubs, churches, or groups, 27% said yes.

Regarding eating habits, 61% said they could easily buy healthy food. Most cited general grocery stores as their source. From interviews, it seemed that many people visited multiple grocery stores to find sales or special pricing. The most commonly noted place to buy healthy food was farmers' markets, with several respondents noting that they used Double SNAP dollars. It is interesting that the Food Bank got a handful of mentions as well; that speaks to both that organization's feeling of being a store rather than a service, and also to the quality of their food offerings.

Health Insurance

Of all respondents, 89% said they had health insurance. However, this varied by interview site. All five Poverello respondents had health insurance, compared to 95% at Missoula Housing Authority and 78% at the Food Bank. Of people with health insurance, 74% reported being on Medicaid. However, interviews made it very clear that most people don't really understand the source of their coverage or even what kind of coverage they have.

Health Habits

Of all respondents, 67% reported getting regular physical activity. Of this group, about 2/3 reported that walking for exercise. Regarding ways to deal with stress, 75% reported having ways to regular defuse tension. Respondents reported a wide variety of ways to handle stress. The top answers were spending time with friends, meditation, walking, and spending time in nature.

For the full results of the survey, see **Appendix 4**.

Other Community Surveys & Focus Groups

Many community surveys, focus groups, and listening sessions have been conducted in Missoula County over the past three years, many of them by CHA partner organizations. Most of the processes were specific to the City of Missoula, but some are relevant for Missoula County as a whole. Findings are summarized here. Overlap with the CHA survey, key informant interviews, and/or CHA small working groups are noted with an asterisk.

Missoula Invest Health Project

Missoula's Invest Health Project began with a planning grant from the Robert Wood Johnson Foundation and the Reinvestment Fund. The goal of the grant is to transform how city leaders work together to help low-income communities thrive. Team members represent MCCHD, City of Missoula, Development Services, NeighborWorks Montana, United Way, and Providence St. Patrick Hospital. All groups are CHA partners.

The Invest Health team conducted a survey and neighborhood walkabouts in the city's three neighborhoods with lowest incomes and generational poverty – Franklin to Fort, River Road, and Northside/Westside. Even with the Invest Health work focused on the built environment of specific neighborhoods, there was overlap with the results of the CHA survey of lower income residents. Overlap with items noted by the CHA working groups are marked with an asterisk.

From the 653 responses to the survey, the top overall needs identified across all neighborhoods were:

- More sidewalks (45%)
- Better lighting (38%)
- Parks, gardens, and open spaces (33%)
- Street safety (25%)
- Affordable housing (23%)*

Input during the neighborhood walkabout sessions revealed the following overall neighborhood strengths:

- People working together for the good of the neighborhood*
- Services such as medical care, social services, and food access*
- The trails and lighting that exist*

All three neighborhood walkabout groups identified these areas for improvement:

- Better sidewalks
- Improved lighting
- More parks or pocket parks and better upkeep for current parks
- Better affordable housing that fits with the neighborhood*
- Traffic calming

Survey results, with breakdowns for each neighborhood, are described in the report [A Tale of Three Neighborhoods: A Study of Health Equity](#).

Providence St. Patrick Hospital 2017 Community Health Needs Assessment Survey

Providence St. Patrick Hospital conducted an online survey in the summer of 2017 to better understand health behaviors, health status, and health needs. The 94 Missoula County respondents answered questions about access to different types of health care and disease prevalence, in addition to questions about quality of life and community health issues. The following questions most directly relate to questions addressed by CHA processes, interviews, and surveys. Only top answers are included.

Which of the following quality of life and health issues do you believe are serious problems in your community?

- Alcohol and drug abuse (88%)*
- Stress, depression, and suicide (81%)*
- Lack of affordable day care (70%)*

Other Surveys *continued*

- Lack of safe and affordable housing (67%)*
- Smoking and tobacco use (67%)
- Child abuse and neglect (65%)

In the past year, have you or a member of your household used any of the following health care services?

- Outpatient services or doctor's office (95%)
- Pharmacy (94.7%)
- Dental (88.3%)
- Eve or vision (79.6%)
- Mental health treatment or counseling (54.9%)
- Emergency room (51.9%)
- Chiropractor (43.8%)

What health-related services does our community need that are not currently available? (This was an open-ended question; answers have been categorized and sorted.)

- Mental health*
- Affordable or universal health care*
- Substance abuse*
- Help with navigating systems and making payments*

What one thing could be done to improve the overall health and quality of life in our community? (This was an open-ended question; answers have been categorized and sorted.)

- More or expanded substance abuse services*
- Affordable or universal health care*
- More affordable housing or help paying for housing*
- More or expanded mental health services*

Providence St. Patrick Hospital Focus Group

Providence conducted a focus group with 14 participants at the Food Bank in October 2017. Major themes from the one-hour discussion include needs and barriers in:

- Housing — costs are high, especially compared to wages, and there are long wait lists for subsidized housing and not enough rental assistance*
- Low wages*
- Lack of mental health and substance abuse services that are easy to access*
- Too many children are in foster care, especially low-income kids, and they need more support when they leave foster care and group homes*
- People don't know what services are available or how to access them*

City of Missoula Housing and Community Development 2017 Community Needs Assessment Survey

CHA partners from City of Missoula Housing and Community Development conducted a survey in January and February of 2017. The 503 respondents answered questions about Missoula development and infrastructure priorities, housing, job development, and community services. Only the questions directly related to the CHA are noted here.

Which of the following do you believe are the top priorities for Missoula?

- Increase housing that is affordable for all income levels (65.2%)*
- Improve public infrastructure (roads, sidewalks, water, sewer, etc. – 40.4%)
- Assist nonprofits providing community services (27.8%)*
- Provide support for small business assistance and job creation (24.7%)*

Other Surveys *continued*

Which of the following housing opportunities would you prioritize?

- Housing that is affordable for homebuyers or renters earning low and moderate incomes (74.4%)*
- Housing and services for people who are homeless (43.9%)*
- Rental assistance for renters with low and moderate incomes (37.2%)*

Please select the top three priorities that will help foster increased business development and job creation in Missoula.

- Increase housing that is affordable for members of the workforce (51.1%)*
- Increase workforce development training (28.6%)
- Increase broadband internet coverage (25.6%)

Please select the top three community services Missoula should prioritize.

- Mental health services (63.2%)*
- Services to prevent homelessness and reduce length of time in homelessness (47.9%)
- Access to alcohol and drug treatment (36.8%)*

An interesting question asked for people's general feeling about Missoula moving into the future. While none of the other surveys or interviews asked a question like this, the optimism expressed by the respondents is consistent with the positive attitudes expressed about Missoula and Missoula County in the CHA efforts.

In three years, will Missoula be:

- Better (58.6%)
- The same (22.7%)
- Worse (18.7%)

Our Missoula Growth Policy Listening Sessions

In late 2014 the City of Missoula conducted 28 community listening sessions in the process of developing the 30-year City Growth Policy, which was adopted in November 2015. As part of the process, the city also published the [City of Missoula Asset Mapping report](#), which presents maps of physical assets and challenge areas. Issues that were also noted by the CHA working groups are marked with an asterisk. The overall top ten city assets and challenges were:

Assets

- Natural areas and outdoor recreation*
- Community involvement*
- Sense of place*
- Bikeable and walkable with good bike and pedestrian trail systems*
- Family-friendly, family-oriented
- Parks and recreation*
- Downtown
- Diversity
- University of Montana
- Natural resources*

Challenges

- Transportation, parking and transit
- Land use, zoning and subdivision
- Environmental quality
- Affordable housing*
- Growth pressures and sprawl
- Funding
- Economy and jobs*
- Social services and education
- Business development*
- Infrastructure

Other Surveys *continued*

The [Safety and Wellness report](#) from the listening sessions noted these values and challenges:

Safety & Wellness Community Values

- Public safety
- Fresh local food
- Being a healthy and active community*
- Regional hub for medical services*

Safety & Wellness Community Concerns

- Homelessness*
- Unemployment and alcohol use among youth and young adults*
- Suicide rates*
- Coming need for housing appropriate to the growing population of older adults*

Healthy Start Missoula Referral Survey

Healthy Start is a collaboration of groups in Missoula County who provide services for families with children ages zero to five. Healthy Start is a CHA partner through the Missoula Forum for Children & Youth. In late 2016 Healthy Start conducted a member survey about their referrals. The top results:

Which referrals do you make the most?

