

Community Health Assessment 2014

Missoula County Montana



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Introduction

We are pleased to present the 2014 Community Health Assessment (CHA) for Missoula County. This 2014 CHA builds on the comprehensive foundation of our first CHA, which was completed in December 2011. You can find the [2011 CHA](#) online on the Missoula City-County Health Department (MCCHD) website.

The 2014 CHA work group, which is listed on the next page, met 11 times during 2014. Group members represent agencies with a wide impact on the health and wellbeing of Missoula County. The group used the Association for Community Health Improvement (ACHI) Community Health Assessment Toolkit to guide the process of collecting and analyzing information for the report.

The work group chose to expand the topics and information in this report, with an emphasis on trend and comparison data whenever possible. In this CHA process we also expanded input from the community. Providence St. Patrick Hospital conducted two town forums and a survey, in partnership with Community Medical Center, Partnership Health Center, and MCCHD. MCCHD and Partnership Health Center worked with Missoula Aging Services and Missoula Indian Center to run two focus groups with target populations on behalf of the CHA work group. We posted the report on the MCCHD website, along with a survey to get feedback on the report and collect public thoughts about the most important issues facing Missoula County to help inform our work in the future. We held a community meeting to introduce the report and talk about the issues, and we presented the report at community council meetings in smaller towns in Missoula County.

In 2015, the CHA will be the foundation for a process to create a Community Health Improvement Plan (CHIP). The CHIP will focus on selected community indicators from the CHA and outline a plan for how the community can work to start to improve those indicators. The CHIP will create a blueprint for the community to move forward on the selected issues in a way that is collaborative and coordinated.

We would like to extend our sincere thanks to the many community members and organizations who contributed to this project in some way, and especially to the CHA work group who made it possible. We hope the 2014 CHA becomes a resource and a point of connection for community members and agencies who are working to improve the health of all residents of Missoula County.



Ellen Leahy RN, MN
Health Officer
Missoula City-County Health Department



Cindy Hotchkiss RN
Health Promotion Director
Missoula City-County Health Department

2014 Community Health Assessment Work Group

This report was compiled by Robin Nielson-Cerquone and Lorena Hillis from MCCHD

Sponsoring Organizations

Missoula City-County Health Department
Community Medical Center
Grant Creek Family Medicine
Missoula Aging Services
Missoula Forum for Children & Youth
Missoula Indian Center
Partnership Health Center
Providence St. Patrick Hospital
United Way of Missoula County

The following people devoted time and energy to the creating this report. The work group met throughout 2014, collecting and talking about data so that we can better understand health status, community assets and resources, and challenges in Missoula County.

Carol Bensen, Providence St. Patrick Hospital
Chris Coburn, Planned Parenthood
Cindy Hotchkiss, MCCHD
Claire Francoeur, APRN, Grant Creek Family Medicine
Cody Bradwell, Volunteer
Ellen Leahy, MCCHD
Guy Hanson, MCCHD Air Quality Advisory Council
Ian Magruder, MCCHD Water Quality Advisory Council
Jeff Darrah, Animal Control, MCCHD
Karen Myers, Providence St. Patrick Hospital
Kim Mansch, Partnership Health Center
Mary Windecker, Community Medical Center
Merry Hutton, Providence St. Patrick Hospital
LeeAnn Johnson, Missoula Indian Center
Peter Chap, University of Montana Intern
Robin Nielson-Cerquone, MCCHD
Stacy Rye, United Way of Missoula County
Steve Schmidt, Missoula Forum for Children and Youth
Susan Kohler, Missoula Aging Services

The following people served as resources during the process:

Kim Davitt, American Lung Association
Kristin Anderson, MD, MPH, Community Medical Center
Mary Jane Nealon, Partnership Health Center
Michelle Hastings, Missoula Senior Center
Patti Holkup, MSU College of Nursing Emerita
Patty LaPlant, Missoula Indian Center
Planned Parenthood staff

Acronyms & Data Notes

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.

CDC = Centers for Disease Control

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

HP 2020 = Healthy People 2020

HP 2020 is a national effort to improve health at the national, state, and local levels by setting measurable, achievable 10-year goals for progress. Whenever HP 2020 goals match an indicator in this report it is noted in the text or on the graph. The HP 2020 website has a wealth of information on many health and wellness issues.

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. It can be found at www.dphhs.mt.gov/publications.

SAMHSA = Substance Abuse & Mental Health Services Administration

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.

Important notes about the data:

Sources for the graphs and tables are listed in the caption with a web link. Sources for information in the text will be provided in the text. The **Resources** list at the bottom of the Community Profile and Health Indicator sections gives a few key links for further data and information on agencies involved in the topic.

Data from the **US Census Bureau** is the source of much demographic information in this report. Data collected by the Census Bureau was located through American FactFinder, US Census QuickFacts, and the American Community Survey websites.


There has been much **change in data collection and analysis methods** in recent years. The biggest change has been that surveyors have added cell phone surveys, rather than just land lines. In addition, some questions have been changed and updated, or even recently added. That means that data can't always be perfectly compared over time. **In all cases BRFSS data from 2010 and before cannot be completely reliably compared to data from 2011 and after, due to changes in collection and analysis.**

The graphs in this report were created in-house. **Confidence intervals and margins of error** were not noted on the graphs for ease of construction. However, they are crucial to fully understanding the data. Links in the caption underneath all charts and graphs take you to the source of the data, most of which includes confidence intervals.

The data in this report covers Missoula County as a whole. In some instances the only data available is for the Missoula urban area or for specific populations within Missoula. These cases have been called out in the text or the graphs.

Community Profile



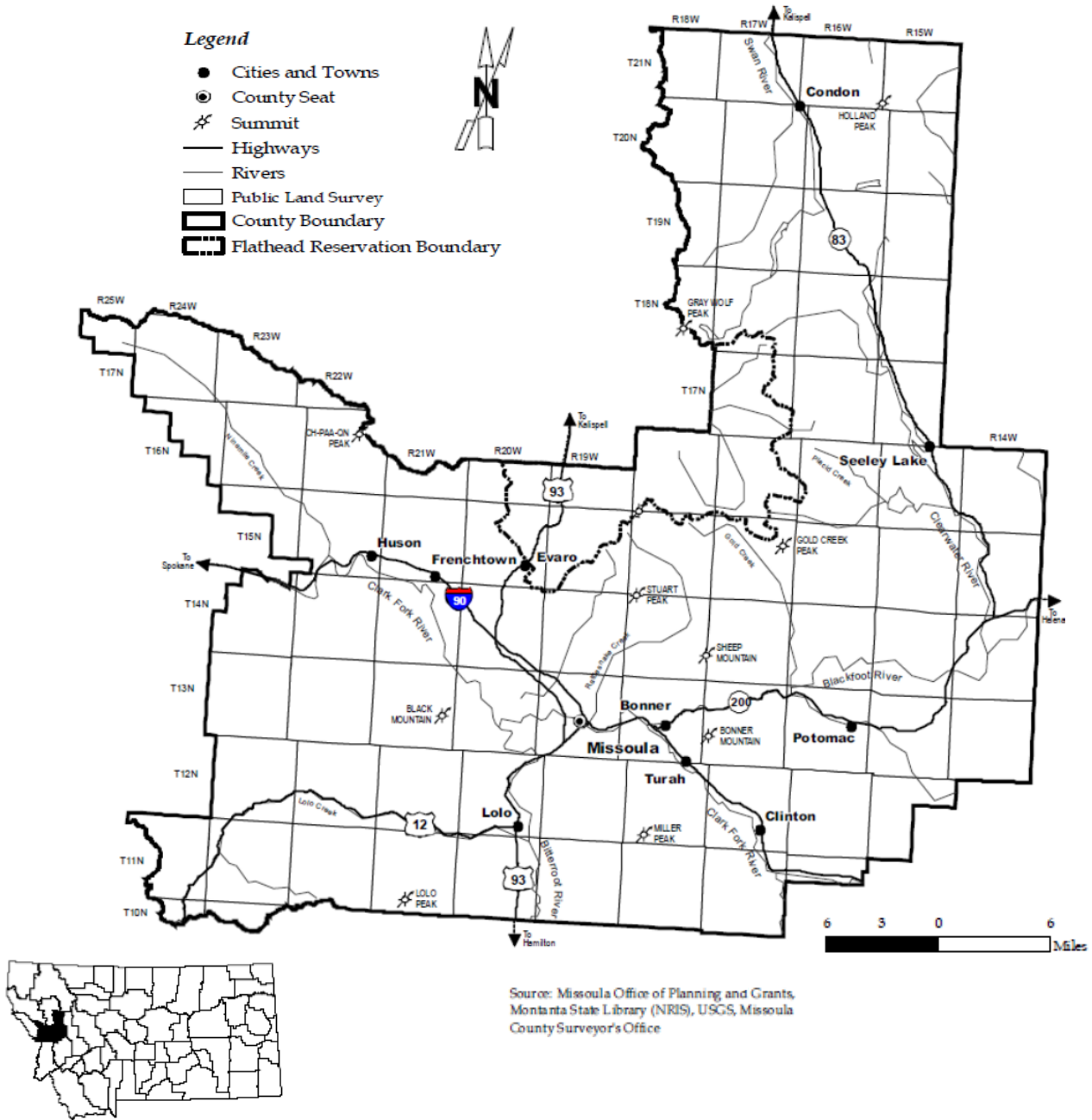
© J. Stephen Conn 

This section provides an introduction to Missoula County through data, maps, and pertinent facts. It includes information on:

- Location & Geography
- Population
- Socio-Cultural Environment
 - Race
 - Languages Spoken at Home
- Economics
 - Income & Poverty
 - Employment & Business
- Housing

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)



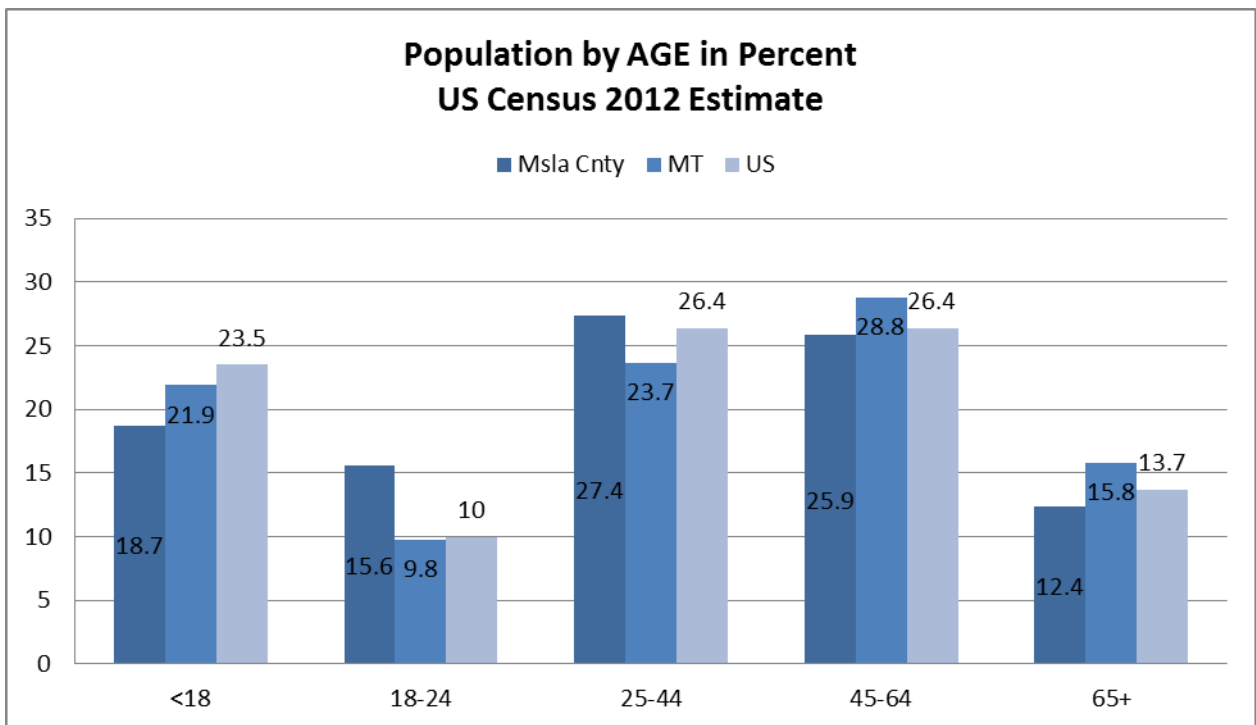
Resources

Maps courtesy of Casey Wilson, [City of Missoula Development Services](#)
[Missoula County Community and Planning Services](#)

Population

The US Census estimates Missoula County's 2013 population at 111,807, the second most populous county in Montana, which has an estimated 2013 population of 1,015,165. The City of Missoula is the county seat and has an estimated 2013 population of 69,122, almost 62% of the total county population. The City of Missoula is the only incorporated city in Missoula County.

The US Census estimated growth rate for Missoula County between 2010 and 2013 is 2.3%, with a growth rate of 3.4% for the City of Missoula. This compares to 2.6% for Montana and 2.4% for the US. (US Census QuickFacts)



US Census Quick Facts. 2012 1-Year Estimates. http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_12_1YR_NP01&prodType=narrative_profile

Missoula County's population has a larger ratio of the young adult age group, which can probably be attributed to the presence of the University of Montana. The county population is evenly divided by gender.

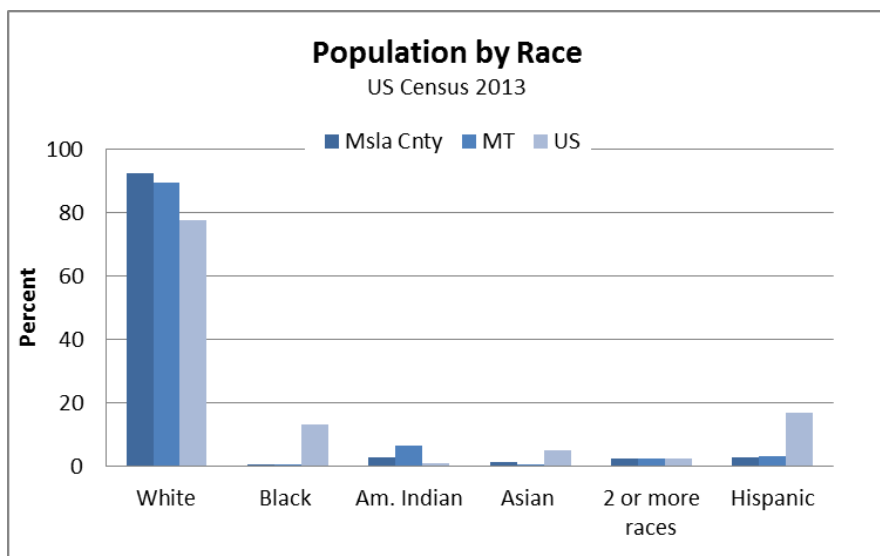
Resources

US Census. American FactFinder. [2012 Missoula County Narrative Report](#)

Socio-Cultural Environment

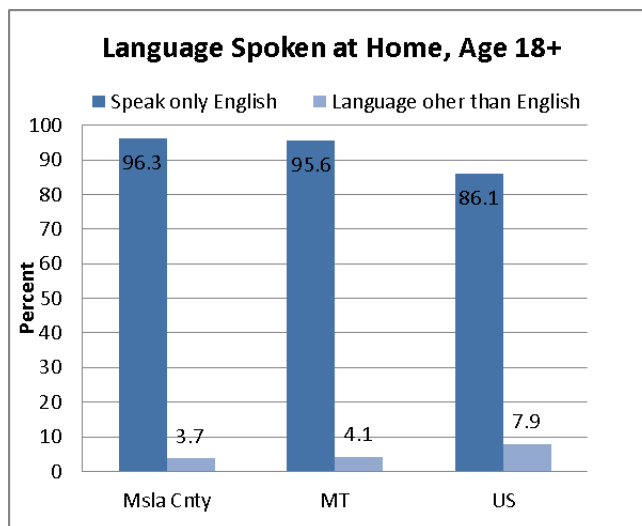
The socio-cultural environment of Missoula County is predominantly white Anglo-Saxon with representation of American Indian, Eastern European, and Hmong cultures. Missoula County does include a small area of the Flathead Reservation, home of the Confederated Salish and Kootenai Tribes. However, that area is sparsely populated, and the county's American Indian population is primarily urban and living in or near the City of Missoula. The urban Indian population is made up of many tribes, most of whom are still connected with their home reservations. The Hmong community settled in the county in one main wave of immigration in the 1970s. The Eastern European community comes primarily from immigrants from Belarus, who arrived in the 1980s. Both immigrant groups maintain their language and cultural traditions. (Missoula County Rural Initiatives)

Montana is predominantly white (92.4%), and Missoula has a higher proportion of white residents than the state. The most significant minority population in the state is American Indian, with 6.5% of the Montana population and 2.9% of the Missoula County population. In Missoula County people who are two or more races account for 2.7% of the population, Asian 1.4%, and black 0.6%. While the population of Hispanic residents in Missoula County is low at 2.9% compared to the nation as a whole, the sense in most agencies is that this population is growing.



US Census QuickFacts. 2013 Estimates. <http://quickfacts.census.gov/qfd/states/30/30063.html>

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. Of the Missoula County adults who speak another language at home, 23.4% say they don't speak English very well, compared to 18.4% at the state level and 32.2% at the national level.



US Census QuickFacts 2008-2012 Estimates. http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_12_5YR_S1601&prodType=table

Resources

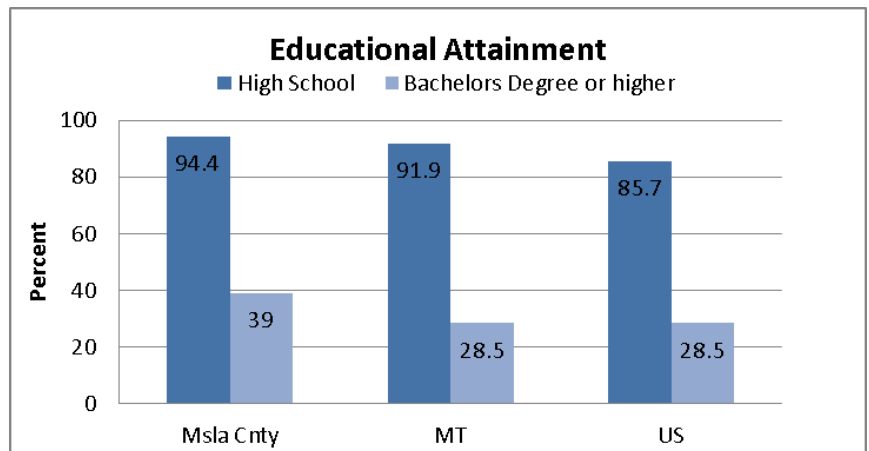
[Missoula County Rural Initiatives](#)

[City of Missoula](#)

Education

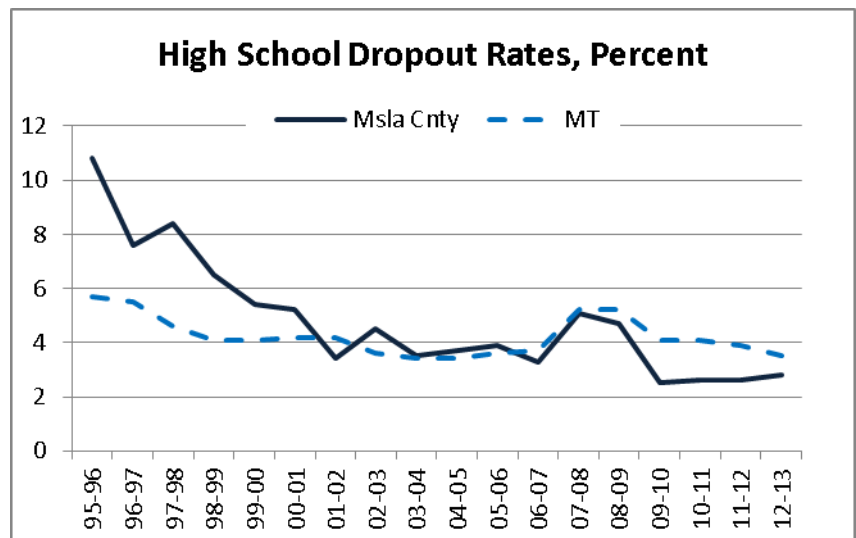
The presence of the University of Montana, as an educational institution and as an employer, means that the City of Missoula in particular is focused on education. The University of Montana is a four-year, mostly non-residential university with graduate programs. UM spring 2014 enrollment stood at 11,467, roughly 80% of that number undergraduates. Enrollment numbers have been decreasing slightly over the past three years. About 73% of the students are Montana residents. The majority are full-time students. Missoula is also home to Missoula College, which offers 35 technical and occupational programs. In spring 2014, 2,087 students attended Missoula College. (University of Montana Spring 15th Day Enrollment Reports)

Educational attainment in Missoula County shows a higher rate of bachelor's and graduate degrees compared to the state and the nation, probably reflecting the presence of University of Montana faculty, staff, and recent graduates.



US Census. 2008-2012 Estimates. American FactFinder. <http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

At the state level, dropout rates have been decreasing since the 2008-2009 school year. The total dropout rate for the 2012-2013 school year was 2.4%. Montana American Indian dropout rates are higher than for white students. Statewide in the 2012-2013 school year, 1.9% of white students dropped out of high school, compared to 6.3% of American Indian students. (Montana Office of Public Instruction, *2013 Graduation and Dropout Report*.) A four-year graduation rate of 82.4% is an HP 2020 goal for education. Missoula County schools' rates range from 86% at Hellgate High to 98% at Frenchtown High.



Montana Office of Public Instruction. <http://opi.mt.gov/PDF/Measurement/2013-Graduation-and-Dropout-Report.pdf>

Resources

[University of Montana](#)

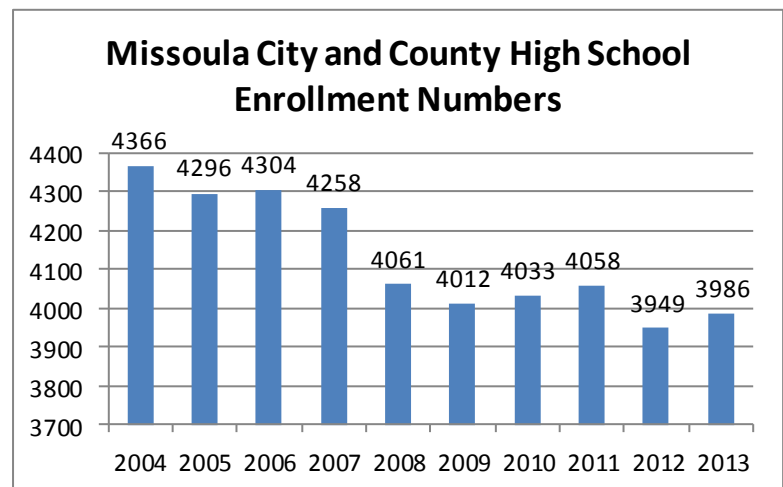
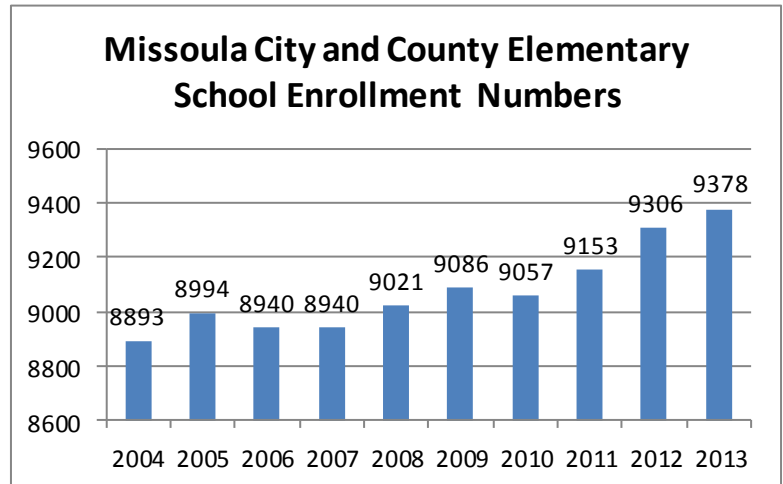
[Missoula College](#)

Education *continued*

Missoula County has 136 childcare and preschool facilities registered with the state (Montana DPHHS), 24 elementary schools (kindergarten to 8th grade), and five high schools (Montana Office of Public Instruction). October 2013 enrollment in public schools was 13,364 for the county, up from 13,255 in October 2012. The majority of students go to school in and near the City of Missoula. Missoula County also has a few private schools. The largest is Missoula Catholic Schools, with up to 300 K-8 students and 200 high school students. (Missoula County Superintendent of Schools)

Elementary enrollment in the county has grown somewhat from 2004 to 2013. Elementary school enrollment in the city of Missoula was 4,866 in 2004, compared to 5,008 in 2013. For outlying county elementary schools, the total enrollment was 4,027 in 2004 and 4,370 in 2013.

High school enrollment has dropped over the same time period. In the city high schools, enrollment was 3,796 in 2004 and 3,486 in 2013. For Frenchtown and Seeley-Swan high schools — the only other high schools in the county — total enrollment counted together was 570 in 2004 and 500 in 2013. (Missoula County Superintendent of Schools)



All enrollment data from Missoula County Superintendent of Schools. August 2014.

Resources:

[Montana Office of Public Instruction](#)

[OPI Facts About Montana Education 2014](#)

[Missoula County Superintendent of Schools](#)

Economics

Median income for Missoula County is \$44,653, compared to \$45,456 for Montana and \$53,046 for the US. Unemployment is lower in Missoula County than in the state and nation. (US Census QuickFacts) The Bureau of Economic Analysis (bea.gov) puts total Missoula County employment at 76,586 people in 2013, with 85% in private non-farm employment. By other measures, such as poverty rates and the average wage, the situation does not look as strong.

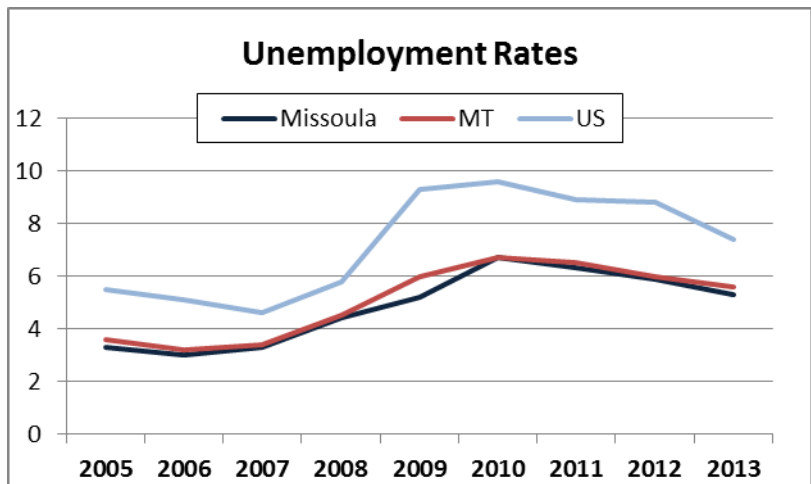
20 Largest Employers in Missoula County (in alphabetical order by category)

Source: Montana Department of Labor and Industry. List from 2011 is the most current available on website.

1000+ Employees	500-999 Employees	250-499 Employees	100-249 Employees
Community Medical Center	DirecTV	Albertson's	Allegiance
Providence St. Patrick Hospital	Express Employment	Opportunity School Foundation	Costco
	Walmart	Village Health Care Center	Good Food Store
		Western Montana Clinic	Missoula Developmental Services
		Western Montana Mental Health Center	Northwest Home Care
			Payroll Plus
			Safeway
			Southern Home Care Services
			Town Pump Convenience Stores
			YMCA

Public sector employment — state, local, and federal government jobs — is important in Montana, as it pays on average better than the private sector. The State and local government account for 9,196 jobs in Missoula County — 5,513 state and 3,683 local. Federal, state, and local sectors account for 20% of total earnings by place of work in Missoula County. (Bureau of Economic Analysis)

Missoula County went the way of the US and the state between 2007 and 2011, with unemployment rising to a high point in 2010. Since then the unemployment levels have fallen. Statistics released in September 2014 by the Montana Department of Labor & Industry put the unemployment rate for Missoula County for the month of August at 3.9% and for the state at 4.2%.



Montana Department of Labor & Industry, Research & Analysis Bureau. *Montana Economy at a Glance*. September 2014.
http://www.ourfactyourfuture.org/admin/uploadedPublications/5729_eag-0914.pdf
 US Department of Labor. <http://data.bls.gov/timeseries/LNS14000000>

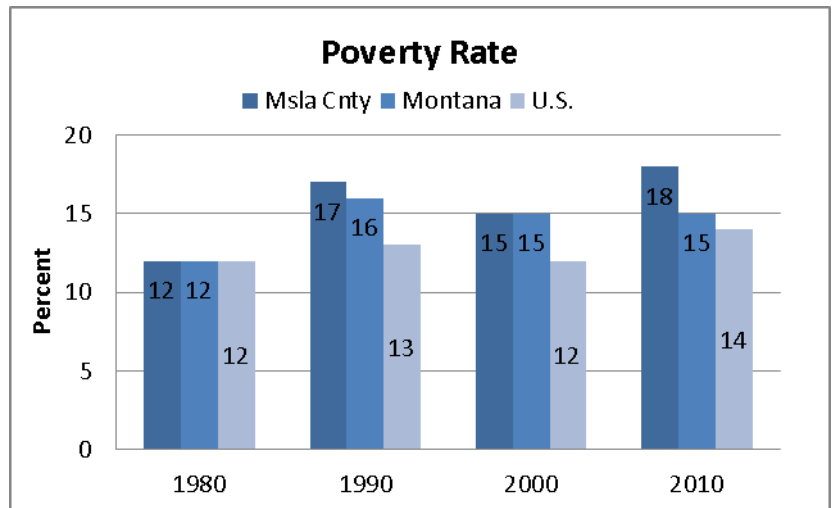
Resources

[University of Montana Bureau of Business & Economic Research](#)

Economics *continued*

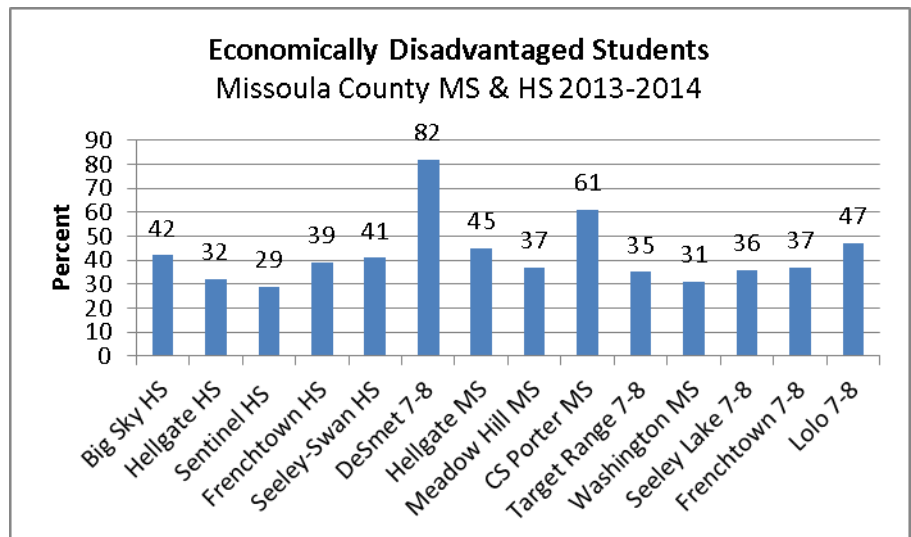
Poverty levels are high in Missoula County, and wages are low. Assuming a 40-hour work week, the 2014 Living Wage Calculator (Poverty in America, Massachusetts Institute of Technology) figures the living wage — the amount of money required to pay very basic bills — for Missoula to be \$17.22 per hour for a household of two adults and two children, and the poverty wage as \$10.60 per hour, while the minimum wage lags far behind at \$7.25 per hour. (These figures assume a 40-hour work week, no expenses for child care, and only \$721 per month for housing.) Meanwhile, the average hourly wage for Missoula County is roughly \$13.71 per hour, using the US Bureau of Labor Statistics figure of \$715 as the average weekly salary in the county. (USBL *Missoula County Economic Summary*, August 2014.) This compares to the national average weekly salary of \$1,000, or about \$25 per hour.

Poverty rates are growing across the nation, and the poverty rate in Missoula is higher than in the state or nation. The US Census 2013 estimates are that 18% of the Missoula County population lives in poverty, compared to 15% in Montana and 14% in the US as a whole.



US Census. American Fact Finder. <http://quickfacts.census.gov/qfd/states/30/30063.html>

This one-year snapshot from high schools and middle schools in Missoula County shows the uneven distribution of economically disadvantaged children in schools across the county. *Economically disadvantaged* is defined as students who are eligible for free and reduced price lunch, receive Temporary Assistance for Needy Families, or are eligible for Medicaid.



Montana Office of Public Instruction, 2013-2014 GEMS data. <http://gems.opi.mt.gov/Pages/Default.aspx>

Resources

[Poverty in American Living Wage Calculator](#)

[US Bureau of Labor Statistics Missoula County Economic Summary](#)

Housing

Missoula County, and in particular the Missoula urban area, has high housing costs. Combined with relatively low wages, housing affordability has been a major problem.

The 2008-2012 estimates from the US Census American Community Survey provide lots of information about the current housing status of Missoula County. Some highlights are listed to the right.

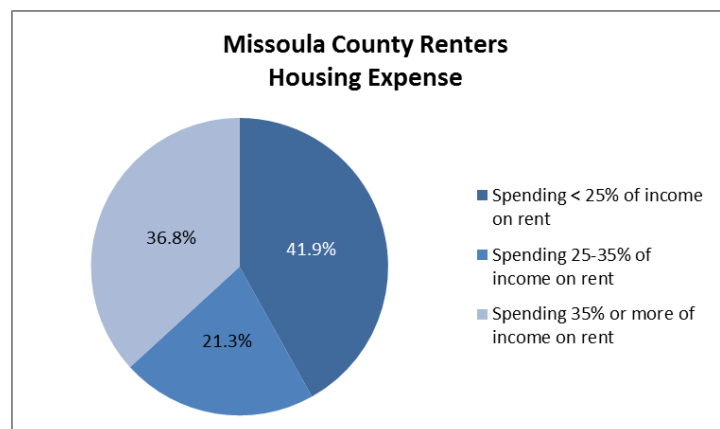
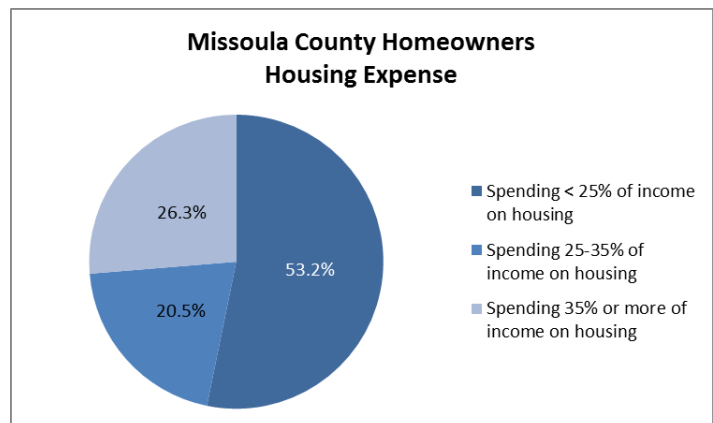
The Missoula Organization of Realtors list the median sales price of a home in the Missoula urban area for 2013 as \$210,000 and the 2013 national median home price as \$176,800. (*2014 Missoula Housing Report*)

- Home ownership rate: 59.7%, compared to 68.5% in the state as a whole
- Median value of owner-occupied housing units: \$238,100 in Missoula, compared to \$183,000 in the state as a whole
- Homeowner vacancy rate: 1.9%
- 58% of homeowners carry a mortgage
- Rental vacancy rate: 6.5%
- Median rental price: \$667

American Community Survey 2008-2012. <http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

High housing prices and low rental vacancy rates make home affordability a problem. The rule of thumb is that financially stable households should spend no more than 30% of their monthly income on rent, and ideally no more than 25%. Of Missoula County homeowners, 46.8% use more than 25% of their income for housing. For renters, that rate is 58.1%.

One of the HP 2020 poverty objectives is to reduce to 30% the rate of people spending more than 30% of their income on housing.



American Community Survey 2008-2012. <http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

Resources

Missoula Organization of Realtors *2014 Missoula Housing Report*, April 2014
[HomeWORD](#)
[Missoula Housing Authority](#)

Key Health & Community Resources



© Frank DiBona 

This section summarizes the community resources that keep Missoula County running and support the health and wellbeing of its residents:

- Governance
- Health & Social Services
- Public Safety
- Emergency Preparedness
- Transportation
- Recreation
- Religious Institutions

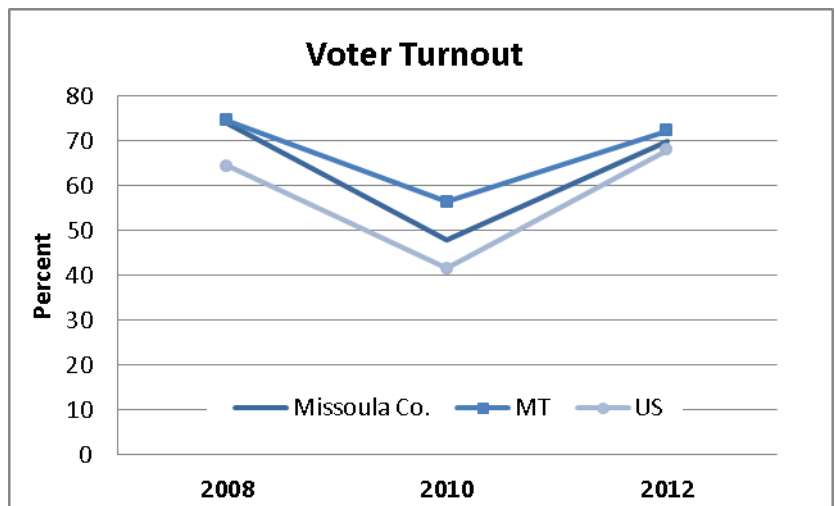
Governance

Missoula County is governed by three County Commissioners, each elected to staggered six-year terms. All legislative, executive, and administrative powers and duties of the local government not specifically reserved by law or ordinance to other elected officials reside in the commission. Other elected officials include:

- County Auditor
- County Clerk and Recorder/Treasurer
- County Superintendent of Schools
- County Attorney
- County Sheriff/Coroner
- Two County Justices of the Peace

Main county offices for the elected officials are located in the City of Missoula. In addition, the main offices for departments including the Missoula City-County Health Department, WIC, the Office of Public Assistance, and Public Works are located in the City of Missoula. There is an extension office in Seeley Lake to serve residents in the northern region of the county.

Montana has historically had one of the highest rates of registered voters turning out for elections. Missoula's voter turnout rate is almost always somewhat lower than the state.



Montana Secretary of State. Montana Voter Turnout. http://sos.mt.gov/elections/Voter_Turnout/index.asp. October 2014.
US data from International Institute for Democracy and Electoral Assistance. <http://www.idea.int/vt/countryview.cfm?CountryCode=US>. October 2014.

Resources

- [Missoula County Office of Elections](#)
- [Montana Secretary of State](#)

Health & Social Services

Missoula County is rich in health and social service providers. Missoula is a hub of medical and health services for western Montana and northern Idaho, with specialists and specialty clinics in cardiac care, cancer care, rehabilitation, mental health, and disability services. Missoula is also home to Partnership Health Center, a Federally Qualified Health Center, which offers medical, dental, and mental health care services on a sliding fee scale. Services are provided primarily at locations in the City of Missoula urban area, however, which means residents in the more outlying rural areas of the county often must travel long distances for health services.

Direct health services are summarized over the next three pages. Social services are listed in **Appendix 1: Community Resources** (see page 79). These community assets were identified by the CHA work group and in our focus groups and community meetings.

Numbers come from Community Medical Center and Providence St. Patrick Hospital.

