# Table of Contents

Introduction ............................................................................................................................................
2014 CHA Work Group Members ...........................................................................................................
Terms and Acronyms ..............................................................................................................................

**Community Profile** ............................................................................................................................
Location & Geography ..............................................................................................................................
Population ................................................................................................................................................
Socio-Cultural Environment ....................................................................................................................
Education ..................................................................................................................................................
Economics ..................................................................................................................................................
Housing ......................................................................................................................................................

**Key Health & Community Resources** ............................................................................................... 
Governance ................................................................................................................................................
Health & Social Services ...........................................................................................................................
Public Safety ............................................................................................................................................... 
Emergency Preparedness ...........................................................................................................................
Transportation ...........................................................................................................................................
Recreation ..................................................................................................................................................
Religious Institutions ............................................................................................................................... 

**Health Profile** ........................................................................................................................................
Introduction: County Health Rankings ....................................................................................................
Access to Health Care ..............................................................................................................................
Air Quality ................................................................................................................................................
Alcohol Use & Abuse ............................................................................................................................... 
Alzheimer’s & Other Dementias ................................................................................................................
Animal Bites ...............................................................................................................................................  
Asthma ........................................................................................................................................................
Birth Weight ............................................................................................................................................
Cancer ........................................................................................................................................................
Child Abuse & Neglect .............................................................................................................................
Dental Care ................................................................................................................................................
Diabetes ....................................................................................................................................................
Disabilities ................................................................................................................................................
DUIs ............................................................................................................................................................
Food Safety ................................................................................................................................................
Food Security .............................................................................................................................................
Homelessness ............................................................................................................................................
Hospital Readmission Rates ......................................................................................................................
Illegal Drug Use .........................................................................................................................................
Immunizations ..............................................................................................................................................
Table of Contents continued

Infectious Diseases .................................................................
Leading Causes of Death ............................................................
Mental Health ...........................................................................
Nutrition ...................................................................................
Obesity ......................................................................................
Physical Activity ........................................................................
Prescription Drug Abuse ...........................................................
Radon ..........................................................................................
Seatbelt Use ............................................................................... 
Sexual Behavior .........................................................................
Sexually Transmitted Diseases ....................................................... 
Suicide .........................................................................................
Tobacco Use ............................................................................... 
Vital Statistics ...........................................................................
Water Quality — Aquifer ..............................................................
Water Quality — Surface Water ....................................................

Community Input ........................................................................

Health Inequities ......................................................................
Urban American Indian Population .............................................

Urgent & Emerging Issues ...........................................................
Aging Population ........................................................................
Climate Change .........................................................................
Poverty in Young Adults & Young Families .................................

Data We Wish We Had ................................................................

Appendix 1: Community Resources
Appendix 2: Focus Group Questions
Appendix 3: Missoula County Health Survey Results
Introduction

One-page letter from Ellen on behalf of the CHA Work Group
The following people and organizations 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, supports, and challenges in Missoula County.

Carol Bensen, St. Patrick Hospital
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, St. Patrick Hospital
Kim Mansch, Partnership Health Center
Mary Windecker, Community Medical Center
Merry Hutton, St. Patrick Hospital
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Susan Kohler, Missoula Aging Services

The following people served as resources during the process:

Alla Kirilovich, Planned Parenthood
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
Tanell Broncho, Missoula Indian Center
Planned Parenthood staff
The world of data can be confusing. It has a vocabulary of its own. So does the world of health and community data. Both fields use many, 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.

**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.

Notes about the data:

**Sources** for the graphs and tables are listed in the caption directly under each one. There will also be a web link in each caption that takes you to the website where the information came from. 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 that work on that topic.

**US Census** data is the source of much demographic information in this report. Census data was often found and located through the US Census program called the American Community Survey and through the online resources called American Fact Finder and US Census Quick Facts. In this report, the source will be listed as US Census, and the web link will show whether it came from Fact Finder or Quick Facts.

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

- Location and Geography
- Population
- Socio-Cultural Environment
  - Race & Ethnicity
  - Language
- Economics
  - Income & Poverty
  - Employment & Business
- Education
- Housing & Homelessness
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
Population

The US Census estimates Missoula County’s 2013 population at 111,807, the second most populous county in Montana. The state of Montana 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.)

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

Montana is predominantly white, and Missoula has a higher proportion of white residents than the state. The most significant minority population in the state are American Indians, who make up 6.5% of the Montana population and 2.9% of the Missoula County population.

While the population of Hispanic residents is very low, especially compared to the nation as a whole, the sense in most agencies is that this population is growing.

Resources
American Fact Finder 2012 Missoula County Narrative Report: http://factfinder2.census.gov/faces/tablesservices/jsf/pages/productview.xhtml?pid=ACS_12_1YR_NP01&prodType=narrative_profile


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)

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.


Resources
Missoula County Rural Initiatives: http://www.co.missoula.mt.us/mccaps/
City of Missoula: http://www.ci.missoula.mt.us/1303/Explore-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% 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 35 program areas. In spring 2014, 2,087 students attended Missoula College.

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

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.

Resources

Enrollment numbers from University of Montana, Spring 2014 15th Day Enrollment Report. www.umt.edu


Missoula County has 136 childcare and preschool facilities registered with the state, 24 K-8 schools, and five high schools. October 2013 enrollment in public schools was 13,364 for the county, up from 13,255 in October 2012. The vast 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.

High school enrollment in the county as a whole has declined a bit over the past 10 years, while elementary enrollment has climbed a bit over the same time period.

Missoula County Superintendent of Schools August 2014.

Resources:
Missoula County Superintendent of Schools: http://www.co.missoula.mt.us/supschools/
Economics

Median income for Missoula County is $44,653, compared to $45,456 for Montana and $53,046. Unemployment is lower in Missoula County than in the state and nation. 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. This is the current list for 2011; this is the most recent information available on their website. The

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

The number of employees in the public sector are not tracked, but the US Forest Service, The University of Montana, and other government agencies would be on this list. When employment is calculated by industry sector, 2,073 people work in “Public Administration” out of the total of 56,675 employed people in Missoula County in 2013 — 3.7% of the work force. This would not account for all public employees in Missoula County.

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 sunk significantly. 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%.

Resources:
Poverty in American Living Wage Calculator: http://livingwage.mit.edu/places/3006350200

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 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.) 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. (USBLS Missoula County Economic Summary, July 2014.) This compares to the national average weekly salary of $1,000, or about $25 per hour.

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

This one-year snapshot from 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.

Resources
Housing

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

The 2008-2012 rolling estimates from the US Census American Community Survey provide lots of information about the current housing status of Missoula County. Here are some highlights.

The Missoula Organization of Realtors list the median sales price of a home in the Missoula urban area for 2013 as $210,000, with the 2013 national median home price was $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 is $667


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.