- Legal aid (parenting plans and custody, child support enforcement, divorce paperwork, restraining orders)
- Housing
- Office of Public Assistance (SNAP, TANF, SSDI, LIEAP)

Which referrals are the most challenging? (No available services, long waiting lists, eligibility problems, etc.)

- Housing
- Legal aid
- Transportation

United Way Imagination Library Survey

United Way of Missoula County works with [Dolly Parton's Imagination Library](#) to provide free books for children under age five. A recent survey of families signed up for the program got 284 responses. The questions about child care strongly reinforced the CHA group's concerns and the data about the difficult child care situation. About 85% of respondents said that they felt stress over child care, for the following reasons (they could choose more than one answer):

- Cost: 70%
- Quality: 55%
- Availability: 44%
- Location: 28%
- Hours: 25%

Of the respondents, more than 60 chose to share their person stories of frustration with local child care options; the stories focused on availability and cost, particularly for children under age two. The results are especially notable as the majority of the respondents report having a college degree and an income near the median income for Missoula County.

Missoula Aging Services Data

While not a survey, Missoula Aging Services provided their referral data for the period of June 2016 through May 2017. This analysis involved only a quick sorting of the data. An in-depth sorting could provide rich information on the needs of older and disabled adults. The following data reports the highest numbers of the calls by need and the referrals made

Other Surveys *continued*

by the Missoula Aging Services resource center during this time period. (Note that Missoula Aging Services also fields calls from other counties in the region.) Overlap with CHA surveys and interviews is noted with an asterisk.

Calls by Need

By far the highest combined need category, when combining the data, was for help understanding, applying for, and using Medicare benefits. For community support services, callers asked most for these categories of help:

- Help with household chores, both indoor and outdoor
- Personal care aides
- Caregiver support
- Housing*
- Home-delivered meals
- Respite services
- Medical equipment

Top Referrals Made

The Missoula Aging Services referral list is very specific. The following list is based on a preliminary attempt to consolidate categories. Better understanding of referrals by the resource center would require a more in-depth analysis with the help of Missoula Aging Services staff. The highest number of referrals made, by category:

- Medical equipment (MonTECH, Partners in Home Care, Norco, etc.)
- Meals on Wheels
- Office of Public Assistance
- Social Security Administration
- Imagine Missoula (help with home chores)
- Dental services (Dental Lifeline, Partnership Health Center, dental hygiene at home)
- Rural Dynamics (financial services and credit counseling)

Missoula Aging Services 2014-2015 Survey of Older Adults in Missoula County

Missoula Aging Services released this report in September 2015. The survey covered a wide range of topics, including health status and awareness and use of the organization's services. The following question most directly relates to questions addressed by CHA processes, interviews, and surveys. Only top answers are included.

In the last year, did you have any difficulty with any of these activities? (Options included specific personal care and home care and maintenance tasks.)

- Home repairs or maintenance (26%)
- Winter snow removal (24%)
- Housekeeping (23%)
- Cooking for yourself (17%)

Missoula Economic Partnership [State of the Workforce Study](#)

In 2017, MEP conducted surveys, interviews, and focus groups with key business and community leaders in Missoula County to understand how to better attract, retain, and develop a talented workforce, which is especially important right now when the population is not keeping up with the needs of business.

Strengths

- Missoula scores high in quality of life measures*
- Highly educated population*
- Abundance of resources – more than 1,100 training programs available to residents

Challenges noted in the study:

- Cost of living, in particular high housing costs*
- High poverty rates*
- Low average salaries*

Other Surveys *continued*

Opportunities noted in the study:

- Need to align industry and occupational needs with training

- University of Montana graduates: roughly 66% of UM graduates are employed in the state after graduation, meaning that 33% of graduates could potentially be tapped for jobs in the area, and only 57% of employers say that they recruit from educational institutions

Human Rights Campaign [Municipal Equality Index](#)

While not a survey, the Human Rights Campaign's 2017 Municipal Equality Index presents an evaluation of 506 US cities for their laws, policies, and inclusiveness of city services for LGBTQ people. The City of Missoula scored a perfect 100 based on the way the city supports LGBTQ residents as an employer, through services and programs, in law enforcement, and visible leadership support. Missoula's high score indicates that the city has a great foundation for full inclusion of LGBTQ people in the life of the community, although the report doesn't assess whether LGBTQ residents experience full access to services and amenities that provide the foundation for optimum health and wellbeing.

Appendix 1: Data Resources

Local agencies working on specific issues can provide us with much data. There is also a wealth of data resources available online. Here are several we have found useful.

[County Health Rankings & Roadmaps](#)

This collaborative project of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute uses data on health factors to provide a snapshot of health status for each county. The site also provides examples of programs and policies that work to promote health.

[Missoula City-County Health Department Community Health Maps](#)

MCCHD shares the community health data it uses in planning and decision making in mapping tools.

[500 Cities Project](#)

The 500 Cities Project provides city- and census tract-level small area estimates for chronic disease risk factors, health outcomes, and clinical preventive services. Missoula is one of only two communities from Montana that is included.

[Montana Youth Risk Behavior Survey](#)

The Montana YRBS provides data on health and risk behaviors through a standardized national survey.

[Behavioral Risk Factor Surveillance Survey](#)

The BRFSS is a phone survey of Americans that takes place every two years. It asks questions about people's health conditions, health behaviors, and use of preventive services. You can search for data for counties and cities. You can also get [Montana BRFSS data](#) through the Montana Department of Health and Human Services.

[Centers for Disease Control and Prevention WONDER](#)

You can search many CDC databases and reports for many subjects — from cancer to pregnancy to the environment.

[CDC National Center for Health Statistics](#)

The NCHS compiles statistical information from birth and death records, medical records, interview surveys, and through direct physical exams and laboratory testing.

[CDC National Vital Statistics System](#)

The NVSS compiles mortality data that are a fundamental source of demographic, geographic, and cause-of-death information. This is one of the few sources of comparable health-related data for small geographic areas over an extended time period. The data are used to present characteristics of those dying in the United States, to determine life expectancy, and to compare mortality trends.

[American Factfinder](#)

This US Census website allows you to search for demographic data for states, counties, and communities.

[AARP Livability Index](#)

The AARP Public Policy Institute scores US neighborhoods and communities on services and amenities.

[PolicyMap](#)

This subscription service provides data through maps, tables, reports, and data files. The 37,000 data indicators are often available down to the census tract or even block group level. Data categories include demographics, health, quality of life, economy, housing, lending activity, and education, among others.

[Community Commons](#)

This subscription service also provides data through maps, tables, reports, and data files. It includes a special focus on equity issues and vulnerable populations. Data categories are equity, economy, education, environment, food, and health.

Appendix 2: Community Resources

Missoula County has many agencies and organizations who work to improve community health and wellbeing in some way. This list was compiled by MCCHD staff from the meetings of the CHA work group and the key informant interviews. **This list is not intended to be exhaustive.** We tried to include all organizations that affect or serve a significant number of Missoula County residents, or that provide crucial or unique services.