Health Care Facilities	
Local Hospitals	2
Total Beds	404
Hospital	288
Psychiatric	34
Inpatient Rehabilitation	38
Obstetrics	22
Neonatal Intensive Care (NICU)	22
Federally Qualified Health Centers	1

Dental numbers come from Partnership Health Center.

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

Bed numbers come from Providence St. Patrick Hospital and Western Montana Mental Health Center. In fiscal year 2014 (June 2013-July 2014), the Mental Health Center case load was 3,625 clients, including 1,051 adults and 386 adolescents with major depressive episodes.

Mental Health Providers	
Inpatient Treatment	115 Beds
Outpatient Treatment Centers	7 (3 adult, 3 child & adolescent, 1 both)
Inpatient Addiction Treatment	1 teen center, 8 beds 1 adult center, 16 beds

Health & Social Services *continued*

Numbers for older adult services come from Missoula Aging Services.

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

Services for Older Adults

Nursing Homes	4 with 413 beds (includes memory care beds)
Nursing Home Memory Care Services	1 with 34 beds
Assisted Living Facilities	20 with 684 beds (includes memory care beds)
Assisted Living Memory Care Services	122 beds
Adult Respite Care	7 facilities
Adult Day Care	4 facilities, including 2 memory care facilities

Public Health Direct Services

July 2013–June 2014

Maternal Child Health Home Visiting Program	1015 clients
Nurse Family Partnership Home Visiting Program	50 clients
Asthma Home Visiting Program	30 clients
Population-based services (NICU rounds, classes to new and expectant mothers, in-service training)	1943 clients
WIC	2373 clients
Immunizations	6460 visits, 6859 IZs
Travel Clinic Immunizations	798 visits, 1739 IZs
Other Clinic Services	1416 non-IZ visits, including 936 TB tests, and 480 other services (blood tests pregnancy tests, lice checks, etc.)
Diabetes Prevention Program	63 clients began program
Foster Child Health Program (collaboration with St. Patrick Hospital and DPHHS Child & Family Services)	128 clients

Public Safety

The safety of Missoula County residents is protected and supported by these public agencies and departments:

Law enforcement

- City of Missoula Police Department
- Missoula County Sherriff'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

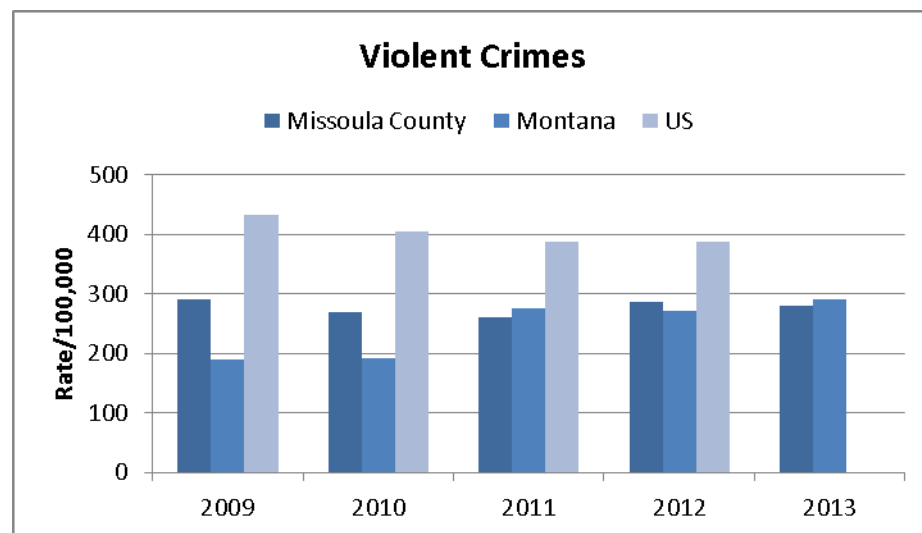
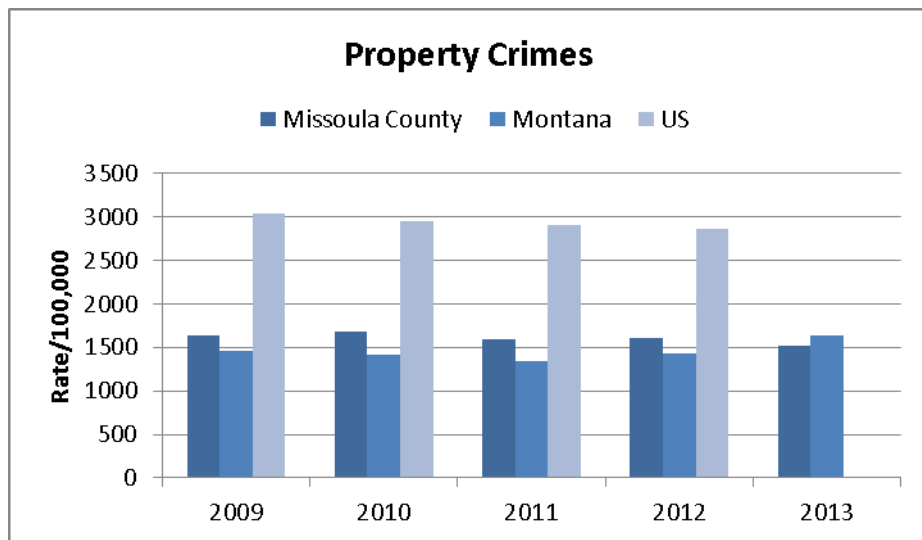
Crime rates give a snapshot of the overall safety of a community. Violent crimes include homicide, rape, aggravated assault, and robbery. Property crimes include burglary, larceny, and motor vehicle theft.

Missoula County had consistently lower violent crimes and property crimes than the US, but slightly higher than the state of Montana from 2009 through 2012. National data for 2013 was not available at the time of this publication, but Missoula had slightly lower rates for violent and property crimes than the state of Montana in 2013.

Sexual violence incidents account for 13% of all calls for service in Missoula County. The county's rate of sexual violence-related crimes in 2012 was 1.43 per 1,000 population, second highest county in the state and above the Montana rate of 1.15 per 1,000 population. (Montana Board of Crime Control Incident-Based Reporting System for 2013)

All data is a rate per 100,000 residents. City Data. <http://www.city-data.com/crime/crime-Missoula-Montana.html>.

Note: Scales are very different on each graph.



Resources

- [Missoula County Detention Center](#)
- [Missoula County Sheriff's Department](#)
- [Missoula Police Department](#)

Emergency Preparedness

Each political subdivision in the state of Montana must provide emergency and disaster prevention and preparedness and coordination of response and recovery as mandated in Section 10-3-201 of the Montana Code Annotated. The purpose of the Missoula County Emergency Operations Plan (EOP) is to specify how the City of Missoula and Missoula County will engage their collective capabilities and resources, both public and private, to administer a comprehensive emergency management program.

The City of Missoula and Missoula County have established a Disaster Planning Committee that is charged with the responsibility of developing, approving, and revising an EOP for Missoula County and the City of Missoula. The Missoula County EOP functions under a mutual agreement between Missoula County and the City of Missoula. The Disaster Planning Committee includes:

- Missoula County Sherriff
- County Attorney
- County Surveyor
- Missoula Rural Fire Department Chief
- City Police Chief
- City Fire Chief
- City Attorney
- City Public Works Director
- City-County Health Department Emergency Preparedness Coordinator

Only Missoula City-County government agencies are directly covered by the EOP, but clearly other public sector, private sector, and nongovernmental organizations play critical roles in responding to local emergencies. The EOP establishes agency relationships, legal authority and responsibility to act under various conditions, policy guidance, and organizational details, so that all agencies can work effectively together.

The Missoula County EOP designates MCCHD to be the lead agency in coordinating emergency public health and medical services during infectious disease or other public health and environmental emergencies. MCCHD established the Health Emergency Advisory Team (HEAT) to coordinate public health and medical response. HEAT is made up of representatives from MCCHD, St Patrick Hospital, Community Medical Center, Missoula Emergency Services (private ambulance company), Missoula City Fire Department Emergency Medical Services, nursing homes, home care agencies, the American Red Cross, the University of Montana Curry Health Center, Missoula Aging Services, and the Missoula Indian Center. MCCHD also established the Access and Functional Needs Committee to ensure that the needs of the whole community are met during emergency preparedness, response, and recovery.

Resources

[Office of Emergency Management](#)
[Emergency Operations Plan](#)

Transportation

The primary public transportation option in Missoula County is the Mountain Line bus system. Mountain Line provides fixed route services within an area of 36 square miles. Mountain Line provides para-transit services for residents with disabilities, senior van services, and transportation for community events such as Saturday farmers' markets, Out to Lunch, and the Western Montana Fair. Mountain Line bus rides will become free for all riders starting in January 2015.

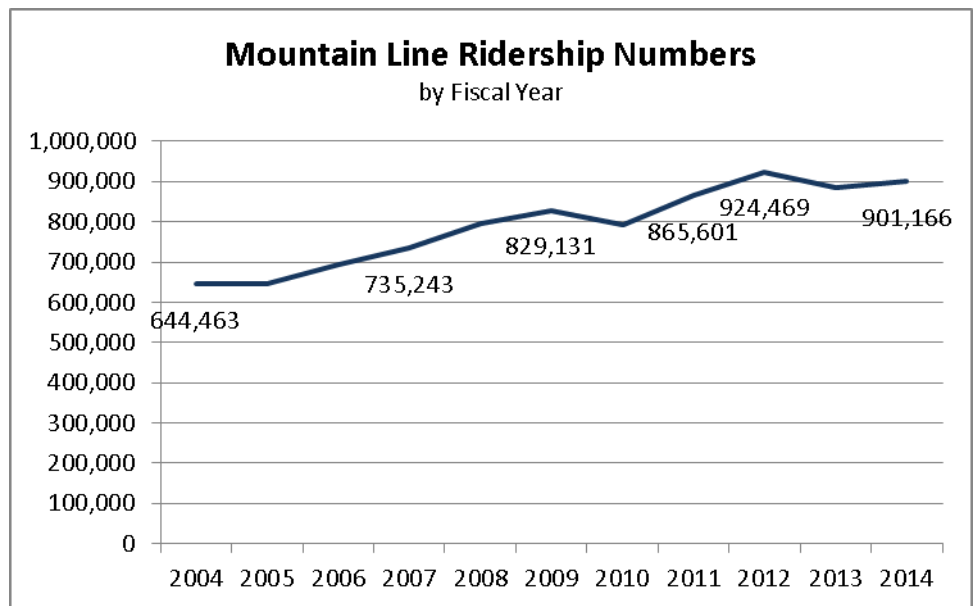
Other transportation services in Missoula County include:

- University of Montana shuttle services from park and ride lots to the campus and to Missoula College
- Shuttle services operated for specific populations through assisted living and nursing homes, Opportunity Resources, YMCA, and other organizations
- Missoula Ravalli Transportation Management Association, a vanpool and carpooling service for outlying communities south to Hamilton, north to Ronan, and west to Alberton
- Missoula International Airport, which has service from five passenger airlines and three cargo carriers
- Limited taxi services and MediCab

Mountain Line routes run almost exclusively in the City of Missoula, although they stretch to the airport on the west and to Bonner on the east.

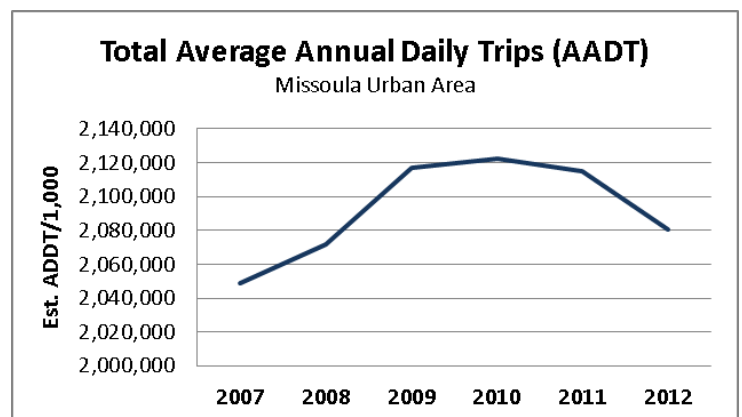
Mountain Line ridership numbers have been moving steadily up over the past 10 years, going from 644,463 rides in fiscal year 2004 to 901,116 rides in fiscal year 2014. The Missoula urban area's rate of riding the bus to work is 2.5% (US Census American Community Survey), up from 1.7% in the 2000 census. This is lower than the rate for the US, which was 5% for 2008-2012. The HP 2020 goal for commuting by bus is 5.5%.

Mountain Line. October 2014.



The Missoula urban area also shows a decrease in trips taken by cars. Estimated average annual daily trips plateaued in 2009 and have moved downward in subsequent years, according to traffic count data collected by the Montana Department of Transportation.

Montana Department of Transportation.
http://www.mdt.mt.gov/publications/datastats/traffic_maps.shtml



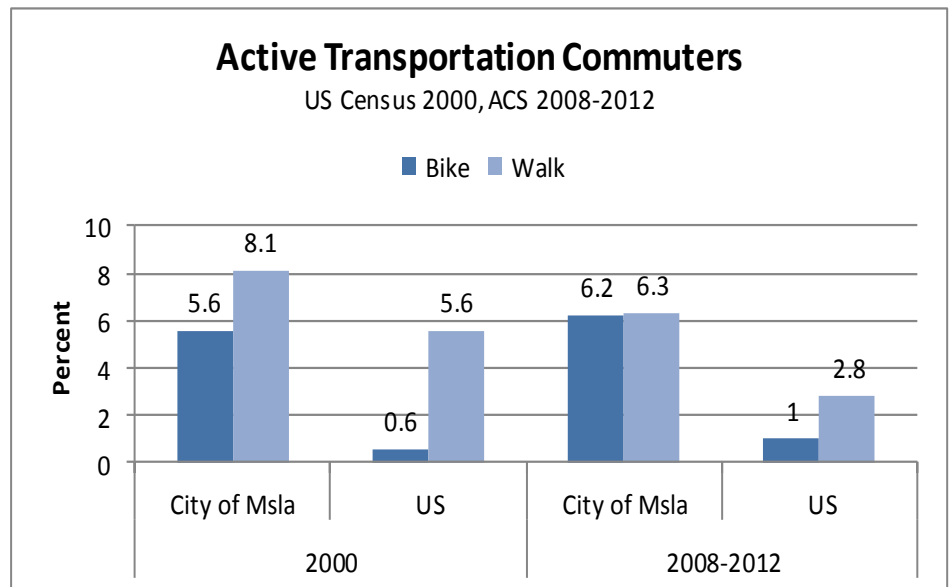
Transportation *continued*

A critical component of Missoula's public transportation system is the growing network of bike lanes and biking and walking paths. Several local organizations encourage trips by bike and foot, including Missoula In Motion, part of the City of Missoula's Transportation Division. Missoula in Motion works to reduce single occupancy vehicle use and improve air quality through the development and implementation of sustainable transportation programs.

Missoula's rate of walking and biking to work significantly exceeds national averages. Local active commuting for Missoula mirrors national trends, although our community stands out from the nation on a number of statistics. In Missoula, an estimated 6.2 percent of all commute trips are by bicycle, which ranks 11th in the nation for small-sized cities (population from 20,000-99,999) and tops every large city in the country. Biking and walking commutes have been significantly higher than the nation for the past 15 years. (Missoula in Motion)

The Missoula Metropolitan Planning Organization has also conducted bicycle and pedestrian counts in the urban area. This program started in 2010 and counts twice annually at stations across the urban area. The 2013 count showed a 13% increase in bikes, a 5% increase in pedestrians, and a 22% increase in other forms of active transportation, such as skateboards and scooters, over the 2011 counts. (City of Missoula Transportation Division)

HP 2020 goals for transportation to work are .6% for bicycling and 3.1% for walking, which means the Missoula urban area is doing very well in this regard.



City of Missoula Transportation Division. October 2014. Data from US Census 2000 and American Community Survey 2008-2012.

Resources

[City of Missoula Transportation Division](#)

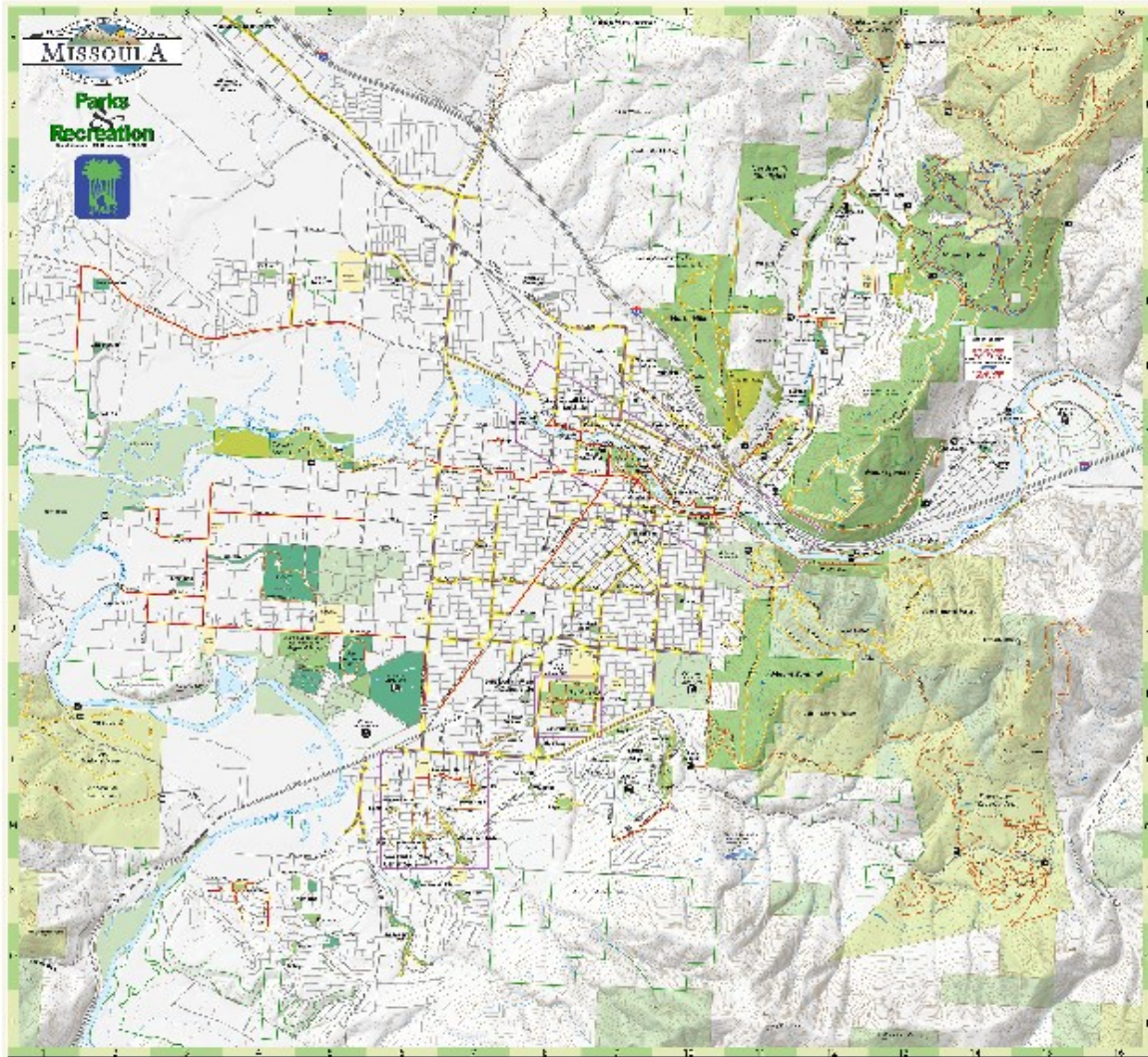
[Missoula in Motion](#)

[Mountain Line](#)

Recreation

Missoula County residents enjoy a wealth of recreational opportunities. Many of these opportunities are cultural and educational — theater, visual arts, adult education, open mike nights, interest groups — and other opportunities are entertainment, such as college sporting events and movies. This section focuses on active recreation, as it contributes the most directly to physical health and wellbeing.

The physical environment of Missoula County offers multiple opportunities for recreation. Hiking, fishing, camping, skiing, boating, biking, hunting, trail running, and pretty much any other form of outdoor recreation is readily accessible. The Clark Fork River, Bitterroot, Blackfoot, and Clearwater rivers run through the county, and the Rattlesnake National Recreation Area and Wilderness abuts residential neighborhoods, in addition to the open space lands on the mountains to the east and north of town and along the river. Fish Wildlife and Parks, the Missoula Conservation District, the US Forest Service, and Missoula Parks and Trails manage, preserve, and work to expand open land for recreation for Missoula County residents.



Map from Missoula Parks & Recreation. <http://www.ci.missoula.mt.us/DocumentCenter/Home/View/5313> The different colors of green show park lands and open space, and the colored lines are trails, bike lanes, and bike routes. Please follow the link to the online map to see the details.

Recreation *continued*

Missoula County residents, especially in the urban area, enjoy a wealth of possibilities for involvement in sports and exercise. The 2013-2014 Missoula County Health Resource Guide lists at least 21 fitness clubs, 1 fitness club in Frenchtown, 1 fitness club in Seeley Lake, 9 yoga studios, and 4 Pilates studios. The Lifelong Learning Center offers inexpensive exercise classes to everyone. Recreational opportunities also include climbing gyms, a tennis club, Run Wild Missoula races and training, multiple golf courses, hockey, figure and recreational skating, groomed Nordic ski trails, stocked fishing ponds, and adult sports leagues and teams for softball, volleyball, basketball, soccer, track, tennis, ultimate Frisbee, and other sports. The YMCA offers adaptive and Special Olympics programs. Missoula Parks and Recreation offers an all-inclusive playground, Silver Summit, along with inclusive programs for all ages and interests. (Missoula Parks & Recreation)

For children and youth, the YMCA, YWCA, WORD, and Missoula Parks & Recreation all offer low-cost opportunities for organized sports, swim lessons and swim team, climbing gym, gym access, and school vacation activity programs, and camps. These organizations offer discounts and scholarships to families who need them. Missoula has several dance studios and gymnastics clubs. Competitive youth swimming, soccer, volleyball, and basketball organizations also operate in the county, in addition to physical education at all grade levels, and sports programs in middle schools and high schools. (Missoula Parks & Recreation)

Missoula Parks & Recreation oversees much of the community's recreational capital. This list comes from Missoula Parks & Recreation staff.

- 450 acres of parkland
- 32 miles of trails, commuter and recreation
- 1.5 mile prescription trail, in collaboration with Community Medical Center
- 3,600 acres of conservation lands
- 1,400 acres of protected lands via conservation easements
- 35 playgrounds
- Thousands of participants in recreation programs
- Over 200,000 swims per year, with over 16,000 swim lessons each year
- \$106 per year per household cost to taxpayers

The City of Missoula Transportation Division provides this list of Missoula County active transportation and recreation infrastructure in the City of Missoula.

- Sidewalks — 396 miles, with 219 miles missing
- .5 mile cycle track
- 31 miles of bike lanes
- 11 miles of bike routes

Resources

[Missoula Parks & Recreation](#)

[YMCA](#)

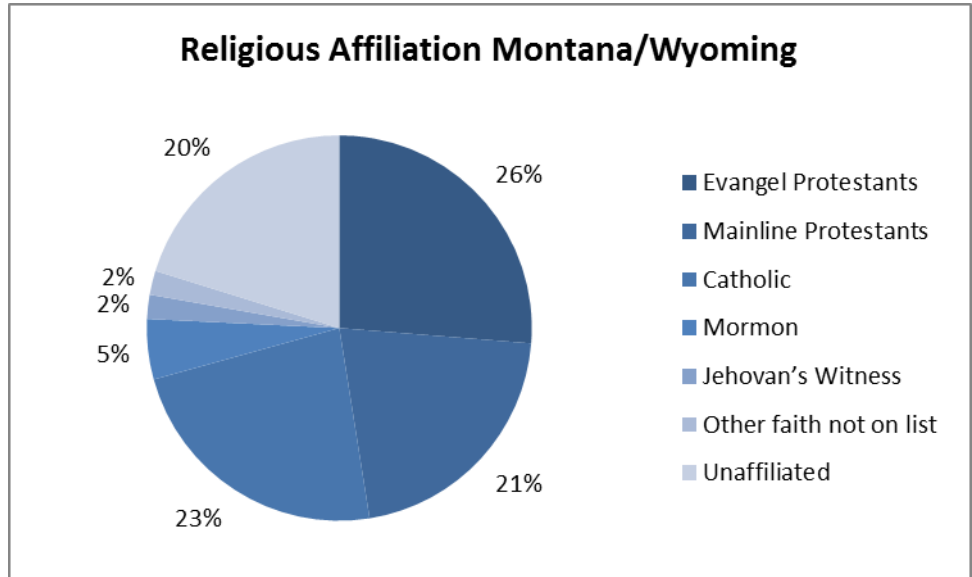
[Great Missoula County Health Resource Guide 2013-2014](#)

Religious Institutions

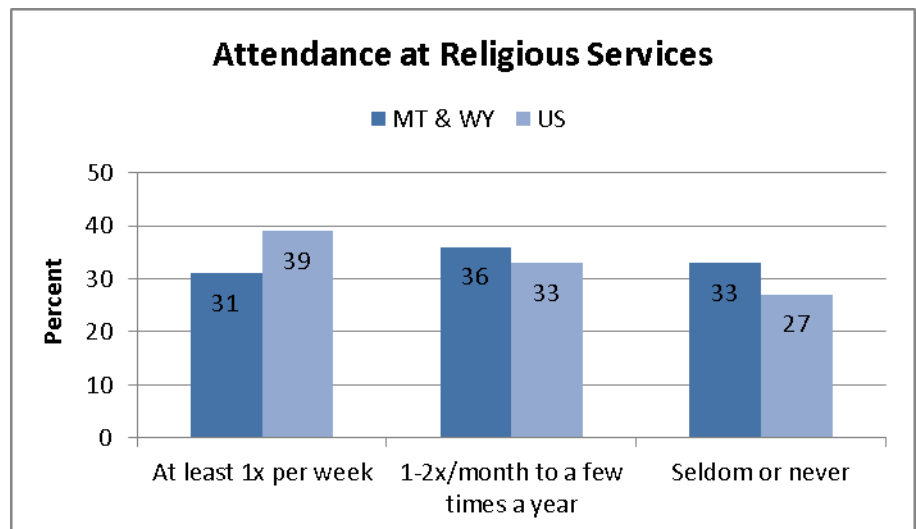
Missoula has range of religious organizations. They are predominantly Christian but include Jewish, Buddhist, and other religions. American Indian religious traditions are also practiced. Religious groups play a large role in volunteering in social services, individually and collectively through organizations such as the Missoula Interfaith Collaborative. Information on religious affiliation and involvement is not measured at the county or community level for Missoula. However, there is research about religious affiliation in the region from a 2007 survey conducted by the Pew Research Forum.

Montana and Wyoming residents report affiliations primarily with Christian denominations, in a way that is comparable to the United States as a whole. Jewish and Muslim groups are present but not as prevalent as on the national level. That may be somewhat different in the City of Missoula, which has the Har Shalom synagogue and a population of Muslim middle eastern students and faculty at the University of Montana.

More recent research from the Pew Forum (2010) shows that young adults (ages 18 to 29) are significantly less likely to be



Self-reported attendance at religious services and gatherings gives some indication of the level of influence that religious institutions have in a community. Montana and Wyoming showed a lower attendance rate than the nation as a whole.




All data from Pew Research Forum Survey 2007. <http://religions.pewforum.org/maps>

Resources

Pew Forum. *Religion Among the Millennials*. February 2010.

Health Profile



© Tim Bocek 

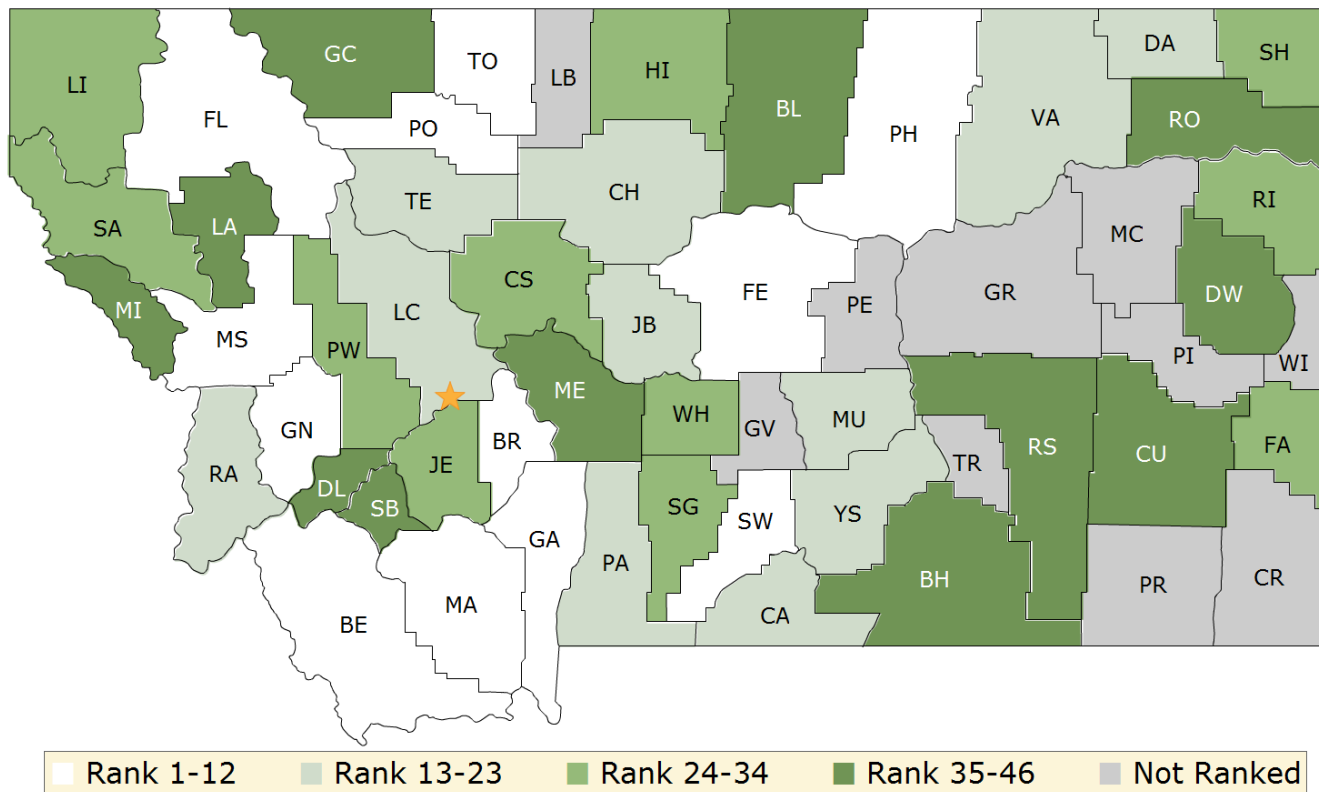
This section highlights data on issues that affect individual and community health in Missoula County. Wherever possible the data includes trends and comparisons. Topics are listed alphabetically. See the Table of Contents for topics and page numbers.

Introduction: County Health Rankings

County Health Rankings data provides a comparison of counties within each state on health outcomes (length and quality of life) and health factors (influences on health, such as tobacco use, employment, and air quality, which may affect the population's health in the future). Missoula County ranks 6th in health outcomes for the state of Montana in 2014, down from 4th in 2012. Missoula ranks 5th in health factors, which is the same ranking as in 2012.

Some of the data in the following sections is available in the County Health Rankings. The website, www.countyhealthrankings.org, provides an excellent overview of health factors in Missoula County, Montana, and the US.

2014 Health Outcomes - Montana



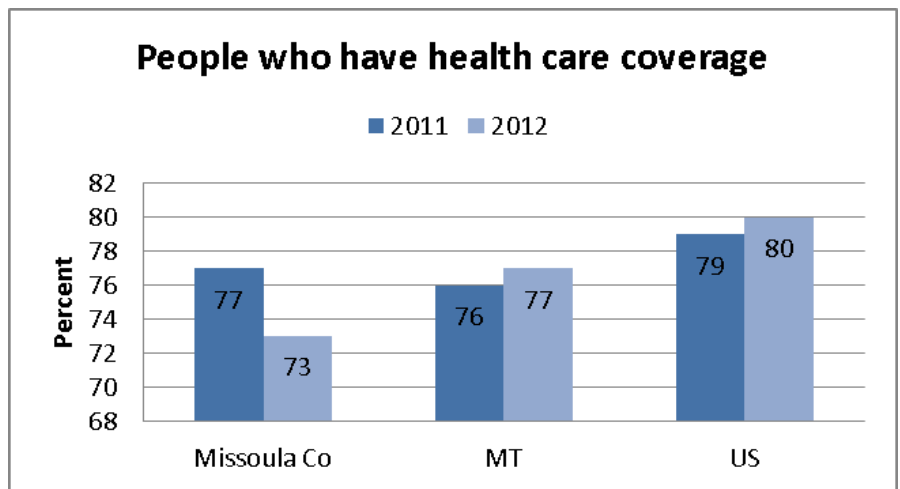
County Health
Rankings & Roadmaps
Building a Culture of Health, County by County
A Robert Wood Johnson Foundation program

University of Wisconsin Population Health Institute. *County Health Rankings & Roadmaps 2014*. www.countyhealthrankings.org

Access to Health Care

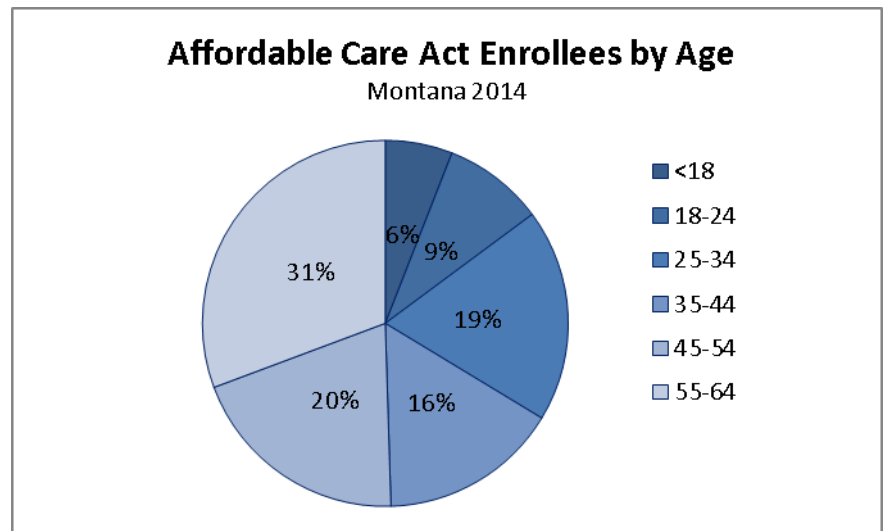
Health care is expensive. For people without health insurance, the economic burden of dealing with health issues can mean fewer preventative services, more emergency room visits, and poorer health outcomes. In the past, most Missoula County residents needed to have a job that included health insurance benefits in order to afford coverage. With implementation of the Affordable Care Act in 2014, the percentage of adults with health care coverage should rise significantly in coming years. In Montana we are likely to fall short of the Healthy People 2020 goal of 100% coverage because the state did not pass Medicaid expansion. The Montana DPHHS *State of the State's Health* report includes more information on the types of insurance Montana residents have, and who is insured.

Two years before the Affordable Care Act took effect, the rate of adults with health care coverage was hovering around 75% in Missoula County. The Healthy People 2020 goal for health insurance is a simple one: some kind of health care coverage for 100% of people in the US.



Montana BRFSS. <http://www.brfss.mt.gov/html/frame4.php?url=388>
2011 and 2012 are the only two years for which data is available for Missoula County.

The US Dept. of Health and Human Services, Planning and Evaluation branch, reports that about 50,716 Montanans enrolled for health care coverage in the first six months of 2014.



US DPHHS Planning & Evaluation Division. July 2014.

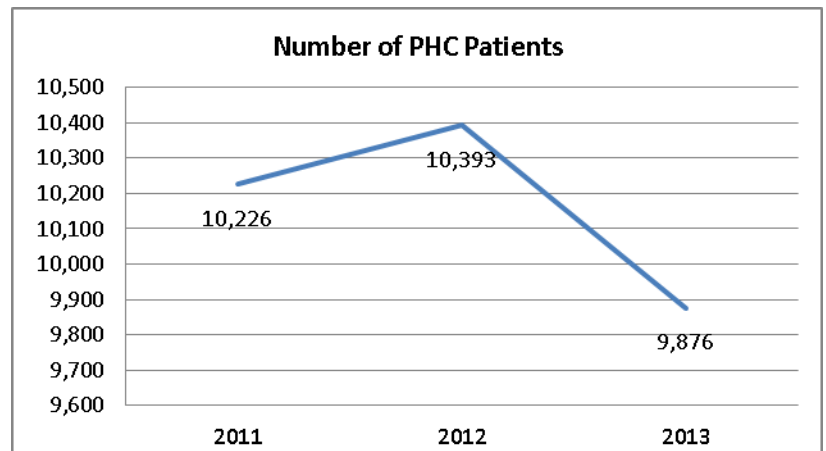
Resources

- [Affordable Care Act](#)
- [Montana Health Co-Op](#)

Access to Health Care *continued*

Partnership Health Center (PHC) is Missoula's Federally Qualified Health Clinic. PHC provides primary medical care, mental health care, and dental care services on a sliding-fee scale. It is the medical home for most Missoula residents with no or poor health care coverage. Tracking the usage for PHC services over time provides some idea of the population who find it difficult to access health care in the community.

In 2013 patient numbers decreased based on patient-centered medical home practices and elimination of walk-in clinics for non-PHC patients. (PHC)



Partnership Health Center. October 2014.

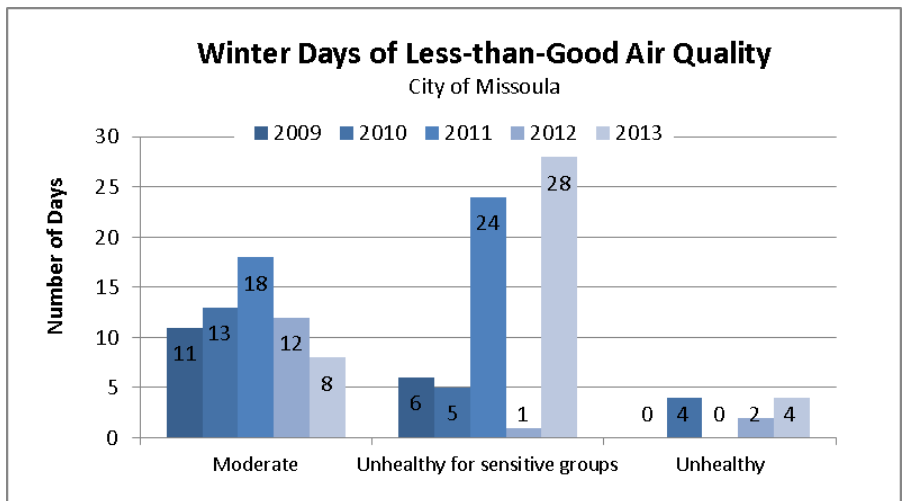
Resources

[Partnership Health Center](#)

Air Quality

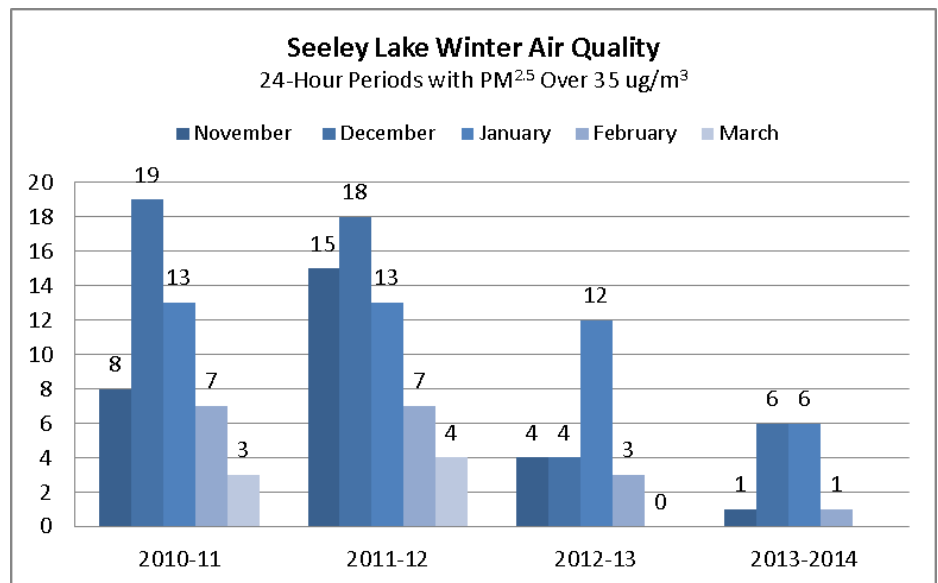
Missoula County's valleys surrounded by mountains are prone to periods of inversions and poor air quality. The primary contributor to pollutants in the air is wood smoke from wood stoves, outdoor burning, and naturally occurring wildfires. Missoula County's programs to monitor air quality and regulate burning have led to significant improvement in the 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. In 2012, which was an especially bad year, Missoula experienced 11 days that were unhealthy for sensitive groups due to wildfires (compared to 9 in 2013 and 1 in 2014), 10 days that were unhealthy for everyone (3 in 2013 and 1 in 2014), and 4 very unhealthy days. (MCCHD Air Quality Program)

Air quality is monitored by measuring the concentration of particulate matter 2.5 microns in diameter (PM2.5). Particles of this small size can remain suspended in the air for long periods of time. They can lodge deep in the lungs and exacerbate chronic conditions such as asthma and heart diseases. PM2.5 concentrations greater than 21 ug/m³ are considered unhealthy for sensitive groups by the Montana Department of Environmental Quality. The Air Quality Program at the Missoula City-County Health Department records PM2.5 levels in Missoula, Frenchtown, and Seeley Lake.



