Community Health Assessment 2014

Missoula County Montana

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Missoula Public Health
City-County Health Department

PROVIDENCE St. Patrick Hospital

COMMUNITY MEDICAL CENTER
From day one.

Partnership Health Center
Missoula's Community Health Center

Missoula Indian Center
Home Health
Spirit

EST. 1982
MISSOULA *aging* SERVICES
WE'RE PROUD *of* OUR YEARS

The Forum
Missoula Forum for Children & Youth

LIVE UNITED
United Way
United Way of Missoula County
MissoulaUnitedWay.org

December 18, 2014

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Introduction

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

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

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

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

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

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

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

2014 Community Heath Assessment Work Group

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

Sponsoring Organizations

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

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

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

The following people served as resources during the process:

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

Acronyms & Data Notes

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

BRFSS = Behavioral Risk Factor Surveillance System
Surveys of adults 18 and over that assess behaviors related to risks for disease and disability.

CDC = Centers for Disease Control
CDC is a federal agency that works to protect health and human safety by controlling and preventing disease and injury.

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

MCCHD = Missoula City-County Health Department

Montana DPHHS = Montana Department of Health and Human Services
The equivalent of MCCHD at the state level. Montana DPHHS published *The State of the State's Health: A Report on the Health of Montanans* in 2013, which contains lots of health data for the state as a whole. It can be found at www.dphhs.mt.gov/publications.

SAMHSA = Substance Abuse & Mental Health Services Administration

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

Important notes about the data:

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

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

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

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

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

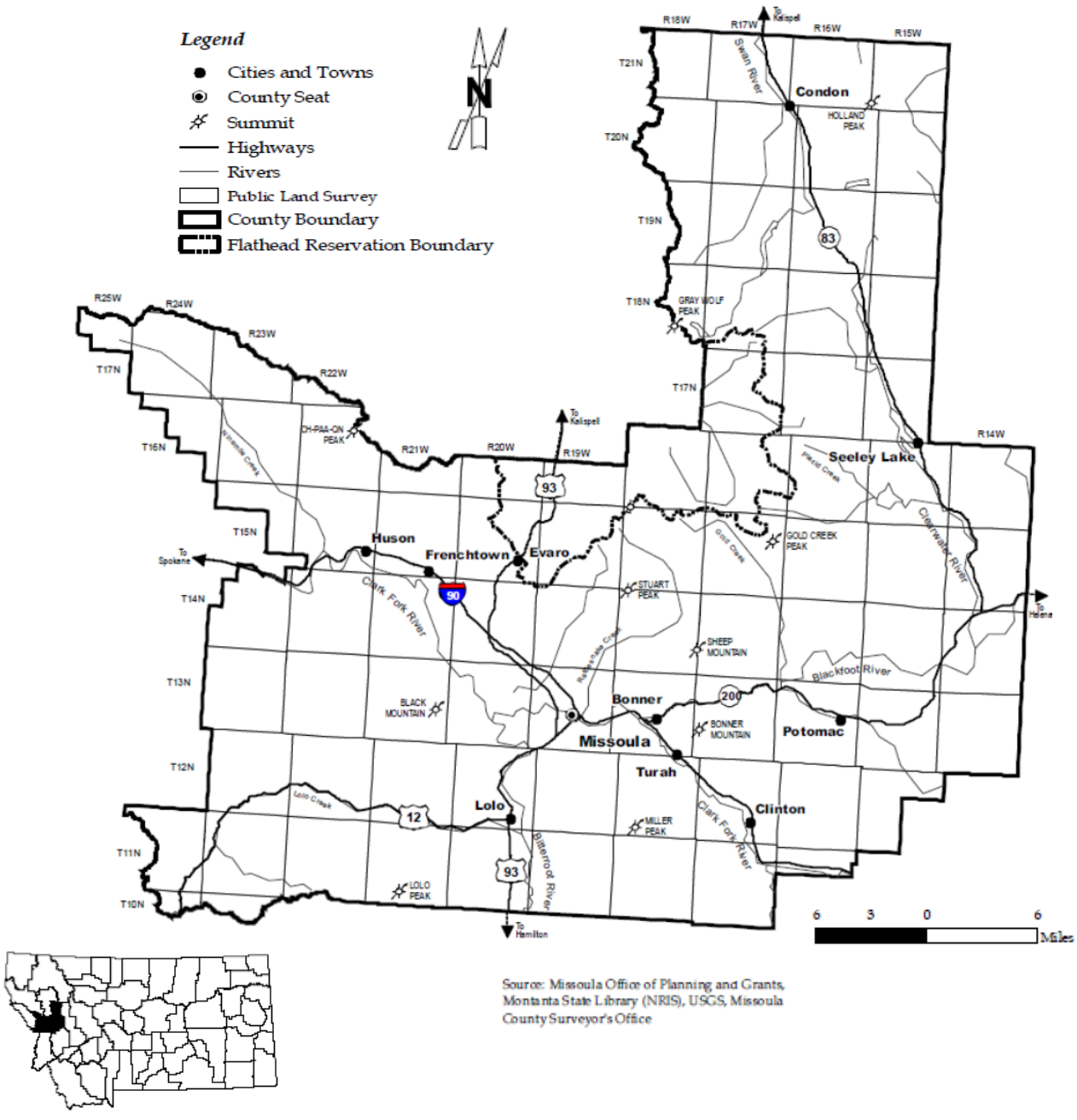
Community Profile

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

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

Location & Geography

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



Source: Missoula Office of Planning and Grants, Montanta State Library (NRIS), USGS, Missoula County Surveyor's Office

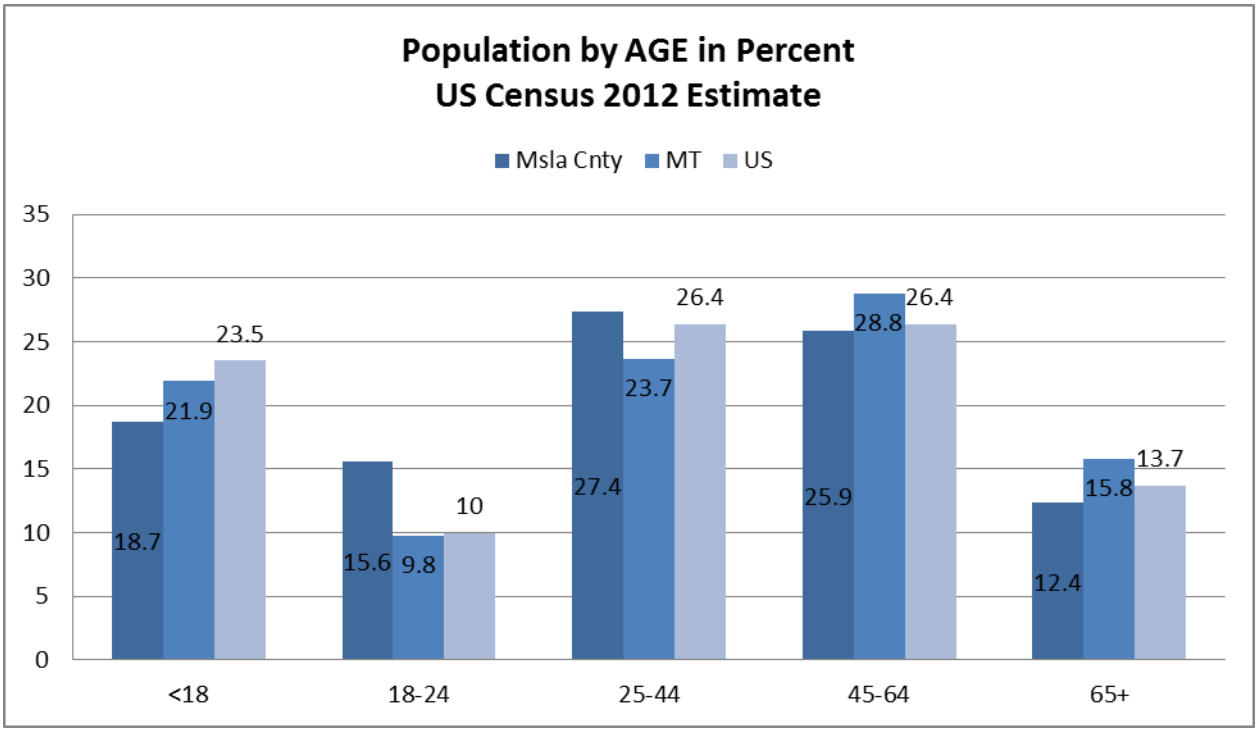
Resources

Maps courtesy of Casey Wilson, City of Missoula Development Services
Missoula County Community and Planning Services

Population

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

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



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

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

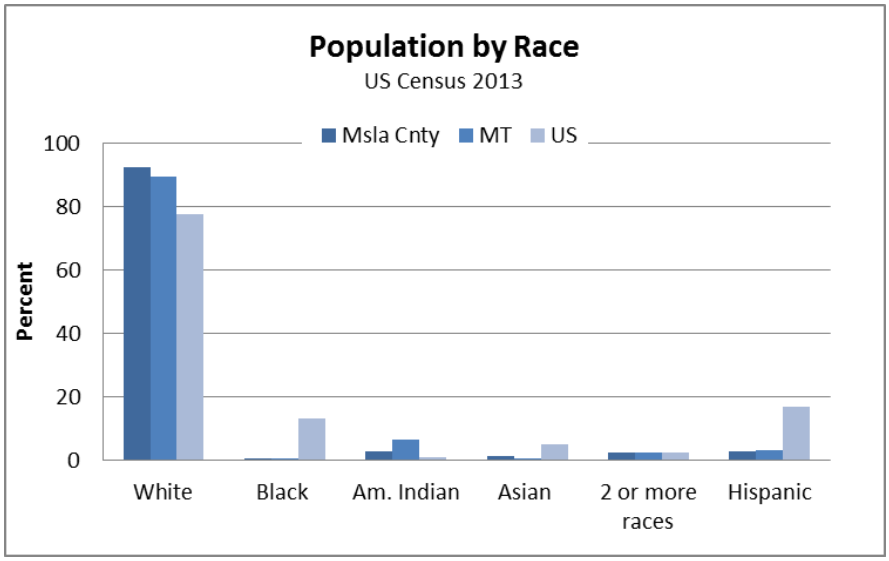
Resources

US Census. American FactFinder. 2012 Missoula County Narrative Report

Socio-Cultural Environment

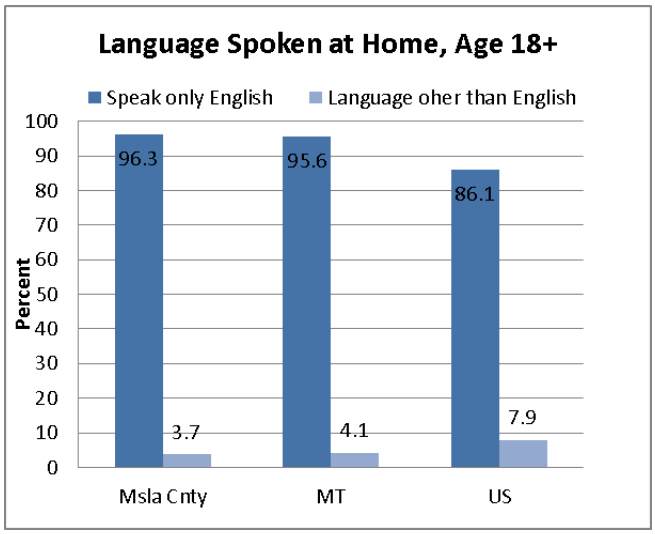
The socio-cultural environment of Missoula County is predominantly white Anglo-Saxon with representation of American Indian, Eastern European, and Hmong cultures. Missoula County does include a small area of the Flathead Reservation, home of the Confederated Salish and Kootenai Tribes. However, that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

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



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

English is the predominant language of Missoula County residents. Because the number of non-English speaking households is so low, language accommodations are not common in the community at large. Of the Missoula County adults who speak another language at home, 23.4% say they don't speak English very well, compared to 18.4% at the state level and 32.2% at the national level.