Food and Nutrition Services

<p>Missoula Food Bank (406) 549-0543</p>	<p>The Food Bank’s mission is to lead the movement to end hunger in our community through activism, volunteerism and healthy food for all.</p>
<p>Supplemental Nutrition Assistance Program (SNAP) (406) 329-1200</p>	<p>SNAP offers nutrition assistance to millions of eligible, low-income individuals and families and provides economic benefits to communities.</p>
<p>Missoula Aging Services Nutrition Programs (406) 728-7682</p>	<p>Missoula Aging Services provides several programs to address nutritional and social needs of seniors and people with disabilities. Programs include Meals on Wheels, Congregate Meals, Farmers’ Market Coupons, and the Rural Nutrition Program.</p>
<p>Garden City Harvest (406) 523-3663</p>	<p>Building community through agriculture by growing food with and for people with low incomes, offering education and training in ecologically conscious agriculture, and using our sites for the personal restoration of youth and adults.</p>
<p>Community Food & Agriculture Coalition (406) 880-0543</p>	<p>Our aim is to develop a local food system that ensures all people have access to nutritious, affordable food grown by family farmers within our region.</p>
<p>Women, Infants and Children (WIC) (406) 258-4740</p>	<p>WIC is a nutrition education program that provides healthy foods, nutrition information and referrals to health and social services in the community.</p>
<p>Child and Adult Care Food Program (406) 728-6446</p>	<p>The program plays a vital role in assuring the nutritional quality of meals and snacks served to eligible children and adults attending non-residential child or adult care programs, and making care more affordable for many low-income families.</p>
<p>EFNEP (406) 258-4200</p>	<p>EFNEP is a nutrition education program for limited-resource families with children and youth to acquire the knowledge, skills, and attitudes necessary to change behavior for nutritional wellbeing.</p>
<p>Poverello Center Food Services (406) 728-1809</p>	<p>The Poverello homeless shelter provides food services including three meals a day to anyone in need, a sack lunch program, and a food pantry.</p>
<p>School Meals (406) 728-2400 x3051</p>	<p>Healthy breakfasts and lunches are available at fee or reduced rates. Contact your local school for applications.</p>
<p>City Food Bank (406) 532-7711</p>	<p>The Ministry of Clark Fork City helps to feed hungry Missoula county residents.</p>
<p>Union Gospel Mission (406) 926-6477</p>	<p>This day center for the homeless provides food boxes and meals Monday through Saturday.</p>

Community Resources Appendix *continued*

Housing and Shelter Services

<p>Missoula Housing Authority (406) 549-4113</p>	<p>Through creative partnerships and innovative development, the MHA provides quality housing solutions for low and middle income households in Missoula and the surrounding area.</p>
<p>Missoula Human Resource Council (406) 728-3710</p>	<p>The Human Resource Council programs include Section 8 rental assistance, emergency housing assistance to the homeless, assistance to first-time home buyers, help with energy bills, and homeowner rehabilitation and repair loans.</p>
<p>Poverello Center (406) 728-1809</p>	<p>The Poverello provides short-term emergency housing and services, housing and services for veterans, and homeless outreach programs.</p>
<p>Homeword (406) 532-4663</p>	<p>Homeword provides safe, healthy homes people can afford and strengthens community through housing counseling and education for those in need.</p>
<p>WORD (406) 543-3550</p>	<p>WORD's housing assistance program is designed to help families who are homeless or at risk of homelessness secure or maintain stable housing.</p>
<p>YWCA (406) 543-6691</p>	<p>The YWCA is the leading organization in Missoula for moving women and families out of crisis and empowering them to achieve lasting independence.</p>
<p>Valor House (406) 829- 3928</p>	<p>Valor House is a transitional housing facility for homeless veterans operated through a partnership between the Poverello Center Inc., Missoula Housing Authority and the U.S. Veterans Affairs Department.</p>
<p>Mountain Home Montana (406) 541-4663</p>	<p>Mountain Home Montana provides shelter for young mothers who need a place to live and a network of support as they create homes of their own.</p>
<p>Salvation Army (800) 728-7825</p>	<p>The Salvation Army provides assistance and emergency shelter for families with children under the age of 18.</p>
<p>Family Promise (406) 207-8228</p>	<p>Family Promise Missoula is run by the Missoula Interfaith Collaborative. A network of 28 faith communities and businesses provide housing for homeless families.</p>
<p>Union Gospel Mission of Missoula (406) 542-5240</p>	<p>UGM operates the Women & Children's Center which provides emergency housing for women with children and for single women.</p>

Community Resources Appendix *continued*

Health Care Services

The lists that follow provide information about a range of health care organizations in Missoula County. If we listed all clinics and practices, the list would take several pages. Missoula County also has a wide range of alternative health care practitioners. There are roughly 20 chiropractic offices, at least four acupuncture clinics, at least three alternative care centers for groups of practitioners using different modalities, and multiple naturopaths, homeopaths, massage therapists, and different kinds of body work specialists.

Physical Health Services

<p>Partnership Health Center (406) 258-4789</p>	<p>PHC is Missoula County’s Federally Qualified Health Center. The clinic provides affordable healthcare on a sliding fee scale to the medically underserved residents of Missoula and surrounding rural areas through a partnership of community resources. PHC provides outpatient medical and pharmacy services at their main location, Lowell School Health Center, the Seeley Swan Health Center, and the Poverello homeless shelter.</p>
<p>Community Medical Center (406) 728-4100</p>	<p>CMC provides inpatient and outpatient services including walk-in clinics at multiple locations, nurses on call, and a physician group.</p>
<p>Providence St. Patrick Hospital (406) 543-7271</p>	<p>Providence provides inpatient and outpatient services including walk-in clinics at multiple locations and a physician group.</p>
<p>Missoula Urban Indian Health Center (406) 829-9515</p>	<p>MUIHC provides culturally relevant diabetes programs, immunizations, testing, and behavioral health services to the Native American community in Missoula County and the surrounding area.</p>
<p>Curry Health Center (406) 243-2122</p>	<p>Curry Health Center at the University of Montana provides care for students They offer walk-in care or appointments, an on-site lab, x-rays, wellness programs, and pharmacy services on the UM campus.</p>
<p>Western Montana Clinic (406) 721-5600</p>	<p>Western Montana Clinic is the largest clinic in Missoula County with 62 providers across multiple specialties. It also offers</p>
<p>Planned Parenthood (406) 728-5490</p>	<p>Planned Parenthood offers reproductive health care, LGBT services, and health care for men and women.</p>
<p>Blue Mountain Clinic (406) 721-1646</p>	<p>Family practice clinic providing traditional, preventative, and complimentary care. The clinic integrates family medicine, reproductive care, mental health counseling, and trans care.</p>
<p>Seeley Swan Health Center (406) 677-2277</p>	<p>Seeley Swan Health Center is a branch of Partnership Health Center serving the Seeley Swan area. It provides medical, dental, and behavioral health services.</p>
<p>Ag Worker Health & Services (406) 273-4633</p>	<p>The Ag Worker Health & Services staff of nurses, dental hygienists, and counselors offers primary health care and referrals for agricultural workers and their families. Spanish interpreters are on staff.</p>