Missoula City-County Health Department, Air Quality Program. *Missoula County Year 2013 Air Pollution Trends Report*. May 12, 2014.

In Seeley Lake — a small mountain valley community located in a forested area in the northern part of the county — the PM2.5 levels were very high. Many Seeley Lake residents rely on woodstoves to heat their homes. In 2012 a woodstove exchange program began replacing old woodstoves with more efficient woodstoves, with significant improvements in air quality.



Missoula City-County Health Department, Air Quality Program. *Missoula County Year 2013 Air Pollution Trends Report*, May 12, 2014.

Resources

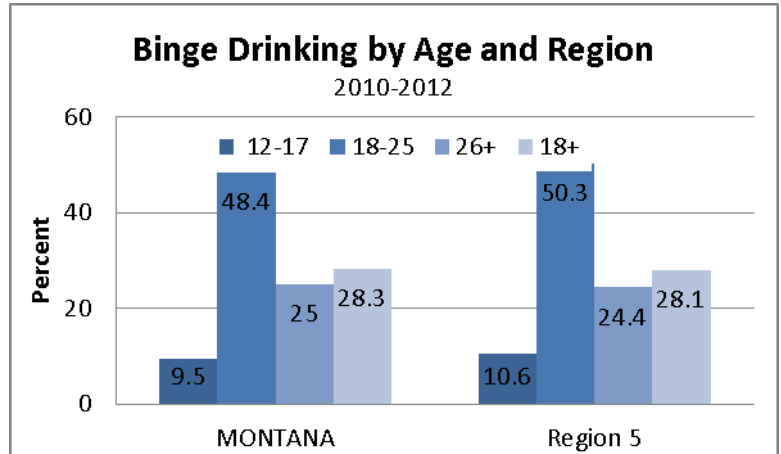
[MCCHD Air Quality Division](#)

Alcohol Use & Abuse

Binge drinking is a major concern for a multitude of reasons. For adults, some of the concerns are drunk driving, accidental injury and death, violence and crimes committed while drinking, and exacerbation of health problems, addictions, and mental illness. For youth, concerns also include the effects of alcohol on brain development.

The Substance Abuse & Mental Health Services Administration divides Montana into five regions in order to have a large enough population group to analyze statistically. Missoula County is part of region 5, which is the northwest corner of the state. All regions of the state are fairly equal for all age groups that are reported.

Youth drinking in Missoula and Montana has historically been well above national rates, as can be seen in the 2013 YRBS results.

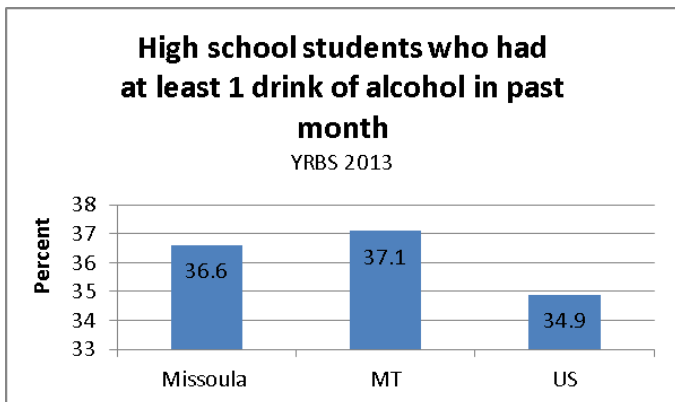


SAMHSA. 2014. *Substate Estimates of Substance Use and Mental Disorders from the 2010-2012 National Surveys on Drug Use and Health: Results and Detailed Tables.*

<http://www.samhsa.gov/data/NSDUH/substate2k12/toc.aspx>

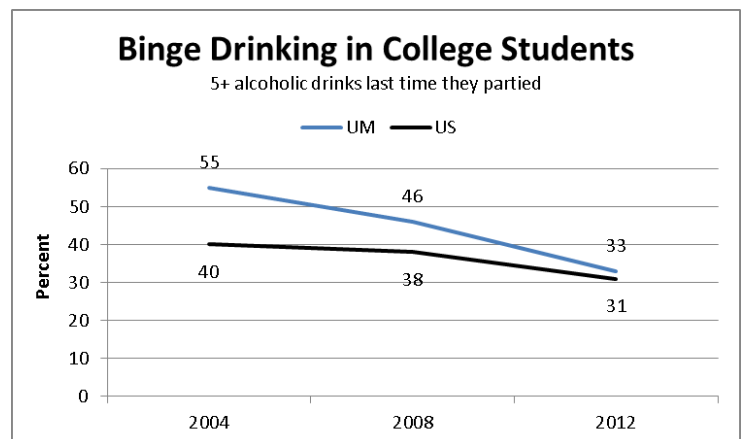
YRBS 2013.

<http://nccd.cdc.gov/youthonline/App/Results.aspx?LI D=MT>



The University of Montana Drug & Alcohol Biennial Review 2010-2012. Revised June 5, 2014. <http://www.umt.edu/vpsa/documents/2008-2010%20Biennial%20Review.pdf>. Note: Binge drinking is defined as having 5 or more drinks at one sitting.

The *University of Montana Drug & Alcohol Biennial Review* collects data on student alcohol use. Binge drinking — defined as having 5 or more alcoholic drinks in one sitting — has declined both at UM and in colleges across the nation. UM used to be considerably higher than the national rate, but they are now about even. The report also says that 74% of students consumed alcohol within the past 30 days, compared to 66% nationally. At UM, 54% of first year students and 87% of fourth year students say they drank alcohol in the past 30 days, and drinkers reported having an average of 4.7 drinks the last time they partied.



Resources

[Missoula Forum for Children & Youth](#)

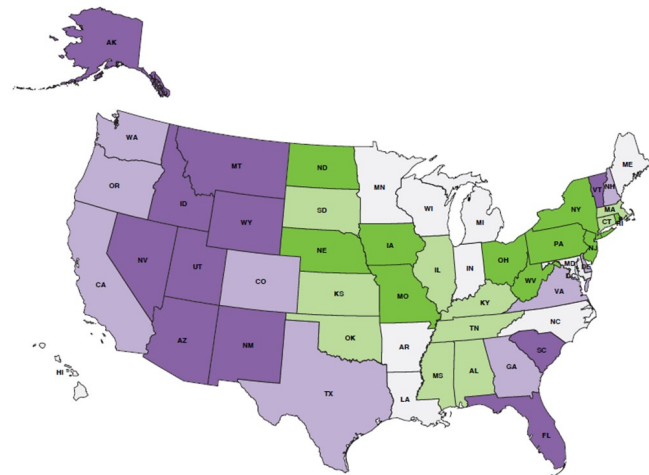
[Western Montana Addiction Services](#)

Alzheimer's & Other Dementias

Alzheimer's, the most common form of dementia, is a disease of impaired memory and thinking and is related to aging. As the Missoula County population of older adults grows, there will be more residents with Alzheimer's and other dementias who will require medical care and assistance with daily living. (For projections of the aging population in Missoula County, see page 74.) Caring for Alzheimer's patients is costly, in time and money, for family and other caregivers.

Little county-level data is available for Alzheimer's and other dementias at this time. However, the Alzheimer's Association projects that Montana will be among the states with the largest increase in Alzheimer's Disease prevalence, with an increase from 50% to 80% between now and 2025. The Alzheimer's Association estimates that 18,000 Montanans are living with Alzheimer's 2014; they project that number to be about 27,000 in 2025.

figure 4 | Projected Changes Between 2014 and 2025 in Alzheimer's Disease Prevalence by State

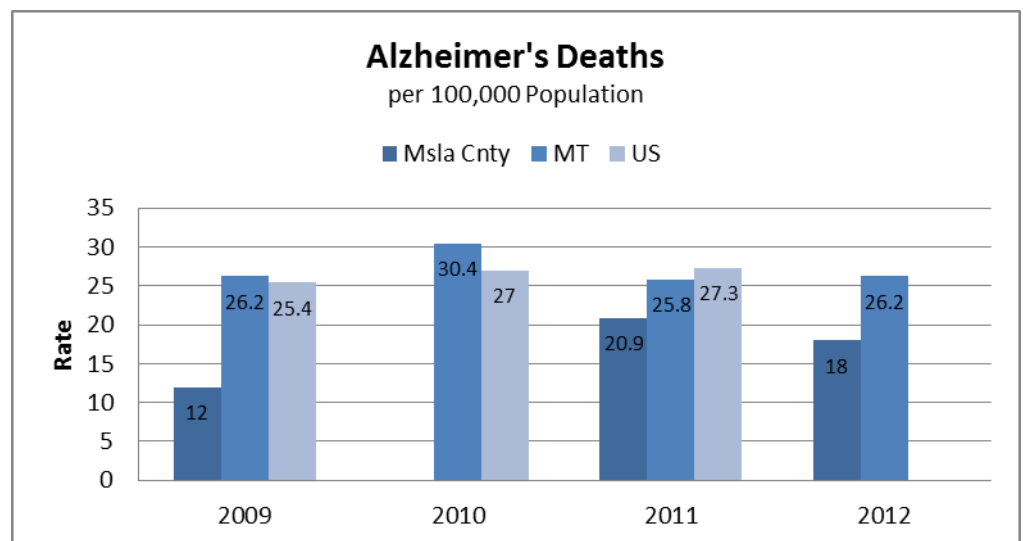


Change from 2014 to 2025 for Washington, D.C.: -2.2%
 Created from unpublished data provided to the Alzheimer's Association by Hebert et al.¹⁰⁰

Alzheimer's Association. 2014 Alzheimer's Facts and Figures. http://www.alz.org/downloads/Facts_Figures_2014.pdf

The Alzheimer's Association reports 302 deaths from Alzheimer's in Montana in 2014.

Missoula County's small population may make the Missoula numbers in this set of trend data somewhat unreliable.



Montana DPHHS. Vital Statistics. <http://www.dphhs.mt.gov/statisticalinformation/index.shtml>

Resources

Alzheimer's Association, Montana Chapter: <http://www.alz.org/montana/>

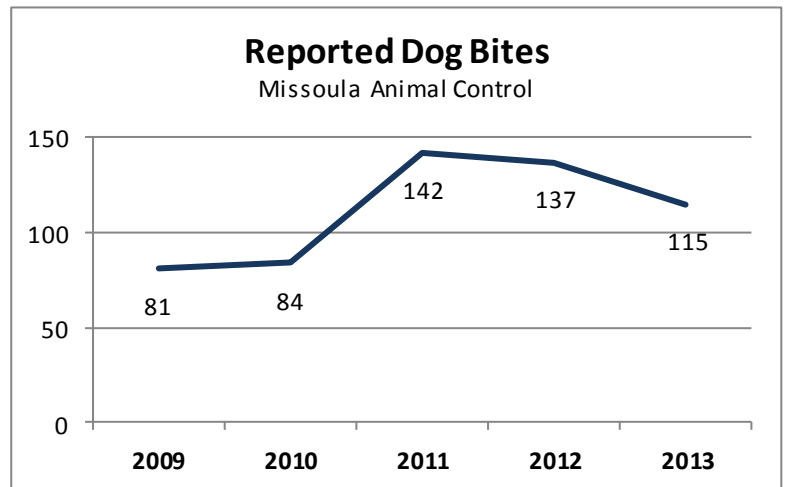
Animal Bites

Missoula is an animal town — wild and domesticated. Wherever humans and animals live together, there is a potential for bites. Dog bites are a public health and safety issue. They cause personal injury, emotional distress, expensive insurance claims, and also carry the risk of rabies. In Missoula County, animal bites are monitored by the Animal Control program of MCCHD. Animal Control also works to prevent bites through enforcing leash laws, patrols, and education.

According to Missoula County Animal Control, there are about 4.5 million dog bites each year in the US, and nationally dog bites are increasing. Almost half of those bitten are children under age 12. Most bites occur in the home, and people are bitten by their own dogs.

It is not possible to compare Missoula dog bite numbers directly to national numbers. Missoula Animal Control reports that, if Missoula followed the national average, 114 dog bites would have required medical attention in 2013. In fact only 51 bites required medical attention.

In Missoula, 19 different types of dogs were reported for bites in 2013. The top four biting breeds were Australian Shepherds, Blue Heelers, Labradors, and Pit Bulls. About 58% of the biting dogs had been vaccinated for rabies.



Missoula City-County Health Department, Animal Control Division. 2014.

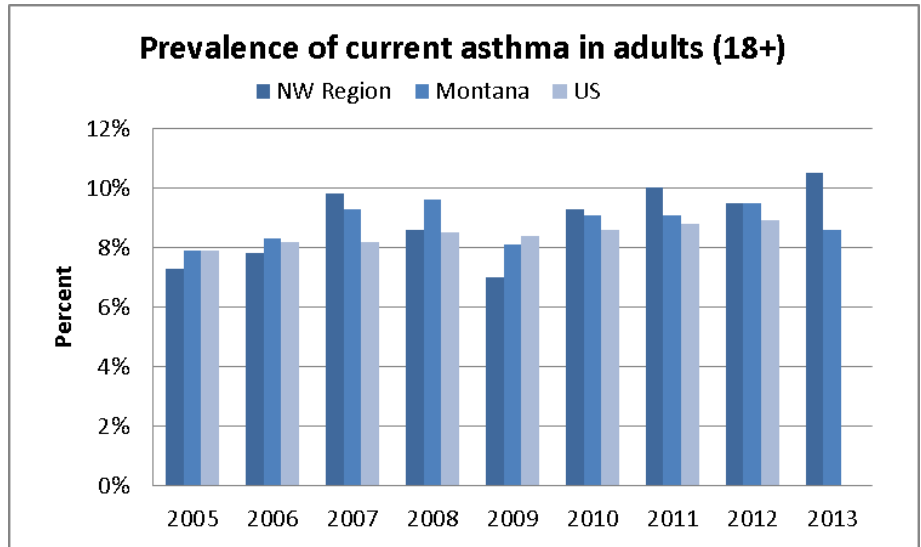
Resources

[Missoula County Animal Control](#)

Asthma

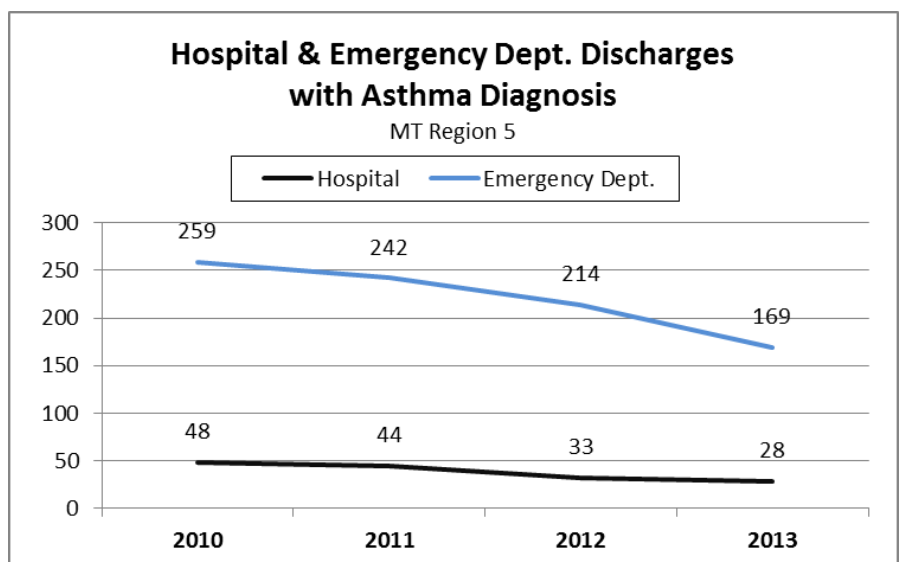
Asthma is a particular concern in Missoula County, with the winter inversions that cause high particulate levels in the air and wildfire smoke hanging in the valley in many summers. Montana’s asthma triggers may differ from those in most big cities due to our mountainous geography and varied climate. We have good resources to address asthma — medical care, the Air Quality Program at MCCHD, and the Montana Asthma Program home visiting nurse for children. In Montana, asthma data is collected by region in order to create a sample size that allows comparisons. The data included below is for Region 5, the northwest corner of the state, which includes Missoula County.

The prevalence of asthma has grown nationally, as well as in Montana. The Montana DPHHS Asthma Control Program report *The Burden of Asthma in Montana 2013* notes that there is no significant difference between asthma rates in different regions of the state. The factors that are associated with having asthma are being female, having a household income of less than \$25,000 per year, smoking currently, and being overweight or obese.



BRFSS, http://brfss.mt.gov/Data/data_index.php; data provided by Montana Asthma Control Program 2014. Note: Data collection and analysis methods changed starting in 2010 so data collected during and before 2010 cannot be directly compared to data after 2010.

The Northwest Region’s emergency room visits and hospitalizations for asthma are significantly lower than the nation’s, and they are also lower than the rates for Montana as a whole. The Montana DPHHS *State of the State’s Health* report gives more data on the status of asthma control for people with asthma in the state.



CDC/NCHS Montana National Hospital Discharge and Hospital Ambulatory Care Surveys; data provided by DPHHS Asthma Control Program 2014.

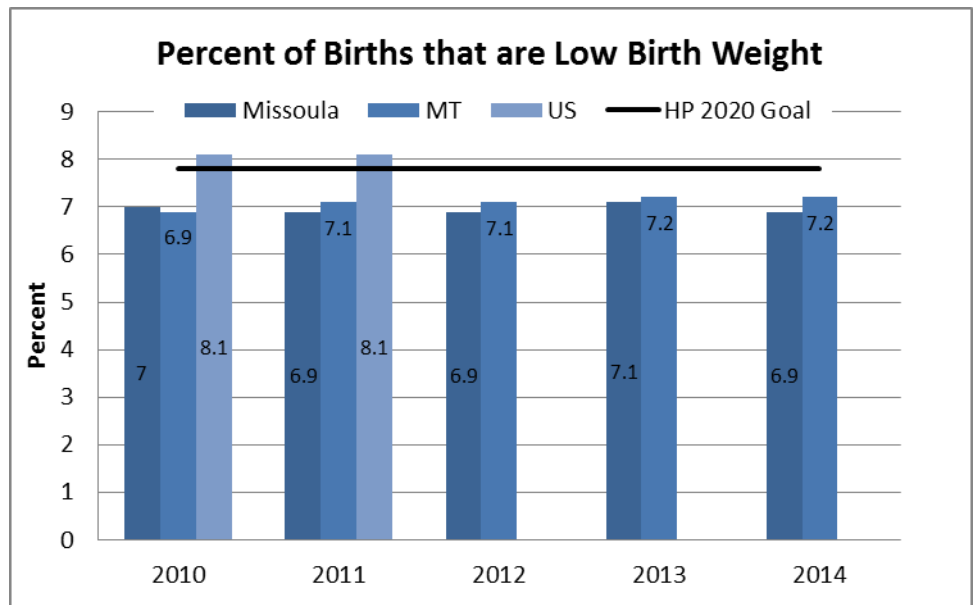
Resources

- [Montana DPHHS Asthma Control Program](#)
- [Burden of Asthma in Montana 2013](#)
- [American Lung Association. What’s the State of Your Air?](#)

Birth Weight

Babies born too early, or too 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.

Montana and Missoula County have consistently shown similar rates of LBW babies. Both Missoula County and Montana numbers are under the US average rate, and also below the Healthy People 2020 goal of 7.8%. (HP 2020)



US data: Healthy People 2020. <http://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health/objectives>

Montana data: County Health Rankings. <http://www.countyhealthrankings.org/app/montana/2014/measure/outcomes/37/map>

Community Medical Center has the obstetric unit in Missoula County. Their total rate of LBW was about 8% in 2013. Through September of 2014 the rate of LBW is about 10.2%, out of a total of 944 births so far.

Many of these babies are from rural areas outside the county. Using a zip code analysis, about 45% of the 2013 infants born were from Missoula County, and of those births the overall LBW rate was 3.6%. So far in 2014 the zip code analysis puts the rate of LBW Missoula County infants at 4.1%.

Birth weight in grams	# in 2013	% in 2013
ELBW – 150-499 g (<1 lb)	2	0.10%
ELBW – 500-999 g (<2 lbs, 3 oz)	11	0.60%
VLBW – 1,000-1,499 g (<3 lbs, 5 oz)	10	0.60%
LBW – 1500-2499 g (<5 lbs, 8 oz)	111	6.70%
Overall	1657	8.0%

Community Medical Center NICU. October 2014. ELBW = extremely low birth weight; VLBW = very low birth weight.

Resources

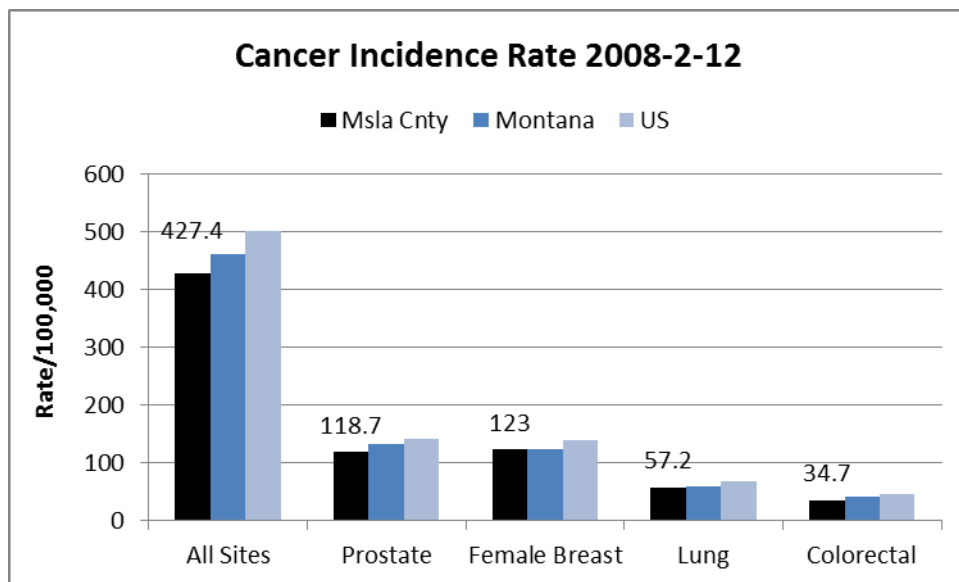
[Community Medical Center Mother and Baby Care](#)
[Montana Chapter of the March of Dimes](#)

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 United States, second only to heart disease. In the coming decade, 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 use of tobacco products, physical inactivity, poor nutrition, obesity, and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. 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, prostate cancer (17%), lung cancer (14%), female breast cancer (14%), and colorectal cancer (10%) are the most prevalent diagnoses.



United States Cancer Statistics: 1999 - 2011 Incidence, WONDER Online Database. United States Department of Health and Human Services, Centers for Disease Control and Prevention and National Cancer Institute; 2014. Accessed at <http://wonder.cdc.gov/cancer-v2011.html> on Oct 2, 2014 12:21:00 PM

Resources

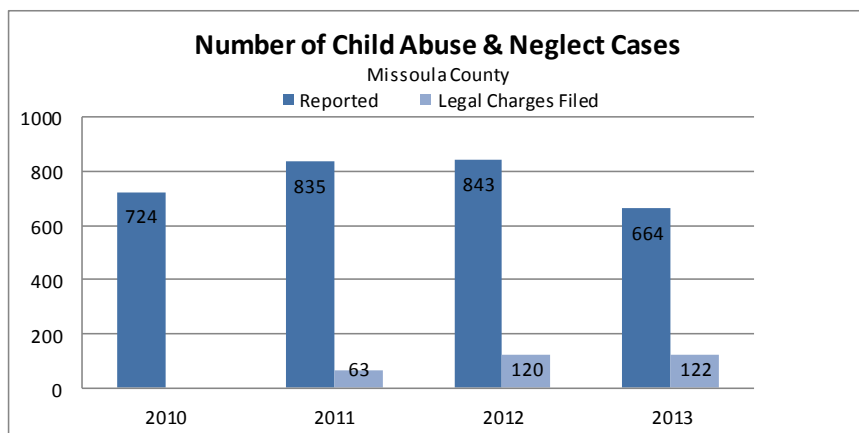
[Montana Cancer Control Programs](#)

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.

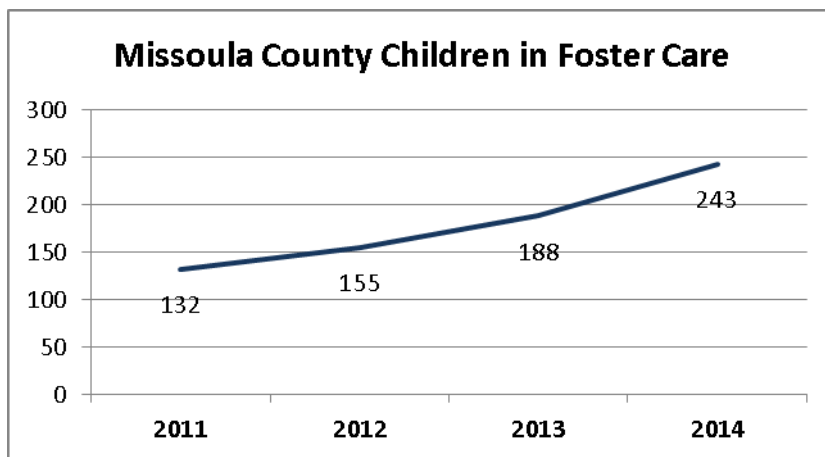
When children are placed in care, they generally go through multiple placements per year. The lack of stability contributes to health and dental problems that need to be addressed. In 2011 the Missoula Foster Child Health Program was started as a joint effort of MCCHD, St. Patrick Hospital, and CFS to provide a medical home to children in the system.

Reports of child abuse and neglect spiked in 2011 and went down in 2013. From January to September 2014, there were 623 abuse investigations, many involving more than one child. Legal were filed on 90 children in that time frame.



Child and Family Services Region V Office, Missoula, Montana. October 2014.

The numbers of children in foster care are growing rapidly. In the Community Health Assessment in 2011, a disproportionate number of the children in foster care were American Indian. While American Indians make up 6% of population, they made up 15% of children in foster care in Missoula's region. We have not been able to update those numbers to see if that is true at this point in time.



Child and Family Services Region V Office, Missoula, Montana. October 2014. Comparisons are made for the month of March in each year.

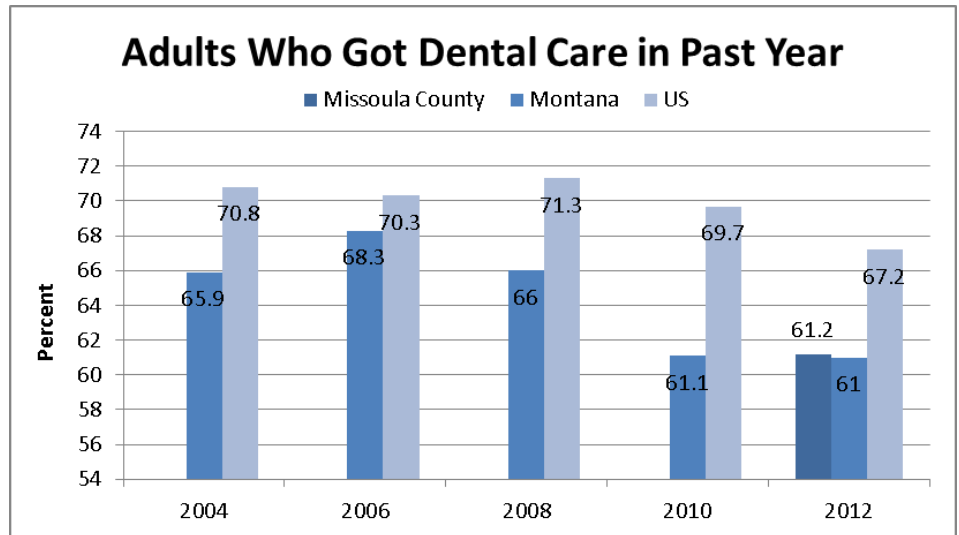
Resources

Montana DPHHS [Child & Family Services](#)

Dental Care

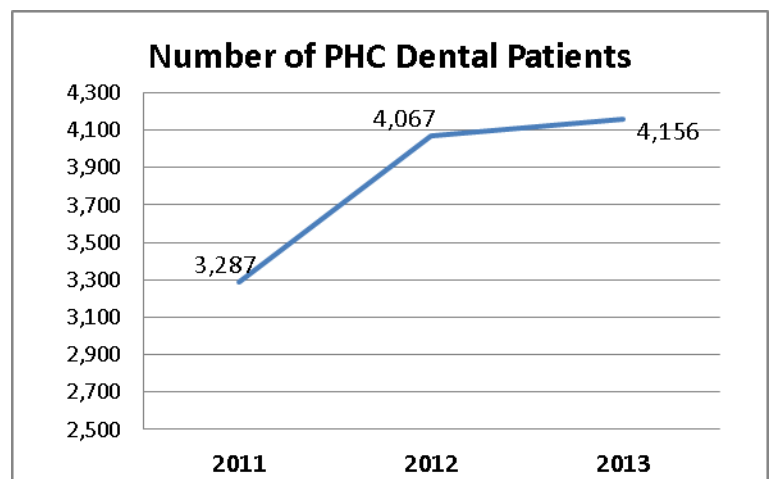
The US Department of Health and Human Services designates Health Professions Shortage Areas in primary, dental, and mental health care. Criteria for shortage areas in dental care include the ratio of providers to population, geographic access, fluoridated water, and communities of need within the population. The ranking scale goes from 0 at the low end to 25 at the high end. A high number signifies very poor dental health and a very high level of dental needs. Missoula scores a 26, one of only four areas in the nation we know of that exceeds the scale. (Partnership Health Center)

In the first year of analyzing data specifically for Missoula, the county population seems to be accessing dental care at a similar level to the state of Montana, both of which are quite a bit lower than the US rate.



BRFSS. <http://apps.nccd.cdc.gov/brfss/>. 2012 is the first year the BRFSS has been analyzed for Missoula County as a Metropolitan/Micropolitan Statistical Area.

Partnership Health Center is the only dental clinic available to many people in the county. Dental service expansions have tripled the number of patients getting care, but there are still long wait lists. The expansions have taken place in the main PHC Creamery Building, the Access Point Clinic in Seeley Lake, and the new Lowell School Health Center. The dental needs of patients who access PHC are extreme. Exacerbating the problem, the water in Missoula County is not fluoridated and children here are less likely to have sealants — 30.5%, compared to 35.6% for the state. (PHC)



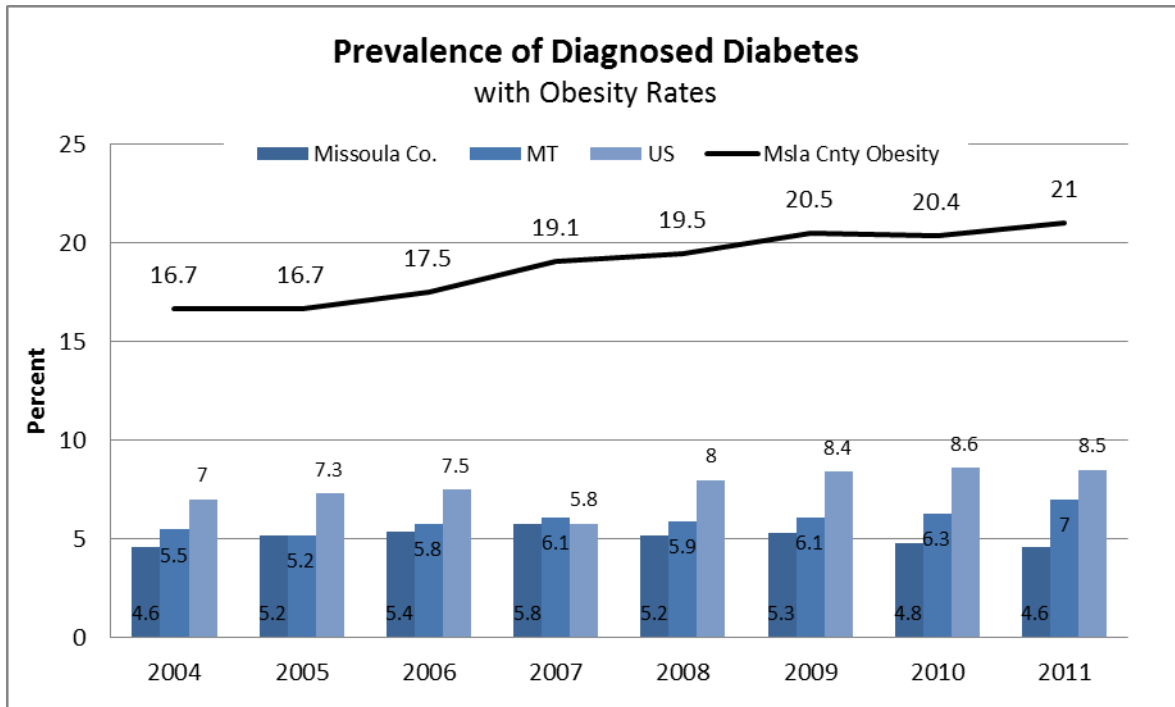
Partnership Health Center. October 2014.

Resources

[Health Professional Shortage Areas](#), US Dept. of Health and Human Services, Health Resources & Services Administration
[Partnership Health Center](#)

Diabetes

Diabetes incidence is increasing nationwide as Americans age and become more overweight. The complications of diabetes greatly diminish quality of life. According to Healthy People 2020, 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) 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.



Until 2008 Missoula County closely followed the Montana statistics for adults who have been diagnosed with diabetes. Since that time Missoula's numbers have stayed steady and even decreased a bit. Montana as a whole has lower rates of diabetes than national averages. In 2012 Montana actually had the lowest state average of diabetes, at 6.2%. The highest was Mississippi with 11.7%. (CDC Diabetes Interactive Atlas)

It is interesting to note that the national average for diabetes did not go over 4% until 1992.

CDC Diabetes Data and Trends, Diagnosed Diabetes Prevalence. County and state statistics from Interactive Atlas. <http://www.cdc.gov/diabetes/atlas/obesityrisk/atlas.html>
National statistics from Diabetes Public Health Resource. <http://www.cdc.gov/diabetes/statistics/prev/national/figageadult.htm>

Resources:

[Montana Diabetes Project](#)

Dioxins

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)

Nationwide efforts in recent years have reduced known and measurable industrial dioxin emissions by 90 percent. (EPA) Some areas still have high dioxin levels, however. Missoula has the highest background concentrations of dioxin in soil in Montana, which may be due to past industrial emissions and burning. Elevated dioxin levels exist in the greater environment in Missoula, not just at proposed Superfund or other industrial sites. Although Missoula's levels are high compared to Montana as a whole, our dioxin concentrations are no higher than levels in other industrialized US cities. (Center for Health, Environment & Justice)

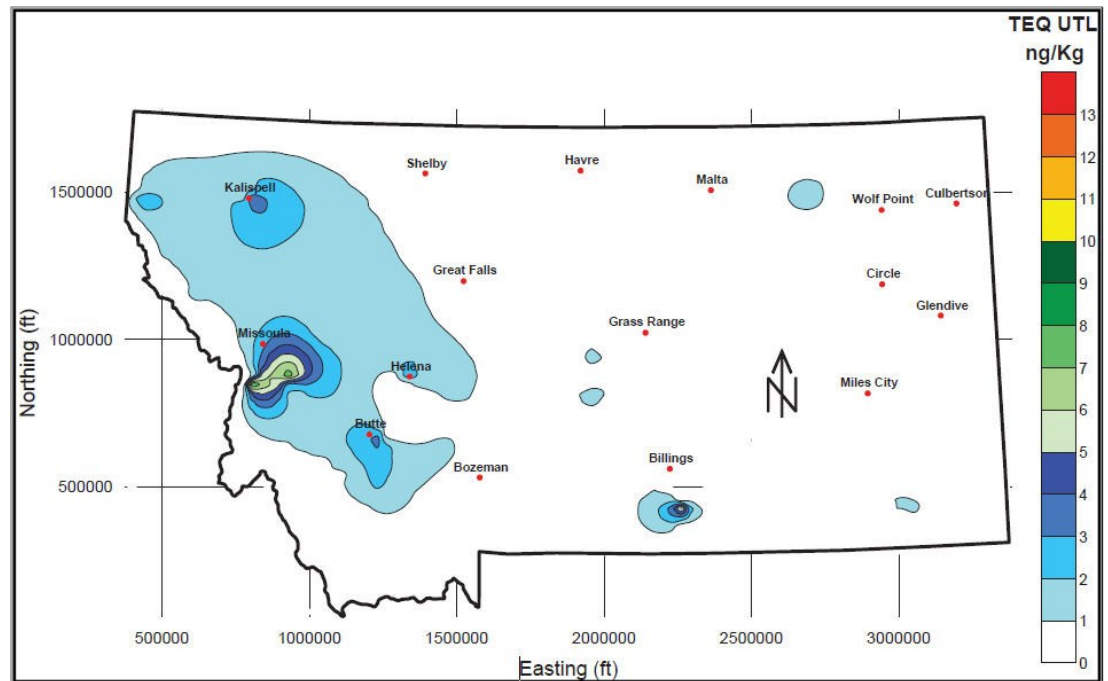
Distribution of dioxins and dibenzofurans in Montana.

Montana Department of Environmental Quality.

April 2011. *Montana Dioxin Background Investigation Report*. <http://deq.mt.gov/StateSuperfund/dioxinguide.mcp>

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

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



In 2013 Montana Fish, Wildlife & Parks (FWP) sampled the tissue of several fish species in the Clark Fork River for dioxin. FWP issued a "do not eat" advisory for northern pike, and a "four meal per month" limit for rainbow trout between the Clark Fork's confluence with the Bitterroot River, near Missoula, to the confluence with the Flathead River, near Paradise. (FWP) The cause of dioxin in fish from the Clark Fork River has not been traced to any single source. Areas of the Clark Fork River upstream from the Bitterroot and downstream of the confluence with the Flathead River have not been sampled, and it is unknown if fish there are effected by dioxin. If the advisory recommendations are followed, the consumption guidelines will protect people from levels of dioxin exposure which could cause health effects. (Water Quality Advisory Council)

Resources

[Environmental Protection Agency](#)

[Fish Wildlife & Parks Do Not Eat Advisories](#)

Center for Health, Environment & Justice. January 1998. *Background Levels of Dioxin in Soil*.