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

Resources

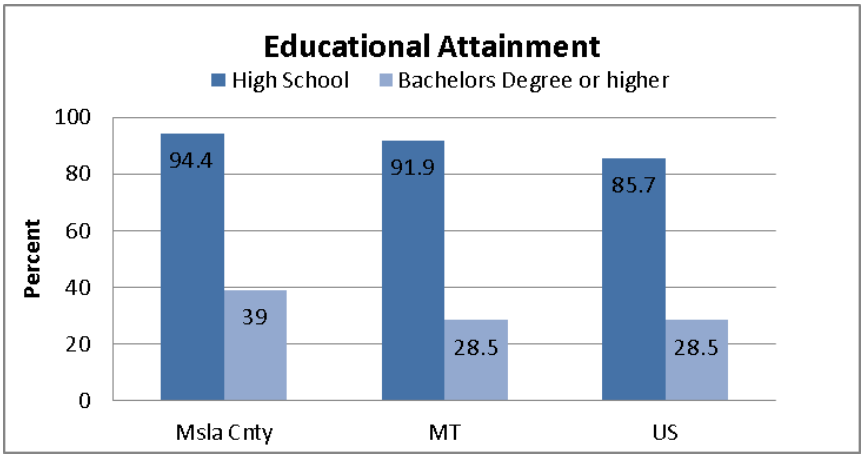
Missoula County Rural Initiatives

City of Missoula

Education

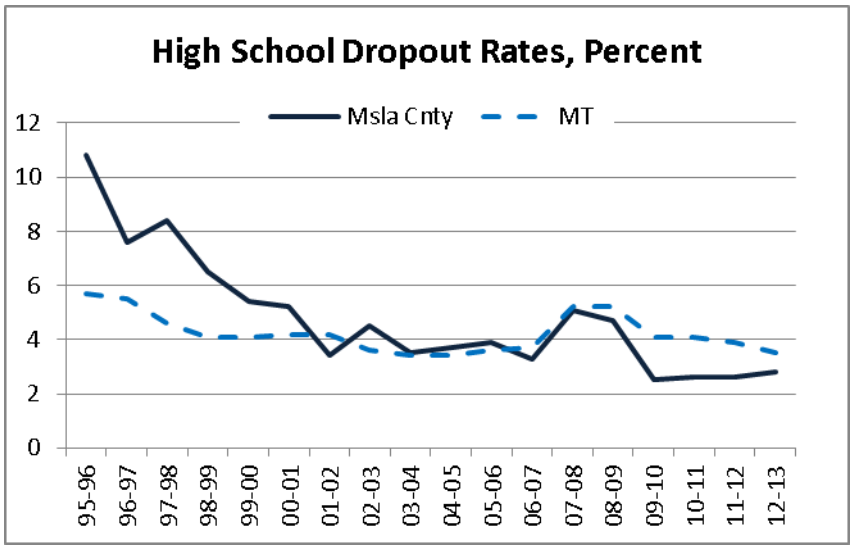
The presence of the University of Montana, as an educational institution and as an employer, means that the City of Missoula in particular is focused on education. The University of Montana is a four-year, mostly non-residential university with graduate programs. UM spring 2014 enrollment stood at 11,467,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

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



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

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



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

Resources

University of Montana

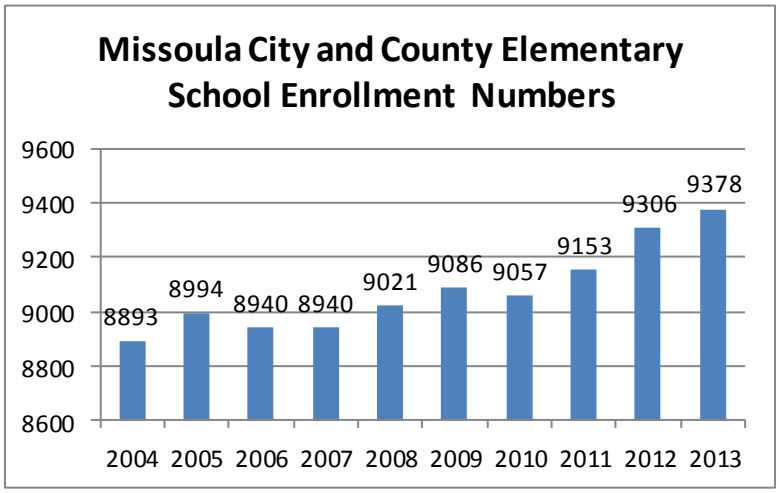
Missoula College

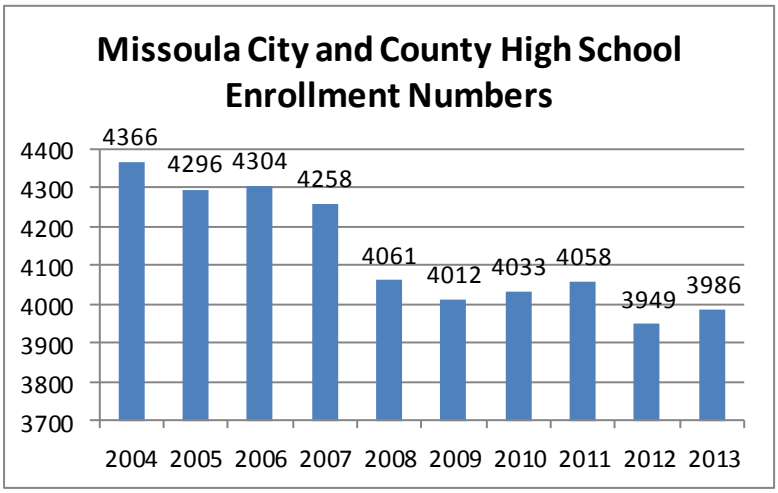
Education *continued*

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

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

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





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

Resources:

Montana Office of Public Instruction

OPI Facts About Montana Education 2014

Missoula County Superintendent of Schools

Economics

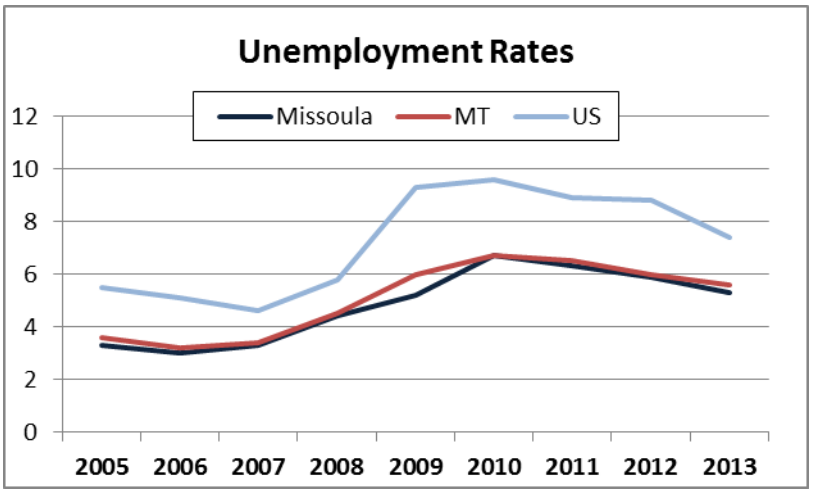
Median income for Missoula County is $44,653, compared to $45,456 for Montana and $53,046 for the US. Unemployment is lower in Missoula County than in the state and nation. (US Census QuickFacts) The Bureau of Economic Analysis (bea.gov) puts total Missoula County employment at 76,586 people in 2013,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

20 Largest Employers in Missoula County (in alphabetical order by category)
Source: Montana Department of Labor and Industry. *List from 2011 is the most current available on website.*

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

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

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



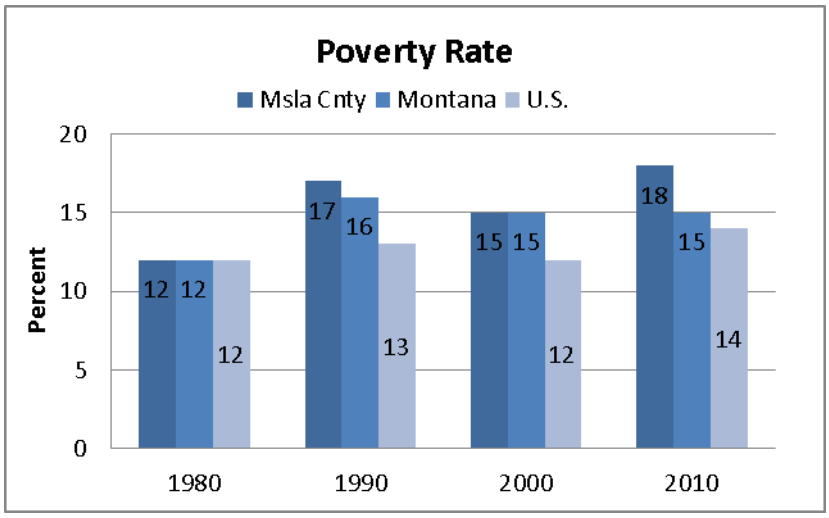
Montana Department of Labor & Industry, Research & Analysis Bureau. *Montana Economy at a Glance.* September 2014.
http://www.ourfactsyourfuture.org/admin/uploadedPublications/5729_eag-0914.pdf
US Department of Labor. http://data.bls.gov/timeseries/LNS14000000

Resources
University of Montana Bureau of Business & Economic Research

Economics *continued*

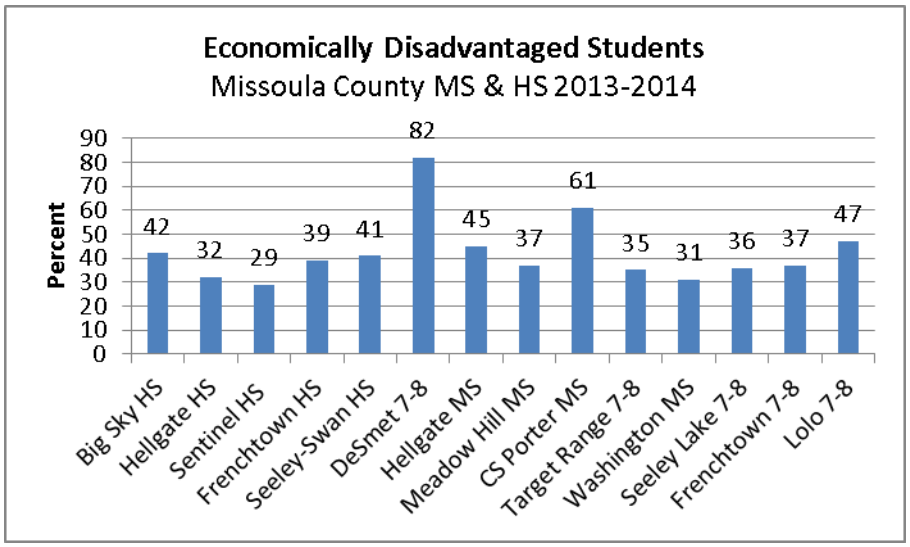
Poverty levels are high in Missoula County, and wages are low. Assuming a 40-hour work week, the 2014 Living Wage Calculator (Poverty in America, Massachusetts Institute of Technology) figures the living wage — the amount of money required to pay very basic bills — for Missoula to be $17.22 per hour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