Community Resources Appendix *continued*

Addiction and Mental Health Services

<p>Western Montana Mental Health Center Adult Mental Health Services (406) 532-9700</p>	<p>WMMHC offers services including adult day treatment, adult group homes, transitional housing, crisis stabilization, drop-in centers, emergency services, jail diversion programs, outpatient therapy, support for independent living, medication management, and vocational services.</p>
<p>Western Montana Mental Health Center Child & Youth Mental Health Services (406) 532-9700</p>	<p>WMMHC offers services including comprehensive school and community treatment in public schools districts, home support services, individual and family counseling, and medication management.</p>
<p>Western Montana Mental Health Center Addiction Services (406) 532-9700</p>	<p>WMMHC addiction services include the inpatient Recovery Center , residential services at Share House and the Carole Graham Home, transitional housing through the Serenity Cove Apartments and the Carol Sem apartments, prevention services including the Flagship after-school program, and outpatient programs including assessment, outpatient therapy, relapse prevention, and day treatment.</p>
<p>Providence Psychiatry (406) 327-3362</p>	<p>Providence St. Patrick Hospital offers inpatient mental health services for adolescents and adults, including the Adolescent Partial Hospitalization Program.</p>
<p>Partnership Health Center (406) 258-4789</p>	<p>PHC offers counseling on a sliding fee scale and mental health referral services in Missoula and at the Seeley Swan Health Center.</p>
<p>Missoula Urban Indian Health Center (406) 829-9515</p>	<p>MUIHC offers culturally relevant chemical dependency and mental health services to the Native American community in Missoula County and the surrounding area.</p>
<p>Curry Health Center (406) 243-2122</p>	<p>Curry Health Center at the University of Montana offers individual counseling, group programs, and medication for mental health and addition issues.</p>
<p>AWARE (406) 543-2202</p>	<p>AWARE works with children and families in challenging mental health and emotional situations. Services include case management, home support, psychiatric services, and school-based treatment.</p>
<p>Blue Mountain Clinic (406) 721-1646</p>	<p>Blue Mountain’s family practice clinic integrates family medicine, reproductive care, mental health counseling, and trans care.</p>
<p>Ag Worker Health & Services (406) 273-4633</p>	<p>The Ag Worker Health & Services staff includes counselors who provide behavioral health and substance abuse counseling.</p>
<p>Private Providers</p>	<p>Missoula County (especially the City of Missoula) has a wealth of private providers dealing with behavioral health issues.</p>

Community Resources Appendix *continued*

Services for Children & Families

<p>Child Care Resources (406) 728-6446</p>	<p>CCR helps families find and pay for child care, provides training and coaching for child care professionals, improves nutrition and opportunities for physical activity in child care, and works with the health department to promote a healthy and safe environment in child care centers.</p>
<p>The Parenting Place (406) 728-5437</p>	<p>The mission of the Parenting Place is to prevent child abuse and neglect by strengthening families through respite care, parenting classes, and in-home visits. Staff also educates the community through training on adverse childhood experiences and child sexual abuse prevention.</p>
<p>Child Development Center (406) 549-6413</p>	<p>The Child Development Center supports children who have developmental delays and disabilities, from birth through high school graduation. Staff primarily work in families' homes.</p>
<p>Families First (406) 721-7690</p>	<p>Families First provides multiple family services in Missoula. It operates the Missoula Children's Museum and a parent resource center and regularly offers parenting classes and classes for parents who are separating.</p>
<p>Missoula Youth Homes (406) 721-2704</p>	<p>Missoula Youth Homes' Family Support Services Program offers coaching and guidance to help families build strong relationships, with the goal of keeping children in their family homes. Youth Homes also offers wilderness treatment, group home care, and foster care and adoption services.</p>
<p>Child and Family Services Division (CFS) (406) 543-5531</p>	<p>CFS offices across the state protect children who have been or are at substantial risk of abuse, neglect or abandonment. They conduct assessments and make decisions about placement to improve safety, permanency, and wellbeing for children.</p>

Dental Services

<p>Partnership Health Center Dental Clinic (406) 258-4185</p>	<p>PHC is Missoula County's Federally Qualified Health Center. The dental clinic offers full dental care on a sliding fee scale to the medically underserved residents of Missoula and surrounding rural areas. Dental services are also available in PHC's Seeley Swan Health Center.</p>
<p>Curry Health Center (406) 243-2122</p>	<p>Curry Health Center at the University of Montana provides full dental care for students and greatly reduced rates.</p>
<p>Ag Worker Health & Services (406) 273-4633</p>	<p>The Ag Worker Health & Services staff includes dental hygienists who provide dental cleanings and basic oral health care and make referrals.</p>
<p>Missoula Urban Indian Health Center (406) 829-9515</p>	<p>MUIHC is currently developing a program to offer dental cleaning and other preventive services at their center. Call for more information.</p>

Community Resources Appendix *continued*

Employment & Education Services

<p>Missoula Job Services (406) 728-7060</p>	<p>No-cost services for job seekers include employment counseling, proficiency and aptitude testing, and job referral training and placement. The Computer Resource Center includes internet access, resume assistance, Montana Career Information System, and Microsoft Word access. Also provides services to employers.</p>
<p>Human Resource Council (406) 728-3710</p>	<p>The Human Resource Council offers the Workforce Innovation and Opportunity Act Youth Program, which helps to out-of-school youth ages 16 to 24 to reach their educational and employment goals.</p>
<p>Lifelong Learning Center (406) 549-8765</p>	<p>The Lifelong Learning Center offers adult basic skills and literacy education. Classes include basic skills, English as second language classes, GED classes and testing, college preparation, and pre-employment programs in medical, trade, and technical fields.</p>
<p>Office of Public Assistance Pathways Program (888) 705-1535</p>	<p>Temporary Assistance for Needy Families (TANF) includes programs to help participants transition into employment and become self-sufficient. The Pathways program provides coaching and mentoring, financial literacy training, work readiness training, work experience, and help with employment-related expenses such as child care.</p>
<p>Montana Vocational Rehabilitation (406) 329-5400</p>	<p>Programs help people with permanent disabilities return to competitive employment. Services include counseling, on-the-job training, job location services, and aptitude assessment.</p>
<p>Missoula Works (406) 926-3400</p>	<p>This project of the Missoula Interfaith Collaborative provides supportive employment for anyone looking for a job, with a focus on people who have low incomes, have been incarcerated, or are homeless.</p>
<p>Opportunity Resources Inc. (406) 721-2930</p>	<p>ORI provides job-related services to adults with intellectual, developmental, and physical disabilities. ORI provides supportive services for clients and works with more than 75 businesses to provide work opportunities.</p>
<p>Missoula Veterans Center (406) 721-4918</p>	<p>Community-based and VA affiliated. Assisting combat veterans and their families with readjustment counseling, employment and referrals.</p>
<p>The University of Montana (406) 243-0211</p>	<p>The University of Montana offers undergraduate and graduate degrees in liberal arts, sciences, and professional programs.</p>
<p>Missoula College (406) 243-0211</p>	<p>Missoula College is the two-year unit of the University of Montana. It offers more than 40 occupational and technical programs and an associate of arts general education program.</p>

Community Resources Appendix *continued*

Services for Older Adults

Missoula Aging Services (406) 728-7682	MAS provides multiple services to older and disabled adults, including Medicare and Medicaid assistance, caregiver support, referrals, a resource center, nutrition programs, and Foster Grandparents and other volunteer opportunities.
Missoula Senior Center (406) 543-7154	The Missoula Senior Center serves as a community center with the goal of supporting the physical, emotional wellbeing of Missoula's older population. Events focus on health, education, recreation and socialization of members and their families.
Social Security Administration (866) 931-9029	SSA administers Social Security and Supplemental Security Income Benefit Programs.

Disability Services

Missoula Aging Services Aging & Disability Resource Center (406) 728-7682	Missoula Aging Services links seniors, people with disabilities, their families, and caregivers with community-based services, resources, and volunteer opportunities.
Montana Advocacy Program (406) 771-6000	Services include advocacy and legal representation for issues directly related to disability.
MonTech (406) 243-5751	MonTECH is an assistive technology (AT) resource center that offers Montanans free, confidential information about assistive, adaptive, and rehabilitative devices and services for people with disabilities and older adults.
Opportunity Resources Inc. (406) 721-2930	ORI programs support individuals with disabilities through health care coordination, vocational assessment and job development, independent living support, and adult day care services.
JOBS Inc. (406) 541-6966	JOBS provides employment and socialization supports for people with disabilities.