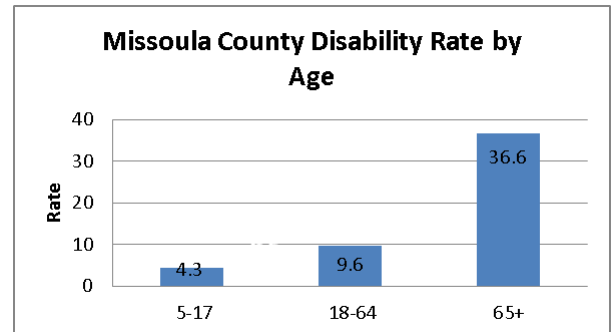
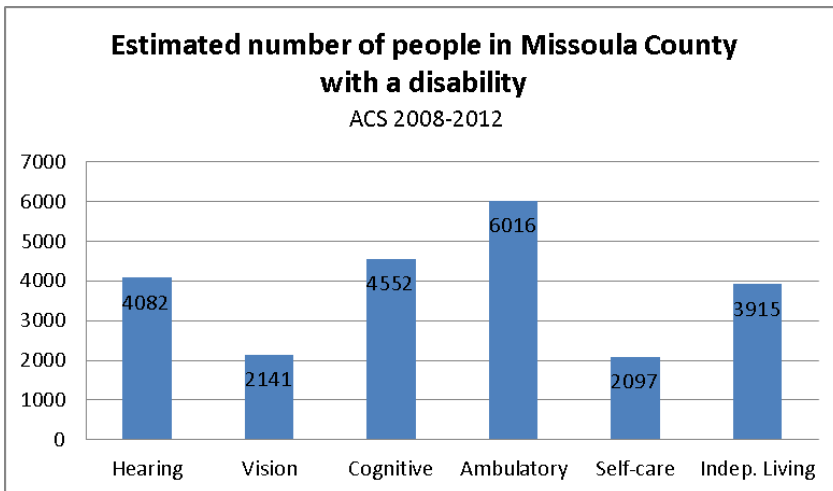
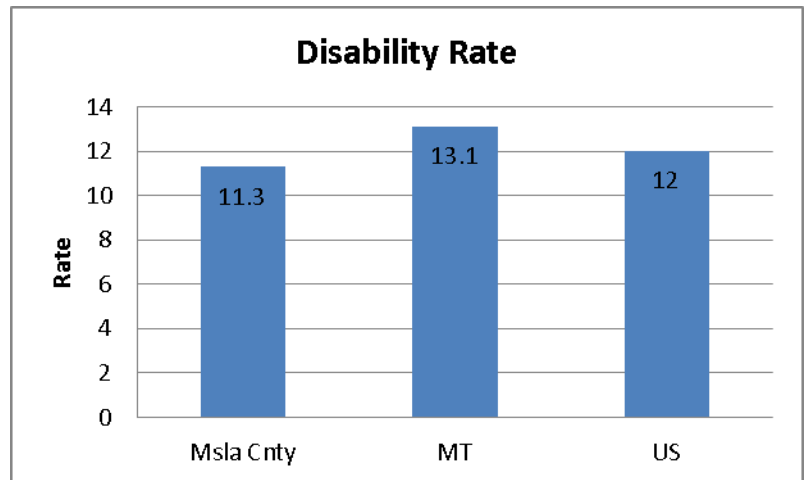
[MCCHD Water Quality District](#)

Disabilities

New data suggests that rural areas such as those in Montana have a higher percentage of people with disabilities (16.5%) than urban areas (13.4%), according to The University of Montana Rural Institute. The disability rate is correlated in complicated ways with many other categories in this report, including physical activity, mental health, and older adults. As the graph below shows, the population over 65 has a much higher rate of disability. (See page 74 for a discussion of aging issues.)

The national average rate of disability is 12%. Montana's rate is 13.1%, and Missoula County's rate is 11.3%.

Of the population 16 and over with a disability, 64% are employed, while 30.1% are not in the labor force. The HP 2020 objective for the employment rate is 21.1%. Education levels are similar for the 16 and over population with and without disabilities. However, incomes are somewhat lower, and the percentage living in poverty is slightly higher for people with disabilities. (University of Montana Rural Institute)



The disability rate is not calculated for children under 5. The data is unreliable because of the small sample size.

Source for all graphs: US Census. 2008-2012 American Community Survey. http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_12_5YR_S1810&prodType=table

Notes: Five-year averages are required for sufficient numbers for estimates in low-population areas. People may report more than one disability so numbers will not total. Numbers exclude residents of institutions, and not all disability status categories are collected for all age groups, which means these estimates are probably low.

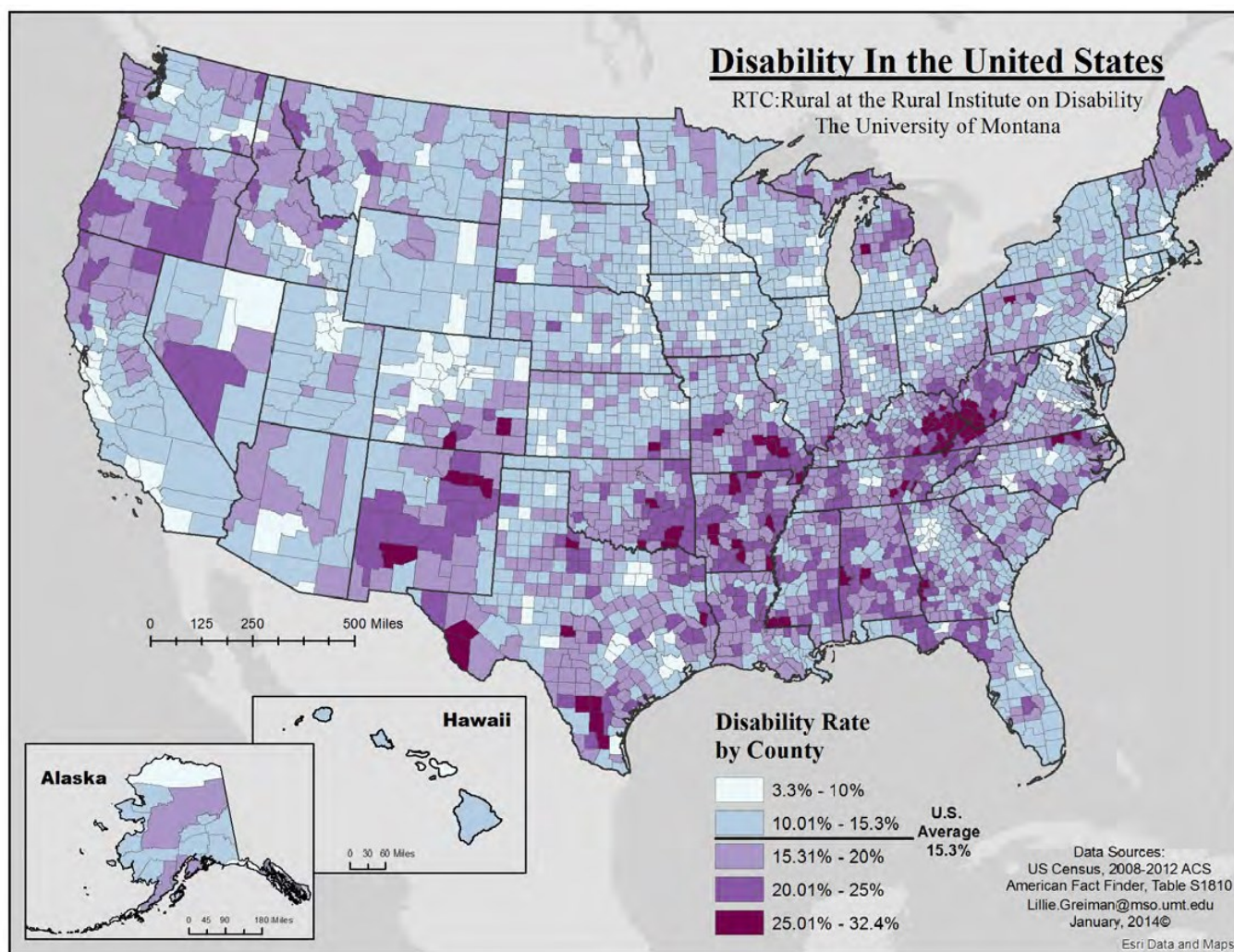
Resources

- [University of Montana Rural Institute](#)
- [US Census disability resources](#)
- [Montana Disability & Health Program](#)

Disabilities *continued*

This map from The University of Montana Rural Institute gives an idea of how the disability rate in Missoula County and Montana compare to other counties and states. Facts from the Rural Institute report:

- The national average rate of disability by county is 15.3%. Non-metropolitan counties have higher rates of disability. In fact, 94% of the counties with the highest rates of disability are non-metropolitan.
- The rate varies widely across counties, from 3.7% in Summit County, Colorado, to 32.4% in Warren County, NC.
- The rural South has the highest rate of disability among regions, at 18.76%.

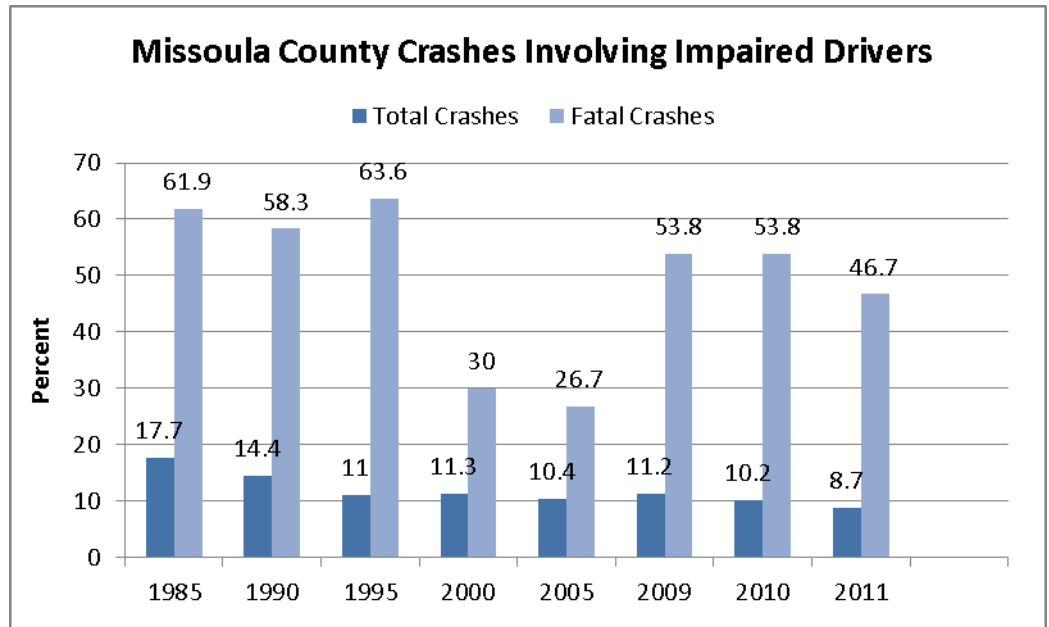


Map from The University of Montana Rural Institute. *Map Facts: Disability in Rural America*. February 2014.
<http://rtc.ruralinstitute.umt.edu/rtcBlog/wp-content/uploads/MapFacts.pdf>

DUIs

Impaired driving has historically been a serious issue for Montana. Alcohol and marijuana are the most frequently found drugs in DUI cases. Montana and Missoula County have made progress on impaired driving over time, due primarily to the concerted efforts from DUI task forces, which were formed in a nationwide initiative in 1987. There is still a long way to go. In 2012 a total of 10,155 impaired driving charges were filed in Montana courts. In 2013 there were 1100 DUI arrests in Missoula County. One of the issues we face is a lack of safe transportation home for drivers who have been drinking — there are only two taxi companies and limited hours for bus service, and many people live in rural locations far from the places where they are drinking. (Missoula County DUI Task Force) Montana DPHHS's *State of the State's Health* report has expanded state information on drinking and driving in Montana in the section on unintentional injuries.

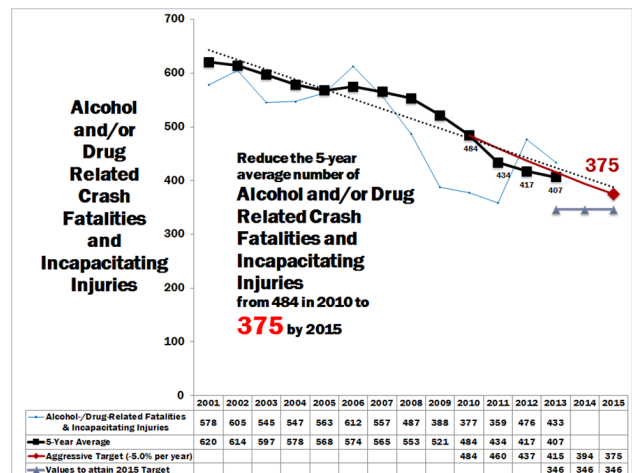
Missoula County historically has one of the highest rates of impaired driving in impaired driver crashes in Montana. As a point of comparison, the state rate of impaired drivers in fatal crashes was about 48% in 2009, 45% in 2010, and 43% in 2011. In crashes involving impaired drivers and resulting in severe injuries, 79% were male, and 66% were between the ages of 21 and 44. These crashes were concentrated on Fridays and Saturdays.



An analysis of 2011 fatal vehicle crashes in the Missoula urban area showed that 34% involved drugs, 32% involved alcohol, and 15% involved a mixture of drugs and alcohol.

When broken down by age group, 15- to 20-year-olds have the second highest impaired crash rate in Montana — even though this age group can't legally drink alcohol.

The Montana DUI Task Forces created their own goals for the state as a whole for decreasing alcohol and drug related crashes.



Missoula County DUI Task Force, August 2014. State comparisons are 3-year averages. Note: Crash data is only available through 2011.

Resources

[Missoula County DUI Task Force](#)

[Montana DUI Task Forces](#)

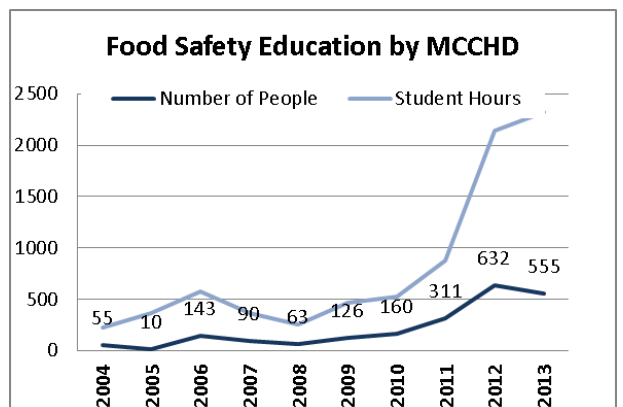
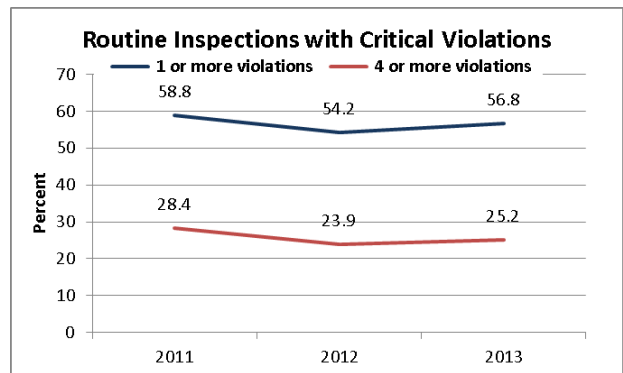
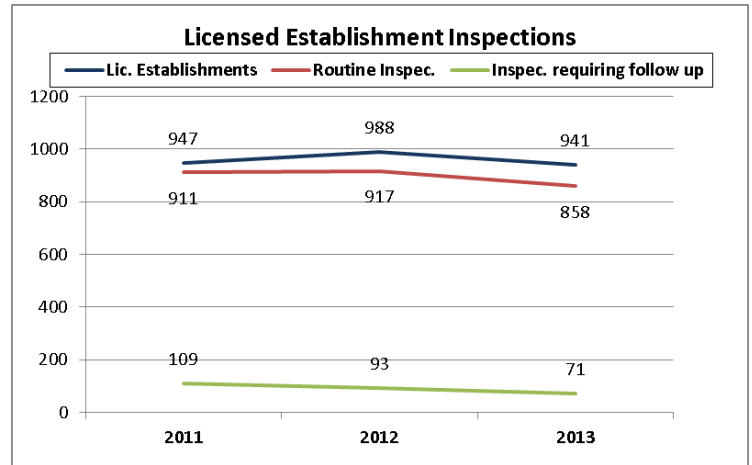
Food Safety

In Missoula County, food safety in licensed establishments is monitored by the Environmental Health Division at MCCHD, as required by Montana law. Registered sanitarians completed 1,042 total inspections of licensed food service establishments in 2013. Licensed establishments include restaurants, food trucks, caterers, grocery stores, cafeterias, and almost all other businesses that serve food to the public. Foodborne illness can start anywhere, not just at licensed establishments. However, the consequences of poor food safety practices in these facilities can have a more profound effect on public health due to quantity of food served, the number of people served, and increased opportunities for cross contamination and for bacterial growth from improper heating and cooling. Restaurants also serve a wide cross-section of people, including children and immunocompromised individuals who may be more susceptible to foodborne illness.

Sanitarians perform different types of inspections, including routine, change of ownership, follow ups and pre-opening. The goal is to inspect each food business at least once a year. Routine inspections are *risk based*, meaning that inspectors concentrate on the items that are most likely to cause food borne illnesses. These *critical* violations can be used to assess how well Missoula County restaurants adhere to important food safety practices. Not all critical violations have the same severity, so not all of them trigger follow up inspections. However, it is a red flag when establishments have four or more critical violations that cannot be corrected during the inspection.

Another indication of positive food safety practices is the number of food service workers who attend food safety classes. Those workers who understand the science and reasons for the regulations are more likely to consistently practice them. Over the past several years the number of people who attend Health Department food safety classes has consistently increased.

All data from MCCHD
Environmental Health Division,
Licensed Establishment Program.
October 2014.



Resources

[Missoula City County Health Department, Food Service](#). Includes list of all licensed establishments in Missoula County and links to FoodLine newsletter.

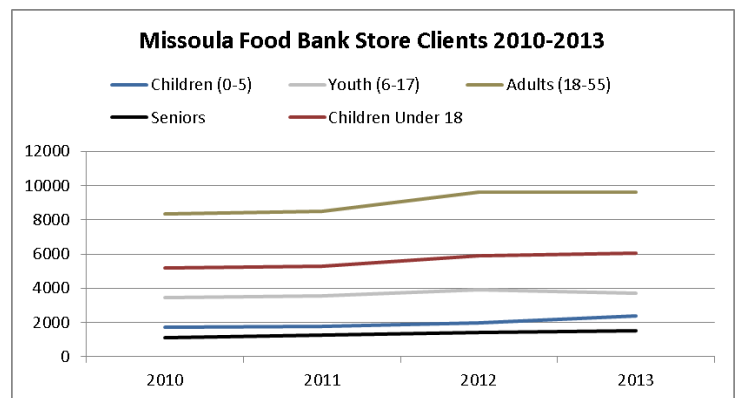
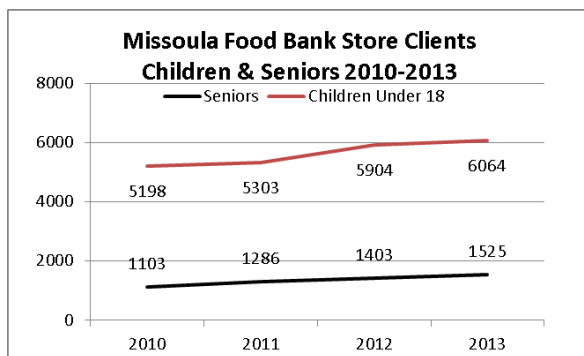
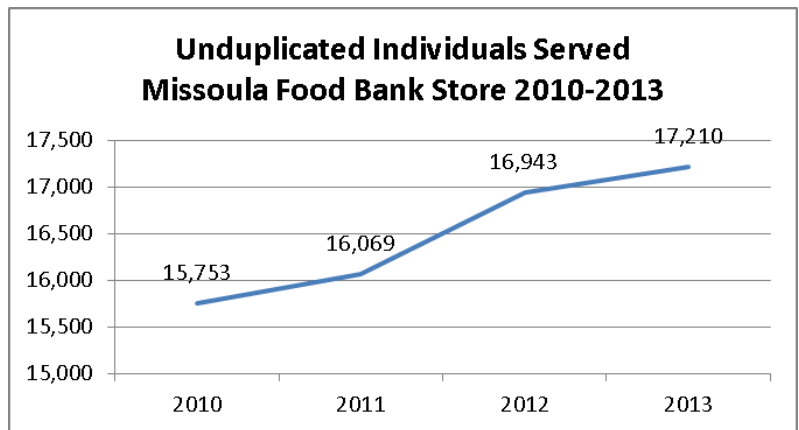
Food Security

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 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)

Missoula County has high levels of poverty, which makes food security and access to healthy food a serious problem. In the 2013 *Missoula Food Bank Needs Assessment*, the Missoula Food Bank reported that in the previous three years the community has had an 18.3% increase in clients accessing emergency food services.

In 2013 the Missoula Food Bank served 17,210 unduplicated clients, representing 5,731 households. Of that number, roughly 43% used the food bank only once. The numbers leveled off in 2013. In total, the Food Bank saw 65,804 client visits in 2013. Food Bank staff report that they are seeing a large increase in clients in 2014.

In 2012 the Missoula Food Bank saw a 12.4% increase in use by adults 65 and over, and a 6.8% increase in use by children. The numbers for children leveled out a bit, although the numbers for older adults continued to climb.



All data from Missoula Food Bank. October 2014.

Resources

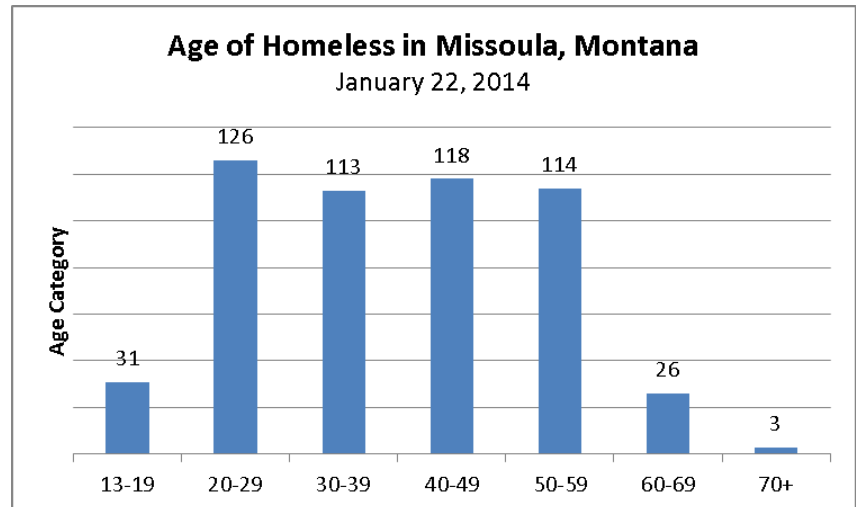
- [Missoula Food Bank](#)
- [Missoula Food Security Initiative](#)
- [Montana Food Bank Network](#)

Homelessness

The city of Missoula has an obvious homeless population. It also has an invisible homeless population. Missoula has many organizations working to house the homeless and address the many issues that lead to homelessness. City and county government joined with these agencies — which include Missoula Housing Authority, Women’s Opportunity and Resource Development (WORD), the Poverello Center homeless shelter, and United Way — to launch an initiative called “Reaching Home: Missoula’s 10-Year Plan to End Homelessness” in 2013. (United Way Reaching Home Program)

Point-in-time surveys of the homeless have been conducted since 2006 in Montana urban areas. The surveys happen on one day in January and provide a snapshot of the homeless population. In 2014, the survey was completed by 585 people who described themselves as homeless, at risk of being homeless, or who were homeless and staying in an emergency shelter, domestic violence shelter, or transitional housing facility the night prior to the survey.

In 2014, 57% of the homeless surveyed were men, and 43% were women. The average age was 39. (Reaching Home, 2014 Montana Housing Status Survey)



United Way of Missoula County, Reaching Home Program. *The 2014 Montana Housing Status Survey: A Snapshot of Housing Insecurity in Missoula, Montana*. October 2014. <http://www.missoulaunitedway.org/reachinghome>

The 2014 results are summarized in *The 2014 Montana Housing Status Survey: A Snapshot of Housing Insecurity in Missoula, Montana*. Other results from the 2014 survey:

- 71% were white, and 15% were American Indian.
- 48% had a high school diploma or GED, and 13% had a college degree.
- 52% were by themselves, and 48% were in groups, of families, friends, or some combination.
- 28% were with children under age 18.
- 66% had been living in Missoula for a year or more, and 18% had lived here for 20 years or longer. 76% said that Montana was the last state where they lived in a permanent residence.
- When asked what would most help them secure permanent housing right now, 42% said a job. When asked what services would have helped them say housed, 36% said a job, the most common response. The second most common response (20%) was mental health or substance abuse treatment.

Resources

[United Way Reaching Home Program](#)

[Montana DPHHS. Montana Homeless Survey](#)

[Poverello Center](#)

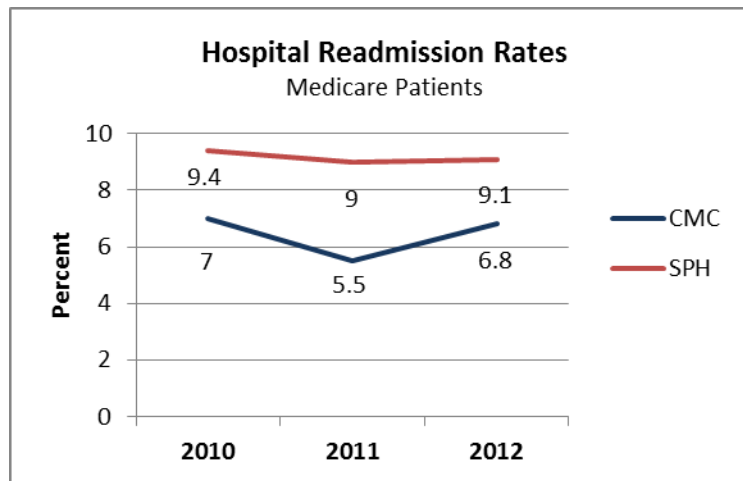
[YWCA](#)

[Family Promise of Missoula](#)

Hospital Readmission Rates

In 2013, both Providence St. Patrick Hospital and Community Medical Center performed better than the national average of 9.7% for hospital readmissions for the Medicare patients served. 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 show 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.

In 2012, in an attempt to reduce the cost of health care in the United States, the Centers for Medicare/Medicaid Services (CMS) finalized the rule regarding readmission measures under the Hospital Readmissions Reduction Program. The rule defined readmission as an admission to a hospital within 30 days of a discharge from the same or another hospital. All hospitals now measure their readmission rates for acute myocardial infarction, heart failure, and pneumonia cases and submit this data to CMS. Hospitals may receive a penalty reduction in the base payment if it deviates from the national readmission norm for those diagnoses.



Medicare patients who were readmitted within 30 days of initial hospitalization. The data from Community Medical Center (CMC) excludes obstetrics and rehabilitation. Data from Providence St. Patrick Hospital (SPH) includes all services to Medicare patients.

Resources

[Medicare hospital data](#)

[Medicare Readmissions Reduction Program](#)

[Providence St. Patrick Hospital](#)

[Community Medical Center](#)

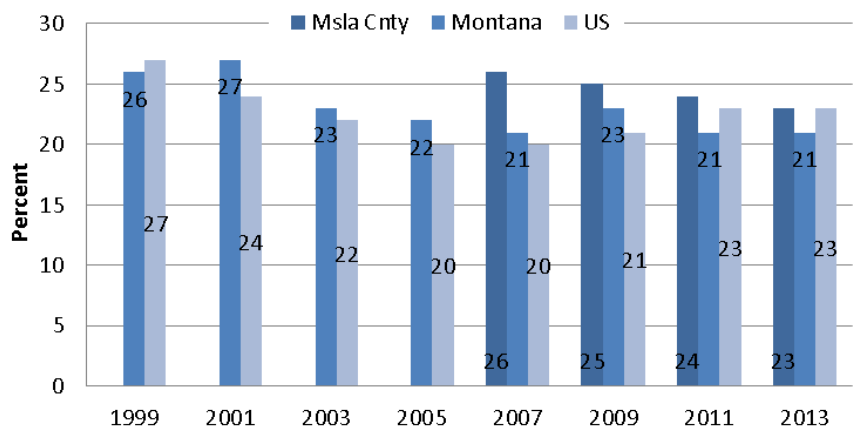
Illegal Drug Use

Drug use — marijuana and illicit drugs, in addition to alcohol — tie into many other issues in this report, among them impaired driving, the crime index, mental health, and suicide. SAMHSA’s National Survey on Drug Use and Health gathers exhaustive data on drug use, drug treatment, and mental health. However, the data is not readily available on the county level, and their materials for Montana are outdated. The statistics here for illegal drug use come from the self-reported use in the BRFSS survey of adults and the YRBS surveys of middle and high school students. These surveys also have more detailed information about the abuse of several different kinds of illegal and illicit drugs.

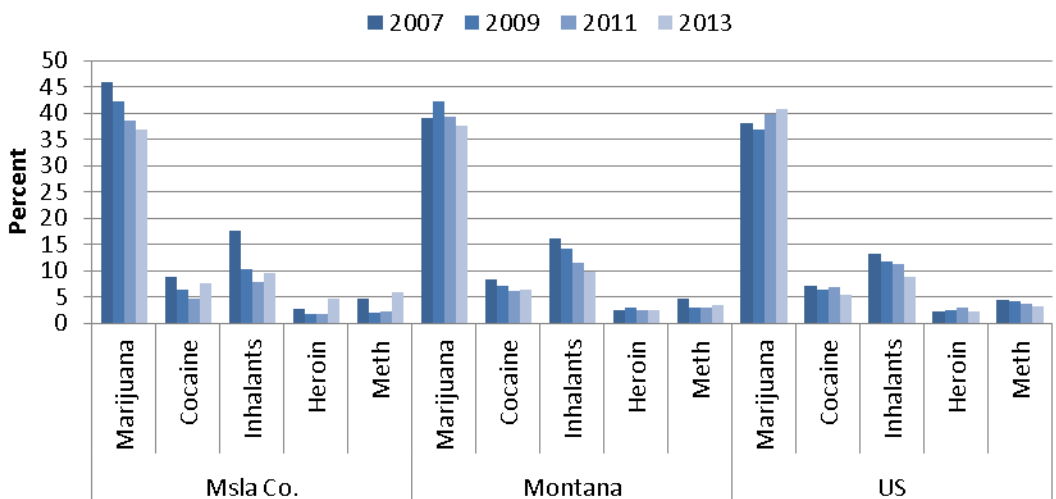
According to SAMHSA, in the past Montana has been one of the states with the highest rates of past-month marijuana and illicit drug use in the 12-17 age group, the 18-25 age group, and the entire population 12 and up. Montana has also been one of the states with the highest rates of younger age groups who do not perceive significant harm in drug use. (SAMHSA, http://media.samhsa.gov/data/StatesInBrief/2k9/MONTANA_508.pdf)

One of the HP 2020 substance abuse goals is to increase to 96.3% adolescents 12 to 17 who have never used marijuana.

High school students who used marijuana 1 or more times in the previous month



High school students who have ever used in their life:



Montana and national data: CDC YRBS. Youth Online. <http://nccd.cdc.gov/youthonline/App/Default.aspx>
 Missoula County data: Montana Office of Public Instruction. <http://opi.mt.gov/Reports&Data/YRBS.html>

Resources

[Missoula Forum for Children and Youth](#)

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.

Childhood vaccinations rates are collected through the CDC National Immunization Survey. It includes one survey of parents and one of vaccination providers. The survey for parents asks questions about childhood immunization for children 19 to 35 months of age and requests parental permission for contacting children's vaccination providers. National Immunization Survey data is not available for populations as small as Missoula County. (CDC National Immunization Survey)

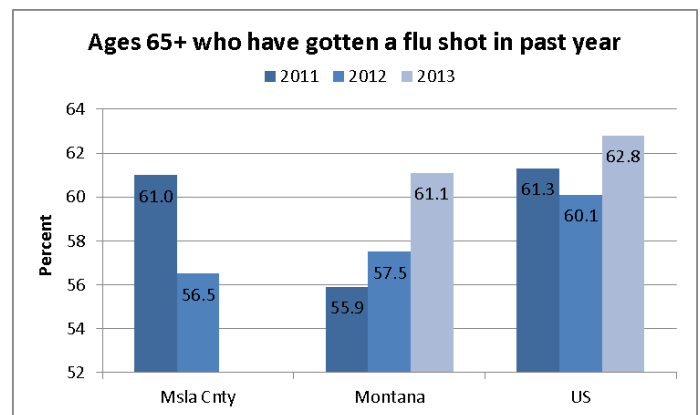
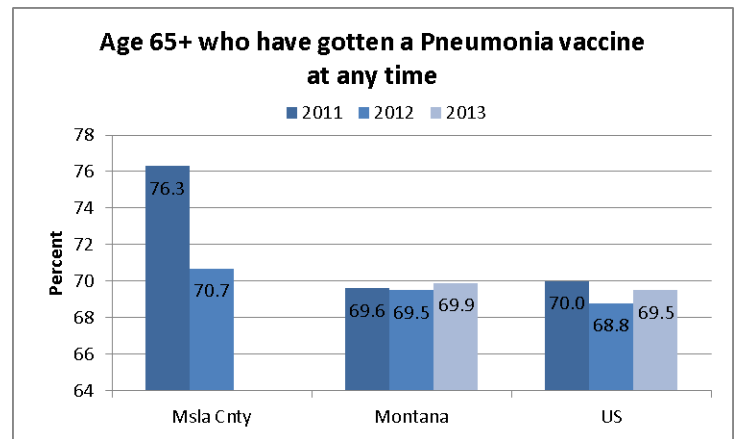
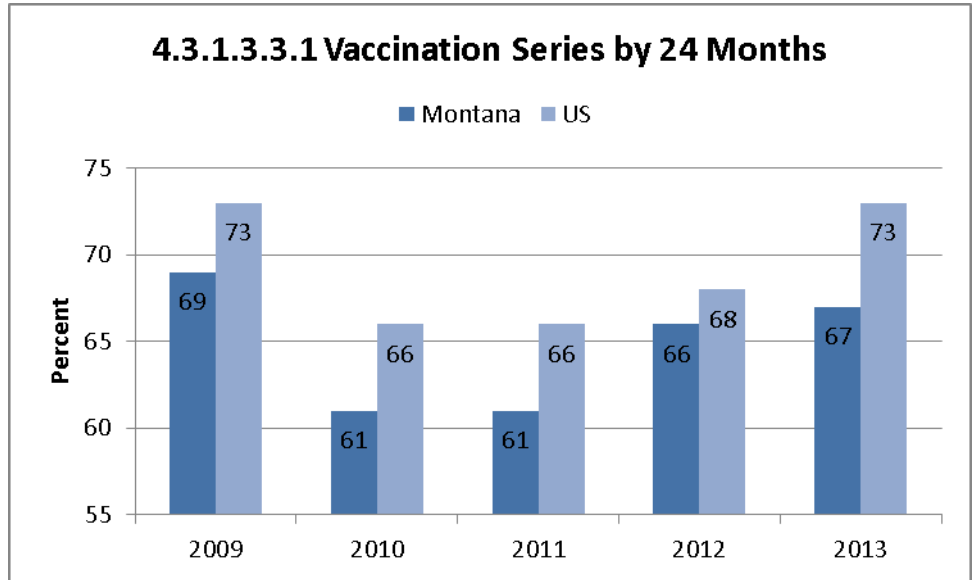
CDC. National Immunization Survey.
http://www.cdc.gov/nchs/nis/about_nis.htm

Questions about pneumonia immunization and flu shots have been asked of people 65 and over in the BRFSS survey since 2011. This is self-reported data and not as accurate as records from health care settings would be. BRFSS data suggests that Missoula County, Montana, and the US have similar flu shot and pneumonia vaccination rate for people 65 and over. The HP 2020 goal for pneumonia vaccines given for adults 65 and over is 90%, and for the flu is 80%. The Montana DPHHS *State of the State's Health* report provides statewide data on vaccination rates broken down into different age groups.

BRFSS. <http://apps.nccd.cdc.gov/BRFSS-SMART/SelQuestion.asp?yr2=2012&MMSA=182&cat=IM#IM>

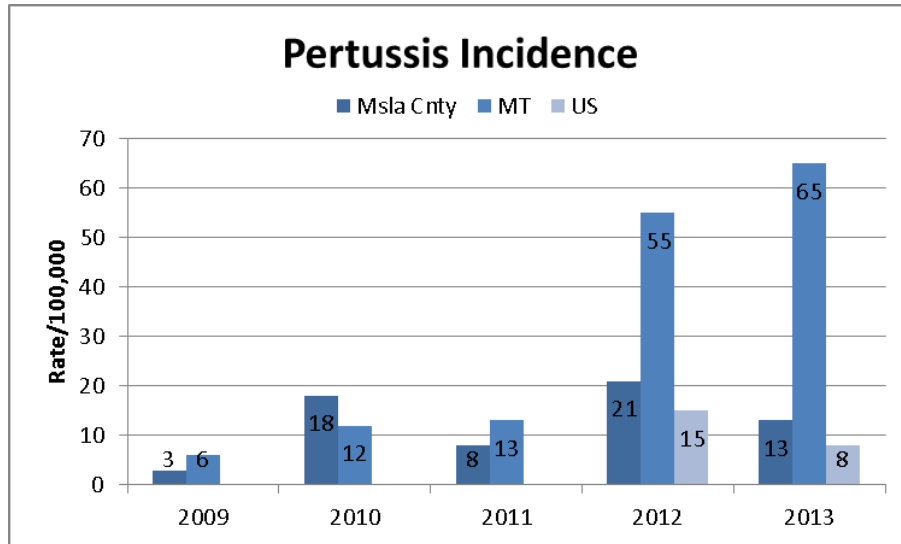
Resources

MCCHD Immunization Clinic

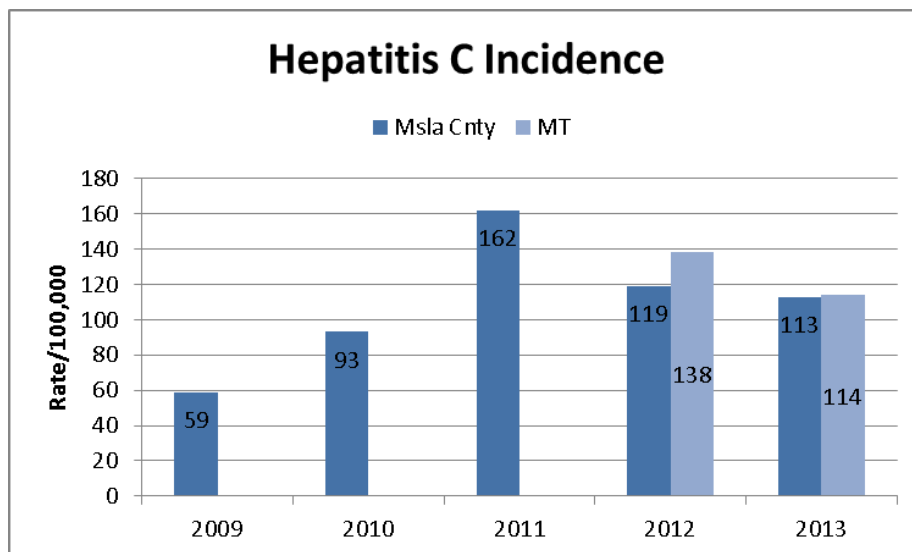


Infectious Diseases

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.



In recent years, 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)



MCCHD Infectious Disease Program. September 2014.