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



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

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



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

Resources

Poverty in American Living Wage Calculator

US Bureau of Labor Statistics Missoula County Economic Summary

Housing

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

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

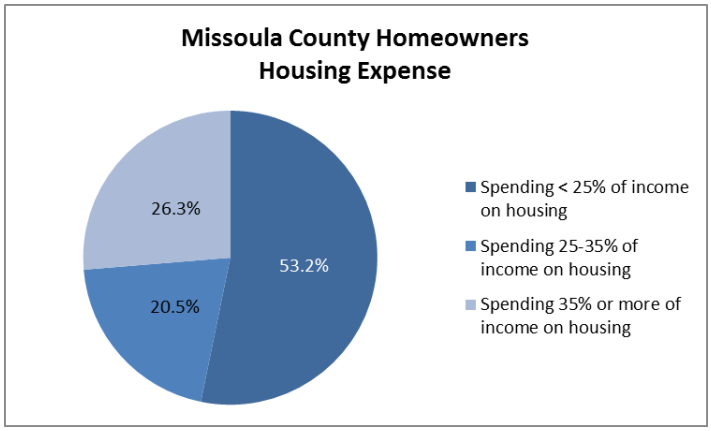
The Missoula Organization of Realtors list the median sales price of a home in the Missoula urban area for 2013 as $210,000 and the 2013 national median home price as $176,800. (*2014 Missoula Housing Report*)

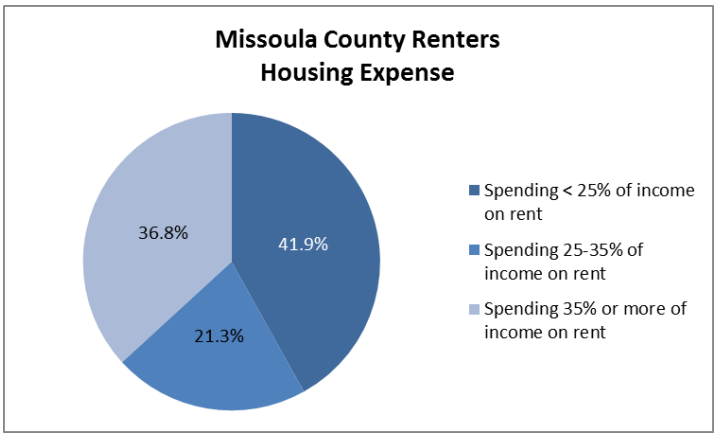
- Home ownership rate: 59.7%, compared to 68.5% in the state as a whole
- Median value of owner-occupied housing units: $238,100 in Missoula, compared to $183,000 in the state as a whole
- Homeowner vacancy rate: 1.9%
- 58% of homeowners carry a mortgage
- Rental vacancy rate: 6.5%
- Median rental price: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

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

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

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





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

Resources

Missoula Organization of Realtors *2014 Missoula Housing Report*, April 2014

HomeWORD

Missoula Housing Authority

Key Health & Community Resources

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

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

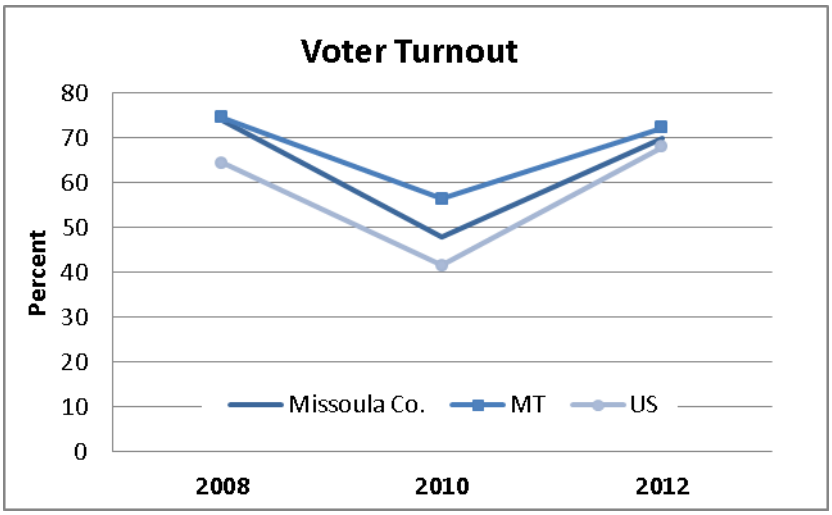
Governance

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

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

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

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



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

Resources

Missoula County Office of Elections
Montana Secretary of State

Health & Social Services

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

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

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

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

Dental numbers come from Partnership Health Center.

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

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

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

Numbers for older adult services come from Missoula Aging Services.

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

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

Public Health Direct Services July 2013–June 2014	
Maternal Child Health Home Visiting Program	1015 clients
Nurse Family Partnership Home Visiting Program	50 clients
Asthma Home Visiting Program	30 clients
Population-based services (NICU rounds, classes to new and expectant mothers, in-service training)	1943 clients
WIC	2373 clients
Immunizations	6460 visits, 6859 IZs
Travel Clinic Immunizations	798 visits, 1739 IZs
Other Clinic Services	1416 non-IZ visits, including 936 TB tests, and 480 other services (blood tests pregnancy tests, lice checks, etc.)
Diabetes Prevention Program	63 clients began program
Foster Child Health Program (collaboration with St. Patrick Hospital and DPHHS Child & Family Services)	128 clients

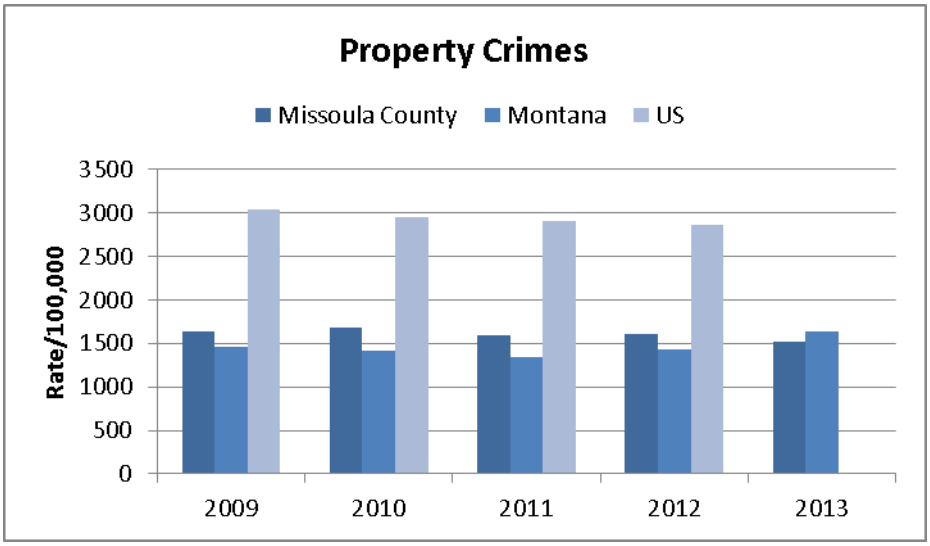
Public Safety

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

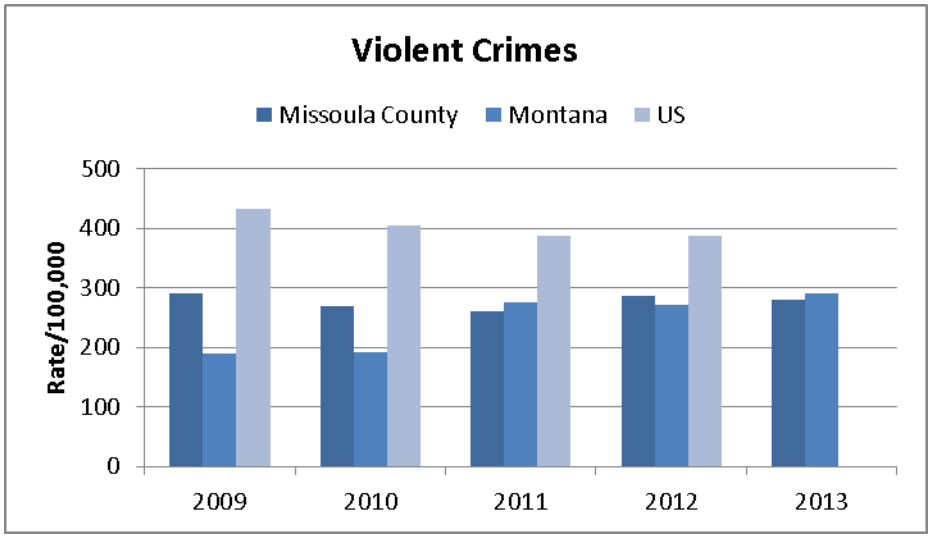
- Law enforcement
  - City of Missoula Police Department
  - Missoula County Sherriff's Department, including Search and Rescue
  - Montana Highway Patrol
  - University of Montana Department of Public Safety
  - Missoula International Airport Transportation Security Administration officers
  - Satellite office of the Federal Bureau of Investigation, Salt Lake City Region
- City and rural fire departments
- Emergency medical services through Missoula Emergency Services
- Missoula County Detention Center, which has a total capacity of almost 400
  - Short-term juvenile detention center
  - County jail for men and women
  - State regional prison

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

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



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



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

Note: Scales are very different on each graph.