Appendix 3: Survey Methods

Missoula Housing Authority, Food Bank & Poverello Survey

CHA partners Missoula Housing Authority, the Poverello Center, and the Missoula Food Bank offered help to connect with their clients and customers. Survey questions were developed by MCCHD staff with the help of volunteers from the CHA team. As much as possible, survey questions were based on other questions that had already been tested in the field. Because the survey included a section to address CHA team concerns about housing, three separate surveys were created to match the resident groups being surveyed. Most of the remaining questions were the same in each survey to allow for comparability and overall results.

Surveys were distributed and collected in August 2017. As an incentive, survey participants had the option to fill out a form entering them in a drawing for one of eight \$50 vouchers to the Missoula Farmers' Market. The vouchers were provided by MCCHD.

The CHA survey received 121 total completed responses. Surveys were given through each agency in different ways.

Missoula Housing Authority: 178 surveys were delivered directly to households who receive housing and pay rent directly to MHA. MCCHD staff and NeighborWorks Montana volunteers delivered most of the surveys door to door. Residents had the option to be interviewed on the spot or return the survey by mail in self-addressed stamped envelopes supplied by MHA. About 20 surveys were mailed to residents because it was impossible for various reasons to leave a survey at the door. Of the 178 surveys, 73 were completed, for a response rate of 41%.

MCCHD staff spent a total of 13 hours over four days at the Missoula Food Bank interviewing customers in the waiting area during the busiest hours of the day. Customers had the option to be interviewed or to fill out the survey themselves while they were waiting. The majority of the 43 surveys completed at the Food Bank were done by interview. Missoula Food Bank users live throughout Missoula County, so these respondents did not all live in the city of Missoula.

Poverello Center staff made the time to interview five guests at their facility.

All surveys were entered into the computer and open-ended questions were coded by the same MCCHD staff member for consistency. The widely varied answers made coding interesting, but the variety also gave a good picture of the spectrum of opinions among residents. Surveys completed by interview gave an especially deep understanding of the issues relevant to the respondents.

The slightly different surveys and the different modes of taking the survey may have influenced the results to some extent. However, these differences in survey methods allowed us to respect the needs of each resident group and still let us meet our primary goal, which was input from lower income residents on the same topics discussed by the CHA group and in the key informant interviews.

Rural Communities Survey

By Mary Parrish

After reviewing CHA reports from across the country and other research literature, MCCHD adapted a validated survey questionnaire to assess community health. The survey was pilot-tested with MCCHD personnel and University of Montana graduate students whose suggestions helped refine the survey into its final form.

The ten-item survey was voluntary, anonymous, and confidential. Participants had the option to give permission for their short answers to be shared verbatim, and nearly 75% of all respondents elected to do so. The survey consisted of demographic and open-ended questions. The demographic data captured resident location, length of residence at that location, and employment status, while the open-ended questions captured resident perceptions about their community's strengths and needs. The short answers also sought to understand why

Survey Methods *continued*

those perceptions exist in the hope that the information could be used by communities and the MCCHD.

The survey was distributed via email to each community council in mid-summer and was open for approximately three weeks. While 105 individuals touched the survey (i.e. opened the survey), 77 of those individuals represented rural communities outside of Missoula. East Missoula had the highest response rate at 40%, while Huson had the lowest response rate with no representation. Some Missoula residents did respond to the survey; however, their data was not examined with the rural community data.

After MCCHD personnel developed an understanding of the qualitative survey content, they developed themes that captured the meanings of the survey information. All qualitative data was coded by theme using NVIVO, a rigorous qualitative software analysis program, which helped identify primary and secondary themes.



Community Health Assessment 2017 Rural Communities Survey

Thank you for participating in the Community Health Assessment process with the Missoula City-County Health Department. We want to hear from community members like you to understand residents' health and wellbeing in the county.

This survey consists of 10 questions including a permission waiver, demographic questions, and short answers. Participation in this survey is voluntary and confidential. Skip any question you do not wish to answer.

All findings used in any written reports which result from this survey will be reported by general theme. It is, however, sometimes useful to use direct quotes to describe themes. We will only use a direct quote from you if you agree to this in the question below. We will **not** include your name or any other information that could identify you.

Please check a box below regarding your responses:

- I give permission for my responses to be directly quoted.
- I do **not** give permission for my responses to be directly quoted.

**Thank you for sharing your voice with us.
We look forward to serving your community.**

Demographic Information

For each demographic question below, please check the box that most closely reflects your best response.

Where do you live in Missoula County?

- Bonner
- Clinton
- Condon
- East Missoula
- Evaro
- Frenchtown
- Huson
- Lolo
- Missoula
- Seeley Lake
- Turah

How often do you live there (see question 1)?

- Full-time / year round
- Part-time / seasonally

Survey Methods *continued*

How long have you lived there (see question 1)?

- Less than one year
- 1-2 years
- 2-5 years
- 5-10 years
- More than 10 years

What is your current employment status?

- Full-time
- Part-time
- Unemployed
- Retired
- Other (Please specify: _____)

What best describes the type of organization you currently work for? (Please check all that apply.)

- Education
- Government
- Healthcare
- For-profit / Private
- Non-profit
- Not applicable
- Other (Please specify: [Click or tap here to enter text.](#))

What was or is your most recent job role? Please describe in the space below. (For example: police officer, doctor, logger, school teacher, cook, librarian, biologist, etc.)

Community Information

The following short answer questions are about the health of your community. We define “health” broadly: this includes personal health issues such as obesity and health insurance coverage, and system health issues like income, education, housing, recreation, food, and water. We define “community” as any group of people living in the same place or sharing something in common. For the following questions, think about your community as your family, friends, neighbors, and other town residents. Please keep these definitions of “health” and “community” in mind when answering these short answer questions. Provide as little or as much information as you like. Please skip any question you do not wish to answer.

What do you see as strengths of your community? (For example: neighborhoods, safety, parks, road systems, health care facilities, government, schools, etc.)

Why do you view these as strengths?

What are some of the things that you see as lacking in your community? (For example: neighborhoods, safety, parks, road systems, health care facilities, government, schools, etc.)

Why do you think these things are lacking?

If you could change anything about your community, what would it be?

Why would you make that change?

**Thank you for participating in this process.
Your responses will help us better serve you and your community.**

Appendix 4: Complete CHA Survey Results

Missoula Housing Authority, Food Bank & Poverello Center

CHA Survey – Total of All Responses

A total of 121 people completed out the survey (73 from MA, 43 from the Food Bank, and 5 from the Poverello Center). Note: Percentage totals may not add up to 100% because of rounding, and many questions allowed multiple responses so may have more answers than respondents.

What is your age?

Answer Choices	MHA (n=72)	Food Bank (n=37)	Poverello (n=5)	Total (n=114)
18-24	1%	3%	0%	2%
25-34	20%	16%	0%	20%
35-44	19%	22%	0%	19%
45-54	25%	19%	80%	25%
55-64	22%	32%	20%	22%
65-74	11%	8%	0%	11%
75+	1%	0%	0%	1%

How many people live in your household?

Answer Choices	Total of all responses to this question (n=114)
1	41%
2	25%
3	11%
4	9%
5	11%
6	1%
7+	1%

How many children under age 18 live in your household?

Answer Choices	Total of all responses to this question
0	60%
1	25%
2	10%
3	6%
4	2%
5+	0%

Which of these services have you used?

Food and Nutrition (choose all that apply)

Answer Choices	MHA (n=68)	Food Bank (n=43)	Poverello (n=5)	Total of all responses to this
WIC	21%	19%	0%	19%
SNAP	91%	63%	80%	80%
Food Bank	62%	100%	20%	74%
Other food pantries	12%	7%	20%	10%
Meals on Wheels	10%	5%	20%	8%
Free and reduced-price lunches at	37%	23%	0%	30%
Other	13%	16%	100%	30%

“Other” answers receiving more than one response, in order of occurrence:

- Meals and food pantry at Poverello Center
- Community gardens/Garden City Harvest
- Meals and food pantry at Union Gospel Mission

Reduced-price physical and mental health care services (choose all that apply)

Note: In interviews it was clear that many respondents were not clear on what kind of health care coverage they have.