**Renters % of income spent on housing**

- Spending < 25% of income on rent: 21.3%
- Spending 25-35% of income on rent: 41.9%
- Spending > 35% of income on rent: 36.8%

**Homeowners % of income spent on housing**

- Spending < 25% of income on housing: 20.5%
- Spending 25-35% of income on housing: 53.2%
- Spending > 35% of income on housing: 26.3%

Resources

2014 Missoula Housing Report, April 2014, Missoula Organization of Realtors
HomeWORD
This section summarizes the community resources that keep Missoula County running and support its citizens:

- 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.


Resources
County website
City website
Montana Secretary of State: http://sos.mt.gov/
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 the Community Resources Appendix beginning on page XX.

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

<table>
<thead>
<tr>
<th>Health Care Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Hospitals</td>
</tr>
<tr>
<td>Total Beds</td>
</tr>
<tr>
<td>Hospital</td>
</tr>
<tr>
<td>Psychiatric</td>
</tr>
<tr>
<td>Inpatient Rehabilitation</td>
</tr>
<tr>
<td>Obstetrics</td>
</tr>
<tr>
<td>Neonatal Intensive Care (NICU)</td>
</tr>
<tr>
<td>Federally Qualified Health Centers</td>
</tr>
</tbody>
</table>

Dental numbers come from Partnership Health Center.

<table>
<thead>
<tr>
<th>Dental Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentists</td>
</tr>
<tr>
<td>Offices that accept Medicaid</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Mental Health Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Treatment</td>
</tr>
<tr>
<td>Outpatient Treatment Centers</td>
</tr>
<tr>
<td>Inpatient Addiction Treatment</td>
</tr>
</tbody>
</table>

Sources:
Put anything here? Websites for these providers?
Health & Social Services continued

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

<table>
<thead>
<tr>
<th>Services for Older Adults</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Homes</td>
<td>4 with 413 beds (includes memory care beds)</td>
</tr>
<tr>
<td>Nursing Home Memory Care Services</td>
<td>1 with 34 beds</td>
</tr>
<tr>
<td>Assisted Living Facilities</td>
<td>20 with 684 beds (includes memory care beds)</td>
</tr>
<tr>
<td>Assisted Living Memory Care Services</td>
<td>122 beds</td>
</tr>
<tr>
<td>Adult Respite Care</td>
<td>7 facilities</td>
</tr>
<tr>
<td>Adult Day Care</td>
<td>4 facilities, including 2 memory care facilities</td>
</tr>
</tbody>
</table>

Public Health Direct Services
July 2013–June 2014

| Maternal Child Health Home Visiting Program | 1015 clients |
| Nurse Family Partnership Home Visiting Program | 94 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 |

Numbers for older adults come from Missoula Aging Services.

SHOULD WE ADD PHC PATIENTS SEEN TO THIS SECTION, RATHER THAN ACCESS TO HEALTH CARE?

Sources:
Put anything here? Websites from these providers?
The safety of Missoula County residents is protected and supported by a full list of public agencies and departments:

- Law enforcement
  - City of Missoula Police Department
  - Missoula County Sheriff’s Department, including Search and Rescue
  - Montana Highway Patrol
  - 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
  - Long-term juvenile detention center
  - County jail for men and women
  - State regional prison

The crime index is one way to get a snapshot of the overall safety of an area. The crime index measures the seven most serious crimes: homicide, rape, robbery, aggravated assault, burglary, larceny, and motor vehicle theft. Violent crimes include homicide, rape, aggravated assault, and robbery. Property crimes include burglary, larceny, and motor vehicle theft.

The crime index is divided into the categories of Violent Crimes and Property Crimes for the years of 2009-2013. Missoula County has had consistently lower violent crimes and property crimes than the US, but slightly higher than the state of Montana from 2009 through 2012. Although national data is available at the time of this publication, Missoula had slightly lower violent and property crimes than the state of Montana in 2013.

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

**Sources:**
Missoula County Detention Center: http://www.co.missoula.mt.us/detention/
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 Sheriff
- 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 other public sector, private sector, and nongovernmental organizations have an obvious role in responding to local emergencies. The EOP establishes agency relationships, legal authority and responsibility to act under various conditions, policy guidance, and organizational details.

The Missoula County EOP designates MCCHD to be the lead agency in coordinating emergency public health and medical services, including 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, 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: http://www.co.missoula.mt.us/oes/
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 special events 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 Services, 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 (CHECK) airlines
- Limited taxi services and MediCab

Mountain Line routes primarily run in the City of Missoula, although they stretch to the airport on the west end of the routes 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 City of Missoula’s riding the bus to work is low compared to the average of the nation as a whole, but growing. Biking and walking commutes have been significantly higher than the nation for the past 15 years.

HP 2020 goals for transportation to work are .6% for bicycling, 3.1% for walking, and 5.5% for mass transit, which means Missoula is doing very well in this regard.
Transportation continued

A critical piece of the Missoula public transportation scene is the system of bike lanes and bike and walking paths. The Missoula community actively advocates for making trips by bike and foot, led by Missoula In Motion, part of the City of Missoula’s Transportation Division. The goal of Missoula in Motion is to reduce traffic and improve air quality by encouraging all kinds of alternative transportation, including carpooling and bus use.

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. (Missoula in Motion)

Missoula in Motion has also conducted its own bike and pedestrian counts in the Missoula urban area in 2011 and 2013. The 2013 count showed a 13% increase in bikes, a 5% increase in walkers, and a 22% increase in other forms of active transportation, such as skateboards and scooters. (Missoula in Motion)

The Missoula urban area also shows a decrease in trips taken by cars. Average annual daily trips plateaued in 2009 and have moved downward in subsequent years.

**Resources:**
Missoula in Motion,
Recreation

Missoula County residents enjoy a wealth of recreational opportunities. Many of these opportunities are cultural and educational — adult education, theater, visual arts shows and classes, open mike nights, interest groups — and other opportunities pure 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 recreation is readily accessible. The Clark Fork River, Bitterroot, Blackfoot, and Clearwater rivers run through the county, and the Rattlesnake Wilderness Area 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 Recreation manage, preserve, and work to expand open land for recreation for Missoula County residents.

Sources:
Map from Missoula Parks & Recreation, http://www.ci.missoula.mt.us/157/Parks-Recreation
Recreation continued

There is also 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.

For children and youth, the YMCA is a cornerstone organization that offers low-cost opportunities for organized sports, swim lessons and swim team, climbing gym, gym access, and school vacation activity programs, and camps. The YMCA provides discounts and scholarships to families who need them and also runs the Active 6 program, which provides free YMCA membership to every sixth grader in Missoula County, along with free public transportation, after-school activities, and other perks. 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 oversees much of the community’s recreational capital. This list comes from the Missoula Parks & Recreation website.

- 400+ acres of parkland
- 22 miles of trails
- 1.5 mile prescription trail, in collaboration with Community Medical Center
- 3,300 acres of conservation lands
- 1,400 acres of protected lands via conservation easements
- 55 to 70 elk
- Thousands of participants in recreation programs
- More than 1,000 daily swims
- $106 per year per household cost to taxpayers

Missoula in Motion provides this list of Missoula County active transportation and recreation infrastructure.