Resources

Missoula County Detention Center

Missoula County Sheriff's Department

Missoula Police Department

Emergency Preparedness

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

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

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

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

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

Resources

Office of Emergency Management

Emergency Operations Plan

Transportation

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

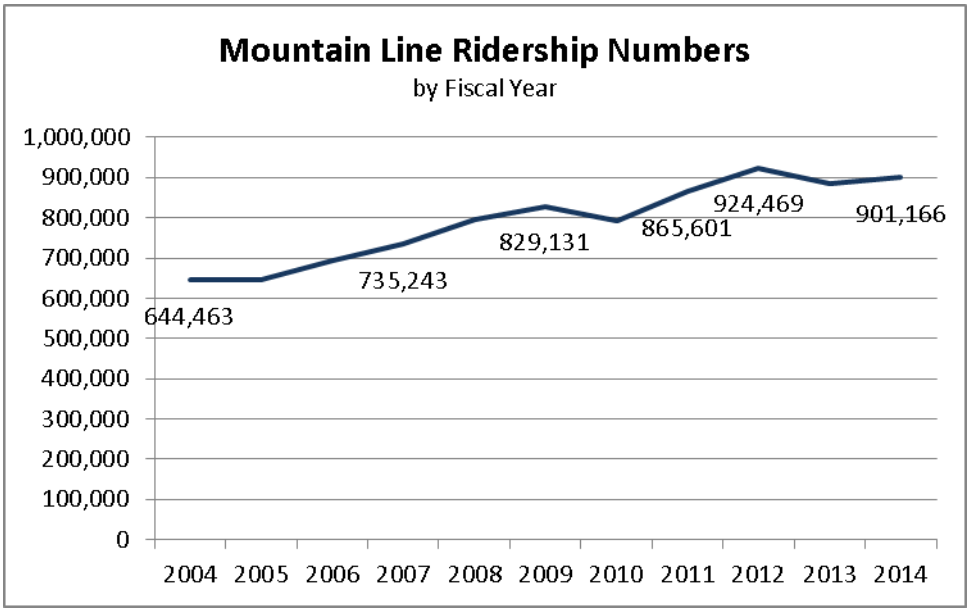
Other transportation services in Missoula County include:

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

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

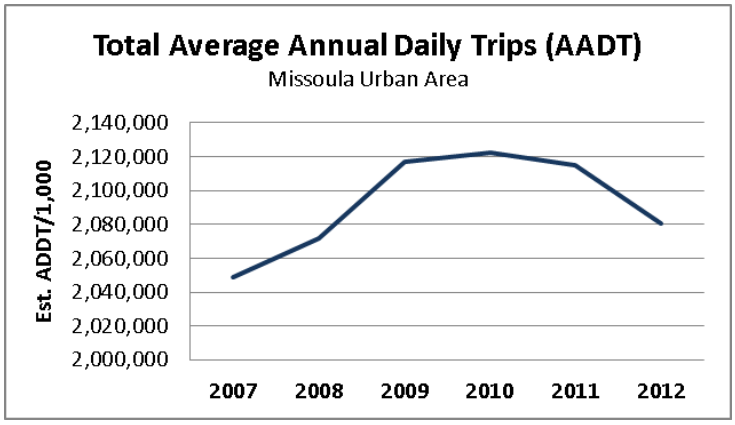
Mountain Line ridership numbers have been moving steadily up over the past 10 years, going from 644,463 rides in fiscal year 2004 to 901,116 rides in fiscal year 2014. The Missoula urban area's rate of riding the bus to work is 2.5% (US Census American Community Survey), up from 1.7% in the 2000 census.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

Mountain Line. October 2014.



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

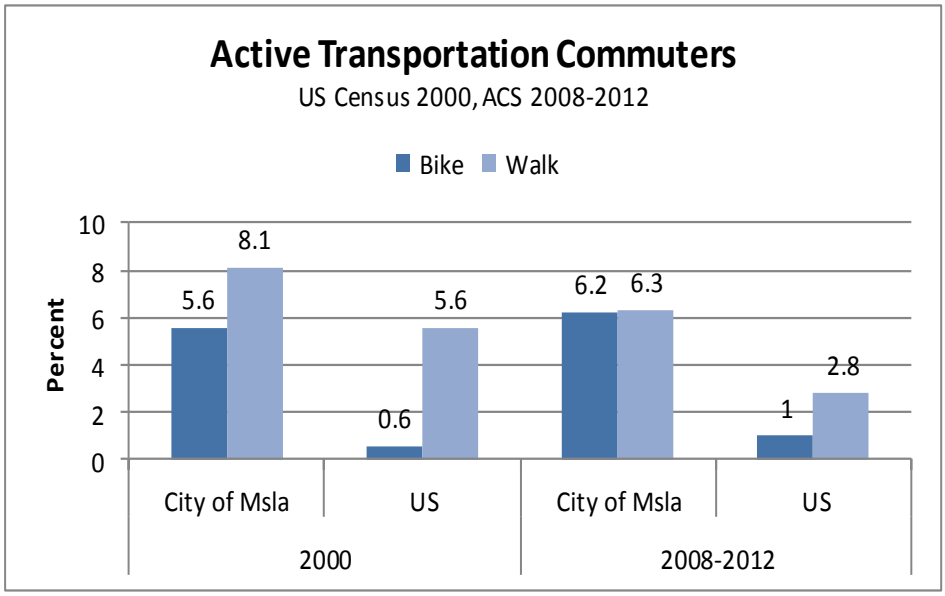
Montana Department of Transportation. http://www.mdt.mt.gov/publications/datastats/traffic_maps.shtml



Transportation *continued*

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

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



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

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

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

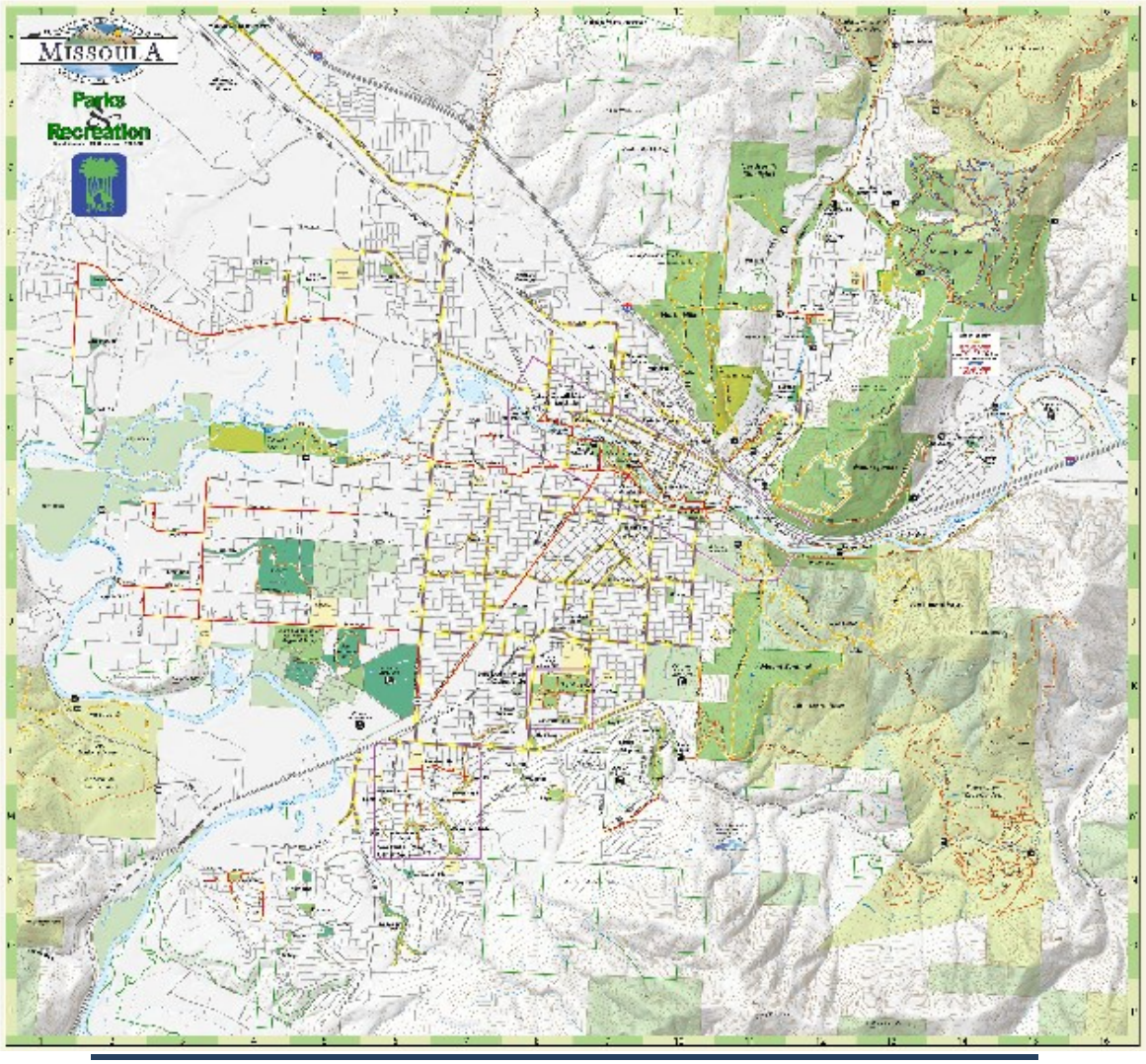
Resources

City of Missoula Transportation Division
Missoula in Motion
Mountain Line

Recreation

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

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



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

Recreation *continued*

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

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

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

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

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

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

Resources

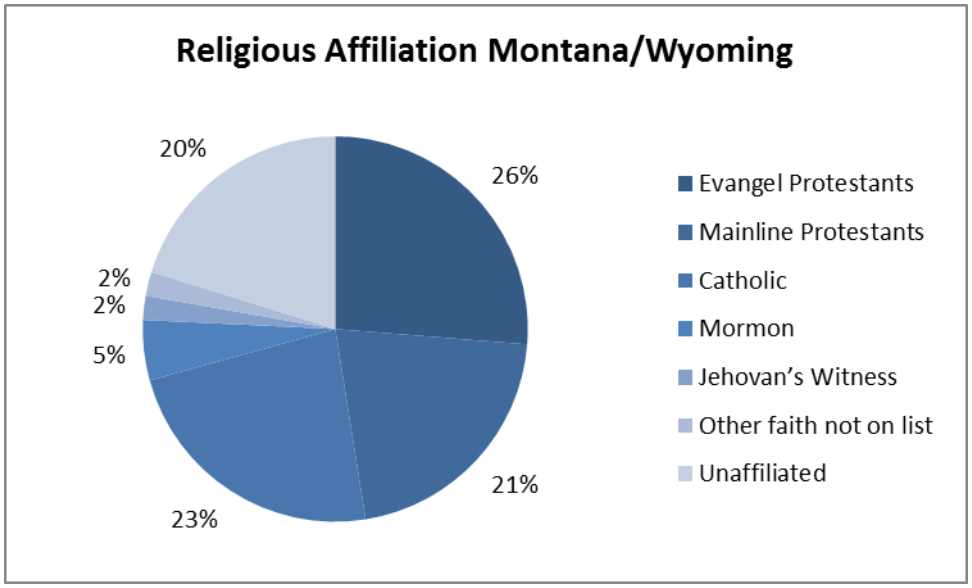
Missoula Parks & Recreation
YMCA
Great Missoula County Health Resource Guide 2013-2014

Religious Institutions

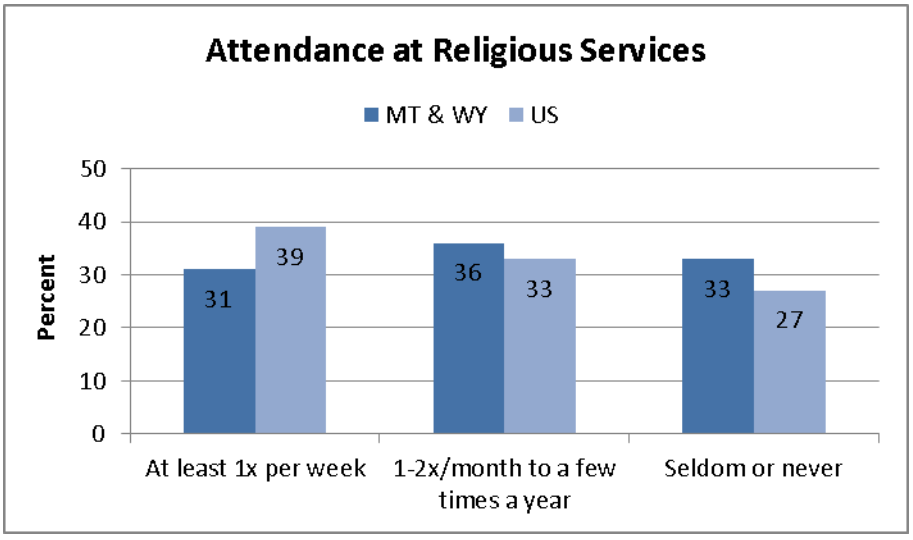
Missoula has range of religious organizations. They are predominantly Christian but include Jewish, Buddhist, and other religions. American Indian religious traditions are also practiced. Religious groups play a large role in volunteering in social services, individually and collectively through organizations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