Answer Choices	MHA (n=68)	Food Bank (n=34)	Poverello (n=5)	Total of all responses to this
Partnership Health Center	50%	59%	100%	55%
Planned Parenthood	7%	24%	0%	12%
Missoula Urban Indian Health Center	4%	9%	0%	6%
Western Montana Mental Health	18%	21%	0%	18%
Medicaid	78%	50%	0%	65%
Healthy Montana Kids (CHIP)	40%	9%	0%	28%
Medicare	37%	15%	0%	28%
Free clinics and health screenings	4%	3%	0%	4%
Other	16%	29%	0%	20%

“Other” answers receiving more than one response, in order of occurrence:

- Veterans Administration/veterans services
- Behavioral health clinics or centers

Reduced-price dental care services (choose all that apply)

Answer Choices	MHA (n=62)	Food Bank (n=25)	Poverello (n=2)	Total of all responses to this question =89)
Partnership Health Center Dental Clinic	48%	92%	100%	62%
Dentists who accept Medicaid	7%	20%	0%	56%
Dental hygienist who visits you in	4%	0%	0%	0%
Missoula Urban Indian Health Center dental vouchers or screenings	18%	4%	0%	2%
Free dental clinics	0%	0%	0%	2%
Other	0%	8%	0%	4%

No "other" answers received more than one response. Based on interviews, respondents have experienced many difficulties finding dentists who accept Medicaid, will reduce their prices, or allow payment plans. This is especially true for people who need dentures, bridges, or dental implants.

Help to stop smoking, drinking, or using drugs (choose all that apply)

Answer Choices	MHA (n=16)	Food Bank (n=10)	Poverello (n=1)	Total of all responses to this question (n=27)
Turning Point	19%	10%	0%	15%
Partnership Health Center	25%	0%	0%	15%
Missoula Urban Indian Health Center	13%	10%	0%	11%
Private clinics or doctors	31%	10%	0%	22%
Western Montana Mental Health Cen-	13%	20%	0%	15%
Montana Quit Line (tobacco)	6%	40%	100%	22%
Support groups such as Alcoholics	19%	20%	0%	26%
Other	31%	20%	0%	26%

CHA Survey *continued*

No "other" answers received more than one response.

Help finding or paying for housing (choose all that apply)

Answer Choices	MHA (n=73)	Food Bank (n=21)	Poverello (n=5)	Total of all responses to this question
Missoula Housing Authority	100%	57%	60%	89%
Human Resource Council	11%	29%	60%	17%
Poverello Center	0%	23%	80%	9%
Homeward	4%	5%	0%	4%
YWCA	10%	10%	0%	9%
Family Promise	4%	0%	0%	3%
Other	4%	24%	20%	9%

Notable piece of data: Only about half (21/43) of Food Bank respondents received housing help.

"Other" answers receiving more than one response, in order of occurrence:

Veterans Administration/veterans services

Services for children and parents or guardians (choose all that apply)

Answer Choices	MHA (n=26)	Food Bank (n=9)	Poverello (n=0)	Total of all responses to this question (n=35)
Child Care Resources	65%	56%	—	63%
Health department home visiting	15%	22%	—	17%
Child care payment assistance	23%	0%	—	17%
Parenting Place	15%	11%	—	17%
YMCA after school programs	23%	0%	—	17%
Other free or reduced-price after	42%	44%	—	43%
Other	12%	33%	—	20%

"Other" answers receiving more than one response: Head Start/Early Head Start

Services for education and jobs (choose all that apply)

Answer Choices	MHA (n=40)	Food Bank (n=28)	Poverello (n=5)	Total of all responses to this question (n=69)
Dickinson Lifelong Learning Center (adult	33%	25%	0%	29%
High school equivalency programs (GED or	18%	21%	0%	19%
Job Service	53%	75%	100%	62%
Missoula College or the University of Montana	40%	21%	0%	32%
Human Resource Council	8%	0%	0%	4%
Other	15%	18%	0%	16%

Other answers receiving more than one response, in order of occurrence:
 Vocational Rehabilitation
 MOLLI classes

Transportation services (choose all that apply)

Answer Choices	MHA (n=54)	Food Bank (n=27)	Poverello (n=4)	Total of all responses to this question (n=85)
Mountain Line buses	83%	78%	60%	81%
Bike and walking trails	35%	44%	40%	39%
Senior van	2%	0%	20%	2%
Paratransit	11%	11%	0%	11%
Carpools	2%	4%	0%	2%
Free Cycles	24%	11%	0%	19%
Other	11%	7%	0%	9%

“Other” answers receiving more than one response: Case workers/case management provide rides

Which of the services were most important to you?

Answered: 91/121 = 75.2%

All services equally important: 8

Note: From interviews it seemed clear that if “all services equally important” had been presented as an answer option to this open-ended question, many people would have chosen it.

Food & Nutrition: 39

- Food Bank: 19
- SNAP: 15
- Free and reduced-price school lunch: 2
- Missoula Aging Services food programs: 2
- WIC: 1

CHA Survey *continued*

Housing: 38

Missoula Housing Authority: 21
All housing services: 7
Section 8 vouchers: 2
Mountain Home: 2
LIEAP: 2
Family Promise: 1
YWCA: 1
Poverello: 1
Valor House: 1

Transportation: 26

Mountain Line bus: 16
Bike/walking trails: 6
Paratransit: 2
Free Cycles: 2

Reduced-Price Physical & Mental Health Care Services: 36

Partnership Health Center: 14
Medicaid: 11
Healthy Montana Kids: 7
Case workers: 2
Winds of Change: 1
AWARE: 1

Jobs & Education: 7

All of them: 2
Dickinson Lifelong Learning Center: 2
Job Service: 1
Vocational Rehabilitation: 1
Missoula College: 1

Child & Family Services: 9

Child Care Resources: 4
Head Start: 2
All of them: 2
After school programs: 1

Other: 4

WORD: 1
Legal Services: 1
Social Security: 1
Union Gospel Mission: 1

Substance Abuse Services: 2

AA: 1
Western Montana Mental Health Center: 1

What kind of services do you wish you could have found but were missing or you couldn't get them for some reason?

Answered: 41/121 = 33.9%

Affordable housing: 14

Help paying for other important needs: 10

- Vet care for pet emergencies
- Phone/internet
- Auto repairs, gas
- Emergencies
- Glasses
- Housing deposits

More realistic system of benefits: 10

- Income cutoffs unrealistically low
- Benefits are often unrealistically small
- Very difficult to find a way to make enough money to get off services – have to make a big jump in income (benefits cliff)
- Saving for emergencies is difficult and can jeopardize your benefits

Dental services: 8

- Free services
- Hard to find dentists who accept Medicaid
- Hard to find dentists who allow payment plans
- Medicare doesn't cover dental services
- No help paying for dentures

Help for older and/or disabled adults: 8

- House work and other help to age in place
- Legal services
- Support groups

Health care: 5

- Help with payments
- Medicare doesn't cover everything
- Hard to find doctors who take Medicaid for some services
- Health care is unaffordable even with insurance

Better coordinated services and service applications: 3

- Help applying, central place to apply, coordinated services

Free events for kids and/or older adults: 3

More respect for people who need services: 2

1 response each:

- Better job
- More help for families, especially with single parents
- Tribal services in town
- Extended bus service and hours
- Harm reduction for addicts
- Homeless shelter for women and families