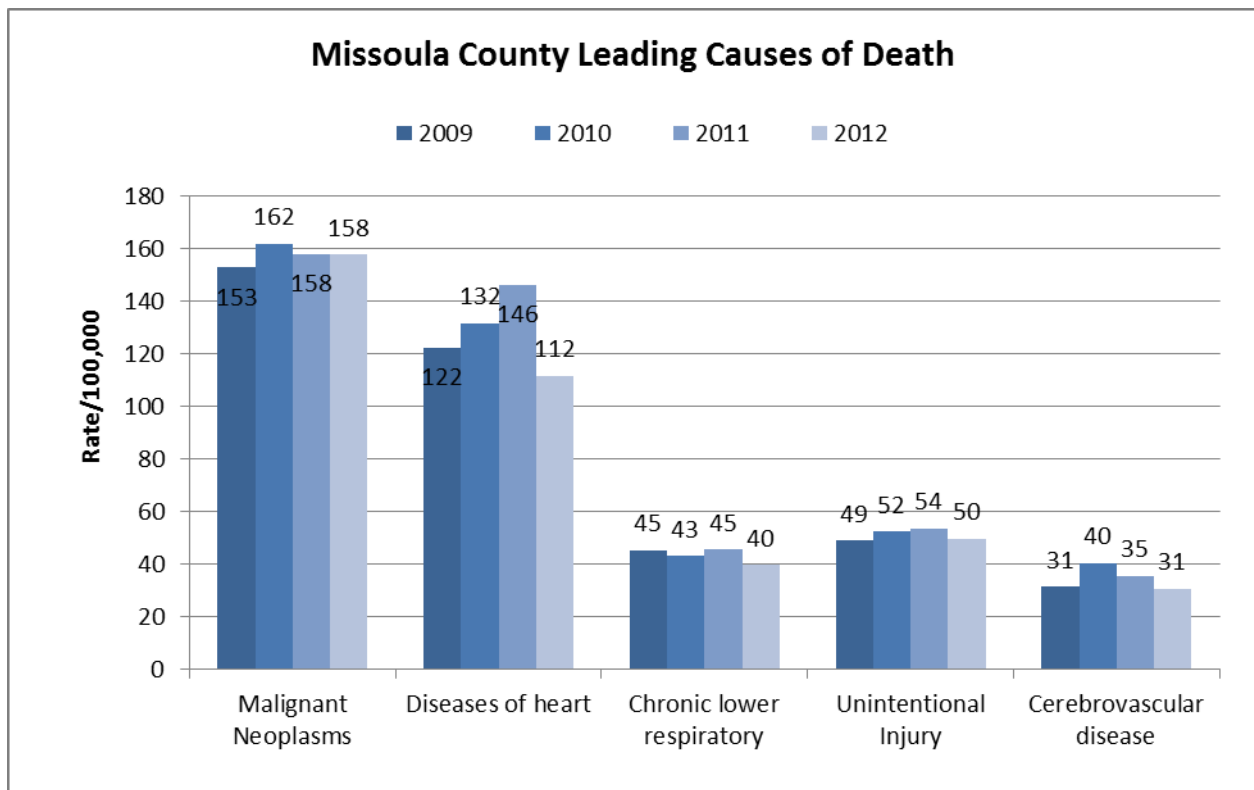
Resources

[MCCHD Infectious Disease Program](#)

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. By comparison, the 2012 Montana rates per 100,000 for the top leading causes of death are 192 for malignant neoplasm (US 185), 187 for diseases of the heart (US 192), 60 for lower respiratory (US 46), and 54 for unintentional injury (US 41). Missoula County rates are lower in most cases, but our small population makes a fair comparison difficult.

The HP 2020 goals 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. (HP 2020)



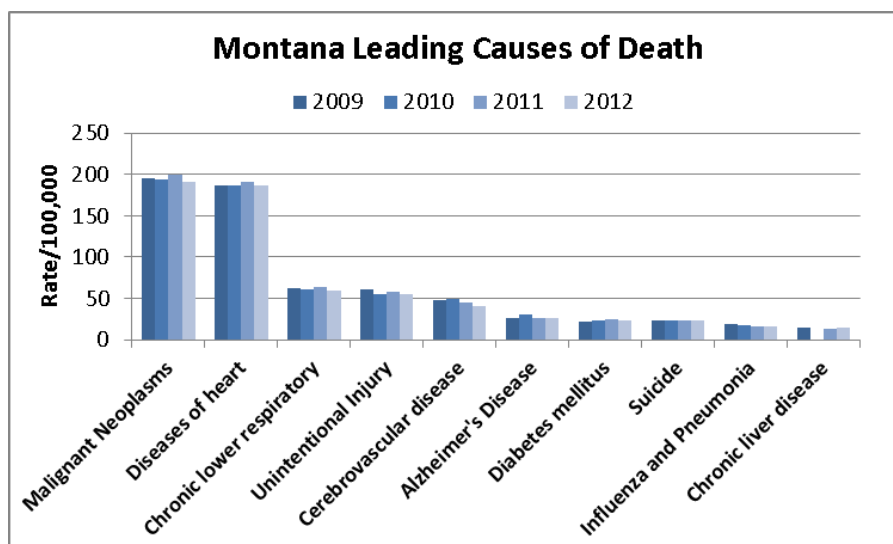
Montana DPHHS, <http://www.dphhs.mt.gov/statisticalinformation/index.shtml>

Resources

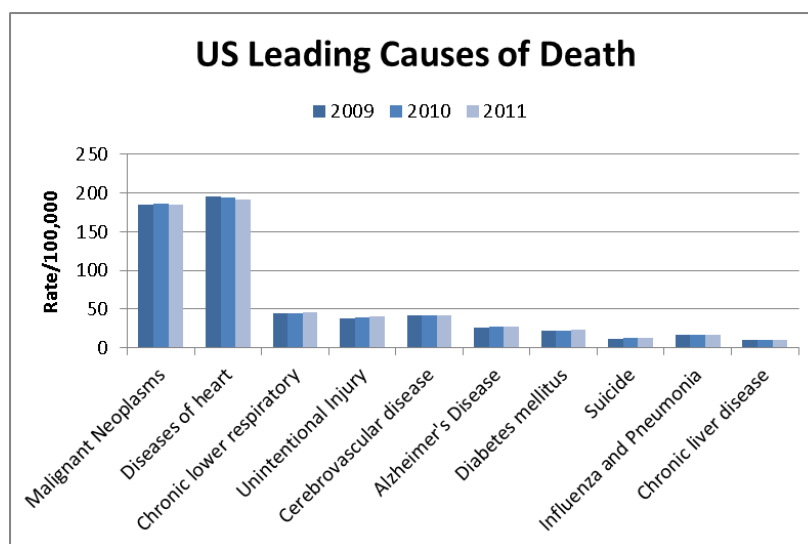
- [Montana DPHHS State of the State's Health 2013](#)
- [Montana DPHHS Health Data and Statistical Reports](#)
- [CDC FastStats](#)

Leading Causes of Death *continued*

The Montana DPHHS *State of the State's Health* report provides a breakdown of the leading causes of death by age group in the state. For children (1 to 14 years old), adolescents (15 to 19 years old), and young adults (20 to 34 years old), unintentional injury is by far the leading cause of death, accounting for over 40% of deaths. In adolescents and young adults, suicide is the second highest cause of death, at 26% and 24%, respectively. For adults 35 to 49, unintentional injury accounts for 21% of the deaths, followed by cardiovascular disease at 17%, cancer at 14%, and suicide at 12%. For adults 50 to 64, cancer causes 32% of the deaths and cardiovascular disease 24%. For adults 65 years and older, the leading causes of death are cardiovascular disease at 32%, cancer at 24%, and respiratory diseases at 9%. *The State of the State's Health* also notes that American Indians in Montana have higher age-adjusted mortality rates from all causes than white residents.



Montana DPHHS. <http://www.dphhs.mt.gov/statisticalinformation/index.shtml>

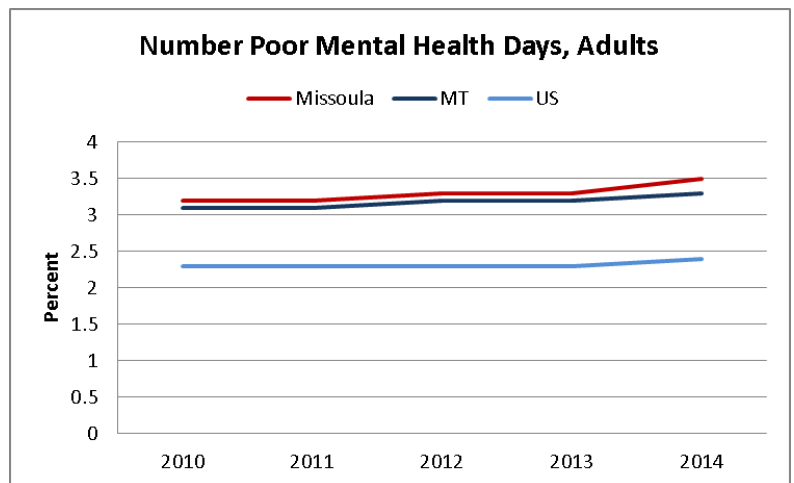


CDC. <http://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>

Mental Health

Mental health problems and disorders are a major cause of human suffering in the US. Social stigma, lack of understanding about mental health and treatment options, and lack of health insurance coverage and access all combine to make mental health issues hard to address for much of the population. The same issues make it difficult to find data that gives a good picture of the overall mental health of a community. Mental health issues are intertwined with other issues, including substance abuse, poverty, and chronic stress. Mental and physical health are also bound together. The Western Montana Mental Health Center in Missoula estimates that their experience locally reflects the national data, with roughly 70% of mental health clients dealing with one or more chronic diseases as well as mental health disorders. Montana DPHHS's *State of the State's Health* report contains state data on mental health correlated with alcohol use and risk factors for chronic disease.

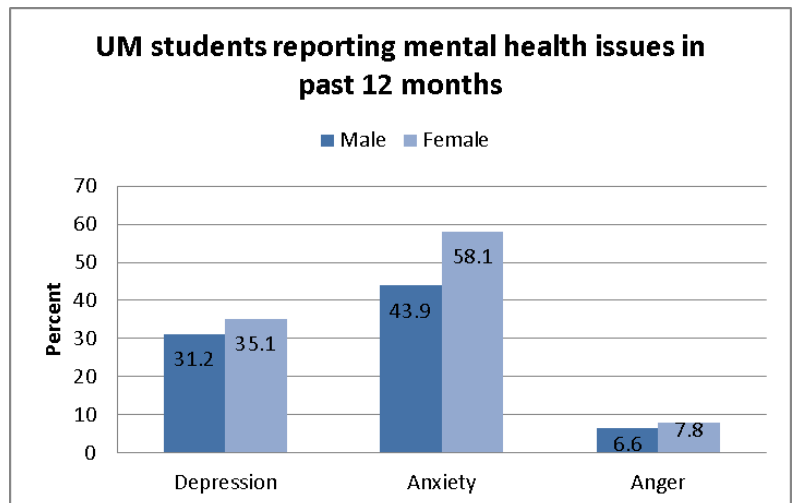
The BRFSS asks adults to report the number of mentally unhealthy days they have experienced in the past 30 days. This is not a good indicator of true mental health disorders, but it does give some insight into the overall mental state of the population. Missoula and Montana show similar rates of mentally unhealthy days, which is higher than the average rate for the US as a whole. The YRBS provides the same information for youth in middle and high school. Overall the numbers for Missoula County and Montana as a whole have remained fairly steady 2005. In 2013, roughly 24% of Missoula County high school and middle school students reported feeling sad or hopeless for at least two weeks in a row over the past 12 months. The HP 2020 goals for "depressive episodes" is 7.5% for adolescents and 5.8% for adults.



County Health Rankings.

<http://www.countyhealthrankings.org/app/montana/2014/measure/outcomes/42/map>

The University of Montana takes part in the American Campus Health Association survey of health trends on college campuses across the nation. This summary from the spring 2012 survey gives a picture of the mental health of UM college students. *Note: The question in the survey asked respondents to report whether they felt so depressed it was difficult to function, they felt overwhelming anxiety, or they felt overwhelming anger.*



American Campus Health Association. *University of Montana Executive Summary*. Spring 2012. <http://www.umt.edu/curry-health-center/Docs-General/NCHA-2012-Executive-Summary.pdf>

Resources:

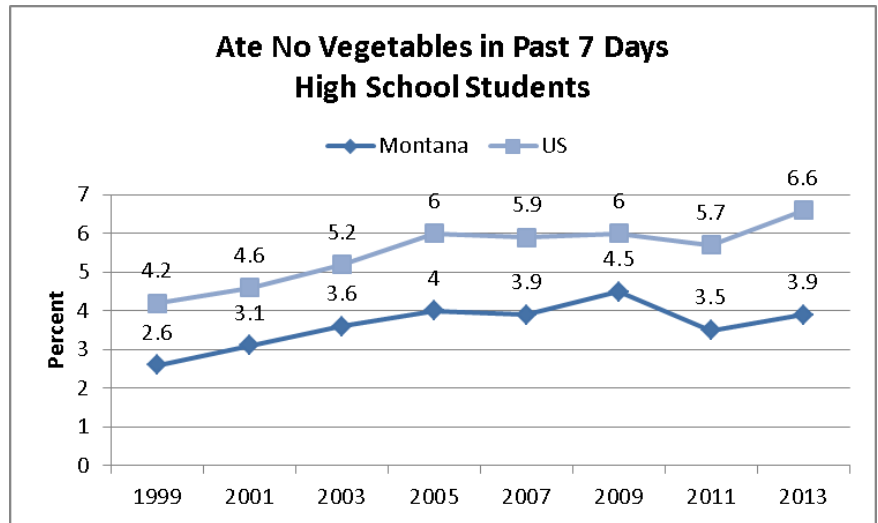
[Western Montana Mental Health Center](#)

[National Alliance on Mental Illness, Missoula Chapter](#)

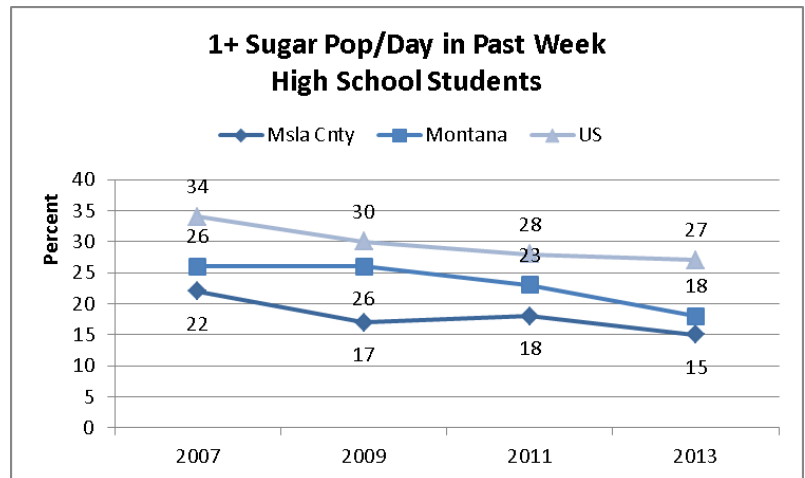
Nutrition

Everyone knows that it's important to eat your vegetables and limit your sugar and fat intake. Eating a healthy diet can help control weight and contribute to prevention of diseases including diabetes, heart disease, and certain cancers. It is difficult to gauge the health of our diets in Missoula County. The best insight comes from the self-reported eating habits captured in the YRBS surveys of Missoula County youth. The following table gives a breakdown of the information. The YRBS surveys include more detailed information on eating habits. By the measures below, Missoula County and Montana high school students appear to be doing much better than the US as a whole.

This data from the high school YRBS includes some data that is specific to Missoula County. Because of the way the data is reported, it is difficult to compare vegetable-eating habits of Missoula County high schoolers to other groups. The diet information from the YRBS is shifting, and all comparisons should be used with caution.



The YRBS began tracking the types of beverages students drink in 2007. Fruit juice, energy drinks and sports drinks, and diet drinks are also included in the YRBS survey.



Montana and national data: CDC YRBS. Youth Online. <http://nccd.cdc.gov/youthonline/App/Default.aspx>
 Missoula County data: Montana Office of Public Instruction. <http://opi.mt.gov/Reports&Data/YRBS.html>

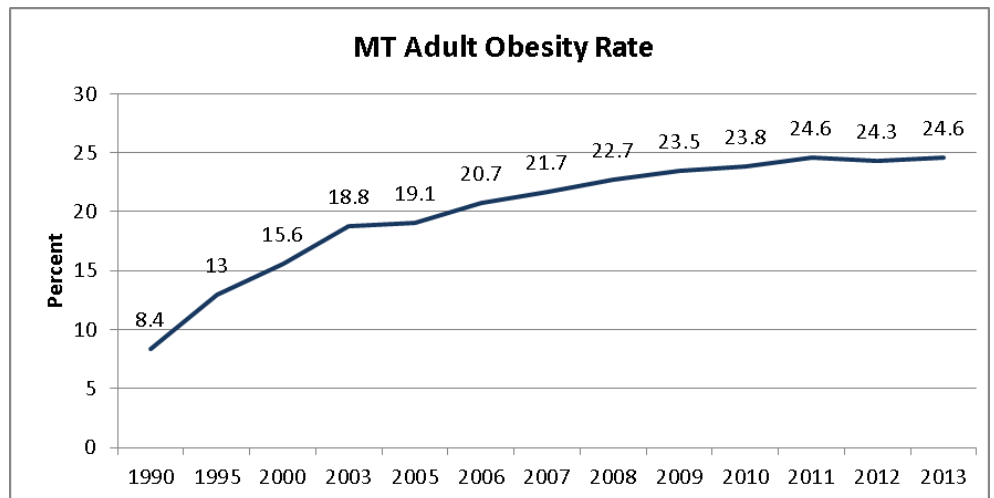
Resources

- [US Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Dietary Guidelines](#)
- [USDA Healthy Eating Tips](#)

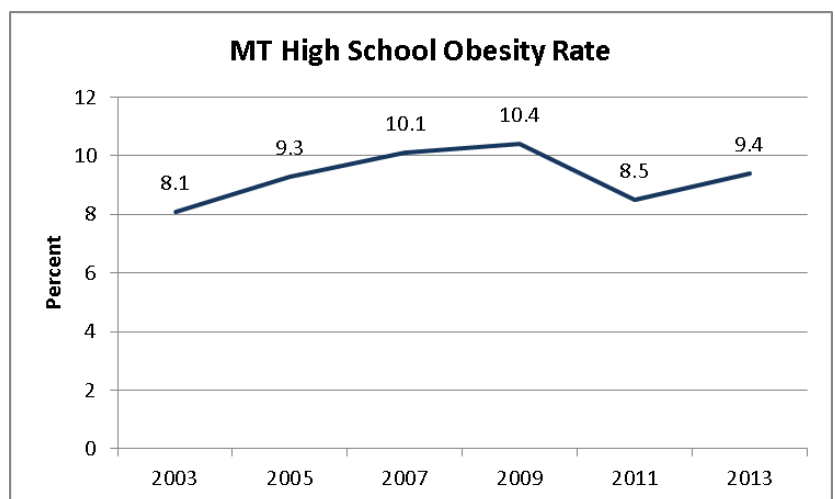
Obesity

Obesity levels have reached a crisis point in the US. The bad news: obesity rates are much higher than 15 years ago. The good news: rates have plateaued, especially for children. Adults who are obese have much higher risks for chronic health issues, including diabetes, hypertension, heart disease, arthritis, and some types of cancer. It is projected that Montana will see chronic diseases in higher numbers, costing an additional \$19,000 in medical expenses for each obese person over their lifetimes. (Trust for America's Health and Robert Wood Johnson Foundation 2014. *The State of Obesity: Better Policies for a Healthier America.*)

As of 2013, Montana has the seventh lowest adult obesity rate in the nation. The highest rate is 31.5%, in Mississippi and West Virginia, and the lowest is 21.3% in Colorado. Montana's adult obesity rate is 24.6 percent, up from 19.1 percent in 2004 and from 8.4 percent in 1990. (Trust for America's Health and Robert Wood Johnson Foundation 2014. *The State of Obesity: Better Policies for a Healthier America.*) We are below the 30.5% national HP 2020 goal for adults.



Childhood rates of obesity have leveled off but, like adult rates, are still much higher than in decades past. Again, this graph only shows obesity in children and does not include overweight children. The current HP 2020 goal for childhood obesity rates is a national average of 14.5% obese adolescents from the ages of 12 to 19. (HP 2020)



All data from Trust for America's Health and Robert Wood Johnson Foundation. 2014. *The State of Obesity: Montana.* <http://stateofobesity.org/states/mt/>
Note: For both graphs, note that data collection changed between 2010 and 2011, making direct comparisons unreliable.

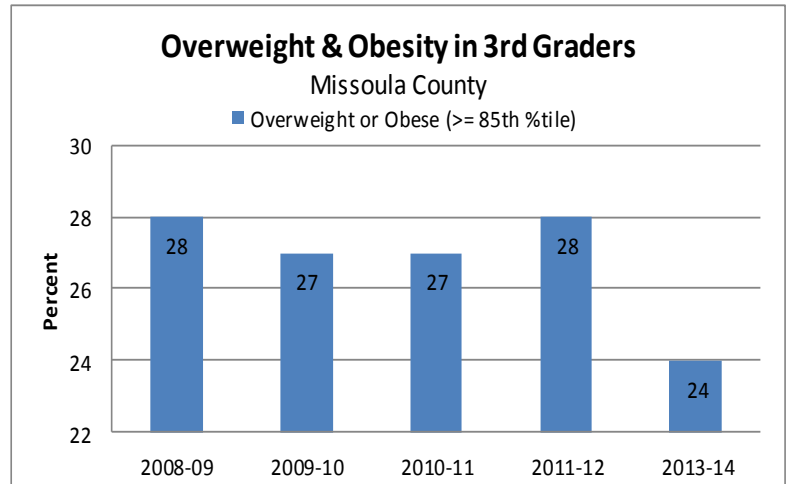
Resources

Trust for America's Health and Robert Wood Johnson Foundation. *The State of Obesity: Better Policies for a Healthier America.*

Obesity *continued*

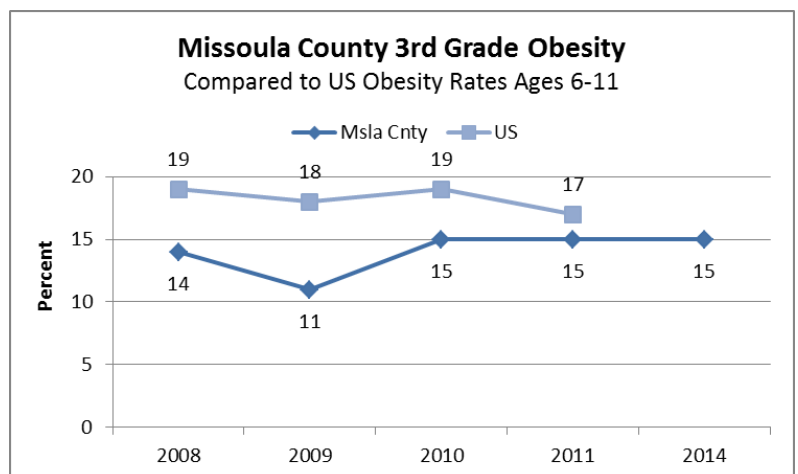
Understanding obesity issues at the county and local level can be a challenge. In 2008 the Missoula City-County Health Department launched the 3rd grade Body Mass Index (BMI) surveillance program. The goal is to make comprehensive estimates of overweight and obesity prevalence at the county level. The Center for Disease Control and the American Academy of Pediatrics recommend the use of BMI to screen for overweight and obesity in children beginning at two years of age. The Missoula BMI project is ongoing, with the goal of expanding to help understand what kinds of interventions, at which points in children's lives, can best help them maintain a healthy weight into young adulthood. (Let's Move! Missoula and MCCHD Health Promotion)

From 2008–2012 there were no significant changes in the prevalence of combined overweight and obesity. In 2013–2014, there was a drop of 4% in the rates of combined overweight and obesity. (Let's Move! Missoula and MCCHD.)



Let's Move! Missoula and MCCHD. September 2014. *Body Mass Index Report of Missoula County Third Graders 2008-2014.*

The HP 2020 goal for this age group is to reduce to 15.7% the number of obese 6 to 11 year olds.



Let's Move! Missoula and MCCHD. September 2014. *Body Mass Index Report of Missoula County Third Graders 2008-2014.*

Resources

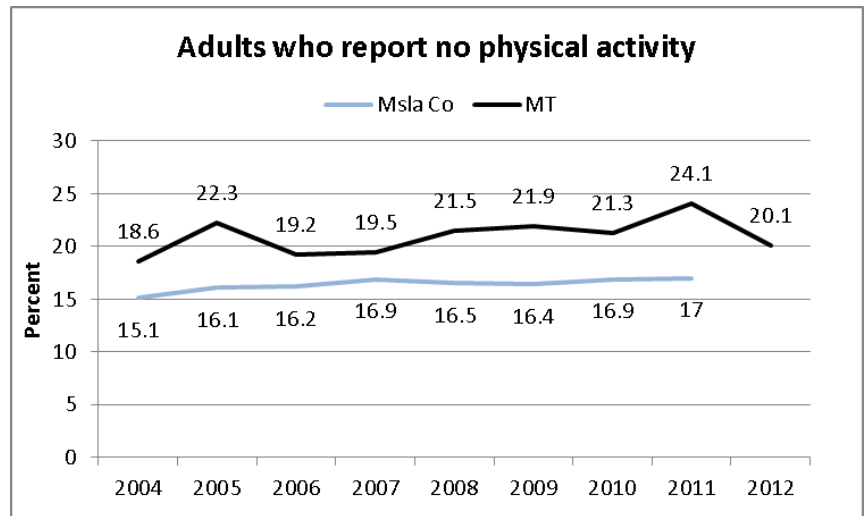
[Let's Move! Missoula](#)
[MCCHD Active Kids](#)

Physical Activity

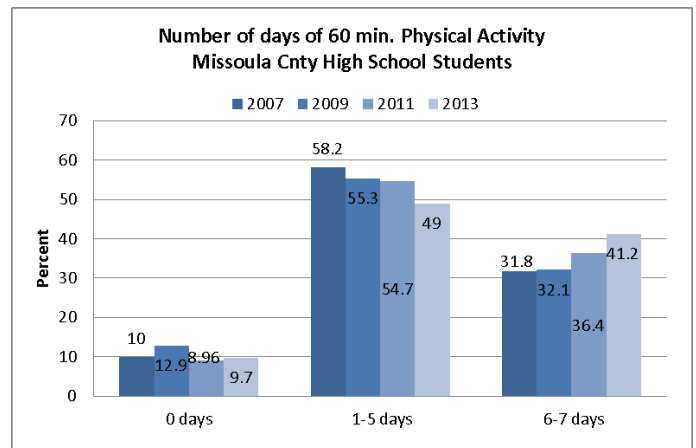
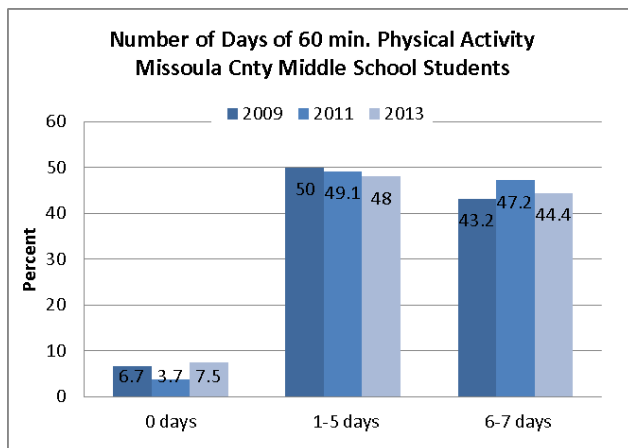
Physical activity is key to living a healthy life. Exercise helps control weight. Physically active people also tend to live longer and have lower risks for many diseases, including heart disease, diabetes, and stroke. General recommendations are for 30 to 60 minutes a day of physical activity for adults, 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*.)

The BRFSS asks respondents to answer questions about their physical activity. This data shows the percentage of people who report no leisure-time physical activity. The HP 2020 goal is 32.6%, which we are below at this point.

The American College Health Association survey of University of Montana students asked about physical activity in 2012. Results suggested that roughly 53% of UM students meet weekly recommendations for exercise.



CDC. Diabetes Interactive Atlas. *Leisure-Time Physical Inactivity Prevalence*. <http://www.cdc.gov/diabetes/atlas/countydata/atlas.html>



Montana Office of Public Instruction. YRBS. <http://www.opi.mt.gov/Reports&Data/YRBS.html>

The YRBS asks middle and high school students about their physical activity level. It is recommended that children and adolescents take part in physical activity for 60 minutes every day.

Resources

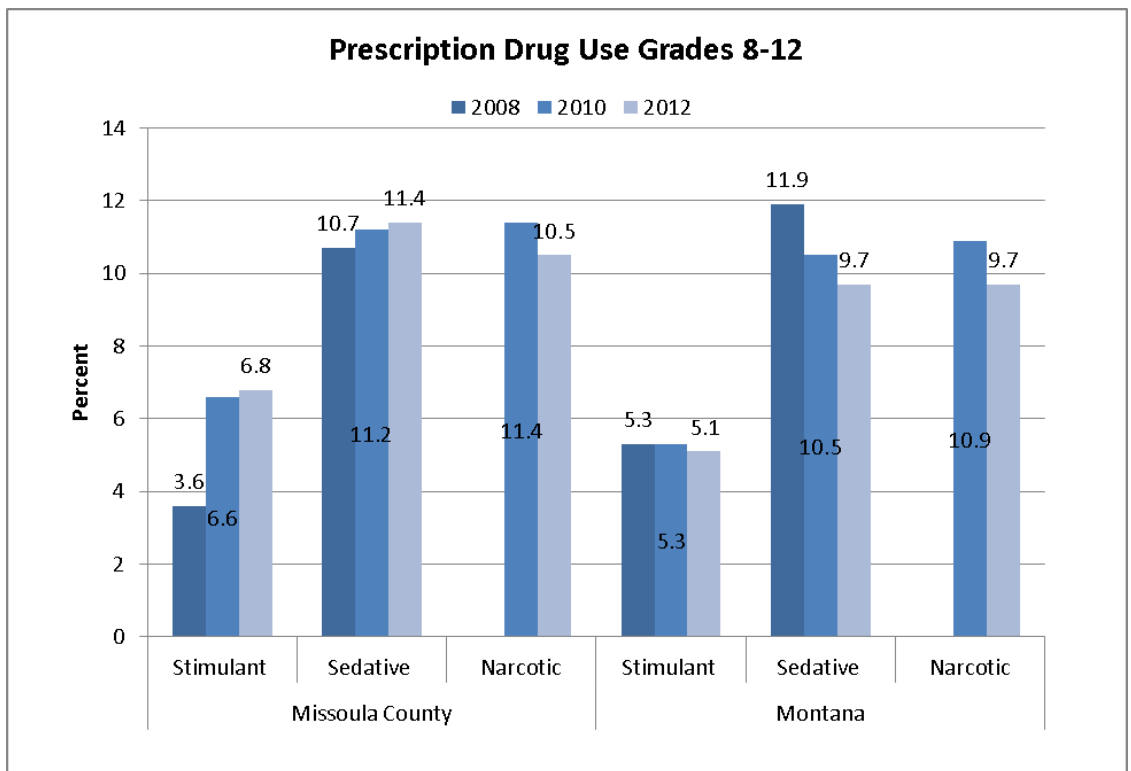
[CDC State Indicator Report on Physical Activity 2014](#).

Prescription Drug Abuse

Prescription drug abuse — using prescription drugs including narcotics, stimulants, and sedatives that were not prescribed by a doctor — has become a major concern in the US over the past decade. The nation as a whole is struggling with the epidemic. Part of the problem is that pain medications are widely prescribed and so are easy to access in households. In 2011, of Montanans who were prescribed prescription drugs in the past year, 61.1% had leftover medications. Of those people, 69.7% keep the extra medications. (*Montana Public Health: Prevention Opportunities Under the Big Sky*. February 2013) The Montana Prescription Drug Registry helps monitor prescription drugs, and the Missoula City Police operates a drug take-back lock box at the downtown Police Department building.

Prescription drug abuse is an emerging issue that communities will be addressing in the future because it is a problem that is worse in the young. SAMSHA’s Center for Behavioral Health Statistics and Quality tracks the nonmedical use of pain relievers in different age categories. When it ranks the states, Montana is among the worst 10 states for ages 12 to 17, with a usage rate for the past 30 days in the window of 6.77% to 8.36%. For ages 18 to 25, Montana is among the second worst group of 10 states, with a usage rate in the past 30 days of 10.79% to 11.55%. For ages 26 and over, Montana ranks in the middle, with a usage rate of 3.36% to 3.59. (Andy Duran. LEAD. Prescription for Prevention Summit. Missoula Forum for Children and Youth. April 16, 2014.)

Montana DPHHS.
Montana and
Missoula County
Prevention Needs
Assessment 2012.
<http://prevention.mt.gov/pna/2012.php?rootfolder=2012>



Missoula County and Montana have similar rates of prescription drug abuse among 8th to 12th graders. The HP 2020 objective is to reduce nonmedical prescription drug use among everyone (age 12 and older) to 5.5%. In 2012 both state and county rates for adolescents were well above that level for sedatives and narcotics.

Resources

[Missoula Forum for Children and Youth](#)

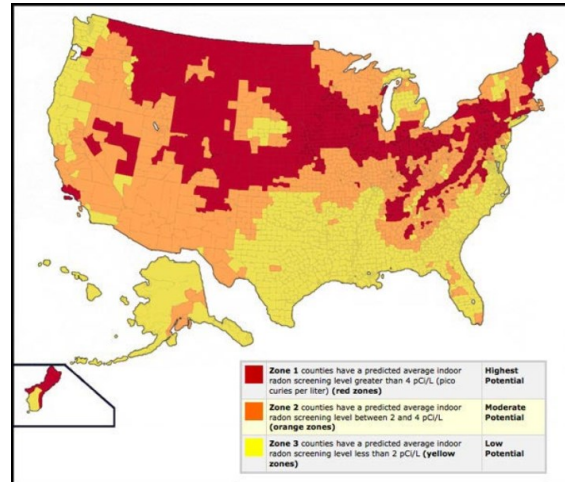
[Montana Prescription Drug Registry](#)

[Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#)

Radon

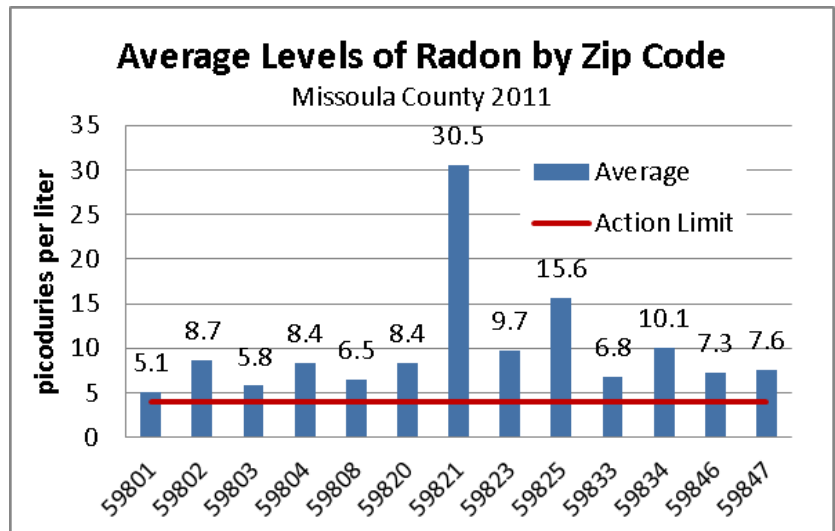
The primary indoor air pollutant of concern in Missoula County is radon. Radon is a colorless, odorless gas formed from the radioactive breakdown of uranium in soils, rock, and water. While the gas itself is inert, the radioactive breakdown of radon causes the potential health threat. Radon is considered to be the second leading cause of lung cancer in the US and is estimated to cause many thousands of deaths each year. Only smoking causes more lung cancer deaths. 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. (All information on this page from MCCHD Environmental Health Division)

The EPA map of radon zones shows Missoula County in the red, meaning we are Zone 1, with high potential for radon levels above the 4 pCi/L action point established by EPA. The higher risk is due to the underlying geology of the area. It is recommended that all structures be tested for indoor radon levels and mitigation steps taken if levels are over the EPA threshold. More importantly, it is recommended that all new buildings in Zone 1 areas like Missoula be completed using radon-resistant new construction (RRNC) techniques.



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

The national average for radon levels is 1.7 pCi/L. The EPA action level is 4.0 pCi/L — the red line on the graph. In Missoula County, 54% of homes are above action levels; 5% are above 20pCi/L, which is four times the EPA action level. The highest average levels are in zip code 59821 (north of 93/I-90 interchange), 59825 (Clinton), and 59834 (Frenchtown). The large variation within each area shows that radon risk cannot be generalized in an area. Individual buildings must all be tested, especially since different structural characteristics can affect indoor radon levels.



MCCHD. *Radon Levels in Missoula County: An Updated Study*, December 15, 2011. <http://www.co.missoula.mt.us/EnvHealth/IndoorExposures/Radon/2011%20Updated%20Radon%20Study.pdf> 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.

Sources:

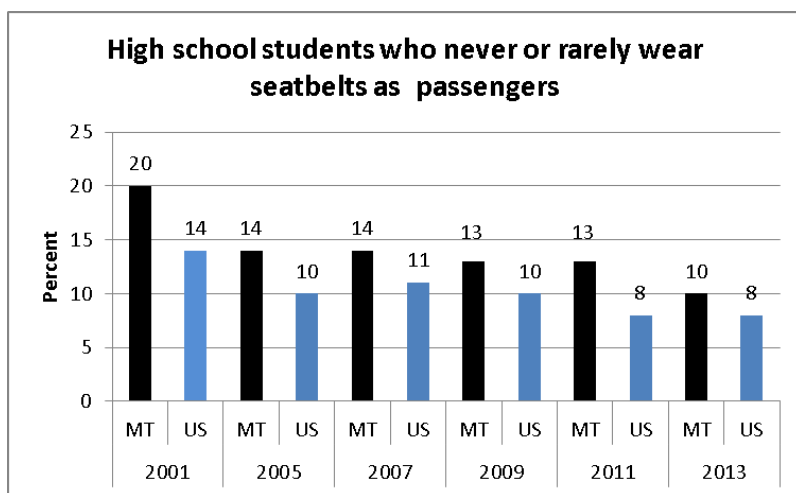
- [MCCHD Environmental Health](#)
- [Montana Bureau of Mining and Geology, *Radon and You*](#)
- [Environmental Protection Agency \(EPA\)](#)
- [US Geological Survey](#)

Seatbelt Use

Between 2008 and 2012, 1,064 drivers and passengers died in vehicle crashes on Montana’s roads. Of those people, 64% were not wearing their seatbelts. It is estimated that \$5 million in costs for injuries could have been prevented by the use of seatbelts. The Montana Comprehensive Highway Safety Plan sets the goal of increasing safety belt usage to 89.3% by 2015. Missoula County has recently begun seat belt usage surveys in the Missoula urban area. The three point-in-time surveys were done in February 2013, October 2013, and July 2014, and showed seat belt usage rates of 80%, 83.5%, and 76%, respectively — all below the state goal. (Buckle Up Montana Missoula County) The HP 2020 objective for seat belt use is 92%. The Montana DPHHS *State of the State’s Health* report includes expanded information on statewide seatbelt use in the section on unintentional injuries.

The YRBS survey asks questions about seat belt use. The numbers of high school students who never or rarely use seatbelts shows a steady decline for Montana and the US. Montana has significantly higher numbers of non-seatbelt wearers than the US. The only year for which we have Missoula County data is 2013, and we have higher seat belt use than the national rate: 7.26% of Missoula County high school passengers report that they never or rarely wear their seatbelts, and 5.3% of drivers.

The American College Health Association survey of University of Montana students asked about seat belt use. A total of 94.5% of students reported they mostly or always wore seatbelts in cars over the past four months. (University of Montana Executive Summary, American College Health Association Survey.)