- Sidewalks — 396 miles, with 219 miles missing
- .5 mile cycle track
- 31 miles of bike lanes
- 11 miles of bike routes
- Over 90 miles of trails of all types. Upcoming construction on the trail from Missoula to Lolo will create 45 continuous miles of trails through the Missoula and Bitterroot valleys

Resources
Religious Institutions

Missoula has a 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 Alliance and Imagine Missoula. 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 affiliated with a particular religion. If that holds true in our region, in 2014 the percentage of unaffiliated adults is probably higher than these numbers show.

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.

Resources
http://www.pewforum.org/2010/02/17/religion-among-the-millennials/

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 the listing of 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.
Access to Health Care

Health care is expensive. Access to health care essentially requires the ability to pay for health care. 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.

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.

The US Dept. of Health and Human Services, Planning and Evaluation branch reports that about 50,716 Montanans enrolled for health care coverage as of month? 2014.


Need Source (I got this from Missoula Measures)

Resources
Affordable Care Act:
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 demand for PHC services can give some idea of the population who find it difficult to access health care in the community.

Usage data over time form PHC.

PHC info needed

Partnership Health Center 2014.

Resources:
Partnership Health Center: http://www.co.missoula.mt.us/PHC/
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 naturally occurring wildfires, wood stoves, and outdoor burning. Missoula County’s programs to monitor air quality and regulate burning have led to significant improvement in the outdoor air quality over the years.

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 great that 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.

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. A woodstove exchange program replaced old woodstoves with more efficient woodstoves, with significant improvements in air quality.

Resources
MCCHD Air Quality Division. http://www.co.missoula.mt.us/airquality/
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.

In a 2012 American Campus Health Association survey of students on the UM campus, about 82% of the student respondents reported that they drink alcohol. When asked how many drinks they had the last time they socialized, 77% of males answered that they consumed seven or more drinks.

Resources


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 XX.) 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 between 50 and 80% between now and 2025. Alzheimer’s Association estimate that 18,000 Montanans are living with Alzheimer’s 2014; they estimate that number at 27,000 in 2025.

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.


Resources
Alzheimer’s Association:
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, based on population size, 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.

Sources:
All data from US Census QuickFacts, www.quickfactscensus.gov
Asthma

Asthma is a particular concern in Missoula County, with the winter air inversions that cause high particulate levels in the air and wildfire smoke hanging in the valley many summers. Montana’s asthma triggers are different than the triggers of big cities. We do have good resources to address asthma — medical care, the Air Quality Program at MCCHD, and the Montana Asthma Program home visiting nurse for children.

Asthma data is collected by region in order to compare our small population. The data included below is for Region 5, the northwest corner of the state, which includes Missoula County.

The incidence of asthma has grown nationally, as well as in Montana. It has grown faster in Missoula County’s northwest region of 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, and that 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.

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.

Resources
Montana DPHHS Asthma Control Program: http://www.dphhs.mt.gov/publichealth/asthma/index.shtml
American Lung Association What’s the State of Your Air?

![Prevalence of current asthma in Adults (18+)](image)

![Asthma Diagnoses from Hospital & Emergency Dept. Discharges](image)
Babies born too early, or too sick, or to a mother who is not healthy herself are often babies with low birth weight. Babies born with a low birth weight are more likely to have a host of physical and mental health issues, and their early lives often require much specialized health care intervention.

Montana and Missoula County have consistently shown similar rates of low birth weight 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)

Resources:
Montana Chapter of the March of Dimes: http://www.marchofdimes.org/montana/

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.

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)

Resources
Healthy People 2020: http://www.healthypeople.gov/2020/topics-objectives/topic/cancer
Montana Cancer Control Programs: http://www.dphhs.mt.gov/publichealth/cancer/
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, prevent domestic violence, 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.

Abuse and neglect cases spiked in 2011 and went down in 2013. As of September, there have been 445 children involved in abuse and neglect reports in 2014, with legal intervention required for 65.

The numbers of children in foster care are growing rapidly. In 2011, a disproportionate amount 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.

Resources
Dental Care

The US Department of Health and Human Services designates Health Professions Shortage Areas in primary, dental, and mental health care. Areas are ranked on the basis of provider ratio, 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. 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 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 — 30.46%, compared to 35.56% for the state. (PHC)

Resources
Partnership Health Center: http://www.co.missoula.mt.us/phc/
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 2 to 4 times, and is a leading cause of kidney failure, lower limb amputation, and adult-onset blindness. Diabetes complications are costly, to households and to public systems.

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%.

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

Resources:

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 measured values of dioxin in soil in Montana, which may be due to past industrial emissions and burning. Elevate 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)


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, from 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 Board)

Resources
Environmental Protection Agency: http://cfpub.epa.gov/ncea/CFM/nceaQFind.cfm?keyword=Dioxin
MCCHD Water Quality Advisory Council: http://www.co.missoula.mt.us/healthadvisory/waterquality/
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 XX for 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)

Resources:
US Census disability information: www.census.gov/people/disability
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%.

Resources:
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. (Missoula County DUI Task Force)

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% where 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: Data is only available through 2011.

Resources
All information from Missoula County DUI Task Force, http://www.co.missoula.mt.us/HealthPromo/DUITaskForce/index.htm
Food Safety

In Missoula County, food safety in licensed establishments is monitored by the Environmental Health Division at MCCHD, as required by Montana law. Licensed 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. But the public health consequences are much more severe when the illness is spread to many people at a public eating place, rather than to just a few people in a private home.

Inspections are scheduled regularly and are also done when new food businesses open or change owners, for special events, and to follow up on problems. Fewer inspections requiring follow-up inspection mean that the establishments are understanding the public health and safety issues and doing a good job of running their operations in a way that prevents contamination.

Critical violations, although they sound severe, are often simple to fix and don’t always require follow-up from an inspector. However, more than four critical violations noted in an inspection is a red flag for a food business that needs to be educated about food safety, make changes, and get follow-up inspections. Numbers of critical violations also seem to be slowly moving down.

Resources
Missoula City County Health Department, Food Service. http://www.co.missoula.mt.us/envhealth/Licest/Food/ Food%20Main/foodindex.htm. Includes list of all licensed establishments.
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. Has two official “food desert,” an area without ready access to full-service grocery stores, in East Missoula and the area from Desmet School to the airport. (Let’s Move! Missoula)

However, 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.

Resources
Missoula Food Bank: http://www.missoulafoodbank.org/
Montana Food Bank Network: http://mfbn.org/
Homelessness

Missoula County, and in particular the urban area, has an obvious homeless population. It also has an invisible homeless population. Missoula also 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. The group is working to help Missoula move towards a model of care known as “Housing First,” which directs resources to help people maintain or establish permanent housing rather than enter shelter housing. (United Way Reaching Home Program)

Point-in-time surveys have been in January each year since 2006 in Montana. In 2014, the survey located XXX 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.