CHA Survey *continued*

**Where did you go to find out about all the services that might help you?
(Choose all that apply)**

Answer Choices	MHA (n=68)	Food Bank (n=39)	Poverello (n=5)	Total of all responses to this question (n=112)
Missoula Housing Authority	57%	0%	0%	35%
211/First Call for Help	4%	18%	40%	11%
Missoula Aging Services	18%	10%	0%	14%
Missoula Urban Indian Health Center	3%	8%	0%	4%
Health care provider or counselor	19%	13%	40%	18%
Public Assistance Office	32%	15%	40%	27%
I figured it out for myself	32%	8%	0%	22%
Friend	24%	31%	20%	26%
Social media	4%	5%	0%	4%
Other	21%	69%	80%	40%

“Other” answers receiving more than one response, in order of occurrence:

- Overheard/word of mouth from others besides friends
- Home care or case managers
- Food Bank
- Winds of Change

How do you pay for your monthly expenses, not including housing? (Choose all that apply)

Answer Choices	MHA (n=73)	Food Bank (n=43)	Poverello (n=5)	Total of all responses to this question (n=121)
Income from a full-time job	21%	19%	0%	19%
Income from a part-time job	20%	23%	20%	21%
Disability benefits	36%	30%	40%	34%
Social security, a pension, or other	33%	16%	0%	26%
Public assistance (TANF, SNAP, etc.)	51%	40%	80%	48%
LIEAP utility assistance	29%	35%	0%	30%
Free or donated goods or services	15%	37%	0%	22%
Other	11%	58%	0%	27%

“Other” answers receiving more than one response:

- Family help

What is your monthly income category?

Answer Choices	MHA (n=73)	Food Bank (n=43)	Poverello (n=5)	Total of all responses to this question (n=121)
Less than \$500	15%	19%	60%	18%
\$500 to \$999	47%	35%	20%	41%
\$1,000 to \$1,999	36%	39%	20%	36%
\$2,000 +	3%	7%	0%	4%

How long have you lived in your current home?

Answer Choices	MHA (n=66)	Food Bank (n=38)	Poverello
<1 year	15%	26%	—
1 year	8%	18%	—
2 years	23%	11%	—
3 years	17%	5%	—
4 years	12%	8%	—
5 years	6%	3%	—
6 years	0%	5%	—
7 years	3%	3%	—
8 years	2%	0%	—
9 years	3%	0%	—
10+ years	14%	2%	—

What is your living situation right now?

Answer Choices	MHA	Food Bank (n=42)	Poverello (n=5)
House or condo I own	—	17%	0%
Rental house	—	14%	0%
Apartment	—	36%	0%
Share a place with others	—	5%	0%
Staying with a friend or relative	—	0%	0%
In my car	—	2%	0%
Poverello Center	—	0%	60%
Other homeless shelter	—	0%	0%
Family Promise	—	0%	0%
Other	—	26%	40%

“Other” answers receiving more than one response, in order of occurrence:

Rental trailer

Camping/outdoors

Previous Housing

Where did you live in the five years before you moved into your current home? (asked in different ways for each survey)

Answer Choices	MHA (n=70)	Food Bank (n=22)	Poverello (n=1)
House or condo I own	4%	14%	0%
Rental house	14%	9%	0%
Apartment	47%	41%	0%
Share a place with others	6%	9%	0%
Stayed in the home of a friend or rela-	33%	14%	0%
In my car	15.8%	0%	0%
Poverello Center	7%	9%	0%
Other homeless shelter	7%	5%	0%
Family Promise	1%	0%	0%
Other	33%	32%	100%

“Other” answers receiving more than one response, in order of occurrence:

- Trailer
- YWCA
- Camped/lived outside
- Mountain Home

How is the temperature in your home in the summer? (Food Bank only)

Answer Choices	MHA	Food Bank (n=43)	Poverello
Too warm	—	54%	—
A comfortable temperature	—	47%	—
Too cold	—	0%	—

How do you cool your house in the summer? Choose all that apply. (Food Bank only)

Answer Choices	MHA	Food Bank (n=41)	Poverello
Fans	—	44%	—
Opening windows at night	—	39%	—
Air conditioner	—	37%	—
Swamp cooler	—	5%	—
Other	—	27%	—

“Other” answers receiving more than one response, in order of occurrence:

- Cover windows
- Go outside and sit in shade or swim
- Cool baths/cool wet towels on neck and head

CHA Survey *continued*

Before you got MHA housing, which services helped you the most?

MHA survey only

Answered: 55/73 = 75.3%

SNAP and/or TANF: 21

YWCA: 6

Child Care Resources: 4

Health care providers: 4

3 responses each:

Housing services mentioned: Mountain Home, Poverello Center

SSI/SSDI

LIEAP

Job Service

Services to help families

2 responses each:

Partnership Health Center

Mental health services/Winds of Change

Food Bank

1 response each:

Nutrition services mentioned: Free and reduced price school meals, WIC, Meals on Wheels

All services helped equally

Union Gospel Mission

Family Promise

Education services

Salvation Army

Human Resource Council

WORD

Drug court

Case managers

What are some of the strategies you have used to stretch your budget?

Asked in slightly different ways on MHA and Food Bank surveys

Note: From interviews it seemed clear that if "I didn't make enough money to budget" had been presented as an answer option to this open-ended question, many people would have chosen it.

Answered: 96/121 = 79.3%

Don't buy any extras: 27

Get free or donated food: 26

Food Bank: 21

Other food pantries: 5

Limit food intake in some way: 22

Don't eat much/skip meals: 13

Cook everything from scratch: 4

Don't ever eat out: 5

Almost never use car: 14

Set very tight budget for household: 11

For non-food items, get donated items or shop only at Dollar Store, thrift stores, rummage sales, or with coupons: 10

Garden, can and/or get wild game from friends: 8

Live outside, in car, or with others: 7

Use all services that can be found: 5

CHA Survey *continued*

Budget strategies, cont.

- Skip bills on rotating months: 5
- Eat at Poverello Center often: 4
- Bring in money in some way (sold plasma, odd jobs): 4
- Barter: 2
- Use as little electricity and gas as possible: 2

Over the past 30 days, for about how many days did you enjoy good physical health?

Answer Choices	MHA (n=73)	Food Bank (n=43)	Poverello (n=5)	Total of all responses to this question (n=115)
0-7	32%	26%	20%	29%
8-15	14%	14%	60%	16%
16-23	15%	19%	0%	16%
24-30	40%	42%	20%	40%

During the past 30 days, how often were you worried, depressed, tense, or anxious?

Answer Choices	MHA (n=68)	Food Bank (n=42)	Poverello (n=5)	Total of all responses to this question (n=115)
0-7	43%	31%	40%	38%
8-15	21%	21%	0%	20%
16-23	15%	19%	20%	17%
24-30	22%	29%	40%	25%

Do you regularly spend time with people outside your household?

Answer Choices	MHA (n=73)	Food Bank (n=43)	Poverello (n=5)	Total of all responses to this question (n=121)
Yes	85%	65%	20%	75%
No	15%	35%	80%	26%

If you answer yes to the question above, how many times a week do you get together with people outside your household to visit or do things?

Answer Choices	Total of all responses to this question (n=98)
0-1	27%
2-4	52%
5+	21%

Do you volunteer in the community (schools, church, food pantry, etc.)?

Answer Choices	MHA (n=72)	Food Bank (n=43)	Poverello (n=5)	Total of all responses to this question (n=120)
Yes	22%	30%	40%	26%
No	78%	70%	60%	74%

CHA Survey *continued*

If you answered yes to the above question, where do you volunteer?

Answered: 29/31 yes answers = 94%

Food Bank: 7
 Helping neighbors and/or friends: 7
 Poverello Center: 3
 Hospice: 3
 Church: 5
 At children's schools: 2
 Family Promise: 1
 Jeanette Rankin Peace Resource Center: 1
 Roxy Theater: 1
 Missoula County Fair: 1
 Open Way Mindfulness Center: 1

Note: All of the Poverello respondents who said they volunteer do so at the Pov. Of Food Bank respondents, 5 of 13 people who volunteer do so at the Food Bank. In interviews, this clearly was a source of pride and ownership.