CDC. Youth Risk Behavior Survey. <http://nccd.cdc.gov/youthonline/App/Results.aspx?>

Montana Office of Public Instruction. 2013 Montana Youth Risk Behavior Survey high School Results. <http://www.opi.mt.gov/pdf/YRBS/13/13FinalRpt.pdf>

Resources

- [Buckle Up Montana Missoula County](#)
- [Buckle Up Montana](#)

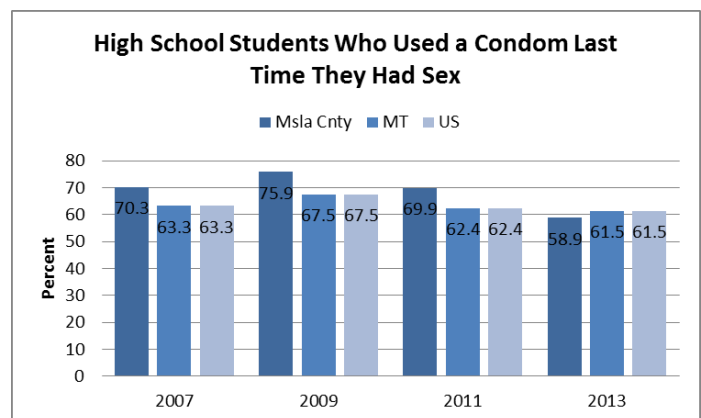
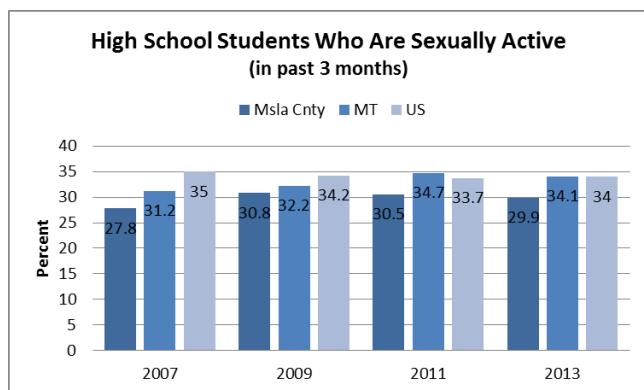
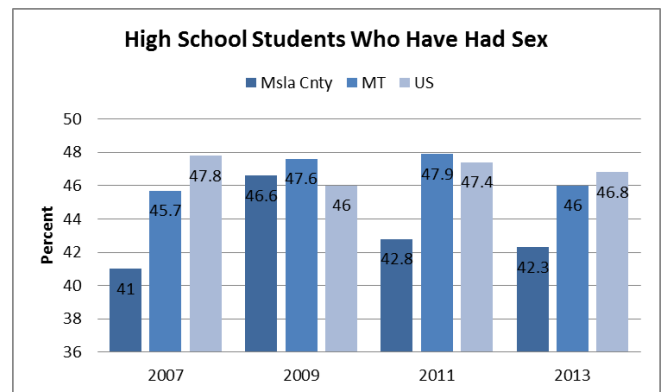
Sexual Behavior

It is difficult to find data that reflects contraception use and sexual behavior across all age groups for counties, or even for states as small in population as Montana. Data does exist for adolescents through the YRBS surveys, along with teen birth data through Montana DPHHS Vital Statistics. Sexual behavior among adolescents has many potential negative consequences, including teen pregnancy. Teens are also less likely to get prenatal care, leading to birth complications.

In Montana, teen childbearing costs taxpayers millions of dollars per year, over half of which is paid by state and local governments. From 2007-2011, Missoula County had a birth rate for adolescents aged 15 to 19 of 33.8/1,000, lower than the overall Montana rate of 46.2/1,000 for the same time period. For a rough comparison, in 2010 the US teen birth rate was 34.3/1,000, the lowest rate on record. (Montana DPHHS Family Planning Program. *Montana Teen Birth and Pregnancy Report 2012: Trends in Teen Births 2002-2011*.) The HP 2020 goals are to reduce teen pregnancies among 15 to 17 year olds to 36.2/100,000 and among 18-19 year olds to 105.9/100,000. (HP 2020) We would have to break down the statistics further to know where we stand. We do know that Missoula County has one of the lowest teen pregnancy rates in our region of the state and of the bigger towns in Montana. (Planned Parenthood of Missoula)

Missoula County high school students' self-reported rate of condom use the last time they had sex has dropped significantly in recent years, from 70.3% in 2007 to 58.9% in 2013. While the 2013 data looks similar to state and national rates, this data is not perfectly comparable and is only offered as a point of reference. (See note in citation.)

The HP 2020 objectives are to increase condom use by girls 15 to 19 to 55.6%, and by boys to 81.5%. Another HP 2020 objective is to increase the rate of 15 to 17 year olds who have never had sex to 80.2% for girls and 79.2% for boys. (HP 2020)



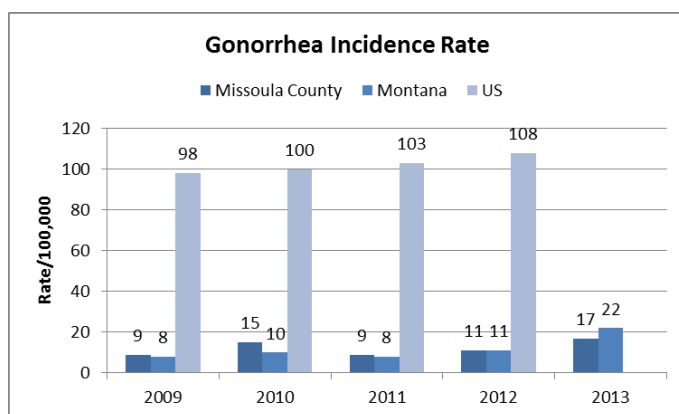
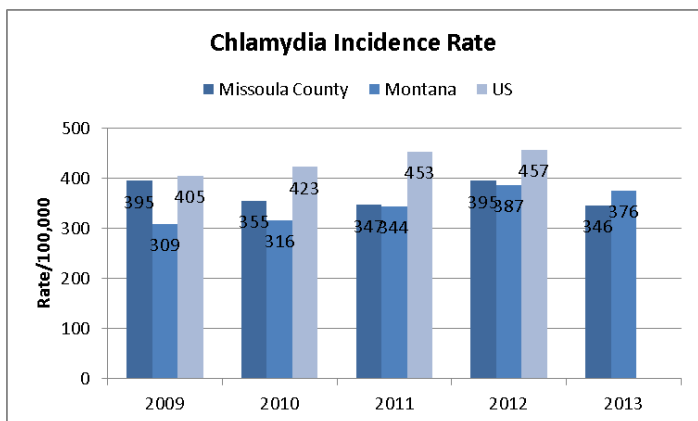
Data from YRBS. National and Montana data: <http://nccd.cdc.gov/youthonline/App/Results.aspx?LID=MT>
 Missoula County data: YRBS. Montana Office of Public Instruction. <http://opi.mt.gov/Reports&Data/YRBS.html>
 NOTE: Data on condom use from Missoula County includes all high school students who report ever having sex. Montana and US data on condom use is for high school students who are currently sexually active (have had sex in past 3 months).

Resources

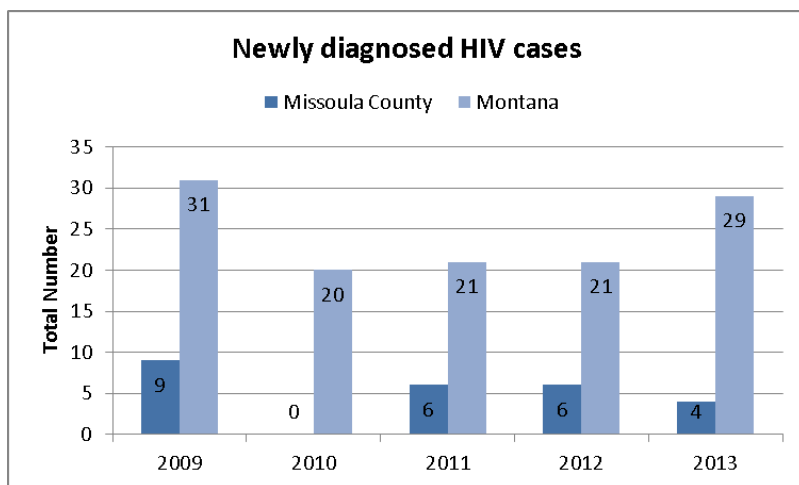
Montana DPHHS Family Planning Program. *Montana Teen Birth and Pregnancy Report 2012: Trends in Teen Births 2002-2011*.
 Planned Parenthood of Missoula

Sexually Transmitted Diseases

Sexually transmitted diseases are an ever-present threat in any community. In Missoula County, chlamydia, gonorrhea, and syphilis are the most commonly reported sexually transmitted diseases. The Infectious Disease program at Missoula City-County Health Department is required to follow up on all new diagnosis and alert potential contacts to come in for testing. The small numbers of cases in the relatively small population of Missoula County make it difficult to make strong data comparisons to larger populations like the state and the nation, although the comparisons do give some idea of where we stand. (MCCHD Infectious Disease Program) The Montana DPHHS *State of the State's Health* report provides age breakdowns for chlamydia cases in Montana. Chlamydia is the most common sexually transmitted disease in Montana and the US, and most of the Montana cases occur in the 20 to 24 age group.



This graph shows the number of new cases of HIV diagnosed per year in Missoula County. This number only reflects new diagnosis made in the county. Many more people with HIV live in Missoula County, but they were diagnosed in other places or in other years. Still more people with HIV live in outlying counties but come to Missoula for their medical care. It is not possible to quantify these populations at this time. The Montana DPHHS *State of the State's Health* report shows data on the demographics and risk factors of state residents with HIV.



All data from MCCHD Infectious Disease Program. September 2014.

Resources

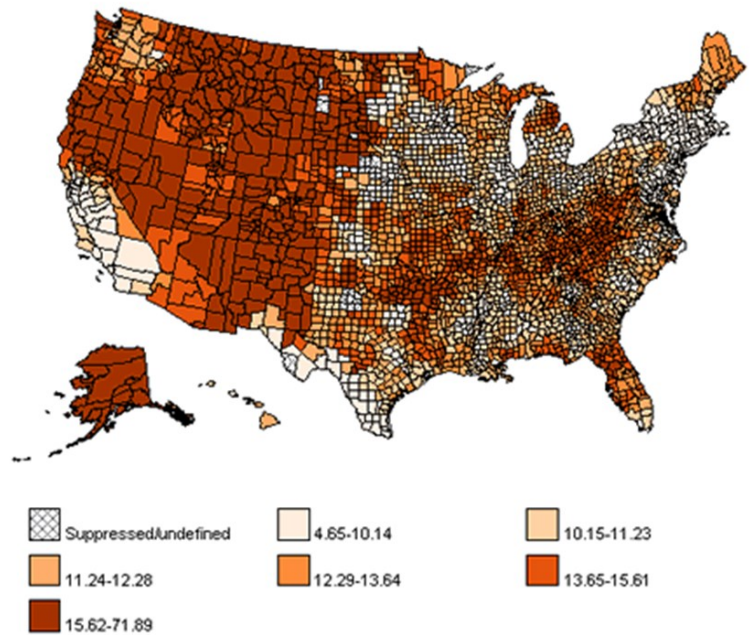
[MCCHD Infectious Disease Program](#)

[Montana DPHHS Communicable Disease Epidemiology](#)

Suicide

Suicide is a major 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. (Missoula Suicide Prevention Network)

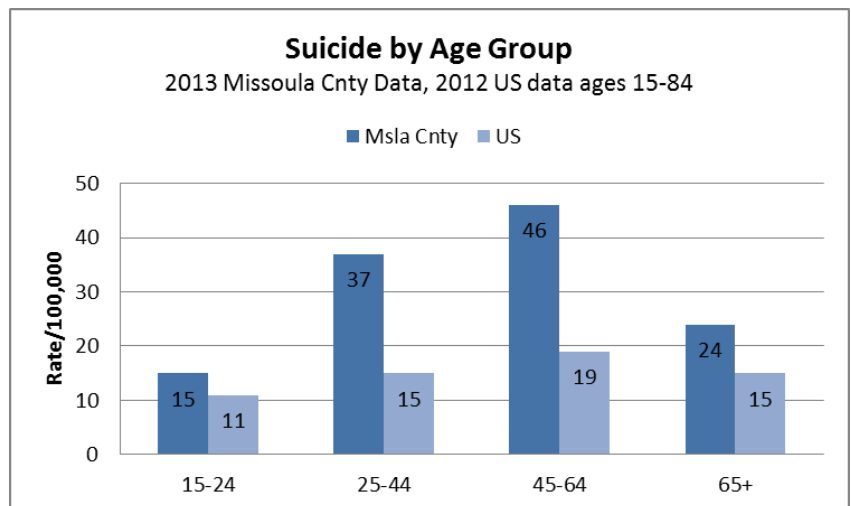
This map of the US highlights county-level suicide rates. The rate of suicide for Montana and Wyoming, the two states tied for the worst suicide rates in the most recent data, is twice the national rate. (Missoula Suicide Prevention Network)



Source: CDC National Center for Injury Prevention & Control. http://www.cdc.gov/violenceprevention/suicide/statistics/suicide_map.html

Missoula County suicide rates for 2013 are way above national averages for all age groups, but particularly the ages of 25-64. In Montana, women attempt suicide three times more often than men, but men complete suicide four times more often than women. This is because men use more lethal means, particularly firearms. (Missoula Suicide Prevention Network)

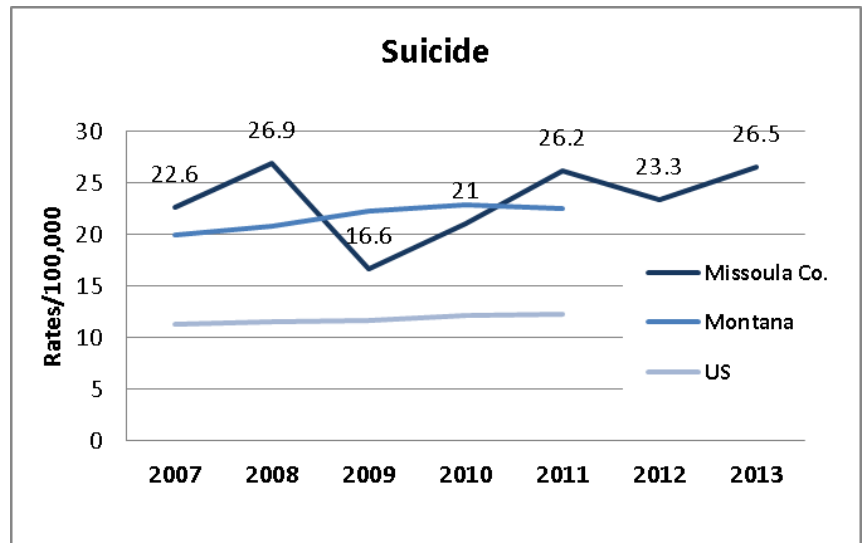
The HP 2020 objective is to reduce the overall suicide rate to 10.2/100,000. The suicide rate is calculated in rate per 100,000 population so that it can be compared to other areas. In total numbers, since 2007 Missoula County has ranged from a low of 18 suicides in 2009 to 31 suicides in 2013, the highest year on record — but not for long. As of November 2014, the county has already seen 35 suicides.



Missoula Suicide Prevention Network. MCCHD. August 2014. *NOTE: Rates are highly variable due to small sample size, so comparisons should be made with caution.*

Suicide *continued*

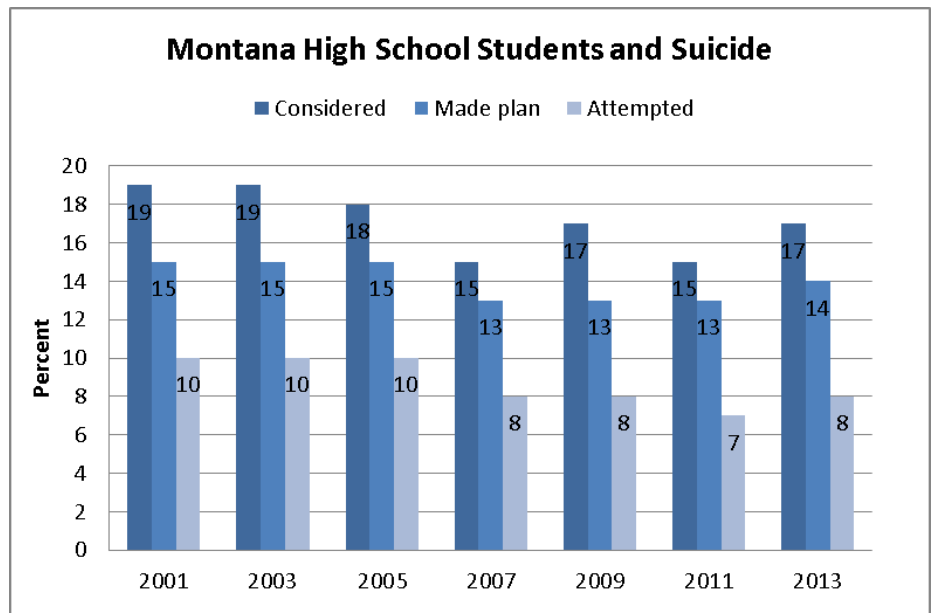
Because of its small population, Missoula's suicide numbers all by themselves do not seem too alarming. Small populations and small numbers are why mortality and disease numbers are calculated per 100,000 population, so that rates can be compared and the situation can be better understood.



Missoula Suicide Prevention Network. MCCHD. August 2014. Numbers on chart are for Missoula County. *NOTE: Rates are highly variable due to small sample size, so comparisons should be made with caution.*

Over the past 10 years in Montana, suicide has become the second leading cause of death for children ages 10-14, adolescents ages 15-24, and adults ages 25-44. Completed suicides are only the tip of the iceberg. This table shows data from the YRBS survey of high school students in Montana who have contemplated suicide in the previous 12 months. In general, there are roughly twice as many have seriously considered suicide as there are actual attempts. This data is self-reported by the students.

The American College Health Association survey of UM students also asked about suicide. In the 2012 survey, 7.5% say they had seriously considered suicide in the previous 12 months, and 1.3% report actually making a suicide attempt.



Montana Office of Public Instruction. <http://opi.mt.gov/Reports&Data/YRBS.html>

Resources

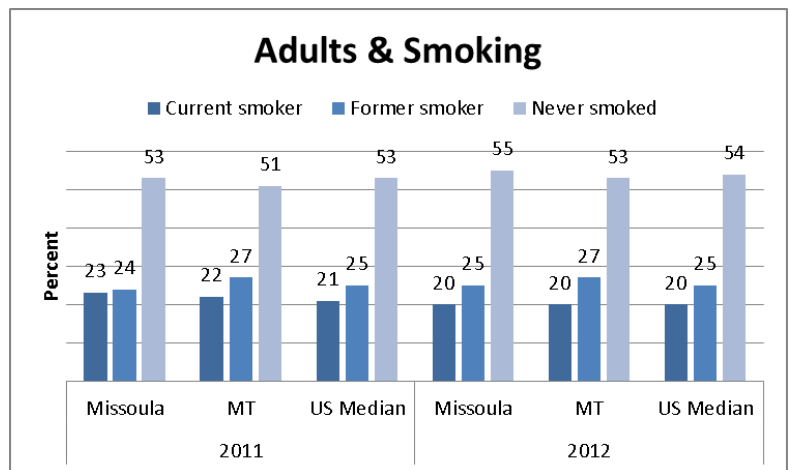
[Missoula Suicide Prevention Network](#)

Tobacco Use

The health risks of using tobacco are widely known. Tobacco use is the leading cause of preventable death in the US, contributing to cancer, heart disease, and lung diseases. Tobacco use by pregnant women also contributes to premature birth, low birth weight babies, stillbirths, and infant death. Secondhand smoke expands the risks to others. Montana DPHHS's *State of the State's Health* report includes information on second-hand smoke indoors, which is the most common environmental hazard exposure for Montana residents. It is estimated that tobacco use costs the US \$193 billion each year in health care costs and lost productivity. (American Lung Association and Healthy People 2020) Great strides have made since the 1960s, when as many as 40% of people in the US smoked. At this point tobacco use still seems to be declining, but very slowly.

The BRFSS has collected smoking data for many years, but the way data was collected changed in 2010, so 2011 and 2012 are the only years available on the CDC BRFSS website.

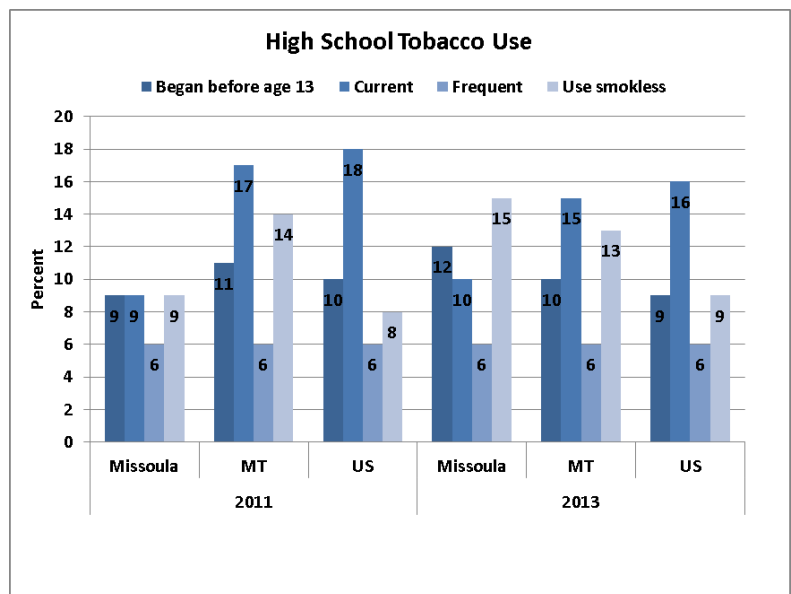
The HP 2020 objective for smoking rates is a reduction to 12% for adults. (HP 2020)



CDC BRFSS 2012. <http://apps.nccd.cdc.gov/brfss-smart/index.asp>

Most smokers start young. The younger a person begins using tobacco, the more likely they are to become addicted and suffer health consequences. For that reason special attention is paid to smoking in youth.

The YRBS shows that the rates of smoking for Missoula County, Montana, and US high school students are similar. The HP 2020 goal for smoking cigarettes is 16%. What is not shown on this graph is that Montana high school students are significantly more likely to use smokeless tobacco, and those numbers are holding steady.



CDC. YRBS Youth Online. <http://nccd.cdc.gov/youthonline/App/Results.aspx?LID=MT>

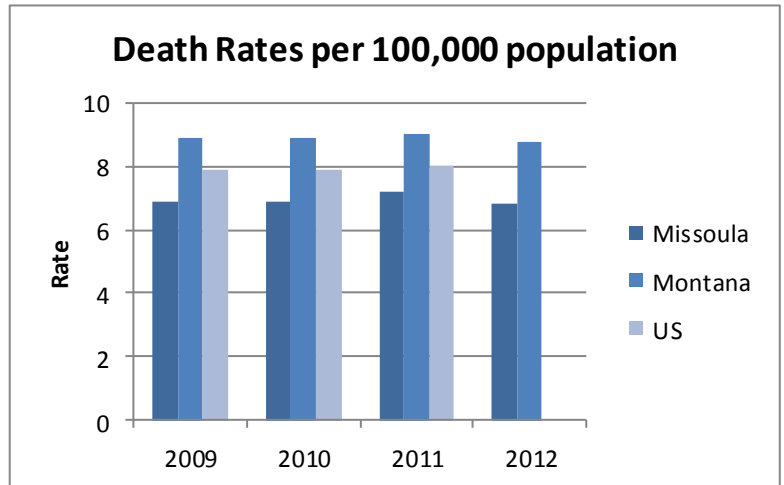
Resources

- [Tobacco-Free Missoula County](#)
- [Montana Tobacco Use Prevention Program](#)
- [Montana Tobacco Quit Line](#)
- [American Lung Association Montana](#)
- [Tobacco Free Kids, Montana Data](#)

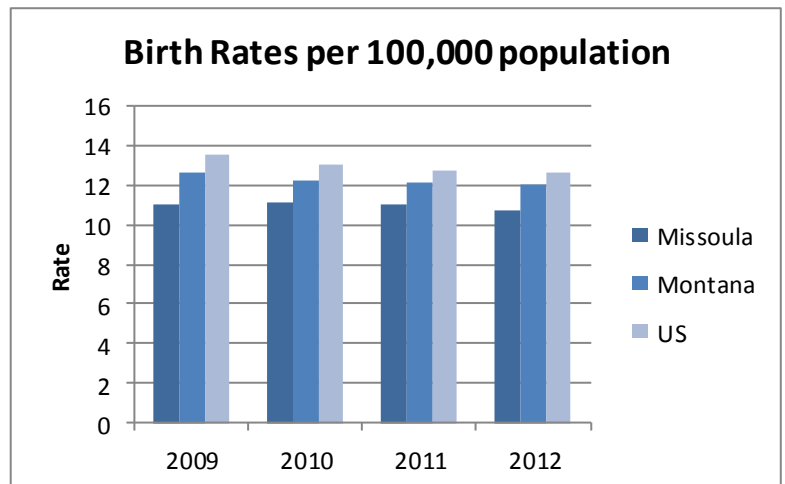
Vital Statistics

The term *vital statistics* refers to the birth and death rates. Tracking birth and death rates suggests trends in the make-up of the population, especially as related to the state and the nation as a whole.

Since 2009, Missoula County has had a lower birth rate and a lower death rate than both the state and the nation.



Montana DPHHS. Statistical Tables of Vital Events. <http://www.dphhs.mt.gov/statisticalinformation/vitalstats/>



Montana DPHHS. Statistical Tables of Vital Events. <http://www.dphhs.mt.gov/statisticalinformation/vitalstats/>

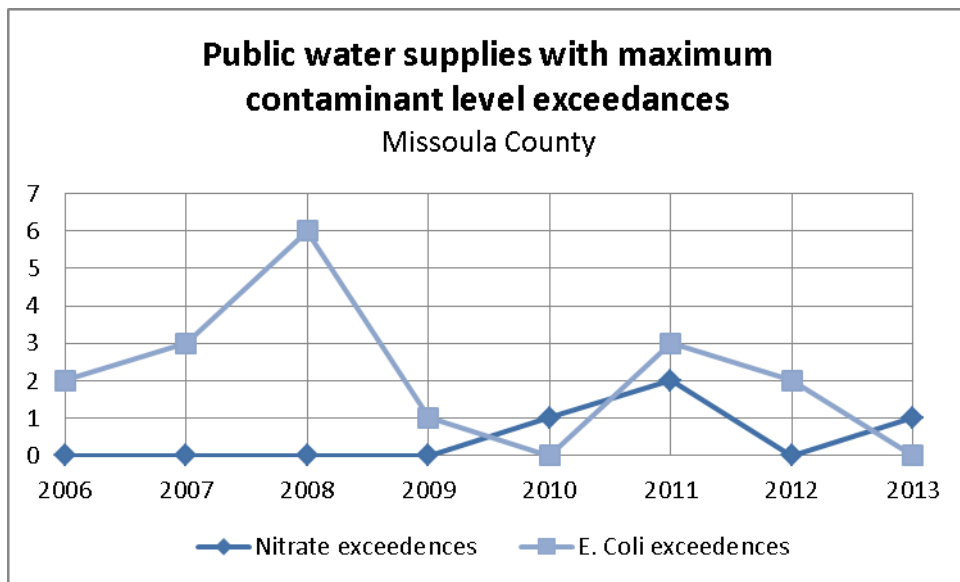
Water Quality — Aquifer

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 the SDWA, public water supplies are required to meet federal drinking water standards that include testing for chemical and microbial contaminants. Rigorous monitoring protects public health of those using these systems at their homes, workplaces, schools, businesses, and other locations connected to public water supplies. Mountain Water Company is the largest supplier in Missoula County, providing water to 56,335, or 50.4%, of residents. Homes connected to community public water supplies in Missoula County are served by 83 systems, which provide water for a total resident population of 71,375, or 63.8 % of Missoula County's population of 111,807 (EPA and DEQ Safe Drinking Water Information System, US Census). Nationally in 2011, 93.2% of the population receives water from public water supplies. The HP 2020 goal is 91%. (HP 2020)

SDWA rules protecting drinking water do not apply to privately owned individual wells. Individuals served by private wells are at risk of waterborne diseases such as Hepatitis A, Giardiasis, Shigellosis, and E. coli contamination, as well as other chemicals and pathogens that may be unsafe to drink. Individual well owners in Missoula County are encouraged but not required to test their drinking water for the same potential contaminants for which public water systems are monitored.

Nitrate and E. coli bacteria are good indicators of water quality impairment that could affect human health. Maximum contaminant level (MCL) violations for all supplies within a given year are shown in this table. The 2006 to 2013 nitrate and E. coli do not suggest any trends, although 2008 did experience an increased number of supplies experiencing violation of E. Coli MCLs.

Monitoring by the Missoula County Water Quality District shows that nitrates are generally well within drinking water standards in the Missoula Valley Aquifer. Areas exist in Missoula County where elevated nitrate does not meet drinking water standards, including localized areas of the Wye, Blue Mountain, and the Town of Seeley Lake. High nitrate in these areas is caused by septic systems overlying low flow aquifers which do not have adequate dilution capacity. Areas of naturally occurring arsenic also exist. Arsenic and other contaminants in private individual wells may not be known by the users, and it is a good idea for residents with private wells to have their water quality tested periodically.



Montana DEQ Safe Drinking Water Information System. 2014. <http://deq.mt.gov/wqinfo/pws/montanadrinkingwaterwatch.mcp>

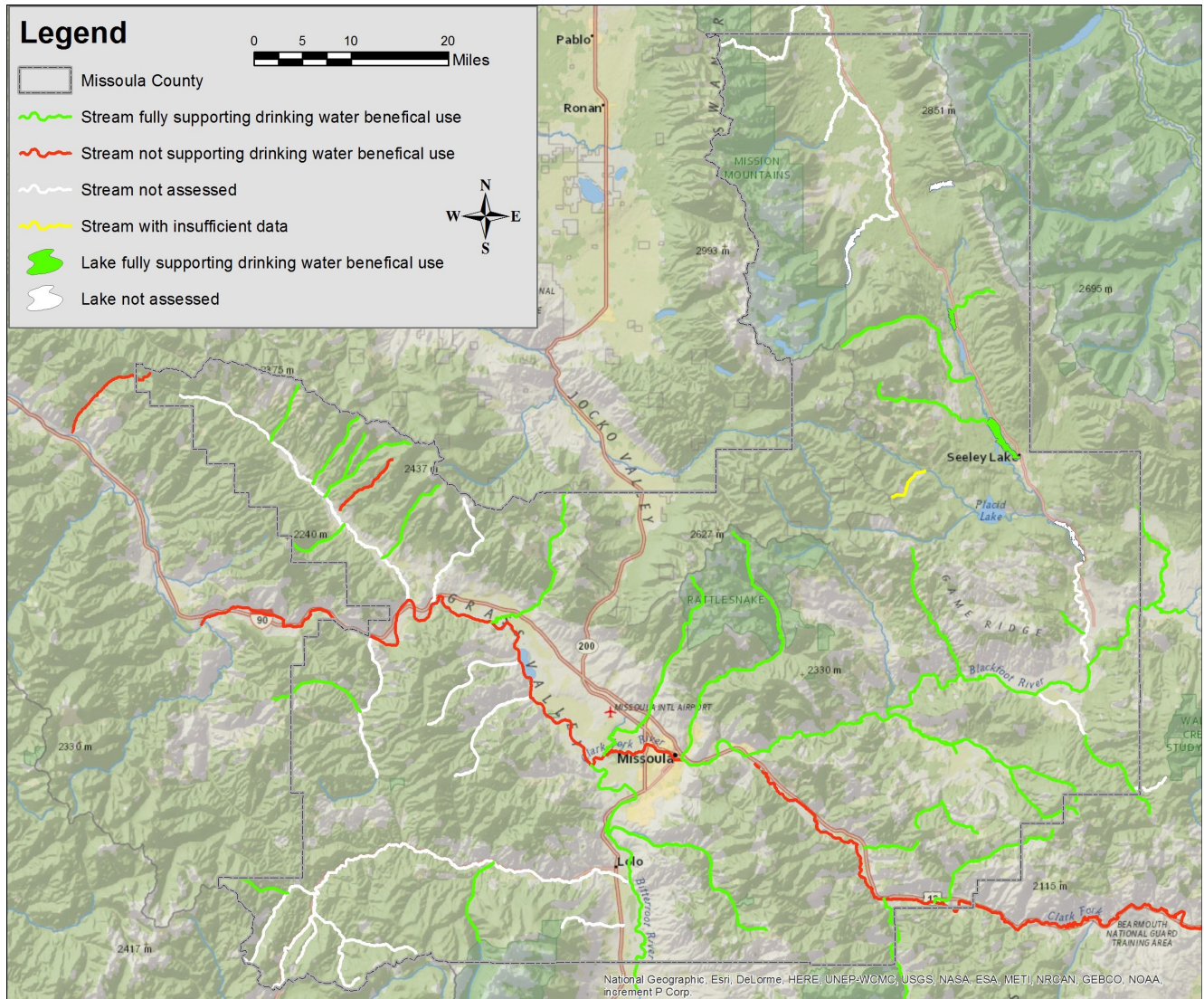
Resources

[Missoula Valley Water Quality District](#)

[Montana Department of Environmental Quality Water Quality Standards](#)

Water Quality — Surface Water

More than 1,975 rivers, streams, and named tributaries run across the surface of Missoula County. Our surface waters, from Rattlesnake Creek to Seeley Lake, contribute to the health of the county's agriculture, fisheries, drinking water, wildlife habitat, and recreation. (Missoula County Rural Initiatives)



The Montana Department of Environmental Quality monitors surface water quality as part of the Federal Clean Water Act. Water quality is described by its ability to support beneficial use, including standards for drinking water, bathing, aquatic life, and agriculture. The map shows that the majority of streams and lakes assessed in Missoula County could support use as a source for drinking water, which is a higher standard than bathing water or agricultural use. The few streams that don't, including the Clark Fork River, have been impacted by historic mining dumping prior to environmental regulations, and from municipal pollution including storm water runoff. Although some streams and the Clark Fork River do not support drinking water use, water quality is safe for swimming and bathing.

2012 Surface Water Assessment of Drinking Water Beneficial Use. Ian Magruder. Water Quality Advisory Council. 2014.

Resources

[MCCHD Water Quality District](#)

Community Input



© Missoulian

This section discusses public input that contributed to the writing of this Community Health Assessment. Multiple community processes were underway during 2014 that asked for public input on different aspects of community health and wellness. We have combined responses from listening sessions, focus groups, and surveys from these different efforts:

- Hospitals' survey and focus groups
- Community Health Assessment focus groups with populations of interest, community meetings, presentations to the community councils of some small towns in the county, and a web-based survey
- Our Missoula planning process for creation of City of Missoula's growth plan

Community Input

CHA Work Group members collected community input specifically for use in this report:

- Two focus groups for the community at large, conducted by St. Patrick Hospital in collaboration with Community Medical Center and Partnership Health Center, held on May 14 and 16, 2014
- Community survey administered by St. Patrick Hospital and the collaborators above in May 2014
- Focus group at Missoula Aging Services, conducted by MCCHD and Partnership Health Center, held on September 16, 2014
- Focus group at Missoula Indian Center, conducted by MCCHD, held on September 16, 2014
- Survey posted with CHA report on MCCHD website, October through November 2014
- Presentations at community council meetings in Bonner, East Missoula, and Frenchtown, conducted by MCCHD in November 2014
- Community input meeting, conducted by MCCHD, held at the Missoula Public Library on November 19, 2014

Focus group questions are listed in **Appendix 2** (page 89). Survey results can be found in **Appendix 3** (page 90).

In addition, other processes in Missoula collected community input about community health, resilience, and wellness during 2014. We used the relevant qualitative data from the Our Missoula listening sessions, conducted by the City of Missoula as part of preparation for a new growth plan. Our Missoula held 30 listening sessions over the summer and fall of 2014, with different focuses on issues that have a role in shaping our community. Notes from all focus groups were analyzed, but only the ones most pertinent to community health and wellbeing — Community Wellness, Aging Services, Natural Resources & Environmental Considerations, and Social Services — are included in this summary.

Listening Session Themes

Because the Our Missoula listening sessions were so broad and involved so many people, they set the scene for the smaller focus groups conducted by CHA work group member agencies. These lists are greatly abbreviated. For the complete lists, see the Our Missoula website listed under Resources on the next page.

Common community assets identified in Our Missoula listening sessions:

- Community spirit and an engaged community
- Vibrant downtown
- Open space and trails
- Clean and beautiful natural environment
- University
- Small town feel but with bigger city amenities

Community health issues identified in multiple Our Missoula listening sessions:

- High cost of living, especially housing
- Low wages, underemployment, and poverty that is slanted towards the young and young families
- Lack of access to mental health services, especially in certain populations and for addiction treatment
- Lack of geriatric services
- Lack of services for people with Alzheimer's disease and their caregivers
- Transportation system limits in hours and areas served
- Continuing attention to air and water quality
- Better collaboration — between the city and the county, between the public and private sectors, and between state and local government agencies

Focus Group Themes

Themes from St. Patrick Hospital town forums (two groups, 17 attendees total):

- Lack of services, and lack of access to services, for mental health care
- Lack of transportation services — evenings and weekends, and for outlying areas and some neighborhoods
- Uninsured and homeless are treated poorly by health care systems
- High cost and difficulty of access to nutritious food, especially for the poor
- Concern for the wellbeing of the young people and young families who are in poverty — no agencies to advocate for them as a group, and they face a much different economic situation than young people 20 years ago

Community Input *continued*

Themes from Missoula Aging Services focus group (7 attendees):

- Serious difficulties finding primary care providers who take Medicare; also high turnover in these providers
- Lack of geriatric specialists of any kind in Missoula
- Transportation can be difficult
 - ◊ Mountain Line has limited service hours
 - ◊ Snow removal is poor in the city, especially on the streets, and keeps many older adults inside during the winter
- Need for services, especially health care services, that go to where older adults live
- Social isolation is a problem for the elderly, especially for those with issues such as advanced age, vision problems, and memory problems
- Mental health and addiction services
- Lack of appropriate housing for older adults trying to downsize and remain independent

Themes from Missoula Indian Center focus groups (11 attendees total):

- Need for advocates to help American Indians navigate the complex way Indian Health Service (IHS) systems interact with the health care system — not all native people, and not all services, are covered by IHS
- “Fear of the bill” is a large barrier to accessing needed health care, especially when it is almost impossible to understand what that bill might be
- Barriers to eating healthy foods, especially for their children and grandchildren — pop and candy machines, junk food treats in schools and day cares, lack of gardening and cooking skills
- Transportation is a barrier to getting needed care and services, especially in outlying areas — see great need for services that come to patients or clients
- Lack of knowledge of services available, especially to those living in more rural areas
- Dental care is very difficult to find; IHS provides very limited dental services, and absolutely no orthodontia

Top four responses about serious problems in the community, from the hospitals’ Missoula Community Health Survey (283 respondents total — see Appendix 3):

- Alcohol and drug abuse
- Underage drinking and drug abuse
- Adult smoking and tobacco use
- Stress, depression, and suicide

Comments from online survey, community council presentations, and community input meeting (25 responses total plus community council discussions):

- Poverty and low income — mentioned several times in different ways: housing and food for the homeless and poor; access to nutritious food for low income residents; access to health, dental care, and mental health care for low-income people; poverty-related physical and mental health issues; problems affording housing in Missoula,
- DUIs — mentioned several times
- Environmental health — different aspects mentioned: air quality, indoor air quality, dioxin at Frenchtown mill site, and environmental exposures that cause cancer
- Difficulties with access to substance abuse treatment
- Difficulties with access to mental health care and mental health services coordination
- Cancer prevention
- Climate change
- Ebola and other infectious diseases
- Jobs
- Public ownership of the water utility
- Suicide
- Teenage drug use
- Supporting aging population so they can stay in their own homes

Health Inequities



© Ian Magruder

This section calls out the health disparities and inequities found in the CHA work group's review of data and community resources.

Health disparities are differences in population health outcomes or results — differences in the data.

Health inequities are differences that are related to injustice or unequal situations. A health inequity occurs when a group of people is less able to live healthy lives, enjoy a clean environment, or access services and amenities because of where they live, how much money they make, the kinds of work they do, their race or ethnicity, or whether or not they are disabled. Health disparities that rise from these situations are not just and are called health inequities.

For example, older people have higher rates of certain diseases. This is a health disparity, but not a health inequity. When the working poor have limited access to health care because their jobs do not offer insurance, this is a health inequity.