Important points from the 2014 survey:
- 46% of respondents were Missoulians, and 30% were from other Montana communities.
- 57% were men and 43% were women.
- 72% were white, and 15% were American Indian.
- 48% had a high school diploma or GED, and 23% had attended at least some college.
- The average age was 39.
- 52% were by themselves and 48% were in groups, either of families or friends.
- When asked what would most help them secure permanent housing, 42% said “job.”


Resources:
United Way Reaching Home Program: http://www.missoulunitedway.org/reachinghome
Poverello Center: http://thepoverellocenter.org/home.aspx
Family Promise: http://familypromisemissoula.net/
Hospital readmission rates help hospitals monitor their quality of care. They also help the community understand how effectively outpatient services in the community support people recently released from the hospital.

Need trend data (going back several years) and comparison data to state, nation. If applicable, need goals or standards.

Resources:
Source

Caption

NO DATA RECEIVED
Illegal Drug Use

Drug use — marijuana and illicit drugs, in addition to alcohol — tie into many other issues in this report: impaired driving, the crime index, mental health, suicide, and several other issues. 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 available at a level that sheds any light 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://www.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.


Resources
Source
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)

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 to “noninstitutionalized adults 65 and over” is 90%.

Resources


Missoula County CHA
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 in some people. When left untreated, it can lead to cirrhosis of the liver, liver cancer, and eventually death. The number of Hepatitis C cases is thought to be significantly higher than the number that is actually reported.


Resources
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. 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)
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.

It is important to note that mental health and physical health are closely 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.

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 much 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.

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.

Resources:
Western Montana Mental Health Center: http://wmmhc.org/missoula


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 how health we eat in Missoula County. The best insight at this point comes from the self-reported eating habits captured in the YRBS surveys of youth eating habits, which provide information specific to Missoula County. The following table gives a very basic breakdown of the information. The YRBS surveys include much more detailed information on eating habits. By the measures below, Missoula County and Montana high school students seem 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 not possible to compare vegetable-eating habits of Missoula County high schoolers to the state and nation. 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.


Resources
USDA: http://www.nutrition.gov/smart-nutrition-101/healthy-eating
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 seem to be slowing down, especially for children. But there are still way too many people in our community who are adults, putting them at much higher risk for health issues including diabetes, hypertension, heart disease, arthritis, and some types of cancer. It is projected that Montana will see these diseases in much higher numbers in the coming years, at great personal and financial cost. 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 seem to be stabilizing 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 12-19. (HP 2020)


Resources
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 on 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. September 2014.)

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

From 2008–2012 there were no significant changes in the prevalence of combined overweight and obesity. In 2013–2014, there was a 4% decrease in combined overweight and obesity, but no change in obesity. (Let’s Move! Missoula and MCCHD.) The HP 2020 goal for this age group is to reduce to 15.7% the number of obese 6 to 11 year olds.

Resources
Missoula City-County Health Department. http://www.co.missoula.mt.us/healthpromo/ActiveKids/index.htm
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. But 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 do no leisure-time physical activity. The HP 2020 goal 32.6%, which we are below at this point.

In addition, 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.

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

Resources
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 prescription pain medications are widely prescribed and are then 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.)

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.


Sources:
Substance Abuse and Mental Health Services Administration (SAMHSA). http://samhsa.gov/data/NSDUH.aspx
Missoula Forum for Children and Youth: http://www.missoulaforum.org/

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 byproducts created during this natural process are a 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 right in the red, 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.

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.

Sources:
MCCHD Environmental Health: http://www.co.missoula.mt.us/EnvHealth/IndoorExposures/Radon/rindex.htm
EPA: http://www.epa.gov/radon/index.html
Radon and You: A Publication of the Montana Bureau of Mining and Geology

MCCHD. Radon Levels in Missoula County: An Updated Study, December 15, 2011. This is the most recent data available that is specific to Missoula County.
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 goal. (Buckle Up Montana Missoula County) The HP 2020 objective for seat belt use is 92%.

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 fewer non-seatbelt-wearers than the national rate: 7.26% of high school passengers report that they never or rarely wear their seatbelts, and 5.3% of drivers.

In addition, 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.)

Resources


Sexual Behavior

It is very 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 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 15 to 19 years olds of 33.8 per 1,000. This is lower than the overall Montana rate of 46.2 per 1,000 for the same time period. For a rough comparison, in 2010 the US teen birth rate was 34.3 per 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. We would have to break down the statistics further to know where we stand. (HP 2020)

Missoula County high school students’ rate of reported condom use is generally lower than state and national averages. In 2013, 24.1% of Missoula high schoolers reported using a condom the last time they had sex, compared to 38.5% of high school students in Montana and 40.9% of students in the US as a whole.

The HP 2020 objectives condom use is to increase condom use in girls 15 to 19 to 55.6%, and boys’ use 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 question about whether students used condoms the last time they had sex.

Resources
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)

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.

Resources:
MCCHD Infectious Disease Program: http://www.co.missoula.mt.us/healthservices/InfectiousDisease/
DiseaseReporting.htm
Montana DPHHS Communicable Disease Epidemiology: http://www.dphhs.mt.gov/publichealth/cdepi/
Suicide

Suicide is a major problem in Montana. In every year since statistics have been kept, Montana has been 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 county-level suicide rates shows the high levels per 100,000 population throughout all of Montana and Wyoming, the two states tied for the worst suicide rates in the most recent national data. (Missoula Suicide Prevention Network)

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 than men, but men complete suicide three times more than women. This is because they use more lethal means, particularly firearms. (Missoula Suicide Prevention Network)

The HP 2020 objective is to reduce the suicide rate to 10.2/100. We have a long way to go.


Missoula Suicide Prevention Network. MCCHD. August 2014.
Missoula Suicide Prevention Network. MCCHD. August 2014.

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.

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. And 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 who have seriously considered suicide as there are actual attempts.

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

Resources:

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 also contributes to premature birth, low birthweight babies, and stillbirths, and infant death. Secondhand smoke expands the risks to others. 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)

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

Resources:
American Lung Association
Quit Line
MCCHD tobacco program


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.


Resources
Water Quality — Aquifer

Discussion

Caption

Discussion

Caption

Resources:
Source
More than 1975 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 agricultural issues. 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 stormwater runoff.

Resources
MCCHD Water Quality District

2012 Surface Water Assessment of Drinking Water Beneficial Use.
This section discusses public input that was considered while creating this Community Health Assessment. Many different 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
- Our Missoula planning process for creation of City of Missoula’s 20-year growth plan
- Missoula Aging Services survey
- Neighborhood surveys?
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

Focus group questions are listed in Appendix 2. Survey results can be found in Appendix 3.