Are you involved with any groups in the community (club, church, sports team, etc.)?

Answer Choices	MHA (n=71)	Food Bank (n=43)	Poverello (n=5)	Total of all responses to this question
Yes	27%	30%	0%	27%
No	73%	70%	100%	73%

If you answered yes to the above question, what groups are you involved with?

Answered: 31/42 yes answers = 74%

Church: 18
 Support groups: 4
 Team sport/gym: 4
 Spirituality group: 2
 Dance group: 2
 Missoula Urban Indian Center: 1
 Bridge group: 1
 Yoga/meditation group: 1
 Council on Aging: 1
 Hot rod club: 1
 Book club: 1

Can you easily buy healthy food?

Answer Choices	MHA (n=68)	Food Bank (n=42)	Poverello (n=5)	Total of all responses to this question
Yes	65%	55%	60%	61%
No	36%	45%	40%	39%

If you answered yes to the above question, where do you buy your healthy food?

Answered: 59/79 yes answers = 75%

Note: In interviews, people generally reported shop at many grocery stores to take advantages of sales or special pricing.

Most just answered "grocery stores." Specific places named:

- Farmers' markets: 28 (often mentioning Double SNAP dollars)
- Albertson's: 10
- Walmart: 10
- Missoula Fresh Market: 6
- Good Food Store: 7
- Food Bank: 5
- Costco: 3
- Orange Street Food Farm: 1
- Pattee Creek Market 1

Do you have health insurance?

Answer Choices	MHA (n=72)	Food Bank (n=41)	Poverello (n=5)	Total of all responses to this question (n=118)
Yes	95%	78%	100%	89%
No	6%	22%	0%	11%

If you have health insurance, what kind of health insurance do you have?

Answer Choices	MHA (n=67)	Food Bank (n=31)	Poverello (n=5)	Total of all responses to this question (n=103/105)
Insurance through my job	10%	3%	0%	8%
Insurance through the Affordable Care	6%	0%	0%	4%
Medicaid	75%	71%	80%	74%
Medicare	42%	19%	0%	33%
Other	8%	6%	20%	8%

Note: In interviews, Medicaid expansion was often mentioned.

"Other" answers receiving more than one response: Veterans Administration

Do you get regular exercise?

Answer Choices	MHA (n=71)	Food Bank (n=42)	Poverello (n=5)	Total of all responses to this question (n=118)
Yes	68%	64%	80%	67%
No	32%	36%	20%	33%

If yes, what do you do for exercise?

66.9% of all respondents said that they got regular exercise.
 Of those who got exercise, number who answered: 79/102 = 91%

- Walk: 47
- Home workouts (exercise machines, workout videos, PT exercises, etc.): 10
- Bike: 11
- Go to a gym: 9
- Hiking: 7
- Do physical work at my job: 6
- House and yard work: 4
- Run: 2
- Swim: 2
- Play with my kids: 2
- Stretch: 1
- Roller blade: 1
- Yoga: 1
- Dance: 1

Do you regularly find ways to lower your stress?

Answer Choices	MHA (n=68)	Food Bank (n=41)	Poverello (n=5)	Total of all responses to this question (n=114)
Yes	76%	76%	60%	75%
No	24%	24%	40%	24%

What do you do to lower your stress?

86% of all respondents said that they got regular exercise.
 Of those who got exercise, number who answered: 79/86 = 92%

- Spend time with or talk to other friends: 16
- Meditation: 16
- Go for a walk: 13
- Spend time in nature: 11
- Exercise: 11
- Read: 10
- Relaxation techniques (breathing, mindfulness, etc.): 8
- Pray or read the Bible: 8
- Therapy or medications: 8
- Art (writing, drawing, painting, etc.): 7
- Listen to music: 6
- Screen time (TV, movies, games): 6
- Ignore it/just get over it: 5
- Smoke: 3
- Spend time with pets: 2
- Garden: 2
- 1 answer each:

CHA Survey *continued*

Ways to lower stress, cont.

- House work
- Stop drinking coffee
- Cry
- Swear
- Nap

Is there anything else that helps you be healthy?

Answered: 74/121 = 64%

- Eat specific diets or foods: 22
- Relationships: 14
- Good attitude: 10
- Do things I enjoy: 10
- Rest: 6
- Vitamins and herbs: 6
- Medication, therapy, doctor's appointments: 6
- My animals: 4
- Drink water: 4
- Religion/spirituality: 4
- Stay away from drugs and tobacco: 3
- Brush teeth: 1
- Stay away from smoky air: 1

What is your favorite thing about Missoula County?

Answered: 101/121 = 83.5%

- Outdoors: 41
- Beauty, nature, scenery, access to recreation
- People: 32
- Friendly, caring, laid back, willing to help, connected, diverse
- Small town atmosphere: 17
- Peaceful, safe, easy to get around
- Services: 14
- Lots of services available, high quality services
- Amenities: 14
- Trails, parks, events, art, coffee shops, things to do
- Health care services: 3
- Have what I need, have more than small towns in Montana
- I hate it here: 3

What services do you think work really well here?

Answered: 91/121 = 75.2%

- Food Bank: 29
- Mountain Line buses and transit services: 18
- Missoula Housing Authority: 14
- Office of Public Assistance: 13
- All services are good here: 7
- Mental health and counseling services: 7
- Poverello Center: 7
- Healthy Montana Kids and Medicaid: 6

CHA Survey *continued*

What works well here, cont.

All the food resources: 6

Child Care Resources: 5

Partnership Health Center: 5

Salvation Army: 4

3 answers each:

Western Montana Mental Health Center

Schools

Health care

Housing resources

Job Service

Winds of Change

2 answers each:

SSI

Parks

Missoula Urban Indian Health Center

Meals on Wheels

Head Start

Churches

YWCA

Community desire and efforts to improve services

1 answer each:

Missoula Aging Services

211 First Call for Help

Council on Aging

Police Department

Free Cycles

Human Resource Council

LIEAP

Veterans services

Section 8 housing

Case management

Community gardens

AWARE

Opportunity Resources

Emergency services

WORD

Child Development Center

No services work well here

What would help improve your situation or make it easier to be healthy and live a satisfying life?

Answered: 85/121 = 70.2%

More money/better job: 17

Better personal health: 16

Improved services (easier to apply, better coordination, more realistic income cut-offs and amounts, etc.): 12

Affordable housing: 11

Better housing to fit my needs (yard for pet, fewer stairs, fences, garden spot, etc.): 10

More services for people who are disabled, have special needs, or are homebound: 9

Assistance to finish degree/training: 3

CHA Survey *continued*

What would improve your situation, cont.

No wildfire smoke: 3

2 each:

A vehicle

Affordable dentistry

More types of mental health care (Christian-based, marriage counseling)

Winning the lottery

1 each:

More realistic services for working parents

Affordable health care

Help paying for methadone, nicotine replacement

Being able to stop worrying about losing Medicaid

Better bus service

If you were to talk to people who make decisions in Missoula County, what would you tell them they should work on to help residents?

Answered: 82/121 = 67.8%

Affordable and available housing for everyone: 16

Get to know everyone in town and show us all respect: 11

Good jobs: 9

Deal with the unrealistic cut-offs and amounts of benefits: 8

Make it easier for us to find and sign up for benefits: 7

Infrastructure: 7

Plow and fix streets, shovel and fix sidewalks, lighting, make all parts of town equal

Keep funding services: 7

Health care for all: 6

Mental health care: 4

3 each:

Increase the minimum wage

Schools and education

Buses – more routes, more shelters

Homelessness

Missoula is great

2 each:

Help families with young kids maintain a work/family balance

Lower taxes

1 each:

Parks for older kids

Pet care assistance

Meth problem

Building design

Help with transitions (out of hospital, to nursing home, etc.)