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

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



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



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

Resources

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

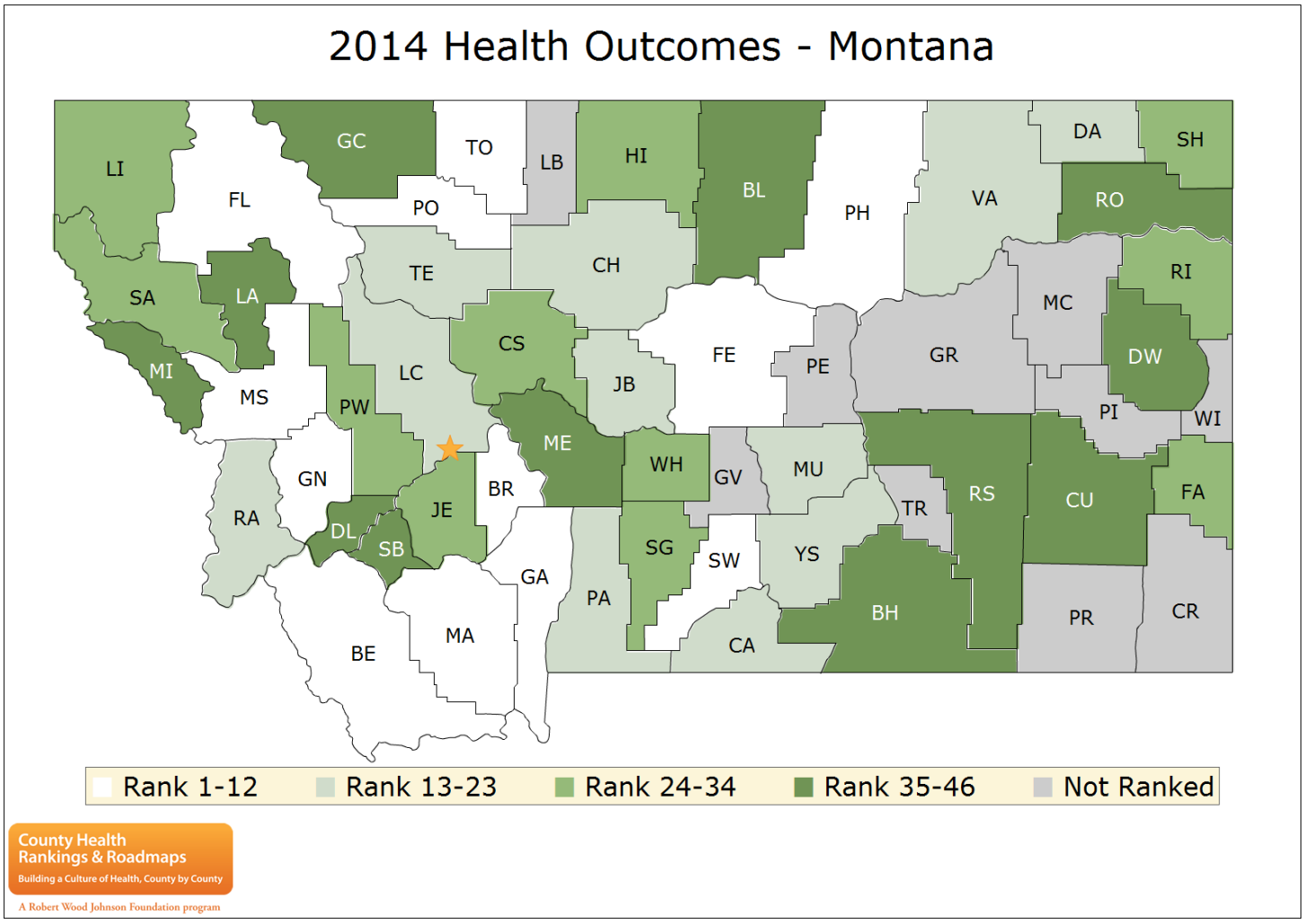
Health Profile

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

Introduction: County Health Rankings

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

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

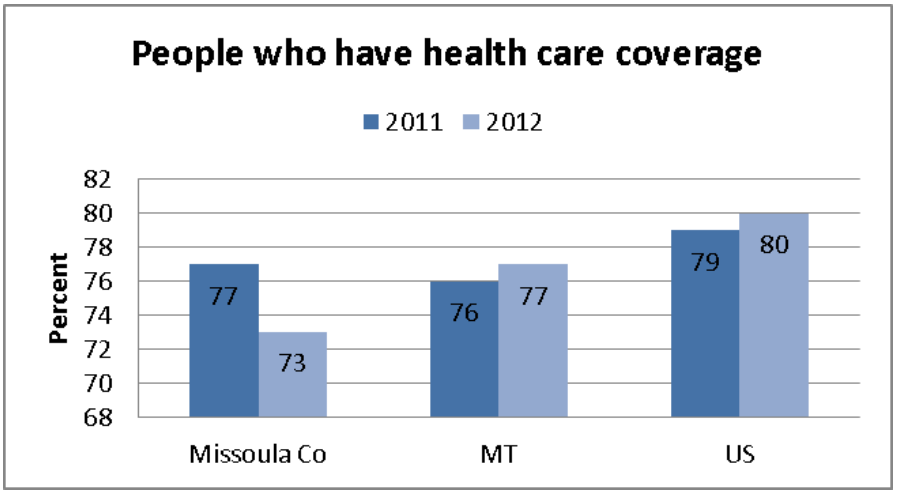


University of Wisconsin Population Health Institute. *County Health Rankings & Roadmaps 2014*. www.countyhealthrankings.org

Access to Health Care

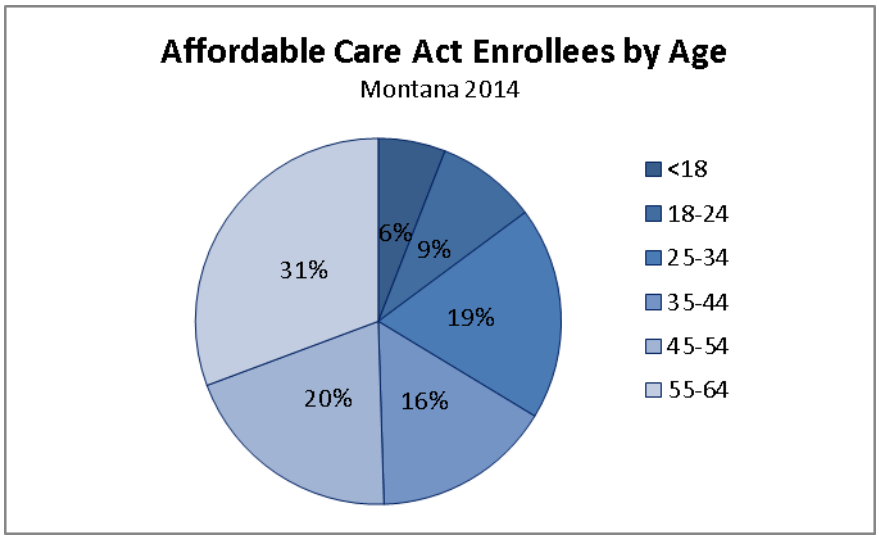
Health care is expensive. For people without health insurance, the economic burden of dealing with health issues can mean fewer preventative services, more emergency room visits, and poorer health outcomes. In the past, most Missoula County residents needed to have a job that included health insurance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

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



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

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



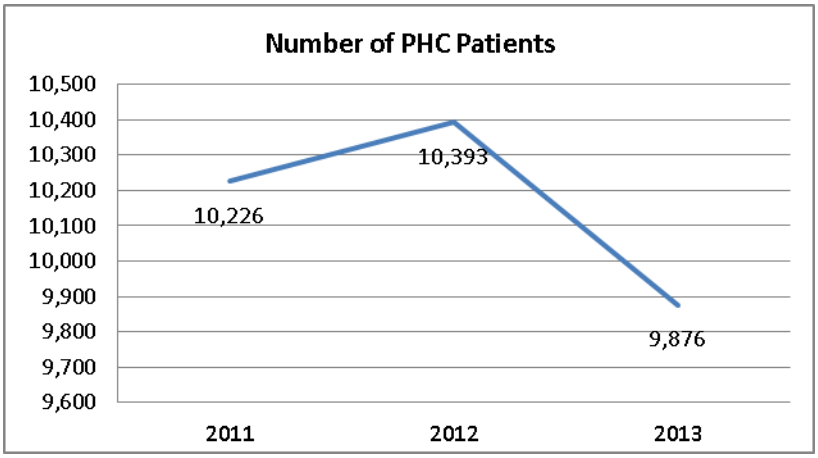
US DPHHS Planning & Evaluation Division. July 2014.

Resources
Affordable Care Act
Montana Health Co-Op

Access to Health Care *continued*

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

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



Partnership Health Center. October 2014.