In addition, multiple processes in Missoula collected community input about community health, resilience, and wellness during 2014. We used the relevant qualitative data from these processes:

- Our Missoula listening sessions, conducted by the City of Missoula as part of preparation for a new 30-year growth plan. Our Missoula held 28 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 the 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.
- Missoula Coalition on Aging survey (IF POSSIBLE — DUE TO BE ANALYZED IN NOVEMBER)

Listening Session Themes

Because the Our Missoula listening sessions were so broad and involved so many people, they set the scene well for the smaller focus groups conducted by CHA work group member agencies. These lists are great abbreviated. For the complete lists, see the Our Missoula website listed at the bottom of the 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 has 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

Resources

Our Missoula: http://www.ci.missoula.mt.us/1748/Our-Missoula
Missoula Aging Services: https://missoulaagingservices.org/
Missoula Indian Center: http://www.micmt.com/
Focus Group Themes
Themes from St. Patrick Hospital focus groups (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

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
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 jobs 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)*
Urban American Indian Population

The most glaring health inequities in Montana usually show up in the American Indian population. Indian communities on the reservations face major problems, including unemployment, poverty, and high rates of diabetes. These communities also have many strengths, including large and supportive family systems and a strong sense of tradition and place.

We imagine that the American Indian population of Missoula County, which is concentrated in the Missoula urban area, faces some of these same issues and shares these strengths — but we don’t really know for sure. There are several reasons:

- We don’t have the data; much health tracking of American Indians happens through the Indian Health Services, and the vast majority of IHS services happen in centers on reservations.
- The American Indian population tends to be more transient in Missoula, in part because of many people’s connections to their home reservations, and in part because many people are here for higher education.
- In general Missoula County agencies do not collaborate often or well with the Missoula Indian Center or understand how Indian Health Services (IHS) works.

We learned, through personal communications and through the focus group at the Missoula Indian Center, that the one of the problems with the disconnect between Missoula health care entities and the Indian population is the difficulty in getting the overlapping and highly confusing systems to function together to allow people to access needed health services here in Missoula County. IHS regulations, requirements, and covered services are very difficult to interpret and understand, even for people who have used them their whole lives. Most health care agencies do not understand them either. The result is that American Indians in Missoula are going without the health services they need because of problems navigating the system and the fear of the overwhelming bills.

Do we want to briefly list other areas of health inequity in Missoula County?

Resources
Montana State University. Projects of the Community-Based Participatory Research and Health Disparities Core. http://www.inbre.montana.edu/projects.php
This section addresses issues that will prove critical for communities in the years ahead. These issues are not new. However, the Missoula community has not addressed them in a deliberate way across the community.

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 older 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

Alzheimer’s Disease

Alzheimer’s is discussed on page XX 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, one of which is Montana.

Resources

Missoula Senior Center. http://www.themissoulaseniormcenter.org/
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 maintaining health as we age. At this point we do not track the status of malnutrition and senior hunger in Missoula County.

Mental Health Issues
Mental health needs 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 still feels a huge stigma associated with therapy.

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.

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, over 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 for 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)
Climate Change

Whatever the reason, average temperatures are getting warmer, resulting in more extreme weather events in Montana. The National Resources Defense Council map below shows extreme weather events across the country in 2012, including wildfires, floods, record snowfall, and extreme heat. Montana has been experiencing all of them in ways not seen in our lifetimes. As one example, some 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 like the pine beetle which thrive in warmer temperatures
- Bigger precipitation events — warmer temperatures mean more evaporation, leading to the kinds of big rainfalls and snowstorms in the northeastern US
- 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 strike, 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.)

Resources


Intergovernmental Panel on Climate Change. http://www.ipcc.ch/

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 2014 in Missoula, the young experience low entry wages, job opportunities that mostly pay low wages, and high housing prices, especially related to salaries. Some have high levels of student debt. There is no advocacy group that focuses on poverty among the young.

It is difficult to find statistics that point specifically to the problem. 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 are 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.

I can’t find any data that gives an indication of low income (more what we are talking about than poverty) by age group in Missoula County — can anyone else find it?

HOW DO WE WANT TO HANDLE THIS PAGE?

US Census.

Resources
Massachusetts Institute of Technology Poverty in American Wage Calculator (http://livingwage.mit.edu/places/3006350200)
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:

- 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.
- **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.
- **Falls in older adults**, with types of resulting injuries.
- **Flu shot rates** for the overall population.
- Rates of **adults who are fully immunized**, broken down by age group.
- **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**, with age breakdowns.
# Appendix 1: Community Resources

Missoula is a county filled with nonprofit organizations, many of which have as part of their mission improving 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

<table>
<thead>
<tr>
<th>Emergency Shelter</th>
<th>Description</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverello Center</td>
<td>Temporary housing for homeless adults, clothing and food pantry, laundry and showers, meals; runs Joseph Residence program for homeless families</td>
<td>535 Ryman Street thepoverellocenter.org</td>
<td>406/728-1809</td>
</tr>
<tr>
<td>YWCA Shelter</td>
<td>Transitional housing, counseling, and skill building for women and their children</td>
<td>1130 W. Broadway ywcaofmissoula.org</td>
<td>406/543-6691</td>
</tr>
<tr>
<td>John 3:16 Rescue Mission</td>
<td>School of Christ residential program for homeless men with substance abuse issues, Women and Children's Emergency Motel Shelter Program, day center</td>
<td>506B Toole Avenue (Day Center) missoula316.org</td>
<td>406/542-5240</td>
</tr>
<tr>
<td>Salvation Army</td>
<td>Short-term emergency financial assistance, rental assistance</td>
<td>339 W. Broadway salvationarmynw.com</td>
<td>406/549-0710</td>
</tr>
</tbody>
</table>

## Emergency Food & Nutrition

<table>
<thead>
<tr>
<th>Emergency Food &amp; Nutrition</th>
<th>Description</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missoula Food Bank</td>
<td>Food distribution Monday–Friday, evening hours Monday and Tuesday Satellite locations in Lolo and Potomac</td>
<td>219 S. 3rd St. W. missoulafoodbank.org</td>
<td>406/549-0543</td>
</tr>
<tr>
<td>Poverello Center</td>
<td>Daily hot meals and sack lunches to go</td>
<td>535 Ryman Street thepoverellocenter.org</td>
<td>406/728-1809</td>
</tr>
<tr>
<td>Salvation Army</td>
<td>Short-term emergency financial assistance, clothing and food pantry</td>
<td>339 W. Broadway salvationarmynw.com</td>
<td>406/549-0710</td>
</tr>
<tr>
<td>City Foods Ministry</td>
<td>City Foods Ministries food distribution Saturday mornings</td>
<td>2811 Latimer St. clarkforkcitychurch.org</td>
<td>406/721-7804</td>
</tr>
<tr>
<td>Christian Life Center</td>
<td>Food pantry second and fourth Monday of every month</td>
<td>3801 Russell missoulachurch.com</td>
<td>406/542-0353</td>
</tr>
<tr>
<td>John 3:16 Rescue Mission</td>
<td>Continental breakfast and soup and sandwich lunches Monday–Saturday</td>
<td>506B Toole Avenue (Day Center) missoula316.org</td>
<td>406/542-5240</td>
</tr>
</tbody>
</table>
### Community Resources Appendix continued