(Based on definitions from *What Are Health Disparities and Health Equity? We Need to Be Clear*, Paula Braveman, MD MPH, UC San Francisco)

Missoula Urban Indian Population

Health Inequities in the Nation and State

The US American Indian population faces many health inequities (National Indian Health Board Fact Sheet):

- Infant mortality is 150% greater for Indian than white infants.
- Indians are 2.6 times more likely to be diagnosed with diabetes.
- Suicide among the American Indian population is 2.5 times higher than the national average.

The Montana DPHHS *State of the State's Health* report details more disparities and inequities in the American Indian population:

- 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.
- American Indians in Montana die from cardiovascular disease, cancer, respiratory diseases, accidental injuries, vehicle injuries, suicides, and homicides than white residents.

Urban Indian Health Programs

The Missoula Indian Center is one of 34 nonprofit Urban Indian Health programs nationwide. It provides a range of services to the urban Indian population of Missoula County: information and referrals, limited primary care and dental services, community health outreach, substance abuse outpatient services, immunizations, HIV outreach, behavioral health services, and other health programs funded through Montana DPHHS, federal, and local sources. Urban Indian Health programs are funded through grants and through contracts from IHS under Title V of the Indian Health Care Improvement Act. All 34 programs together receive 1% of the national IHS budget, which means that the services are limited. (Missoula Indian Center)

The Affordable Care Act and the reauthorization of the Indian Health Care Improvement Act (IHCIA), signed into law in 2010, should impact the services provided by IHS, tribal programs, and Urban Indian Health Centers. The IHCIA will specifically improve and provide new services:

- Modernize and improve Indian health care services and delivery
- Allow for programs to address behavioral and mental health and wellbeing of Indian communities
- Allow for in-home care for the Indian elderly population

The IHCIA's overriding goal is to address the health disparities and inequities in the nation's American Indian population. (HIS, <http://www.ihs.gov/ihcia/>)

Urban Indian Population in Missoula

The American Indian population of Missoula County is concentrated in the Missoula urban area. Most reservation Indians come to Missoula to attend the University of Montana. Most Indians will return to their native homes and reservations after they complete their degrees, but some stay and become permanent residents of Missoula County. Others move to Missoula just to access health care. Specialists — for cancer care and behavioral health services, for example — are not available on

Missoula Urban Indian Population *continued*

reservations, meaning that people must move to urban areas to receive the health care their families need.

The Missoula Indian Center helps clients access a variety of services in Missoula County — from health care and social services to housing. However, in too many instances, Missoula County agencies do not collaborate effectively with the Missoula Indian Center or understand how Indian Health Services (IHS) works. IHS facilities are located on Indian lands and provide direct patient care. When funds are available, IHS may pay for some specialty services or treatment provided by a non-IHS agency. It is crucial that the Indian community and local providers understand that IHS is **not** health insurance. (Missoula Indian Center)

In order to meet the needs of the urban Indians of Missoula, local agencies and the Missoula Indian Center must work as partners. We learned, through personal communications and through the focus group at the Missoula Indian Center, that the urban Indian population in Missoula experiences problems accessing needed health services because of the difficulties of navigating multiple complex systems, including IHS, hospitals and provider offices, and health insurance. The result is that American Indians in Missoula County are going without the health services they need because of the fear of unexpected and overwhelming bills.

Resources

[Missoula Indian Center](#)

[UM Native American Center](#)

[Montana Wyoming Tribal Leaders Council](#)


[CDC. Minority Health. American Indian and Alaska Native Populations](#)

[National Indian Health Board Fact Sheet](#)

[Montana State University, Projects of the Community-Based Participatory Research and Health Disparities Core](#)

Urgent & Emerging Issues



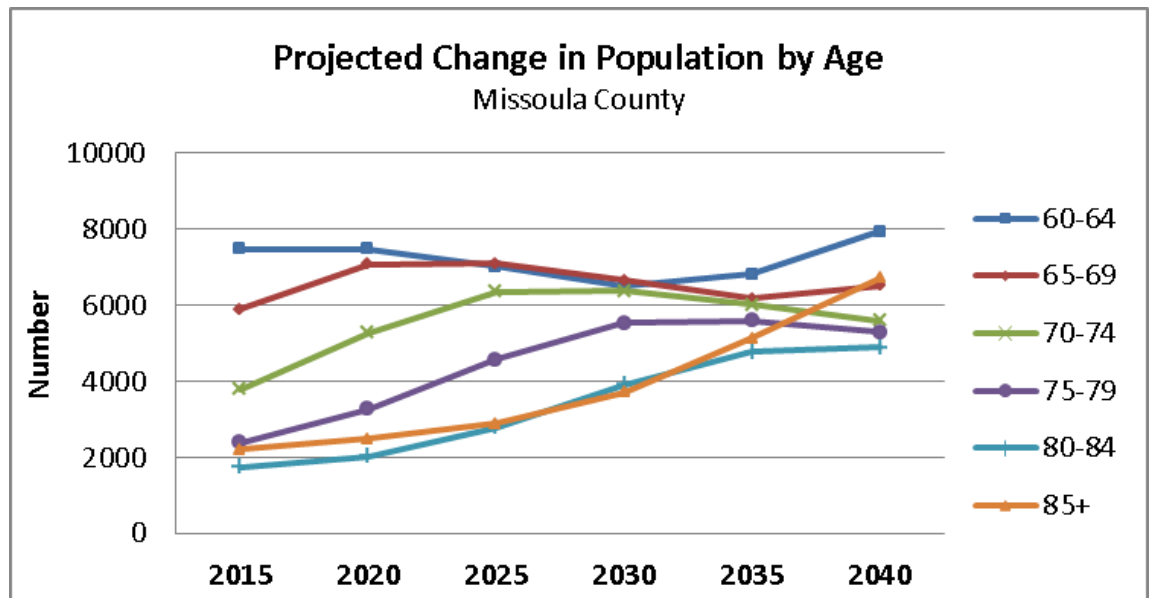
© Lolo National Forest/USFS 
West Fork Fire, Lolo, August 2013

This section addresses issues that we expect to be important in the years ahead. These issues are not new. However, the Missoula County community has not addressed them in a deliberate and collaborative way at this point.

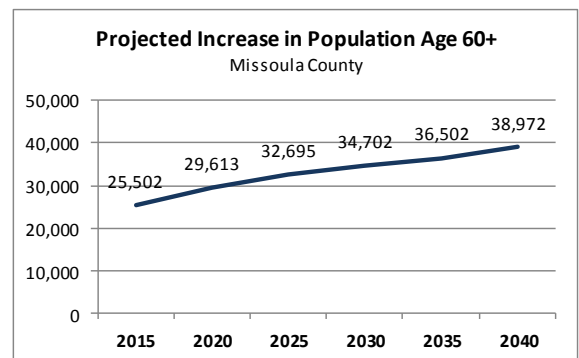
- Aging Population
- Climate Change
- Poverty in Young Adults

Aging Population

Montana, like the rest of the nation, is seeing an increase in both the number and percentage of its population of adults 60 years of age and up. As the baby boomers age, Missoula County will face a changing landscape of health issues and service needs. Older adults have many of the same issues as their younger neighbors — clean air, walkable communities, accessible services. But there are some significant differences in the needs of an aging population. This section will highlight a few of those different issues. Missoula Aging Services is the source for this information.



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



Alzheimer's Disease

Alzheimer's is discussed on page 30 of this report. People with Alzheimer's require specialized services. Because the demands of caregiving for Alzheimer's are so high, caregivers also require services, including respite care and social and emotional support. The Montana Alzheimer's Work Group is in place at the state level to help support Alzheimer's services. They note that all but six states have Alzheimer's plans in place. Montana is one of the six states.

Dental Care

Medicare does not cover dental care, creating a serious lack of access to dentists for older adults. Many older adults do not seek help until they have a serious problem. Often the care needed is caps, bridges, and dentures, which are expensive yet necessary in order for people to get good nutrition. Many older adults turn to Partnership Health Center for dental care, and it would be useful to know the number of older adults who access these services.

Aging Population *continued*

Disabilities

Older adults have higher rates of functional difficulties than the younger population. US Census data shows the following breakdown for the US population. Community services will need to adapt to better address functional limitations — including better accessibility — to effectively serve an older population.

Malnutrition

Missoula Aging Services reports that senior hunger and malnutrition are growing throughout the US. Adequate nutrition is crucial to maintaining health as we age. At this point we do not track the status of malnutrition and senior hunger in Missoula County. See page 43 for the numbers of older adults who access the Missoula Food Bank.

Mental Health Issues

Mental health is a huge issue for all age groups. In older age, the issues are somewhat different. Right now we don't have very effective systems of identifying mental health problems in older adults, especially since this population generally feels a huge stigma associated with therapy.

Falls

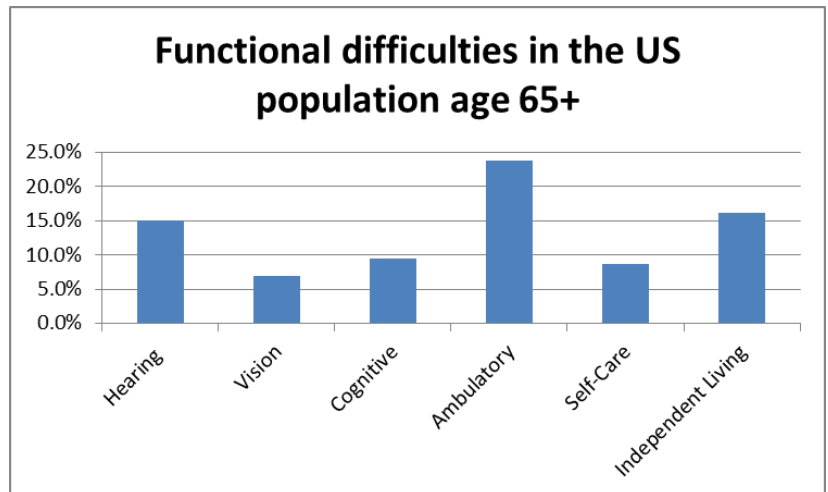
Falls are the leading cause of injury-related death among people 65 and older. The Montana DPHHS Injury Prevention Program reports that the fall-related death rate for ages 65 in 2007 was 57.2 per 100,000 population, higher than the US rate of 45.3 per 100,000. They also report that 2010 hospitalizations for falls were most often attributed to slipping, tripping, or stumbling on the same level. There are programs, including Stepping On, which are proven to reduce falls among older adults and build confidence to allow more active lifestyles.

Elder Abuse

Missoula Aging Services reports that elder abuse is escalating at an alarming rate, especially financial and psychological abuse. Montana Adult Protective Services reported a total of 6,291 cases of abuse, exploitation, and neglect for fiscal year 2013. Of these, 4,170 were neglect; over half of the neglect cases were self-neglect. The Missoula region had 932 referrals, the second lowest of the state's six regions. However, Missoula had by far the highest rate of referrals for each adult protection specialist. Missoula also had by far the highest number of state guardianship cases, with 110 of the state's total 228.

Poverty

Finally, a disproportionate amount of Missoula County's older adults live in poverty. The 2010 US Census reports that 8.7% of seniors here live below the poverty level, with an individual income below \$11,670 per year, and 30% of seniors have incomes less than \$23,340, or twice the federal poverty level. (Missoula Aging Services and 2010 Census B17024)



US Census. American FactFinder. http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_12_5YR_S1810&prodType=table

Resources

[Missoula Aging Services](#)

[Missoula Senior Center](#)

Federal Interagency Forum on Aging. 2012. *Older Americans 2012: Key Indicators of Wellbeing*

[Montana Alzheimer's Association](#)

Montana DPHHS. *Falls Among Older Adults, Montana*. Fall 2011

[Montana Adult Protective Services](#)

[Western Montana Chapter for the Prevention of Elder Abuse](#)

Climate Change

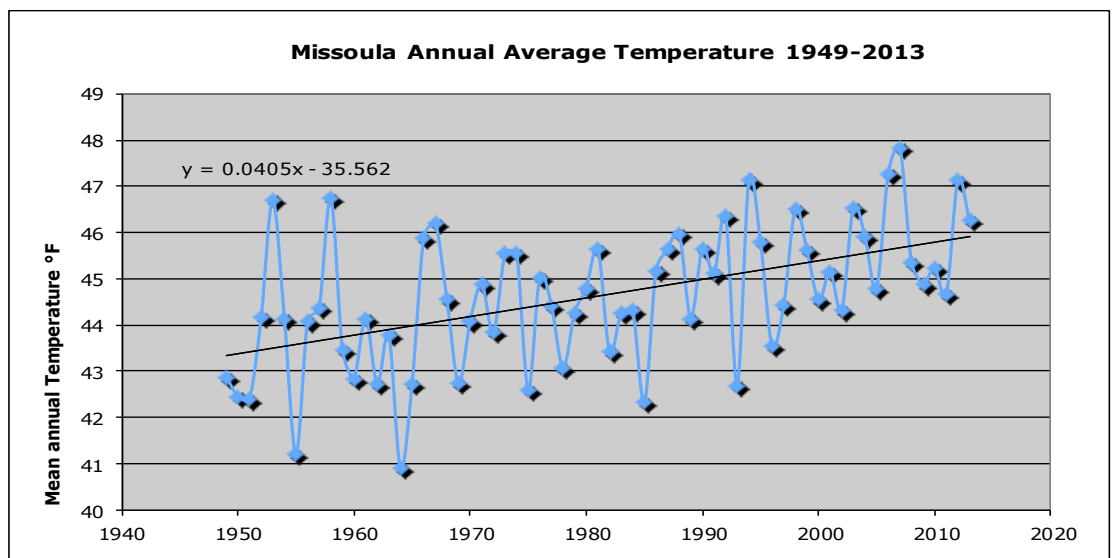
Average temperatures are getting warmer, resulting in more extreme weather events in Montana. Extreme events include wildfires, floods, record snowfall, and extreme heat. Montana has been experiencing all of them in ways not seen in our lifetimes. As one example, an area in Montana has been declared a disaster zone due to flooding four times since 2000.

Climate change carries serious risks to public health. Scientists believe the threats to Montana include:

- More extreme heat days — dangerous to the young and the old, and can also trigger asthma
- Droughts and water shortages — especially in eastern Montana
- More wildfires — due to the increase in extreme heat, drought, and increase in pests such as the pine beetle, which thrive in warmer temperatures
- Bigger precipitation events — warmer temperatures mean more evaporation, leading to big rainfalls and snowstorms like those in the northeastern US in recent years
- Effects on agriculture — heat causes drought and rapid soil drying, and an earlier spring and later first frost create changes in growing seasons that will affect farmers and the food supply
- Increase in infectious diseases — warmer climates are a more hospitable home for “vectors” that can cause diseases like malaria and dengue fever; both diseases could make their way to Montana by 2100 if rates of warming continue unabated

The health effects are serious. Recent extreme weather events in other areas of the country, including Hurricane Katrina and Hurricane Sandy, have taught the value of having plans, collaborations, and measures in place before disaster strikes, as well as strong public health programs. (Laura Ardenko, Georgetown University School of Nursing and Health Studies and Robert Wood Johnson Executive Nurse Fellow. MPHA Conference presentation. October 2, 2014. *Our Changing Climate: Impacts on Public Health.*)

The annual temperature in Missoula County since 1949 has been 0.41°F warming in average annual temperature every decade. Winters are warming the fastest, at 0.87°F per decade. Fall average temperature is warming the least, at 0.06°F per decade. (Western Regional Climate Center)



Graph courtesy of Ian Macgruder. Data from Western Regional Climate Center Missoula WSO AP records: <http://www.wrcc.dri.edu/cgi-bin/cliMAIN.pl?mtmiss>

Resources

[Intergovernmental Panel on Climate Change](#)

[CDC Building Resilience Against Climate Effects \(BRACE\) Framework](#)

Poverty — Young Adults & Families

Poverty for young people, and especially young families, was identified in discussions among the CHA work group and in focus groups and listening sessions as an issue of concern in Missoula County. In October 2014 the *AARP Bulletin* ran an article called “Mending the Safety Net.” It had this to say: “In the 20th century, older adults were by far the poorest age cohort of Americans. Today, that unhappy distinction belongs to young adults and their children.” The article credits Medicare and Social Security for improving the situation of older adults. It blames recessions, sluggish recovery, the shrinking middle class, automation, globalization, and soaring student debt for the situation among young Americans.

The Legal Aid Association of California summed up the problem this way, based on the poverty data recently released by the US Census:

In 2013, children remain the poorest Americans and young adults are the poorest among adults, with almost one in five of both groups living in poverty. Because poverty early in life and early in a school-to-work trajectory can have long-lasting consequences, these high rates create great risks for our future. The facts about child poverty, while shocking, are widely known ... But the high level of poverty among young adults ages 18-24 is less well-known. As with young children, the overall rate of almost one in five masks even worse outcomes for young people of color ... For these young adults, living in poverty makes it harder to access high-quality education and training programs. When they do enroll, they are more likely to have to work excessive hours, prolonging their time to a degree and increasing the risk they won't complete. In addition, young adults are more likely than older adults to have jobs with low wages and without key elements of quality, such as paid leave or consistent schedules. These characteristics of work can produce an impossible cycle: young people can't obtain good, steady jobs without schooling—and they can't manage schooling without steady jobs. This leaves them dangerously vulnerable for the future.

In the experience of those who weighed in on this report, young adults in Missoula County follow this national trend. It is difficult to find statistics that point specifically to the problem in Missoula County. What the data in this report does show is that the housing cost burden is high, that wages are low, that many of our big employers provide primarily service jobs, and that the living wage, which assumes very limited spending on necessities, is more than many jobs in Missoula County pay. The Poverty in American Wage Calculator (Massachusetts Institute of Technology), as discussed in the Economics section, figures the living wage at \$17.22 per hour for two adults and two children. Meanwhile, the US Bureau of Labor Statistics puts the *average* hourly wage for Missoula County at about \$13.71 per hour. That means that many people make less. And there is no advocacy group that works for the interests of the young and poor in Missoula County.

Resources

[Massachusetts Institute of Technology Poverty in American Wage Calculator](#)

The Legal Aid Association of California. October 1, 2014. [http://www.calegaladvocates.org/news/article.537652-Poverty and Career Opportunities for Young Adults](http://www.calegaladvocates.org/news/article.537652-Poverty%20and%20Career%20Opportunities%20for%20Young%20Adults) [The Census Poverty Report](#)

Data Wish List

During meetings and in the writing of this report, the CHA Work Group identified many pieces of data we wish we had. Much of this data would be nearly impossible to collect at this point. We believe this data would give us a better snapshot of the health and wellbeing in Missoula County:

Comprehensive **Adult Protective Services** data on elder abuse, with trends and comparisons.

Rates of **adults who are fully immunized**, broken down by age group.

Health and access to care data on the **American Indian population living in Missoula County**.

Asthma and respiratory illness rates corresponding to bad air days from wildfires.

Data on **bridge jumping injuries**, which seem to be on the rise in Missoula County.

Built environment measures that would capture in one place how well the community is creating the infrastructure to make it healthy choices the easy choices or transportation, food, and lifestyle. Right now what data we have on the built environment is included in the sections on transportation and recreation.

Co-morbidity data to track people with two or more co-existing chronic health conditions and with mental illnesses and at least one chronic health condition.

Contraceptive use rates in sexually active teenagers and young adults.

COPD data with age breakdowns. Health care professionals feel that COPD is increasing and being diagnosed at younger ages.

Diabetes diagnosis in children, broken down by age.

County-level **dietary information** about intake of fruit and vegetables, sugary drinks, and other foods broken down by age group.

Falls in older adults, with types of resulting injuries.

Flu shot rates for the overall population.

Helmet use rates, for both bicycles and motor cycles, for all age groups.

Malnutrition and hunger rates for older adults.

Mental illness diagnosis rates for the whole population, along with age, gender, and race breakdowns.

Poverty levels for young adults in Missoula County who are not college students and for young adults who have children.

Rabies vaccine rates for all dogs and cats in Missoula County.

Radon levels for enough homes in the county to give statistically significant results.

Shingles and pneumonia vaccine rates for all age groups.

Appendix 1: Community Resources

Missoula County has many agencies and organizations who work to improve community health and wellbeing in some way. The Community Health Assessment Work Group compiled this table of key community resources during its working meetings. **This list is not intended to be exhaustive.** The group tried to include all organizations that affect or serve a significant number of Missoula County residents, or that provide crucial or unique services.

Emergency Services

Emergency Shelter		
Poverello Center	Temporary housing for homeless adults, clothing and food pantry, laundry and showers, meals	535 Ryman Street thepoverellocenter.org 406/728-1809
YWCA Shelter	Transitional housing, counseling, and skill building for women and their children	1130 W. Broadway ywcaofmissoula.org 406/543-6691
Union Gospel Mission of Missoula	Housing for the homeless, day center, women and children's emergency motel shelter program	506B Toole Avenue ugmofmissoula.org 406/542-5240
Salvation Army	Short-term emergency financial assistance, rental assistance	339 W. Broadway salvationarmynw.com 406/549-0710

Emergency Food & Nutrition		
Missoula Food Bank	Food distribution Monday–Friday, evening hours Monday and Tuesday	219 S. 3 rd St. W. Satellite locations in Lolo and Potomac missoulafoodbank.org 406/549-0543
Poverello Center	Daily hot meals and sack lunches to go	535 Ryman Street thepoverellocenter.org 406/728-1809
Salvation Army	Short-term emergency financial assistance, clothing and food pantry	339 W. Broadway salvationarmynw.com 406/549-0710
Church Food Pantries	Christian Life Center Lion's Den Ministries Church of Jesus Christ of Latter Day Saints River of Life	Contact individual churches for schedules
Christian Life Center	Food pantry second and fourth Monday of every month	3801 Russell missoulachurch.com 406/542-0353
Union Gospel Mission of Missoula	Continental breakfast and soup and sandwich lunches Monday–Saturday, food boxes	506B Toole Avenue ugmofmissoula.org 406/542-5240

Community Resources Appendix *continued*

Social Services

Food & Nutrition Programs

Office of Public Assistance	Division of Montana Dept. of Health and Human Services provides Supplemental Nutrition Assistance (SNAP, formerly known as Food Stamps)	2677 Palmer dphhs.mt.gov 406/329-1200 Application assistance hotline: 800/332-2272
Missoula Food Bank	Food distribution Monday–Friday, evening hours Monday and Tuesday; ROOTS program for monthly senior food delivery program; Kids Table summer child nutrition program; SNAP enrollment	219 S. 3 rd St. W. Satellite locations in Lolo and Potomac missoulafoodbank.org 406/549-0543
WIC (Women, Infants & Children)	Nutrition and supplemental food program for lower-income pregnant and nursing women and children under 5	301 W. Alder co.missoula.mt.us/ healthservices/WIC 406/258-4740
Senior Nutrition/Meals on Wheels	Meals for homebound elderly and disabled; congregate meals by donation; rural nutrition program provides outreach outside the city; farmers’ market coupon program	337 Stephens Ave. missoulaagingservices.org 406/728-7682
Expanded Food & Nutrition Education Program (EFNEP)	Nutrition, meal planning, and cooking instructions for lower-income families	301 W. Alder 406/258-4207
Garden City Harvest	Leased garden plots to grow your own vegetables	103 Hickory St. gardencityharvest.org 406/523-3663
Farmers’ markets	2 local markets provide locally produced vegetables, fruit, meat, and dairy products; SNAP, WIC, and senior nutrition coupons accepted	clarkforkmarket.com 406/396-0593 missoulafarmersmarket.com 406/274-3042

Community Resources Appendix *continued*

Housing Assistance

Poverello Center	Temporary housing for homeless adults, clothing and food pantry, laundry and showers, daily hot meals and sack lunches to go	535 Ryman Street thepoverellocenter.org 406/728-1809
YWCA Shelter	Transitional housing, rapid rehousing program, counseling, and skill building for women and their	1130 W. Broadway ywcaofmissoula.org 406/543-6691
Union Gospel Mission	Housing for the homeless, day center, women and children's emergency motel shelter program	506B Toole Avenue (Day Center) missoula316.org 406/542-5240
Salvation Army	Short-term emergency financial assistance, rental assistance, clothing and food pantry	339 W. Broadway salvationarmynw.com 406/549-0710
Missoula Housing Authority	Public housing, Section 8 rental assistance, related housing services, rapid rehousing program	1235 34 th St. missoulahousing.org 406/549-4113
Human Resource Council	Section 8 rental assistance, LIEAP utilities assistance program	1801 S. Higgins hrcxi.org 406/728-3710
WORD (Women's Opportunity & Resource Development)	HomeWORD home ownership education and assistance, rapid rehousing program	2525 Palmer St. #1 wordinc.org 406/543-3550
Family Promise	90-day stays in local churches for homeless families	familypromisemissoula.net 406/529-4671

Health Insurance Coverage

Healthy Montana Kids Plan	Free or low-cost health coverage for children and teenagers up to age 19	2677 Palmer dphhs.mt.gov/hmk 877-543-7669
Medicaid, Medicare, and Affordable Care Act	Information on enrollment	dphhs.mt.gov healthcare.gov/health-insurance-marketplace/

Community Resources Appendix *continued*

Mental Health & Addiction Services

Western Montana Mental Health Center	Child, adolescent, and adult mental health services, addiction and substance abuse treatment, intensive case management, crisis intervention, mental health groups, school and community treatment programs	Fort Missoula T-9 wmmhc.org 406/532-8400
3 Rivers Mental Health Solutions	Adult intensive mental health services.	715 Kensington #24B 3riversmhs.com 406/830-3294
Full Circle Counseling Solutions	Child and family mental health services, autism and developmental services, screening, school-based mental health, case management	1903 Russell fullcirclemhc.com 406/532-1615
Winds of Change	Community-based psychiatric and rehab services for adults, case management, adult group homes, peer support, recovery groups and meetings	2685 Palmer Suite C windsofchangemontana.com 406/721-2038
Partnership for Children	Support for children from infancy to age 14 who experienced early childhood trauma; group home care, in-home and family support, foster care and adoption	550 N. California St. pfcmt.org 406/721-2704
Youth Homes	Group home care, individual and family counseling, family support, foster care and adoption, wilderness treatment for at-risk teenagers	550 N. California St. youthhomesmt.org 406/721-2704
AWARE	Therapeutic family care, youth case management, residential care, and school-based treatment for adolescents with mental and emotional needs	2300 Regent St. Suite 103 aware-inc.org 406/543-2202
Providence Center at St. Patrick Hospital	Acute inpatient treatment with a psychiatric diagnosis; adolescent partial hospitalization program	500 W. Broadway montana.providence.org/ hospitals/st-patrick 406/543-7271

Community Resources Appendix *continued*

Mental Health & Addiction Services ...		Continued
Recovery Center Missoula	Inpatient and partial-day hospitalization treatment for adults with addictions and co-occurring mental health disorders and their families	1201 Wyoming St. recoverycentermissoula.org 406/532-9300
Teen Recovery Center	Inpatient addiction treatment for teenagers	1467 Hayes Drive 721-5379
Mountain Home Montana	Residential program for young mothers and mothers-to-be includes mental health resource center, supported employment program, and therapeutic services	2606 South Ave. W. mountainhomemt.org 406/541-4663
Childcare & Parenting		
Child Care Resources	Assistance and resources for child care providers and parents, including financial help	105 E. Pine St. childcareresources.org 406/728-6446
Head Start	Federally funded school readiness program for children ages 3 to 5 from low-income families	1001 Worden Ave. childstarheadstart.org 406/728-5460
Missoula Early Head Start	Services to pregnant women and children to age 3; home- and center-based services for child development	2121 39 th St. ravalliheadstart.org 406/251-9410
Child Development Center	Services for children with development delays or at risk for delays and children with autism, respite house, NICU follow-up	3335 Lt. Moss Rd. childdevcenter.org 406/549-6413
Health Services Division of Missoula City-County Health Department	Home visit support for pregnant women and families with young children, Nurse Family Partnership, screening, prenatal classes, breastfeeding support	301 W. Alder co.missoula.mt.us/ healthservices/ 406/258-4750
Parenting Place	Parenting programs and support	1644 S. 8 th St. W. parentingplace.net 406/728-5437

Community Resources Appendix *continued*

<i>Childcare & Parenting ...</i>	Continued	
Families First	Missoula Children's Museum, parenting classes and services, mediation and parenting plans	227 ½ W. Front St. familiesfirstmontana.org 721-7690
Boys & Girls Club of Missoula County	After-school programs in 3 outlying schools, at mid-town location with bus service from local schools, and 1 public housing development; summer camps; extensive scholarship program	1515 Fairview bgcmissoula.org 406/542-3116
YMCA	Fitness club, swimming pool and programs, childcare, after-school and vacation programs, low-cost sports programs	3000 S. Russell ymcamissoula.org 406/721-9622
Flagship	School-community partnership that provides free and low-cost skills-building activities to youth during non-school hours	1325 Wyoming flagshipprogram.org 406/532-9817
Mountain Home Montana	Residential program for young mothers and mothers-to-be	2606 South Ave. W. mountainhomemt.org 406/541-4663
Futures and PALS at Women's Opportunity and Resource Development (WORD)	Program for parents under 21, school-based family resource centers, parenting classes and support	1124 Cedar St. wordinc.org/futures 406/543-3550

Health Care Services

In addition to the health care resources listed below, Missoula County has a wide range of alternative health care practitioners. There are roughly 20 chiropractic offices, at least 4 acupuncture clinics, at least 3 alternative care centers for groups of practitioners using different modalities, and multiple naturopaths, homeopaths, massage therapists, and different kinds of body work specialists.

Health Care Centers

Partnership Health Center	Primary care, mental health, and dental services on a sliding fee scale	401 Railroad St. W. co.missoula.mt.us/phc 406/258-4789
St. Patrick Hospital	Hospital, emergency services, ICU, surgery, clinics, oncology, imaging, radiology, labs, rehabilitation services, Heart Institute, inpatient psychiatric services	500 W. Broadway montana.providence.org 406/543-7271

Community Resources Appendix *continued*

Health Care Centers ...	continued	
Community Medical Center	Hospital, emergency services, ICU, surgery, clinics, oncology, imaging, radiology, labs, rehabilitation services, labor and delivery, NICU	2827 Ft. Missoula Rd. communitymed.org 406/728-4100
Planned Parenthood	Annual exams for females and males, pregnancy testing, birth control	219 E. Main St. plannedparenthood.org 406/728-5490
Missoula Indian Center	Limited outpatient health services, info on nutrition and diabetes, chemical dependency counseling	830 W. Central Ave. missoulaindiancenter.org 406/829-9515
Veteran's Administration Outpatient Clinic	Health care services for military veterans	2687 Palmer Suite C montana.va.gov 406/493-3700
Missoula City-County Health Department	Immunizations and travel immunizations, testing for Hep C and HIV, blood draws for antibody titers, pregnancy tests, lice checks, TB tests and follow-up care, lead screening, flu shots	301 W. Alder St. Co.missoula.mt.us/ healthservices/OPclinic 406/258-4745
Curry Health Center	Medical, dental, counseling, pharmacy, and wellness programs and sexual assault services and counseling for University of Montana students	634 Eddy St. umt.edu/curry-health-center
Blue Mountain Clinic	Family practice and primary care	610 N. California St. bluemountainclinic.org 406/721-1646
Reproductive Health & Pregnancy Care		
Planned Parenthood	Annual exams for females and males, pregnancy testing, birth control	219 E. Main St. plannedparenthood.org 406/728-5490
Missoula City-County Health Department	Urine pregnancy tests, prenatal classes, home visiting for pregnant women	301 W. Alder St. co.missoula.mt.us/ healthservices/ 406/258-4745
Blue Mountain Clinic	Family practice, pregnancy care, abortion services	610 N. California St. bluemountainclinic.org 406/721-1646

Community Resources Appendix *continued*

Other Services

Disability Services

Summit Independent Living	Consumer and advocacy services for people with disabilities	500 N. Higgins Ave. #202 summitilc.org 406/728-1630
Opportunity Resources	Supporting people with disabilities to enhance their quality of life through jobs, case management, recreation, and other programs	2821 S. Russell St. orimt.org 406/721-2930
Rural Institute at the University of Montana	Programs to improve the quality of life of people with disabilities living in rural communities	52 Corbin Hall, UM ruralinstitute.umt.edu 406/243-5467
Missoula Developmental Services	12 group homes and 2 day centers for developmentally disabled adults	1005 Marshal St. mdscmt.org 406/728-5484
Brain Injury Alliance Montana	Help line, support groups, and speaker's bureau	1280 S. 3 rd St. W. Suite 4 406/541-6442 biamt.org
AWARE	Intensive residential services for youth with developmental disorders, including autism	2300 Regent St. Suite 103 aware-inc.org 406/543-2202
Montana Fair Housing	Investigates housing discrimination and advocates for disability housing	Located in Butte, MT 800/929-2611 montanafairhousing.org

Employment and Continuing Education

Missoula Job Service	Job placement, job training, and employment counseling	539 S. 3 rd St. W. wsd.dii.mt.gov/local/ missoula 406/258-4789
Dickinson Lifelong Learning Center	Day and evening education classes for adults, including GED and ESL classes	310 S. Curtis thelifelonglearningcenter.com 406/549-8765
Vocational Rehabilitation and Blind Services	State program for job training, placement, and financial help for disabled workers	2675 Palmer, Suite A dphhs.mt.gov/debt/blvs 406/329-5400
School of Extended and Lifelong Learning, University of Montana	Education series, personal growth classes, and professional development non-credit courses open to the community	32 Campus Drive umt.edu/sell 406/243-2900

Community Resources Appendix *continued*

Crisis Hotlines

911 Emergency Services	24/7 county emergency dispatch system for fire, ambulance, air ambulance, police, and sheriff	911
211 First Call for Help	24/7 referrals for social services and crisis services	211 406/549-5555
Western Montana Mental Health Center	24/7 Mental health crisis response; appointments made within 24 hours of call	800/820-0083 406/532-9710
Suicide Hotline	24/7 crisis line for immediate help in mental health crisis	800/273-8255
YWCA Crisis Line	24/7 crisis line for women experiencing abuse	800/483-7858 406/542-1944
Child Abuse Helpline	24/7 reporting of child abuse to Montana Department of Health and Human Services	866/820-5437
Elder Abuse Helpline	Reporting of elder abuse and neglect to Montana Department of Health and Human Services (regular business hours)	406/329-1309

Legal Aid and Advocacy

Montana Legal Services	Law firm providing free legal help for low-income people	211 N. Higgins #401 406/543-8343 mtlsa.org
Montana Fair Housing	Investigates housing discrimination	Located in Butte, MT 800/929-2611 montanafairhousing.org
Senior Help Line/Resource Center	Information about housing, transportation, health care, and legal issues	missoulaagingservices.org 406/728-7588 800/551-3191
Crime Victim Advocate Program	Free and confidential resource for victims of relationship violence, sexual assault, stalking, and property crime	500 N. Higgins #201 800/273-8255 co.missoula.mt.us/grants/rvs/cva
Montana Public Interest Research Group (MontPIRG)	University-based resource for landlord-tenant disputes	montpirg.org 406/243-2907

Community Resources Appendix *continued*

Miscellaneous Services

Missoula Aging Services	Wide range of services for older adults and their caregivers, including nutrition, case management, volunteer programs, and referrals	337 Stephens Ave. 406/728-7682 missoulaagingservices.org
Veteran's Center	Support services for military veterans	2687 Palmer, Suite C montana.va.gov 406/493-3700
Missoula Urban Demonstration Project (MUD)	Promotes sustainable living through education and community projects, tool library	1527 Wyoming St. mudproject.org 406/721-7513
Social Security Office	Social Security benefits	700 SW Higgins #5 socialsecurity.gov 406/542-1580
Community Dispute Resolution Center	Nonprofit mediation and facilitation services	1535 Liberty Ln. #117A cdrcmissoula.org 406/543-1157
Missoula Forum for Children and Youth	Supports collaborations among agencies and individuals to work proactively on issues that affect children	223 W. Alder missoulaforum.org 406/258-3020
Open Aid Alliance	Support and case management for people living with HIV, HIV and hepatitis C tests, syringe exchange, education	500 N. Higgins Suite 100 openaidalliance.org 406/543-4770
Missoula Public Library	Print and audio-visual collections, public computers with internet access, outreach to seniors and rural residents, meeting rooms, classes	301 E. Main missoulapubliclibrary.org 406/721-2665

Services for Pets

Animal Control	Licensing, lost pets, reports for dog bites, free spay/neuter clinics	6700 Butler Creek Rd. co.missoula.mt.us /animcontrol 406/541-7387
Humane Society of Western Montana	Pet food pantry, pet adoption	5930 US Hwy 93 myhswm.org 406/549-3934
Animeals	Assistance with pet food for the homebound and disabled, cat adoption	1700 Rankin St. animeals.com 406/721-4710

Appendix 2: Focus Group Questions

The following questions were asked in the MCCHD focus groups at Missoula Aging Services and Missoula Indian Center and in the hospital community focus groups.

Missoula Aging Services

Are you able to access medical services in our community?

Think about what a healthy way of living means for you and your family. What do you think is necessary for healthy living?

What in Missoula helps you and your family live in a way that is healthy?

Other than medical services, do you access other healthcare services in the community?

Are there some services that you wish you were able to access in our community that you are not able to?

In your opinion, are there non-health related factors in our community that impact the overall health and quality of life in Missoula?

Do you engage in any preventative type activities or services?

When you need information or help about health issues, where is the first place you ask or look?

Missoula Indian Center

Think about what a healthy way of living means for you and your family. What do you think is necessary for healthy living?

What in Missoula helps you and your family live in a way that is healthy?

- Follow-up: what would make it easier to access the things that help you live in a healthy way?
- Follow-up: What types of services or events do you wish were available to help you live healthy?

What in Missoula makes it hard for you and your family to live in a way that is healthy?

When you need information or help about health issues, where do you go?

What is different for you as American Indians to get services in Missoula – especially health services? (*Stories and anecdotes welcome.*)

What advice would you give to local agencies that would make it easier for you to get the services you need to live a healthy life?

- Follow-up: In specific, what would you like health care agencies like Partnership Health Center, hospitals, and doctor's offices to know that would make it easier for you to get services?

Hospital Public Forums

What are some of the key health-related services offered in Missoula?

Where do you go to receive care in Missoula?

Where do you go for dental services?

What are the factors that influence where you decide to seek care?

Have you had to travel outside of Missoula for services?

What keeps you from getting the care you need in Missoula?

What is the best way to arrange for follow-up care?

What are the gaps in services?

What would prevention strategies for adults look like?

How many of you pay the majority of your income for housing?

How do we help younger people and families?

For younger children in Missoula, are there gaps in services?

What is a good way to get information out?

Do you have access to the food you need?

What would help you get access to different foods?

What one thing could be done to improve the quality of life and health of Missoula?

Appendix 3: Missoula County Health Survey Results

Administered by Providence Health & Services, Western Montana Region

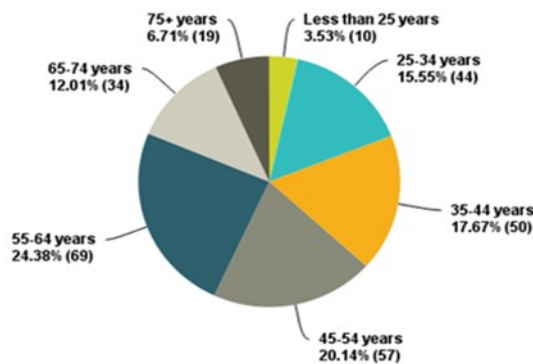
Demographics

283 total respondents

- 85.5% female
- 14.49% male
- 1/3 with children under age 18

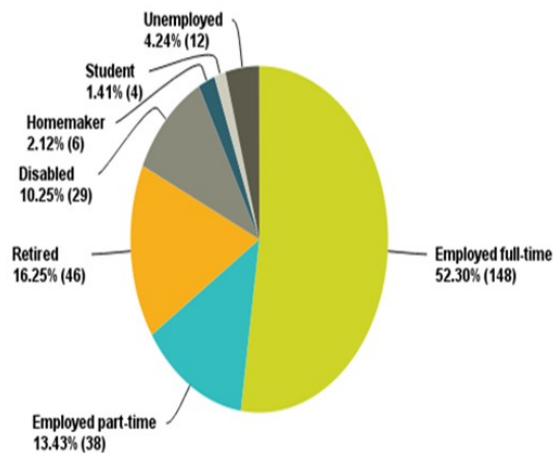
Your age? Please check the category that includes your current age

Answered: 283 Skipped: 0



What is your current employment status? (Please choose the correct answer)

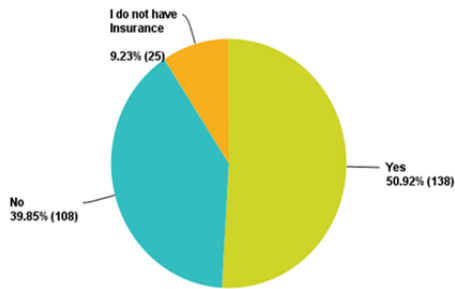
Answered: 283 Skipped: 0



Access to Health Services

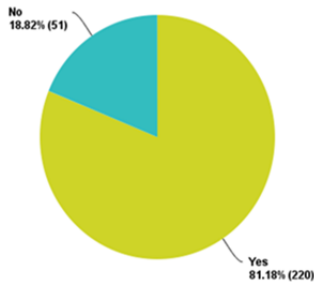
Does your insurance determine where you get your health care?