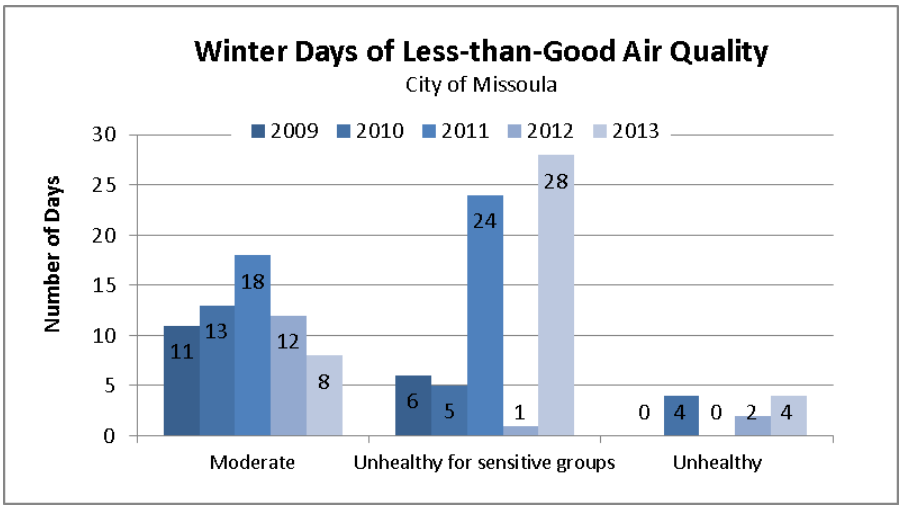
Resources

Partnership Health Center

Air Quality

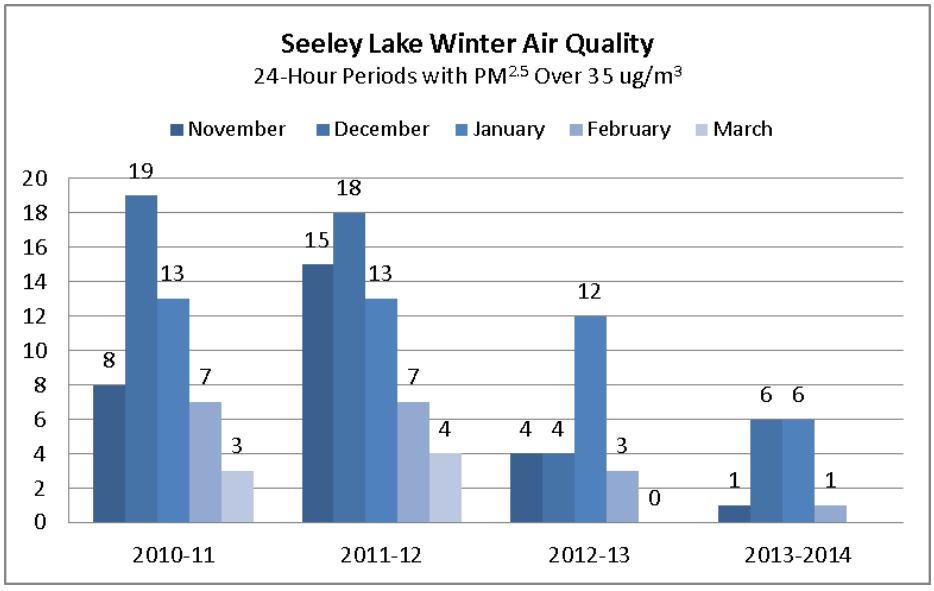
Missoula County's valleys surrounded by mountains are prone to periods of inversions and poor air quality. The primary contributor to pollutants in the air is wood smoke from wood stoves, outdoor burning, and naturally occurring wildfires. Missoula County's programs to monitor air quality and regulate burning have led to significant improvement in the outdoor air quality over the years, especially in the winter. Wildfires pose a sporadic but significant air quality challenge in the summer and fall. Wildfire location, wind direction, and stagnant air due to weather conditions create bad wildfire days. In 2012, which was an especially bad year, Missoula experienced 11 days that were unhealthy for sensitive groups due to wildfires (compared to 9 in 2013 and 1 in 2014), 10 days that were unhealthy for everyone (3 in 2013 and 1 in 2014), and 4 very unhealthy days. (MCCHD Air Quality Program)

Air quality is monitored by measuring the concentration of particulate matter 2.5 microns in diameter (PM2.5). Particles of this small size can remain suspended in the air for long periods of time. They can lodge deep in the lungs and exacerbate chronic conditions such as asthma and heart diseases. PM2.5 concentrations greater than 21 ug/m^3 are considered unhealthy for sensitive groups by the Montana Department of Environmental Quality. The Air Quality Program at the Missoula City-County Health Department records PM2.5 levels in Missoula, Frenchtown, and Seeley Lake.



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

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



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

Resources

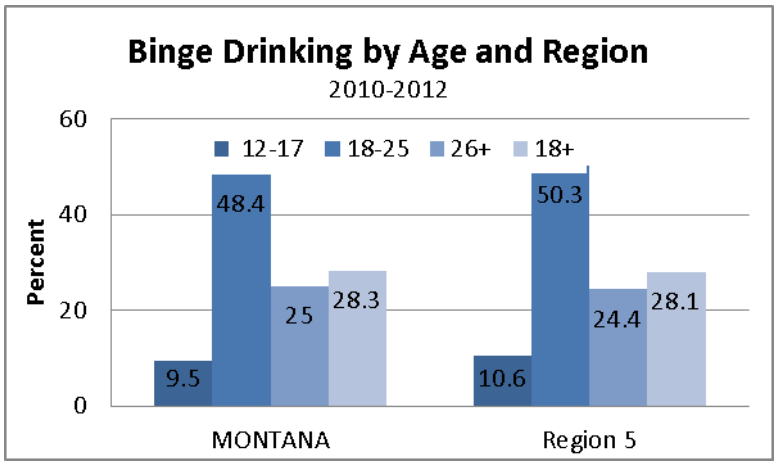
MCCHD Air Quality Division

Alcohol Use & Abuse

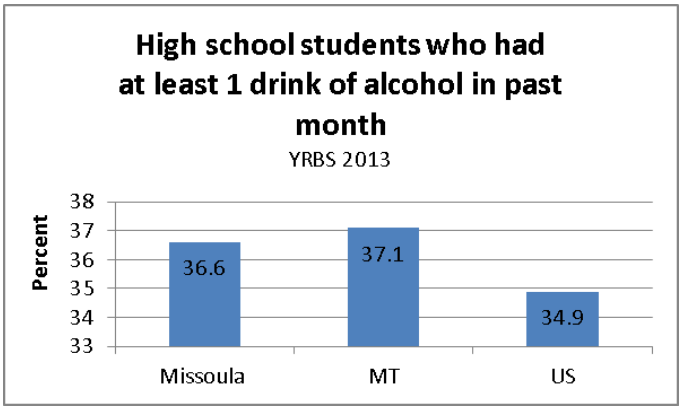
Binge drinking is a major concern for a multitude of reasons. For adults, some of the concerns are drunk driving, accidental injury and death, violence and crimes committed while drinking, and exacerbation of health problems, addictions, and mental illness. For youth, concerns also include the effects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

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

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



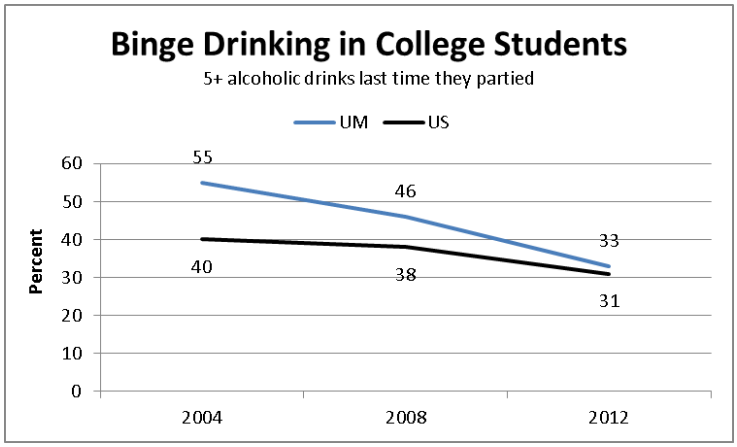
SAMHSA. 2014. *Substate Estimates of Substance Use and Mental Disorders from the 2010-2012 National Surveys on Drug Use and Health: Results and Detailed Tables.* http://www.samhsa.gov/data/NSDUH/substate2k12/toc.aspx



YRBS 2013. http://nccd.cdc.gov/youthonline/App/Results.aspx?LID=MT

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

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



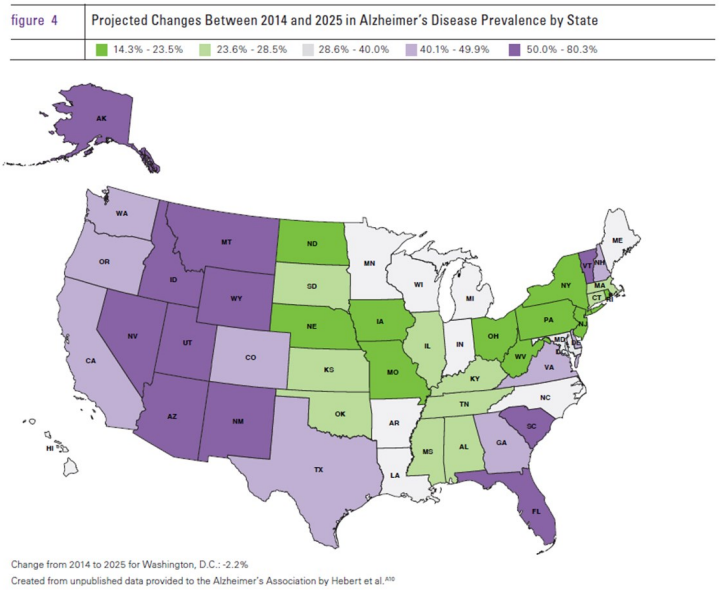
Resources

Missoula Forum for Children & Youth
Western Montana Addiction Services

Alzheimer's & Other Dementias

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

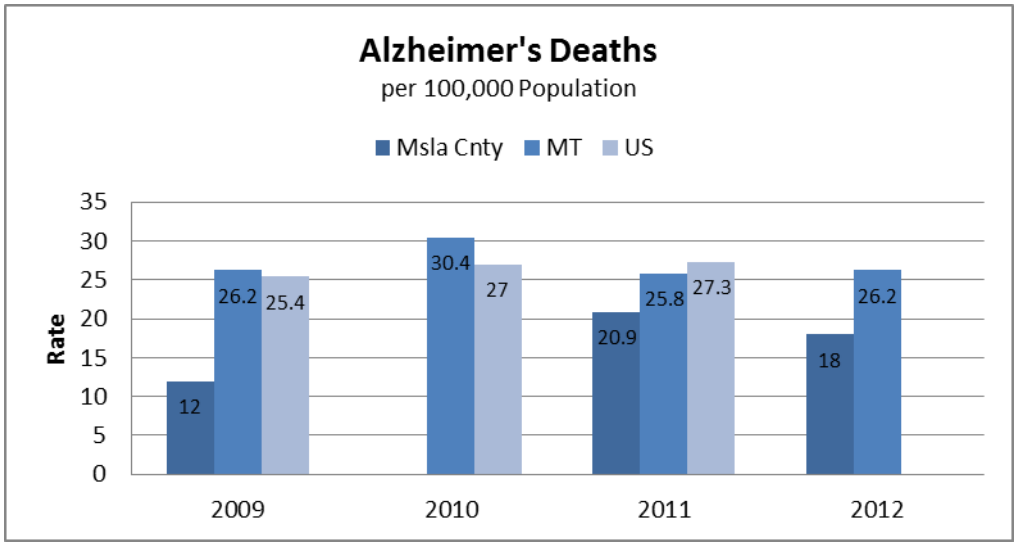
Little county-level data is available for Alzheimer's and other dementias at this time. However, the Alzheimer's Association projects that Montana will be among the states with the largest increase in Alzheimer's Disease prevalence, with an increase from 50% to 80% between now and 2025. The Alzheimer's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