#### Social Services

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

#### Housing Assistance

<table>
<thead>
<tr>
<th>Organization</th>
<th>Description</th>
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<td>535 Ryman Street</td>
<td>thepoverellocenter.org 406/728-1809</td>
</tr>
<tr>
<td>YWCA Shelter</td>
<td>Transitional housing, counseling, and skill building for women and their children</td>
<td>1130 W. Broadway</td>
<td>ywcaofmissoula.org 406/543-6691</td>
</tr>
<tr>
<td>John 3:16 Rescue Mission</td>
<td>School of Christ residential program for homeless men with substance abuse issues, Women and Children’s Emergency Motel Shelter Program, day center</td>
<td>506B Toole Avenue (Day Center)</td>
<td>missoula316.org 406/542-5240</td>
</tr>
<tr>
<td>Salvation Army</td>
<td>Short-term emergency financial assistance, rental assistance, clothing and food pantry</td>
<td>339 W. Broadway</td>
<td>salvationarmynw.com 406/549-0710</td>
</tr>
<tr>
<td>Missoula Housing Authority</td>
<td>Public housing, Section 8 rental assistance, related housing services</td>
<td>1235 34th St.</td>
<td>missoulahousing.org 406/549-4113</td>
</tr>
<tr>
<td>Human Resource Council</td>
<td>Section 8 rental assistance, LIPEP utilities assistance program</td>
<td>1801 S. Higgins</td>
<td>hrcxi.org 406/728-3710</td>
</tr>
<tr>
<td>WORD (Women’s Opportunity &amp; Resource Development)</td>
<td>HomeWORD home ownership education and assistance</td>
<td>2525 Palmer St. #1</td>
<td>wordinc.org 406/543-3550</td>
</tr>
<tr>
<td>Family Promise</td>
<td>90-day stays in local churches for homeless families</td>
<td>familypromisemissoula.net 406/529-4671</td>
<td></td>
</tr>
</tbody>
</table>

#### Health Insurance Coverage

<table>
<thead>
<tr>
<th>Plan</th>
<th>Description</th>
<th>Address</th>
<th>Contact Info</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy Montana Kids Plan</td>
<td>Free or low-cost health coverage for children and teenagers up to age 19</td>
<td>2677 Palmer</td>
<td>dphhs.mt.gov/hmk 877-543-7669</td>
</tr>
<tr>
<td>Medicaid, Medicare, and Affordable Care Act</td>
<td>Information on enrollment</td>
<td>dphhs.mt.gov healthcare.gov/health-insurance-marketplace/</td>
<td></td>
</tr>
<tr>
<td><strong>Community Resources Appendix</strong> continued</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mental Health &amp; Addiction Services</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 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  
406/523-8400 |
| 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

### Mental Health & Addiction Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Recovery Center Missoula</strong></td>
<td>Inpatient and partial-day hospitalization treatment for adults with addictions and co-occurring mental health disorders and their families</td>
<td>1201 Wyoming St. recoverycentermissoula.org</td>
<td>406/532-9300</td>
</tr>
<tr>
<td><strong>Teen Recovery Center</strong></td>
<td>Inpatient addiction treatment for teenagers</td>
<td>1467 Hayes Drive 721-5379</td>
<td></td>
</tr>
<tr>
<td><strong>Mountain Home Montana</strong></td>
<td>Residential program for young mothers and mothers-to-be includes mental health resource center, supported employment program, and therapeutic services</td>
<td>2606 South Ave. W. mountainhomemt.org</td>
<td>406/541-4663</td>
</tr>
</tbody>
</table>

### Childcare & Parenting

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child Care Resources</strong></td>
<td>Assistance and resources for child care providers and parents, including financial help</td>
<td>105 E. Pine St. childcareresources.org</td>
<td>406/728-6446</td>
</tr>
<tr>
<td><strong>Head Start</strong></td>
<td>Federally funded school readiness program for children ages 3 to 5 from low-income families</td>
<td>1001 Worden Ave. childstartheadstart.org</td>
<td>406/728-5460</td>
</tr>
<tr>
<td><strong>Missoula Early Head Start</strong></td>
<td>Services to pregnant women and children to age 3; home- and center-based services for child development</td>
<td>2121 39th St. ravalliheadstart.org</td>
<td>406/251-9410</td>
</tr>
<tr>
<td><strong>Child Development Center</strong></td>
<td>Services for children with development delays or at risk for delays and children with autism, respite house, NICU follow-up</td>
<td>3335 Lt. Moss Rd. childdevcenter.org</td>
<td>406/549-6413</td>
</tr>
<tr>
<td><strong>Health Services Division of Missoula City-County Health Department</strong></td>
<td>Home visit support for pregnant women and families with young children, Nurse Family Partnership, screening, prenatal classes, breastfeeding support</td>
<td>301 W. Alder co.missoula.mt.us/ healthservices/ 406/258-4750</td>
<td></td>
</tr>
<tr>
<td><strong>Parenting Place</strong></td>
<td>Parenting programs and support</td>
<td>1644 S. 8th St. W. parentingplace.net</td>
<td>406/728-5437</td>
</tr>
</tbody>
</table>
### Childcare & Parenting

<table>
<thead>
<tr>
<th>Organization</th>
<th>Services</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families First</td>
<td>Missoula Children’s Museum, parenting classes and services, mediation and parenting plans</td>
<td>227 ½ W. Front St. familiesfirstmontana.org 721-7690</td>
<td></td>
</tr>
<tr>
<td>Boys &amp; Girls Club of Missoula County</td>
<td>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</td>
<td>1515 Fairview bgcmissoula.org 406/542-3116</td>
<td></td>
</tr>
<tr>
<td>YMCA</td>
<td>Fitness club, swimming pool and programs, childcare, after-school and vacation programs, low-cost sports programs</td>
<td>3000 S. Russell ymcamissoula.org 406/721-9622</td>
<td></td>
</tr>
<tr>
<td>Flagship</td>
<td>School-community partnership that provides free and low-cost skill-building activities to youth during non-school hours</td>
<td>1325 Wyoming flagshipprogram.org 406/532-9817</td>
<td></td>
</tr>
<tr>
<td>Mountain Home Montana</td>
<td>Residential program for young mothers and mothers-to-be</td>
<td>2606 South Ave. W. mountainhomemont.org 406/541-4663</td>
<td></td>
</tr>
<tr>
<td>Futures and PALS at Women’s Opportunity and Resource Development (WORD)</td>
<td>Program for parents under 21, school-based family resource centers, parenting classes and support</td>
<td>1124 Cedar St. wordinc.org/futures 406/543-3550</td>
<td></td>
</tr>
</tbody>
</table>