Answered: 271 Skipped: 12



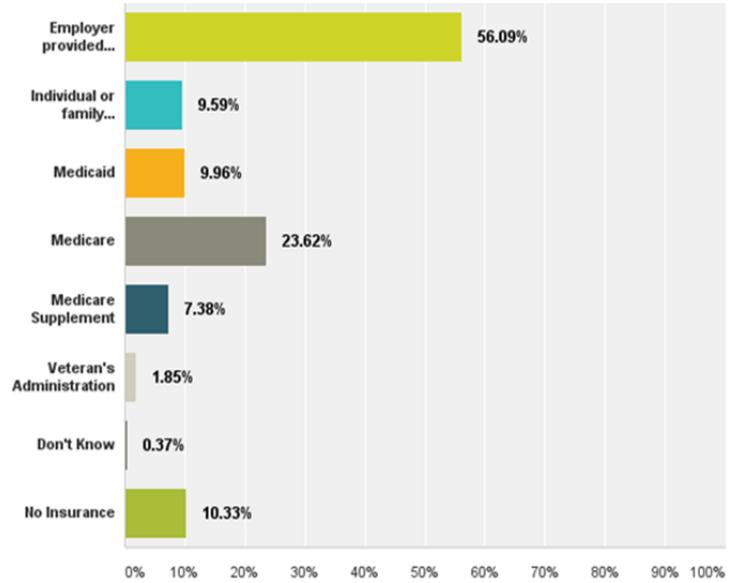
Do you have a personal or primary care physician?

Answered: 271 Skipped: 12



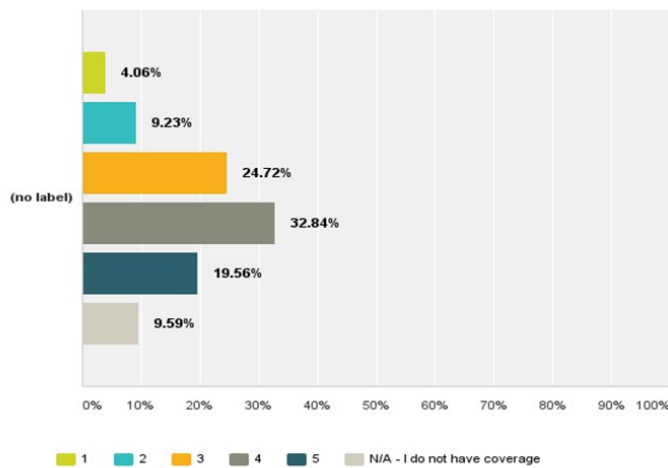
What kind of health coverage do you have? (Please choose all that apply)

Answered: 271 Skipped: 12



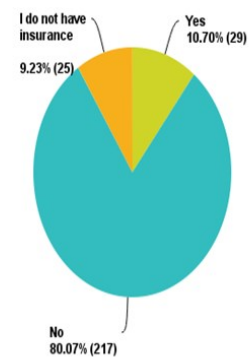
How well do you understand your health care coverage? (On a scale of 1 to 5 where 1 represents 'Not at all' and 5 represents 'I understand my coverage', please select the number that most adequately reflects your understanding of your coverage.)

Answered: 271 Skipped: 12



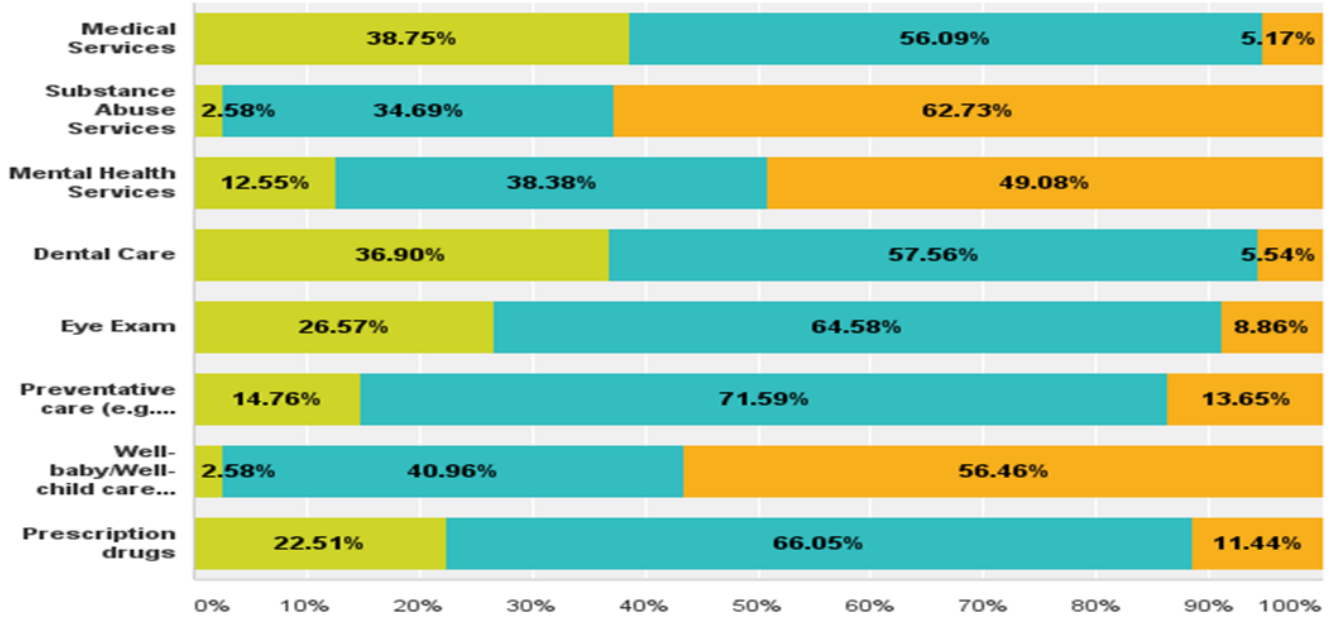
If you have health insurance, do you have trouble finding a provider?

Answered: 271 Skipped: 12



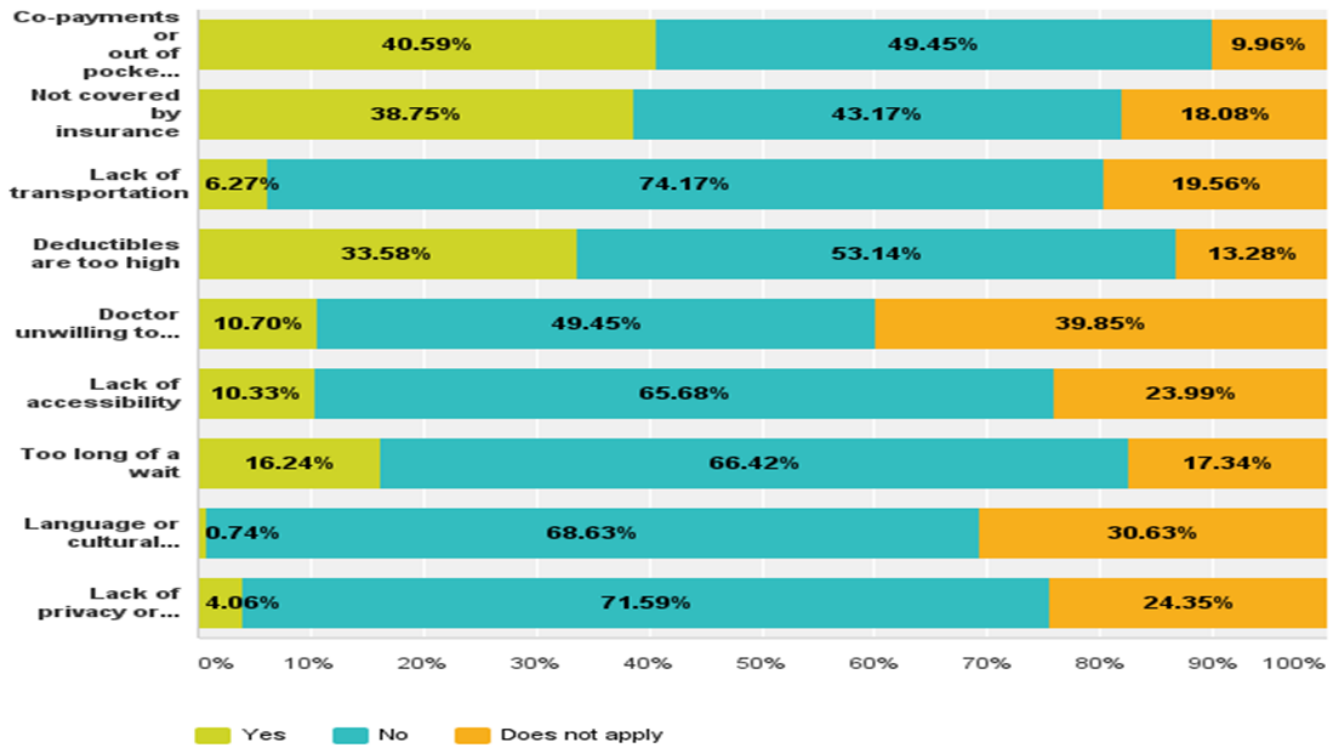
In the past 12 months, have you decided to not use any of the following services because of out-of-pocket (personal) costs? (Please provide an answer for each service)

Answered: 271 Skipped: 12



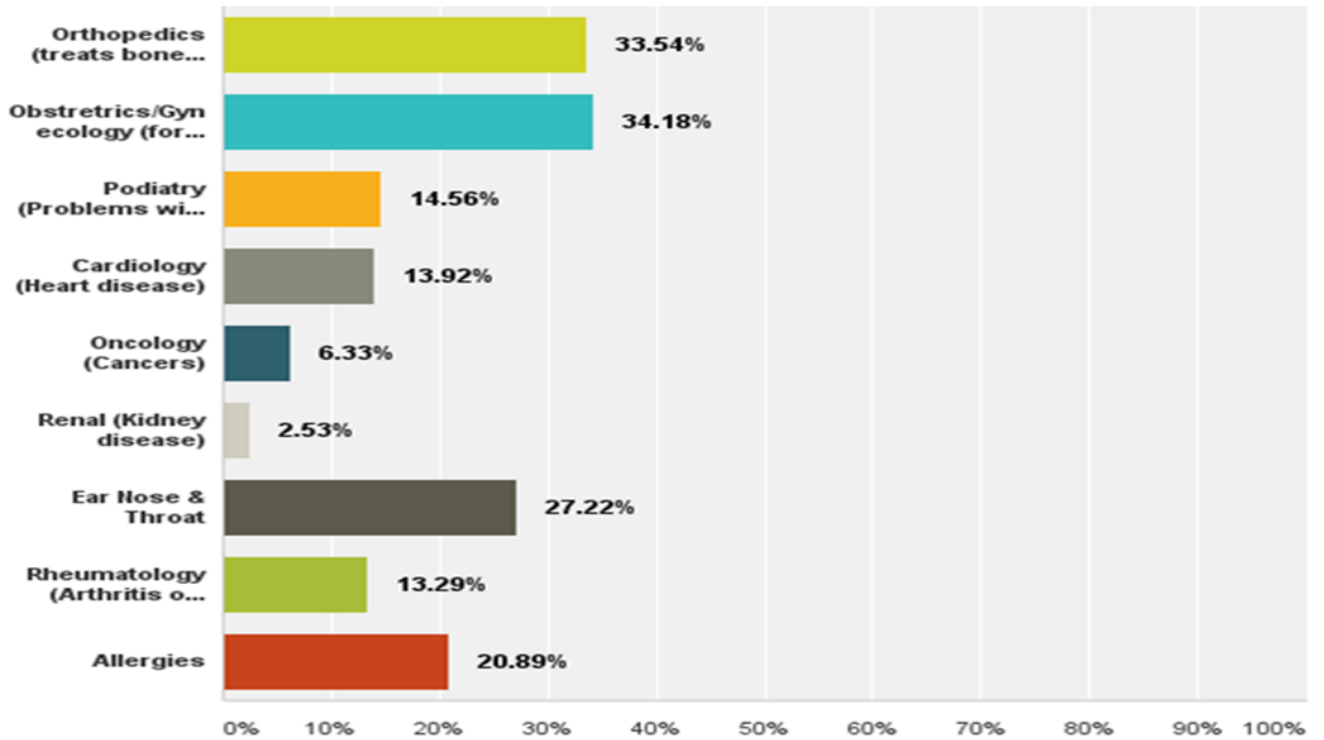
Do any of the following prevent you or any member of your household from getting health care? (Please provide an answer for each service)

Answered: 271 Skipped: 12



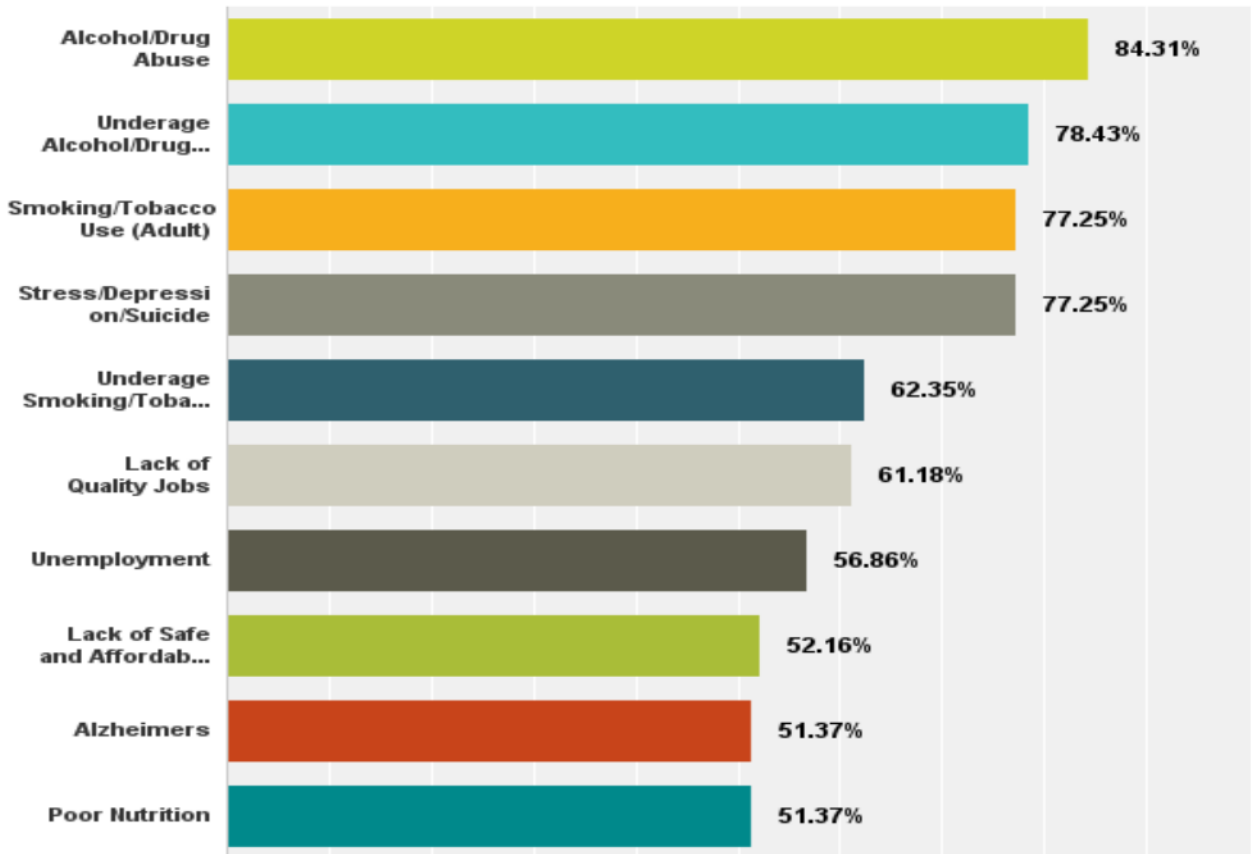
In the last year have you sought care or services from the following: (Please select all that apply)

Answered: 158 Skipped: 125

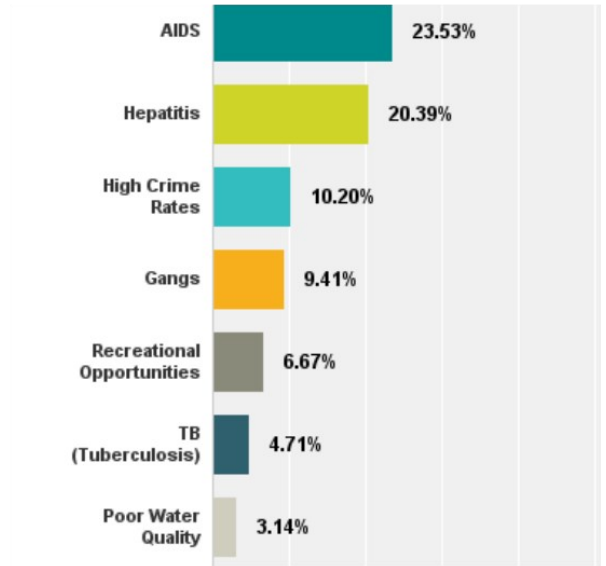
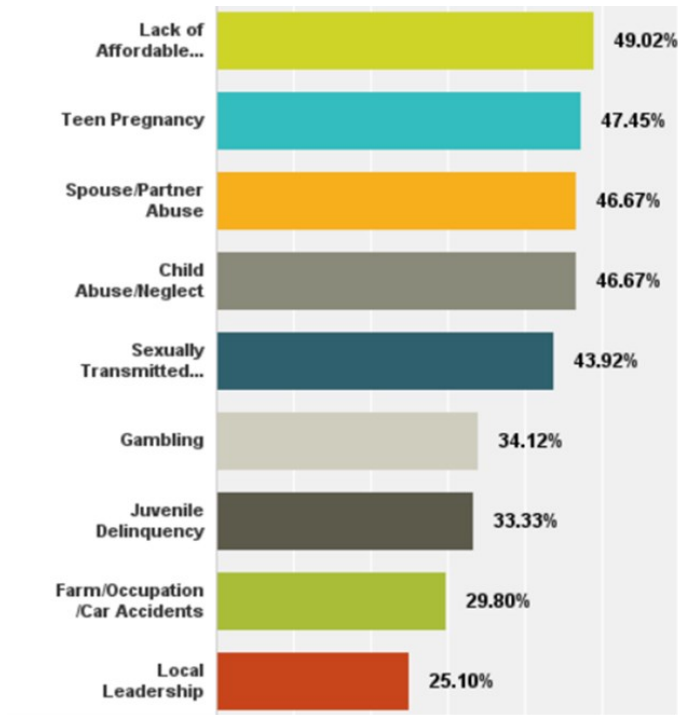


Quality of Life Issues

Respondents listed the following as serious problems in our community.



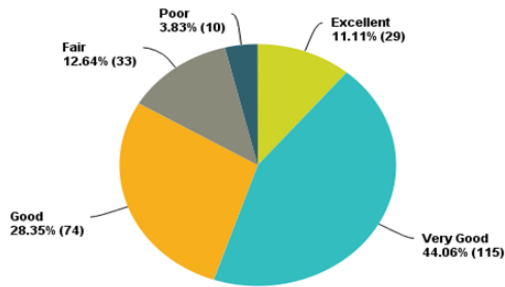
Responses to Quality of Life Issues, continued



Health Behavior

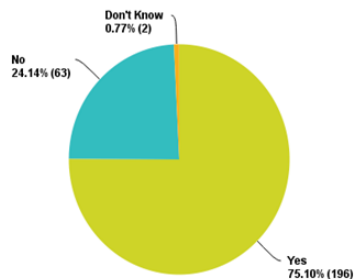
How would you rate your overall health?

Answered: 261 Skipped: 22



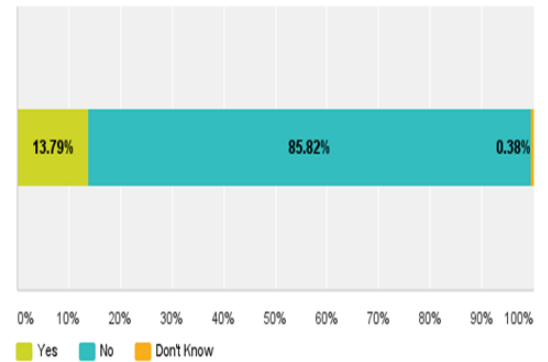
Do you exercise (run, walk, aerobics, etc.) regularly? (regularly means at least 20 minutes, 3 or more times a week)

Answered: 261 Skipped: 22



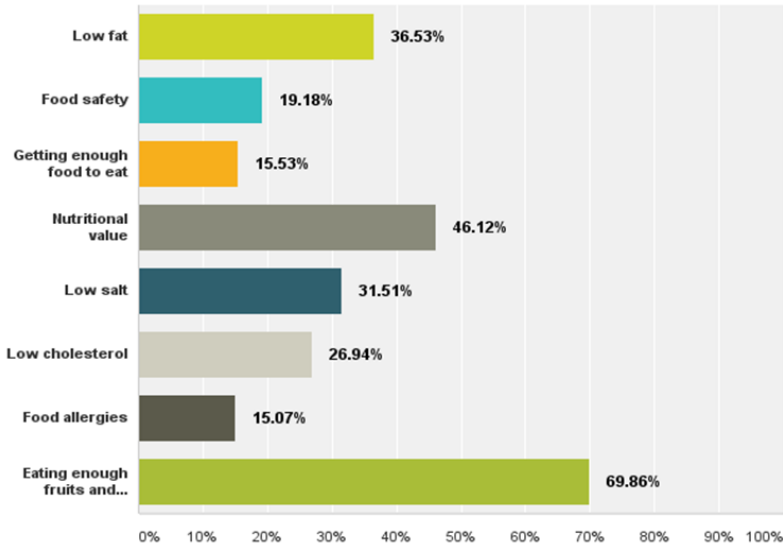
Do you currently smoke cigarettes, or use smokeless chewing tobacco?

Answered: 261 Skipped: 22



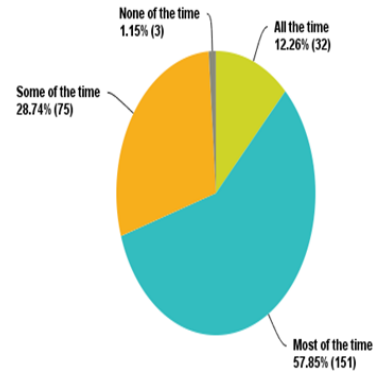
Which of the following are major dietary concerns for you and your household? (Please select all that apply)

Answered: 219 Skipped: 64



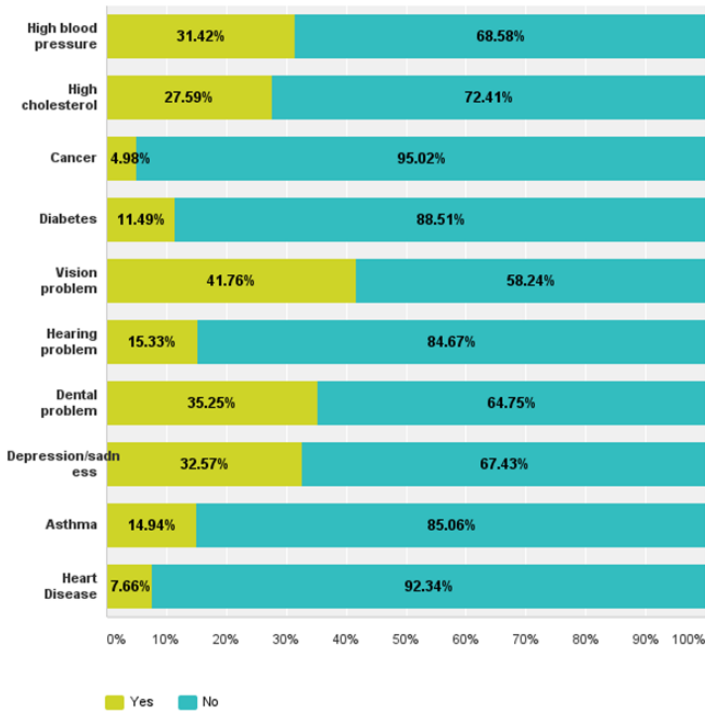
How often do you eat a healthy diet (healthy means low in fat and cholesterol, high in vegetables and fruits)?

Answered: 261 Skipped: 22



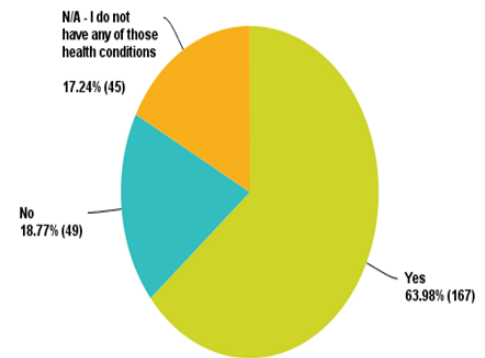
Please answer yes or no if you have the following health conditions.

Answered: 261 Skipped: 22



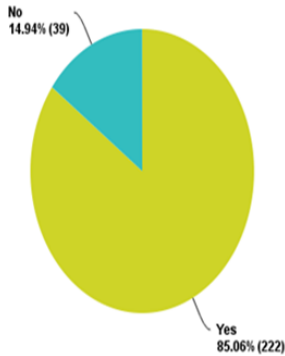
If yes to any of the above, are you currently under the care of a doctor for the condition(s)?

Answered: 261 Skipped: 22



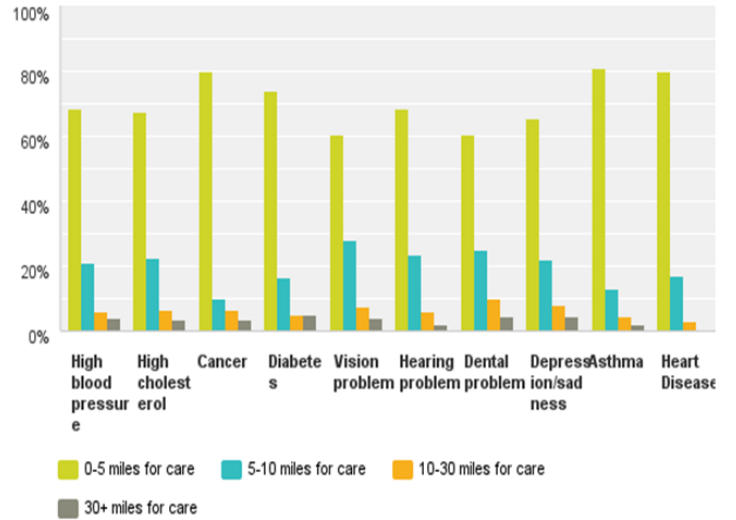
In the past 12 months, have you seen a physician for routine check-up or health problem?

Answered: 261 Skipped: 22



How far do you drive or travel for care for each condition?

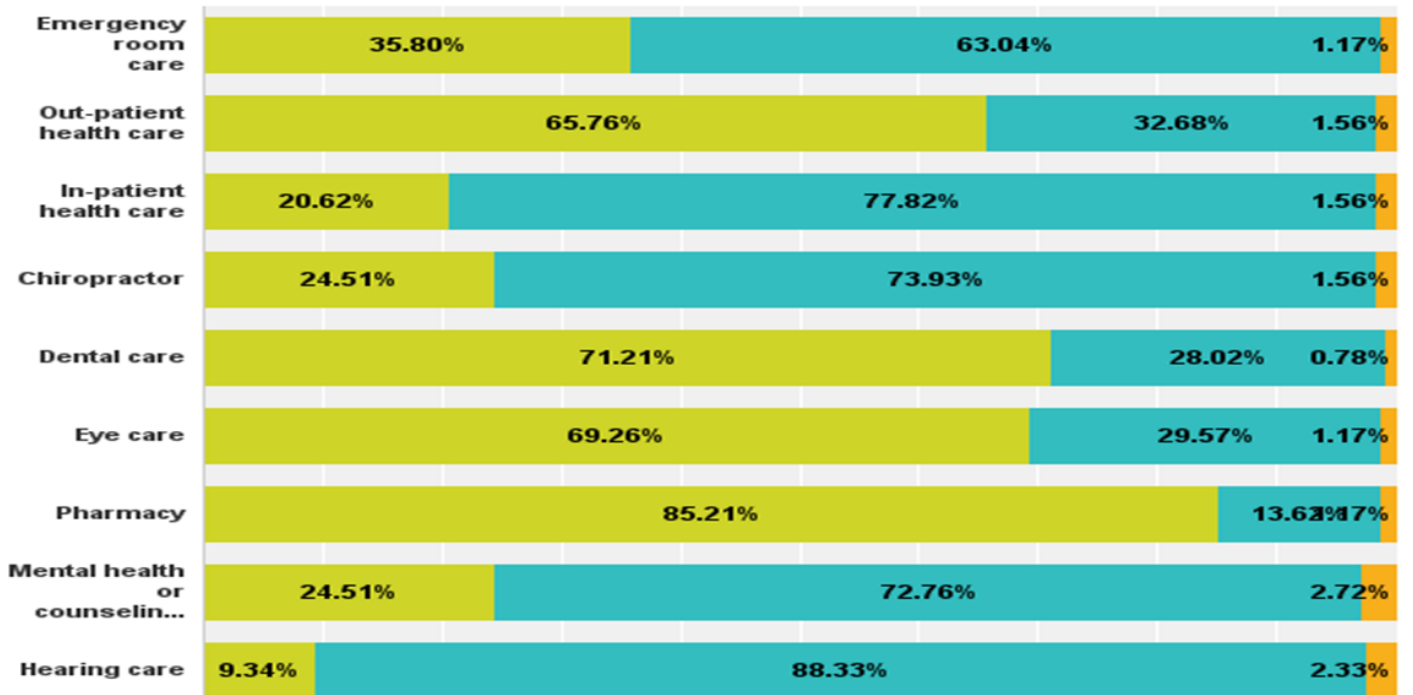
Answered: 261 Skipped: 22



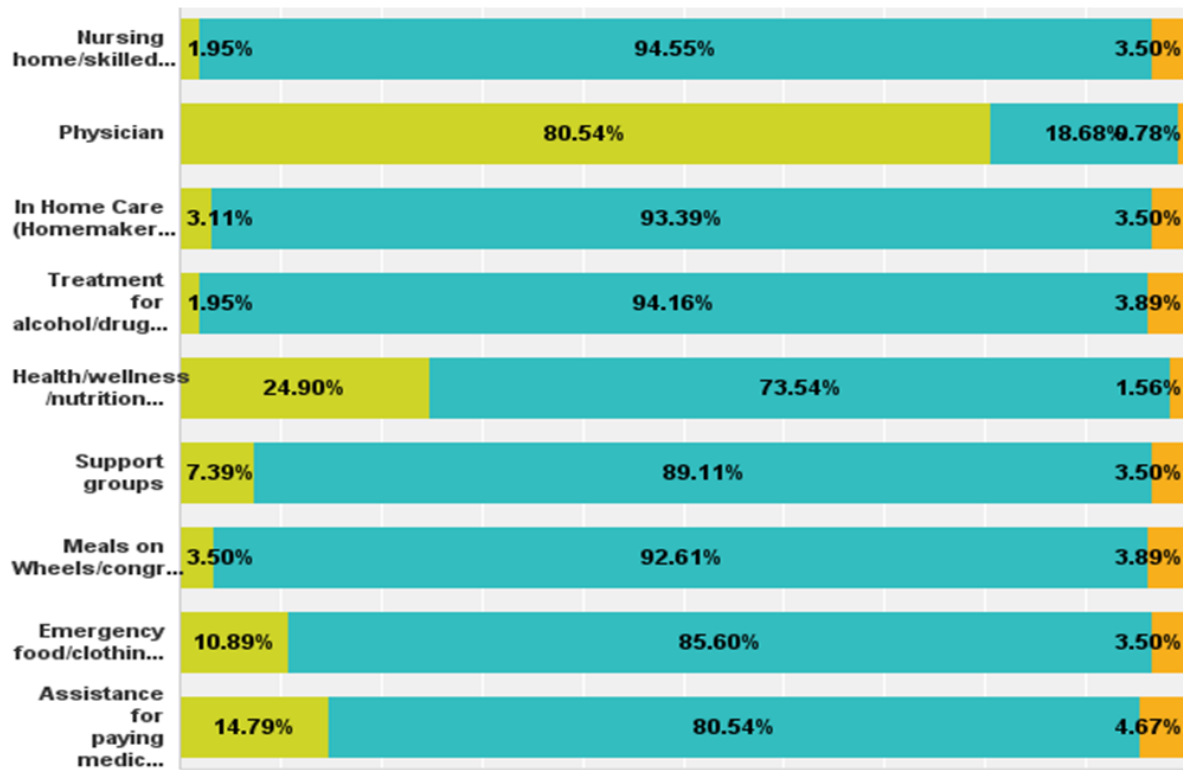
Health Services

For the following services, please indicate if in the past 12 months you or a member of your household used any of the services. (Please select all that apply.)

Answered: 257 Skipped: 26



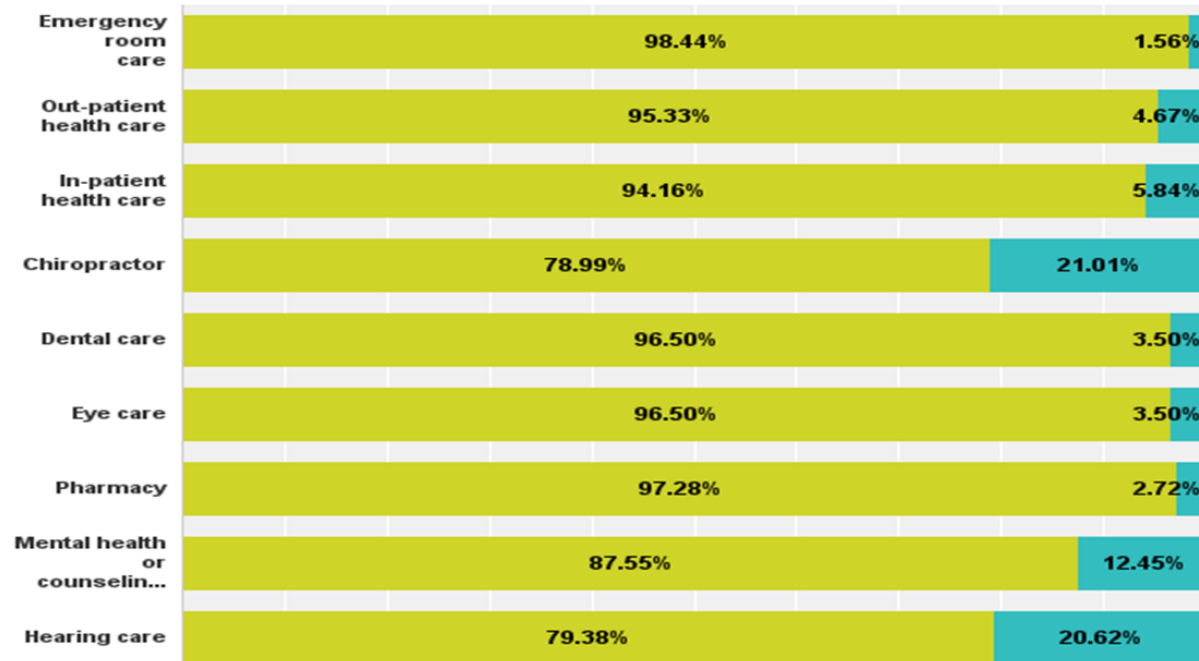
For the following services, please indicate if in the past 12 months you or a member of your household used any of the services. (Please select all that apply.)



Yes No Don't Know

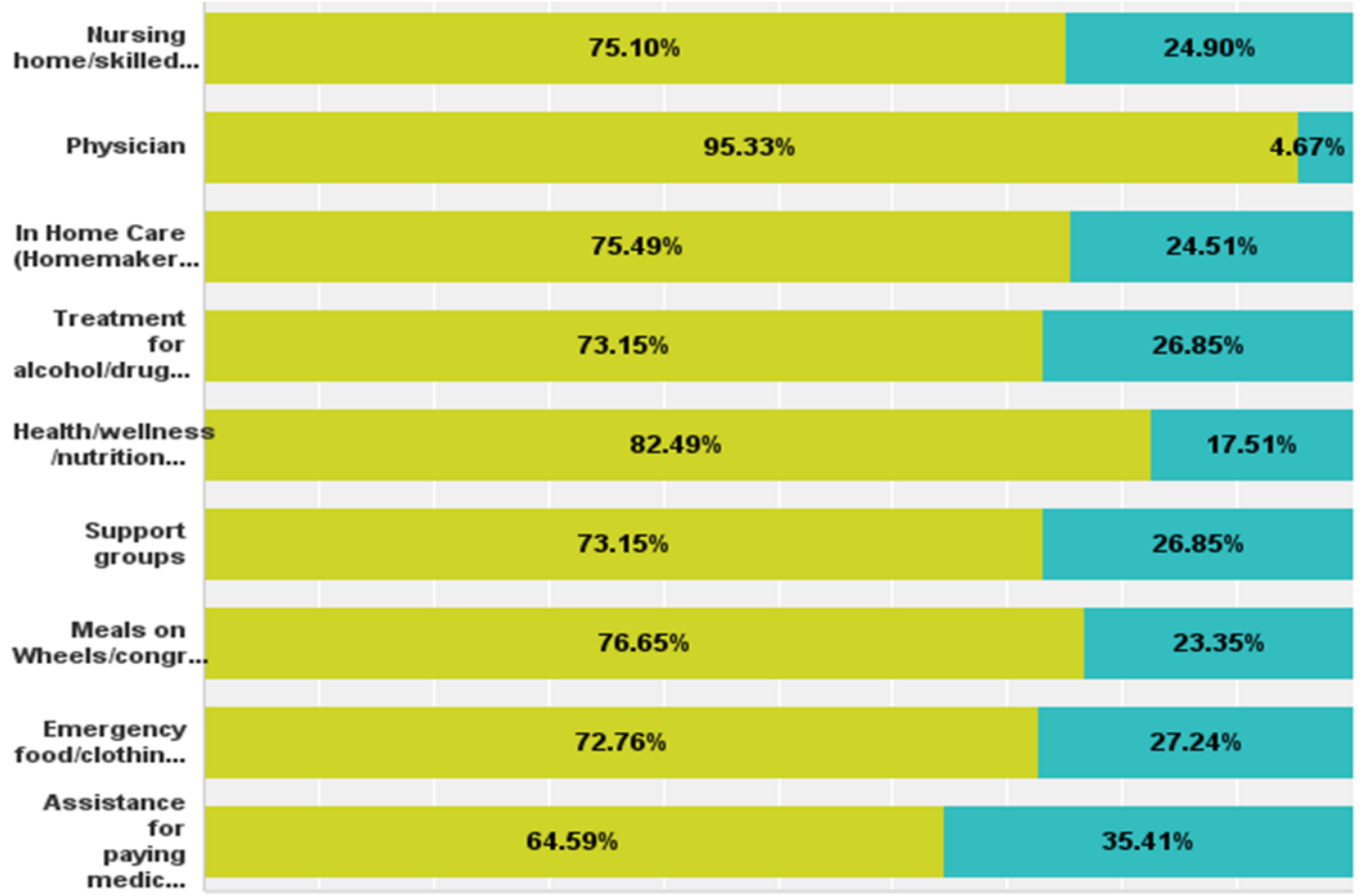
Would you know where to go for the following services?

Answered: 257 Skipped: 26



Yes No

Would you know where to go for the following services?



■ Yes ■ No