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

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

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



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

Resources

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

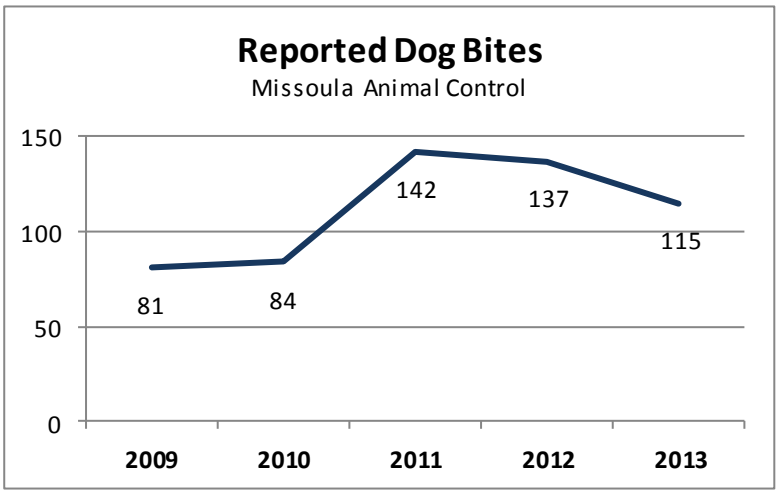
Animal Bites

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

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

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

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



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

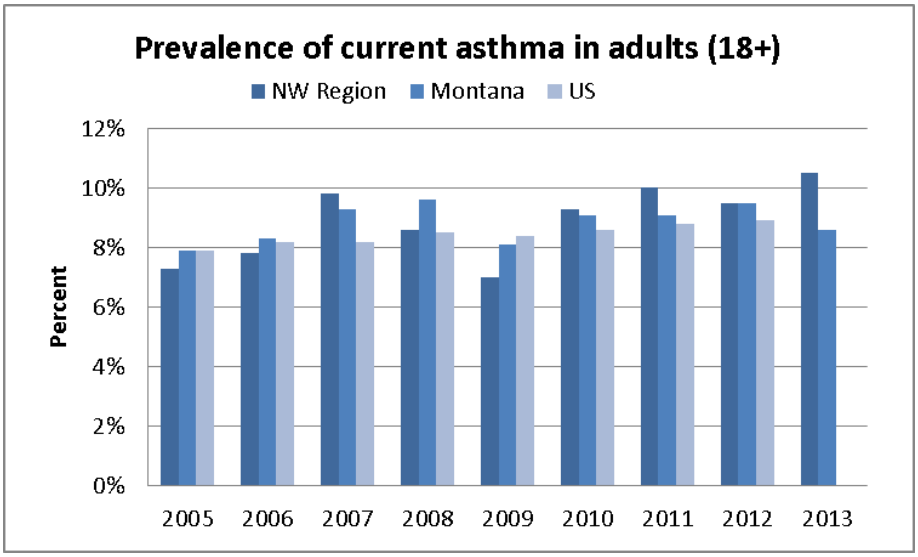
Resources

Missoula County Animal Control

Asthma

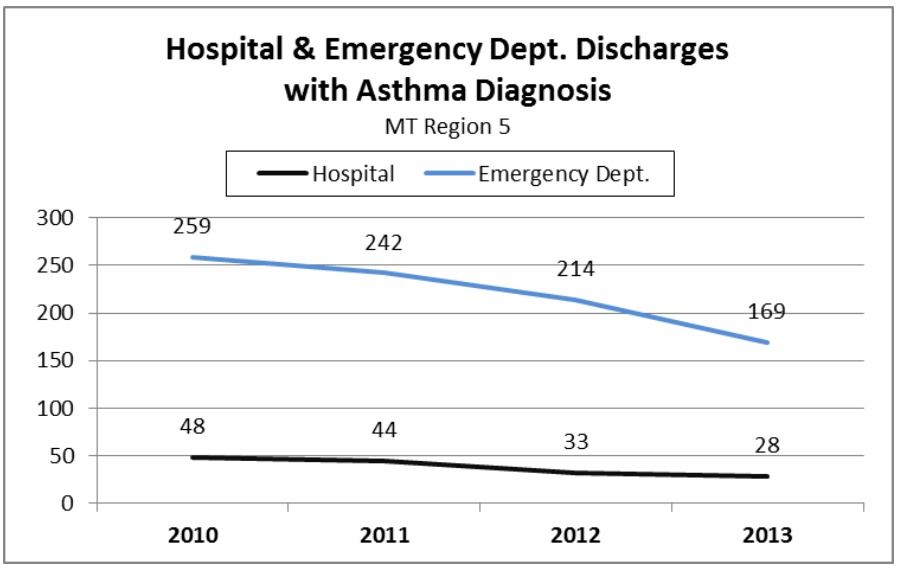
Asthma is a particular concern in Missoula County, with the winter inversions that cause high particulate levels in the air and wildfire smoke hanging in the valley in many summers. Montana's asthma triggers may differ from those in most big cities due to our mountainous geography and varied climate.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

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



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

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



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

Resources

Montana DPHHS Asthma Control Program

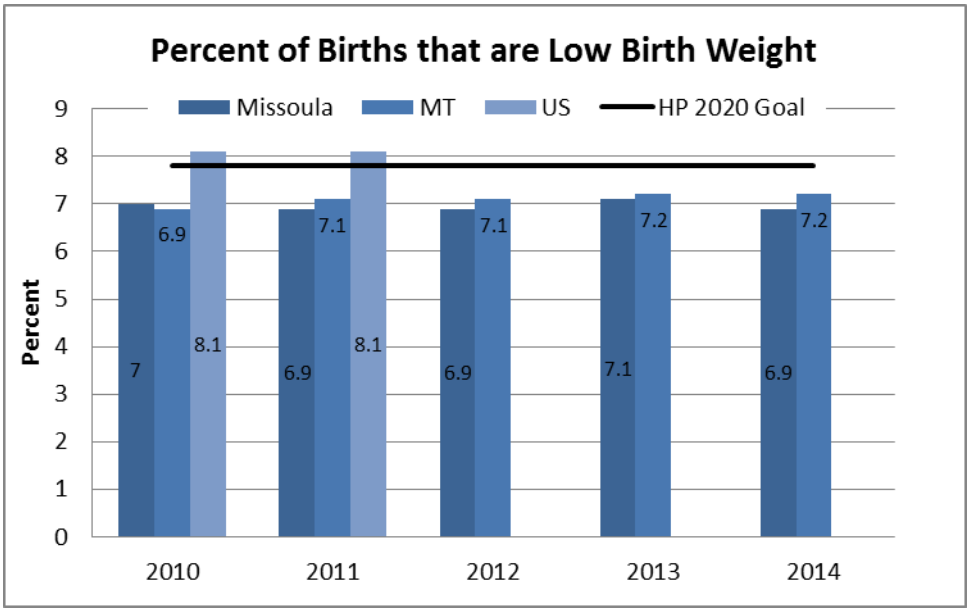
Burden of Asthma in Montana 2013

American Lung Association. What's the State of Your Air?

Birth Weight

Babies born too early, or too sick, or to a mother who is not healthy herself, are often babies with low birth weight (LBW). LBW babies are more likely to have a host of physical and mental health issues, and their early lives often require much specialized health care intervention. The Montana DPHHS *State of the State's Health* report offers expanded information on maternal and infant health with age and race breakdowns.

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



US data: Healthy People 2020. http://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health/objectives
Montana data: County Health Rankings. http://www.countyhealthrankings.org/app/montana/2014/measure/outcomes/37/map

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

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

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

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

Resources

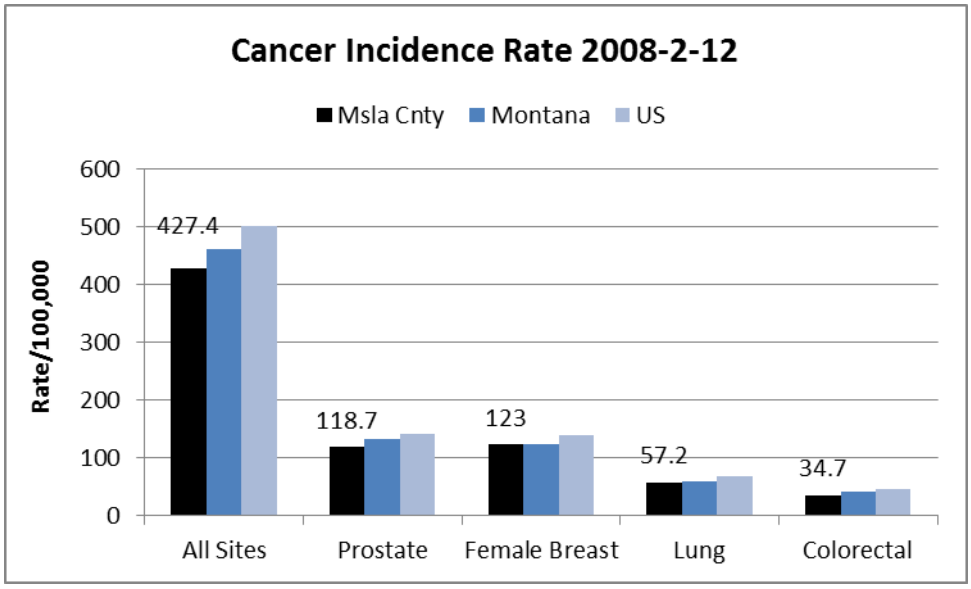
Community Medical Center Mother and Baby Care
Montana Chapter of the March of Dimes

Cancer

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

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

Montana DPHHS's *State of the State's Health* reports that each year Montana has about 5,000 new cases of cancer. In Montana, as in the nation as a whole, prostate cancer (17%), lung cancer (14%), female breast cancer (14%), and colorectal cancer (10%) are the most prevalent diagnoses.



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

Resources

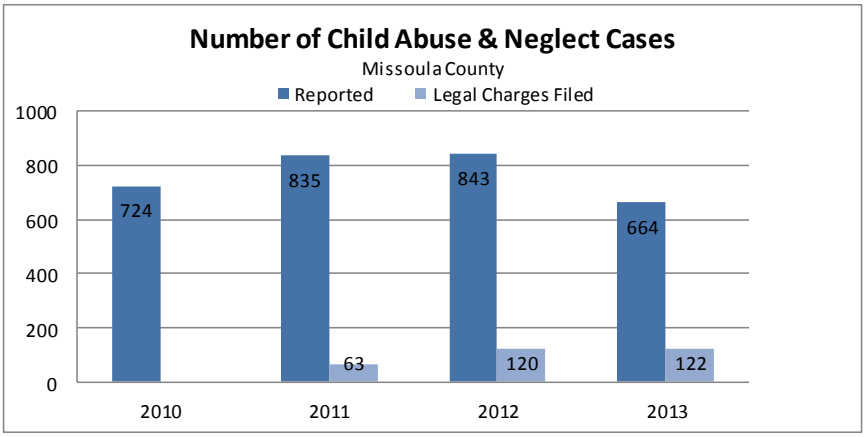
Montana Cancer Control Programs

Child Abuse & Neglect

Child and Family Services Division (CFS) in Missoula is part of the Montana Department of Public Health and Human Services. CFS provides state and federally mandated services to investigate abuse and neglect reports, help families stay together, and place children in foster or adoptive homes.

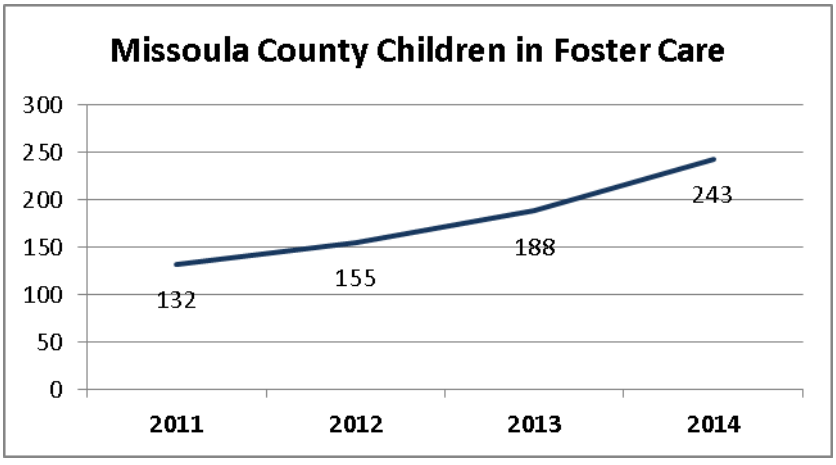
When children are placed in care, they generally go through multiple placements per year. The lack of stability contributes to health and dental problems that need to be addressed. In 2011 the Missoula Foster Child Health Program was started as a joint effort of MCCHD, St. Patrick Hospital, and CFS to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