### 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

<table>
<thead>
<tr>
<th>Health Care Centers</th>
<th>Services</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partnership Health Center</td>
<td>Primary care, mental health, and dental services on a sliding fee scale</td>
<td>401 Railroad St. W. co.missoula.mt.us/phc 406/258-4789</td>
<td></td>
</tr>
<tr>
<td>St. Patrick Hospital</td>
<td>Hospital, emergency services, ICU, surgery, clinics, oncology, imaging, radiology, labs, rehabilitation services, Heart Institute, inpatient psychiatric services</td>
<td>500 W. Broadway montana.providence.org 406/543-7271</td>
<td></td>
</tr>
</tbody>
</table>
### Health Care Centers … continued

<table>
<thead>
<tr>
<th>Health Care Center</th>
<th>Services</th>
<th>Address/Website</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Medical Center</td>
<td>Hospital, emergency services, ICU, surgery, clinics, oncology, imaging, radiology, labs, rehabilitation services, labor and delivery, NICU</td>
<td>2827 Ft. Missoula Rd. communitymed.org</td>
<td>406/728-4100</td>
</tr>
<tr>
<td>Planned Parenthood</td>
<td>Annual exams for females and males, pregnancy testing, birth control</td>
<td>219 E. Main St. plannedparenthood.org</td>
<td>406/728-5490</td>
</tr>
<tr>
<td>Missoula Indian Center</td>
<td>Limited outpatient health services, info on nutrition and diabetes, chemical dependency counseling</td>
<td>830 W. Central Ave. missoulaindiancenter.org</td>
<td>406/829-9515</td>
</tr>
<tr>
<td>Veteran’s Administration Outpatient Clinic</td>
<td>Health care services for military veterans</td>
<td>2687 Palmer Suite C montana.va.gov</td>
<td>406/493-3700</td>
</tr>
<tr>
<td>Missoula City-County Health Department</td>
<td>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</td>
<td>301 W. Alder St. Co.missoula.mt.us/healthservices/OPclinic</td>
<td>406/258-4745</td>
</tr>
<tr>
<td>Curry Health Center</td>
<td>Medical, dental, counseling, pharmacy, and wellness programs and sexual assault services and counseling for University of Montana students</td>
<td>634 Eddy St. umt.edu/curry-health-center</td>
<td></td>
</tr>
<tr>
<td>Blue Mountain Clinic</td>
<td>Family practice and primary care</td>
<td>610 N. California St. bluemountainclinic.org</td>
<td>406/721-1646</td>
</tr>
</tbody>
</table>

### Reproductive Health & Pregnancy Care

<table>
<thead>
<tr>
<th>Health Care Center</th>
<th>Services</th>
<th>Address/Website</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planned Parenthood</td>
<td>Annual exams for females and males, pregnancy testing, birth control</td>
<td>219 E. Main St. plannedparenthood.org</td>
<td>406/728-5490</td>
</tr>
<tr>
<td>Missoula City-County Health Department</td>
<td>Urine pregnancy tests, prenatal classes, home visiting for pregnant women</td>
<td>301 W. Alder St. Co.missoula.mt.us/healthservices/ 406/258-4745</td>
<td></td>
</tr>
<tr>
<td>Blue Mountain Clinic</td>
<td>Family practice, pregnancy care, abortion services</td>
<td>610 N. California St. bluemountainclinic.org</td>
<td>406/721-1646</td>
</tr>
</tbody>
</table>
## Other Services

### Disability Services

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

### Employment and Continuing Education

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

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

## Legal Aid and Advocacy

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

#### Miscellaneous Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Address</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veteran’s Center</td>
<td>Support services for military veterans</td>
<td>500 N. Higgins Ave. #202</td>
<td>721-4918, 406/728-6446</td>
</tr>
<tr>
<td>Missoula Urban Demonstration</td>
<td>Promotes sustainable living through education and community projects, tool library</td>
<td>1527 Wyoming St. mudproject.org</td>
<td>406/721-7513</td>
</tr>
<tr>
<td>Social Security Office</td>
<td>Social Security benefits</td>
<td>700 SW Higgins #5 socialsecurity.gov</td>
<td>406/542-1580</td>
</tr>
<tr>
<td>Community Dispute Resolution</td>
<td>Nonprofit mediation and facilitation services</td>
<td>1535 Liberty Ln. #117A cdrcmissoula.org</td>
<td>406/543-1157</td>
</tr>
<tr>
<td>Missoula Forum for Children and Youth</td>
<td>Supports collaborations among agencies and individuals to work proactively on issues that affect children</td>
<td>223 W. Alder missoulaforum.org</td>
<td>406/258-3020</td>
</tr>
<tr>
<td>Open Aid Alliance</td>
<td>Support and case management for people living with HIV, HIV and hepatitis C tests, syringe exchange, education</td>
<td>500 N. Higgins Suite 100 openaidalliance.org</td>
<td>406/543-4770</td>
</tr>
<tr>
<td>Missoula Public Library</td>
<td>Print and audio-visual collections, public computers with internet access, outreach to seniors and rural residents, meeting rooms, classes</td>
<td>301 E Main missoulapubliclibrary.org</td>
<td>406/721-2665</td>
</tr>
</tbody>
</table>

#### Services for Pets

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

MCCHD at 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
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

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
<th>Does not apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Services</td>
<td>38.75%</td>
<td>56.09%</td>
<td>5.17%</td>
</tr>
<tr>
<td>Substance Abuse Services</td>
<td>2.58%</td>
<td>34.69%</td>
<td>62.73%</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td>12.55%</td>
<td>38.38%</td>
<td>49.08%</td>
</tr>
<tr>
<td>Dental Care</td>
<td>36.90%</td>
<td>57.56%</td>
<td>5.54%</td>
</tr>
<tr>
<td>Eye Exam</td>
<td>26.57%</td>
<td>64.58%</td>
<td>8.86%</td>
</tr>
<tr>
<td>Preventative care (e.g.,)</td>
<td>14.76%</td>
<td>71.59%</td>
<td>13.65%</td>
</tr>
<tr>
<td>Well-baby/Well-child care...</td>
<td>2.58%</td>
<td>40.96%</td>
<td>56.46%</td>
</tr>
<tr>
<td>Prescription drugs</td>
<td>22.51%</td>
<td>66.05%</td>
<td>11.44%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
<th>Does not apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-payments or out of pocket...</td>
<td>40.59%</td>
<td>49.45%</td>
<td>9.96%</td>
</tr>
<tr>
<td>Not covered by insurance</td>
<td>38.75%</td>
<td>43.17%</td>
<td>18.08%</td>
</tr>
<tr>
<td>Lack of transportation</td>
<td>6.27%</td>
<td>74.17%</td>
<td>19.56%</td>
</tr>
<tr>
<td>Deductibles are too high</td>
<td>33.58%</td>
<td>53.14%</td>
<td>13.28%</td>
</tr>
<tr>
<td>Doctor unwilling to...</td>
<td>10.70%</td>
<td>49.45%</td>
<td>39.85%</td>
</tr>
<tr>
<td>Lack of accessibility</td>
<td>10.33%</td>
<td>65.68%</td>
<td>23.99%</td>
</tr>
<tr>
<td>Too long of a wait</td>
<td>16.24%</td>
<td>66.42%</td>
<td>17.34%</td>
</tr>
<tr>
<td>Language or cultural...</td>
<td>0.74%</td>
<td>68.63%</td>
<td>30.63%</td>
</tr>
<tr>
<td>Lack of privacy or...</td>
<td>4.06%</td>
<td>71.59%</td>
<td>24.35%</td>
</tr>
</tbody>
</table>
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

- Excellent: 44.06% (115)
- Very Good: 28.35% (74)
- Good: 12.64% (33)
- Fair: 11.11% (29)
- Poor: 3.83% (10)

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

Answered: 261 Skipped: 22

- Yes: 75.10% (196)
- No: 24.14% (63)
- Don't Know: 0.77% (2)

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

Answered: 261 Skipped: 22

- Yes: 13.79%
- No: 85.62%
- Don't Know: 0.38%
Which of the following are major dietary concerns for you and your household? (Please select all that apply)

- Low fat: 36.53%
- Food safety: 19.18%
- Getting enough food to eat: 15.53%
- Nutritional value: 46.12%
- Low salt: 31.51%
- Low cholesterol: 26.94%
- Food allergies: 15.07%
- Eating enough fruits and...: 69.86%

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

- None of the time: 1.95% (3)
- All the time: 12.86% (20)
- Most of the time: 28.24% (45)
- Some of the time: 28.34% (45)

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

- High blood pressure: Yes 31.42% No 68.58%
- High cholesterol: Yes 27.59% No 72.41%
- Cancer: Yes 4.98% No 95.02%
- Diabetes: Yes 11.49% No 88.51%
- Vision problem: Yes 41.76% No 58.24%
- Hearing problem: Yes 15.33% No 84.67%
- Dental problem: Yes 35.25% No 64.75%
- Depression/anxiety: Yes 32.57% No 67.43%
- Asthma: Yes 14.94% No 85.06%
- Heart Disease: Yes 7.66% No 92.34%

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

- Yes: 61.90% (167)
- No: 38.10% (103)
## 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.)

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes (%)</th>
<th>No (%)</th>
<th>Unable to answer (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emergency room care</strong></td>
<td>35.80%</td>
<td>63.04%</td>
<td>1.17%</td>
</tr>
<tr>
<td><strong>Out-patient health care</strong></td>
<td>65.76%</td>
<td>32.68%</td>
<td>1.56%</td>
</tr>
<tr>
<td><strong>In-patient health care</strong></td>
<td>20.62%</td>
<td>77.82%</td>
<td>1.56%</td>
</tr>
<tr>
<td><strong>Chiropractor</strong></td>
<td>24.51%</td>
<td>73.93%</td>
<td>1.56%</td>
</tr>
<tr>
<td><strong>Dental care</strong></td>
<td>71.21%</td>
<td>28.02%</td>
<td>0.78%</td>
</tr>
<tr>
<td><strong>Eye care</strong></td>
<td>69.26%</td>
<td>29.57%</td>
<td>1.17%</td>
</tr>
<tr>
<td><strong>Pharmacy</strong></td>
<td>85.21%</td>
<td></td>
<td>13.63%</td>
</tr>
<tr>
<td><strong>Mental health or counseling</strong></td>
<td>24.51%</td>
<td>72.76%</td>
<td>2.72%</td>
</tr>
<tr>
<td><strong>Hearing care</strong></td>
<td>9.34%</td>
<td>88.33%</td>
<td>2.33%</td>
</tr>
</tbody>
</table>
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.)

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing home/skilled...</td>
<td>1.95</td>
<td>94.55</td>
<td>3.50</td>
</tr>
<tr>
<td>Physician</td>
<td></td>
<td>80.54</td>
<td>18.68</td>
</tr>
<tr>
<td>In Home Care (Homemaker...)</td>
<td>3.11</td>
<td>93.39</td>
<td>3.50</td>
</tr>
<tr>
<td>Treatment for alcohol/drug...</td>
<td>1.95</td>
<td>94.16</td>
<td>3.89</td>
</tr>
<tr>
<td>Health/wellness/nutrition...</td>
<td>24.90</td>
<td>73.54</td>
<td>1.56</td>
</tr>
<tr>
<td>Support groups</td>
<td></td>
<td>89.11</td>
<td>3.50</td>
</tr>
<tr>
<td>Meals on Wheels/congr...</td>
<td>3.50</td>
<td>92.61</td>
<td>3.89</td>
</tr>
<tr>
<td>Emergency food/clothing...</td>
<td>10.89</td>
<td>85.60</td>
<td>3.50</td>
</tr>
<tr>
<td>Assistance for paying medic...</td>
<td>14.79</td>
<td>80.54</td>
<td>4.67</td>
</tr>
</tbody>
</table>

Would you know where to go for the following services?

Answered: 257  Skipped: 26

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency room care</td>
<td>98.44</td>
<td>1.56</td>
</tr>
<tr>
<td>Out-patient health care</td>
<td>95.33</td>
<td>4.67</td>
</tr>
<tr>
<td>In-patient health care</td>
<td>94.16</td>
<td>5.84</td>
</tr>
<tr>
<td>Chiropractor</td>
<td>78.99</td>
<td>21.01</td>
</tr>
<tr>
<td>Dental care</td>
<td>96.50</td>
<td>3.50</td>
</tr>
<tr>
<td>Eye care</td>
<td>96.50</td>
<td>3.50</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>97.28</td>
<td>2.72</td>
</tr>
<tr>
<td>Mental health or counseling...</td>
<td>87.55</td>
<td>12.45</td>
</tr>
<tr>
<td>Hearing care</td>
<td>79.38</td>
<td>20.62</td>
</tr>
<tr>
<td>Service</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>-------------------------------------------------</td>
<td>-------</td>
<td>-------</td>
</tr>
<tr>
<td>Nursing home/skilled</td>
<td>75.10%</td>
<td>24.90%</td>
</tr>
<tr>
<td>Physician</td>
<td>95.33%</td>
<td>4.67%</td>
</tr>
<tr>
<td>In Home Care (Homemaker)</td>
<td>75.49%</td>
<td>24.51%</td>
</tr>
<tr>
<td>Treatment for alcohol/drug</td>
<td>73.15%</td>
<td>26.85%</td>
</tr>
<tr>
<td>Health/wellness/nutrition</td>
<td>82.49%</td>
<td>17.51%</td>
</tr>
<tr>
<td>Support groups</td>
<td>73.15%</td>
<td>26.85%</td>
</tr>
<tr>
<td>Meals on Wheels/congr...</td>
<td>76.65%</td>
<td>23.35%</td>
</tr>
<tr>
<td>Emergency food/clothing</td>
<td>72.76%</td>
<td>27.24%</td>
</tr>
<tr>
<td>Assistance for paying medic...</td>
<td>64.59%</td>
<td>35.41%</td>
</tr>
</tbody>
</table>