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



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

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



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

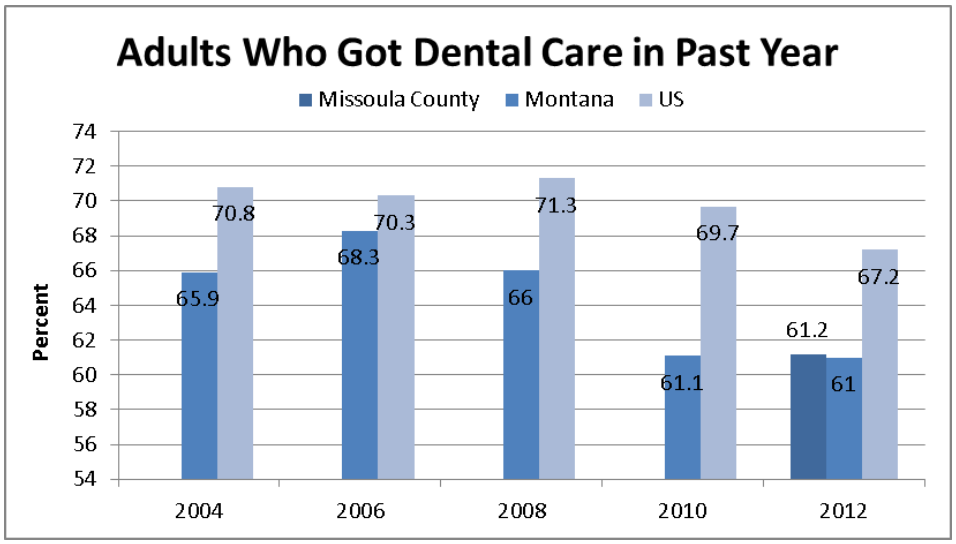
Resources

Montana DPHHS Child & Family Services

Dental Care

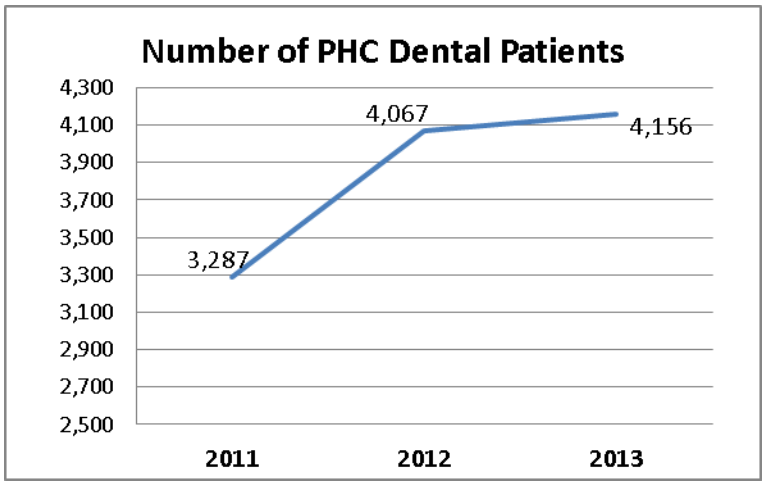
The US Department of Health and Human Services designates Health Professions Shortage Areas in primary, dental, and mental health care. Criteria for shortage areas in dental care include the ratio of providers to population, geographic access, fluoridated water, and communities of need within the population.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

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



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

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



Partnership Health Center. October 2014.

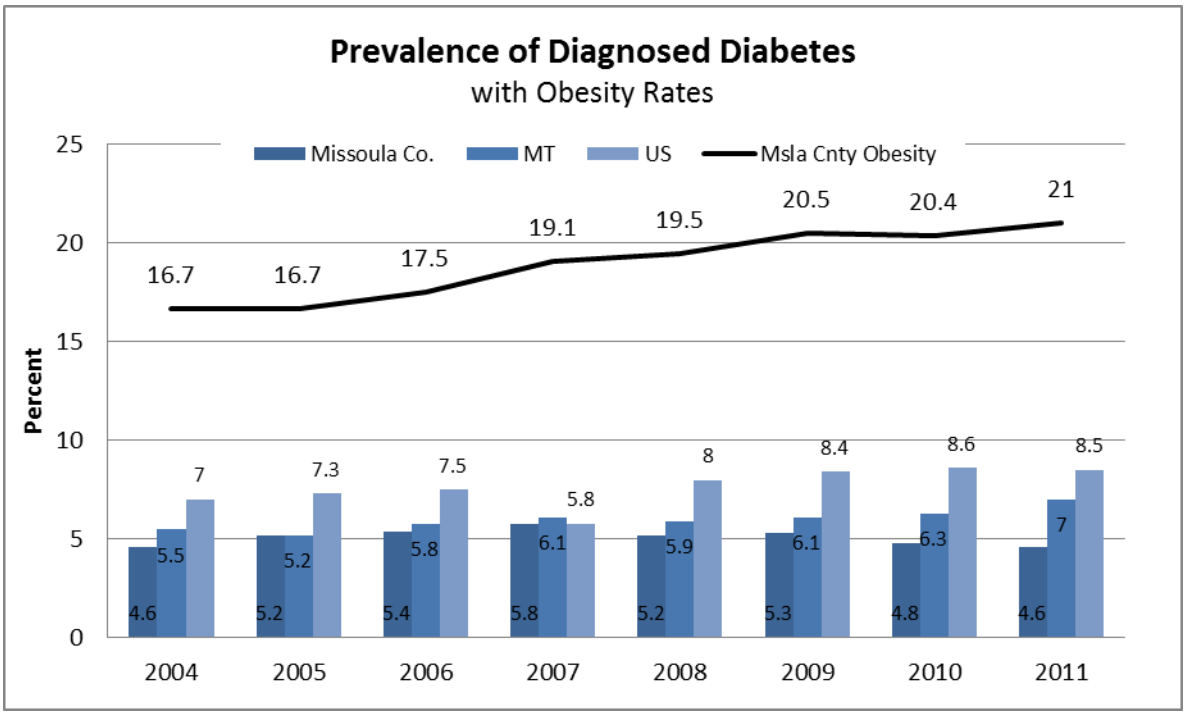
Resources

Health Professional Shortage Areas, US Dept. of Health and Human Services, Health Resources & Services Administration

Partnership Health Center

Diabetes

Diabetes incidence is increasing nationwide as Americans age and become more overweight. The complications of diabetes greatly diminish quality of life. According to Healthy People 2020, diabetes lowers life expectancy, increases the risk of heart disease two to four times, and is a leading cause of kidney failure, lower limb amputation, and adult-onset blindness. (CDC Diabetes Health Resource) Diabetes complications are costly, to households and to public systems. Montana DPHHS's *State of the State's Health* report includes information about the financial costs of diabetes.



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

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

CDC Diabetes Data and Trends, Diagnosed Diabetes Prevalence. County and state statstics from Interactive Atlas. http://www.cdc.gov/diabetes/atlas/obesityrisk/atlas.html

National statistics from Diabetes Public Health Resource. http://www.cdc.gov/diabetes/statistics/prev/national/figageadult.htm

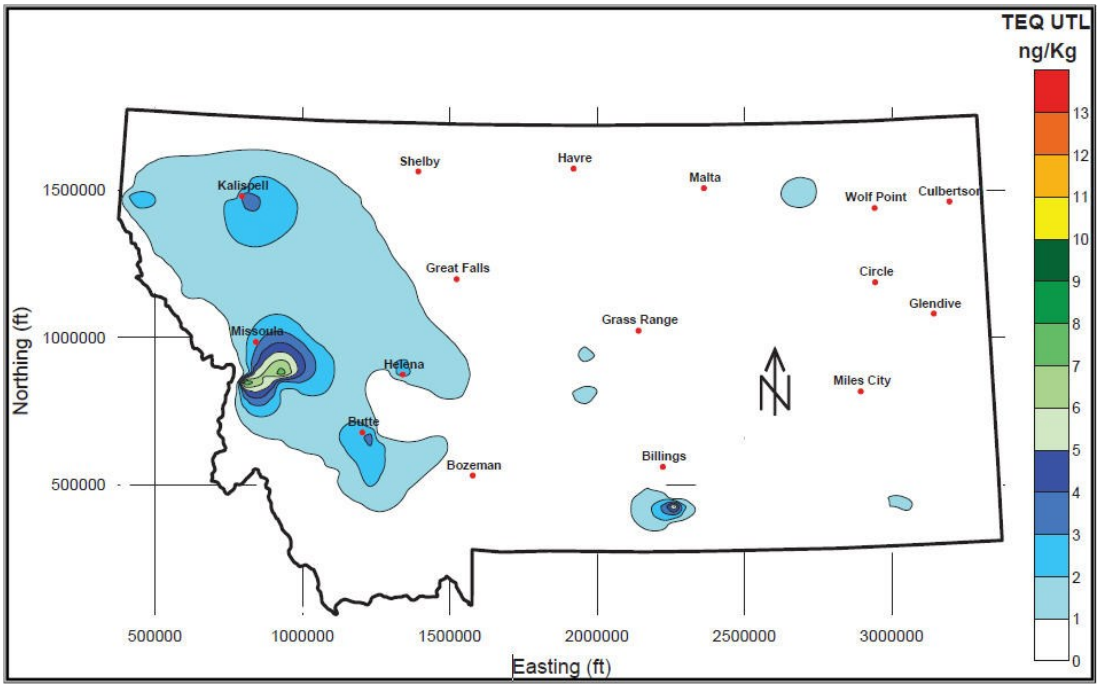
Resources:

Montana Diabetes Project

Dioxins

Dioxins are a common class of toxic chemical compounds. Dioxins can be released into the environment through forest fires, backyard burning of trash, certain industrial activities, and residue from past commercial burning of waste. Dioxins break down very slowly, meaning that dioxin from both man-made and natural sources remain in the environment for a long period of time. Practically all living creatures have been exposed to dioxins. High exposure can lead to health problems such as cancer. (Environmental Protection Agency)

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



Distribution of dioxins and dibenzofurans in Montana. Montana Department of Environmental Quality. April 2011. *Montana Dioxin Background Investigation Report*. http://deq.mt.gov/StateSuperfund/dioxinguide.mcpx
TEQ = toxicity equivalent quotient, a measurement of potential toxicity.
UTL = upper tolerance limit, a reference value for the background concentrations.

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

Resources

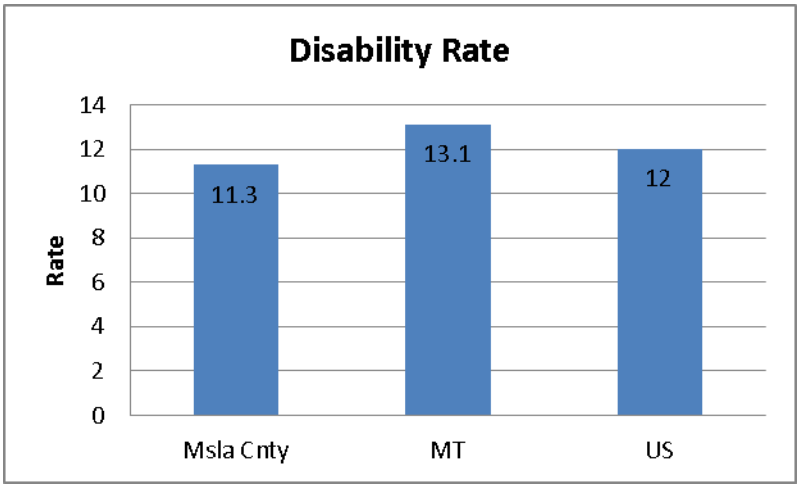
Environmental Protection Agency
Fish Wildlife & Parks Do Not Eat Advisories
Center for Health, Environment & Justice. January 1998. *Background Levels of Dioxin in Soil.*
MCCHD Water Quality District

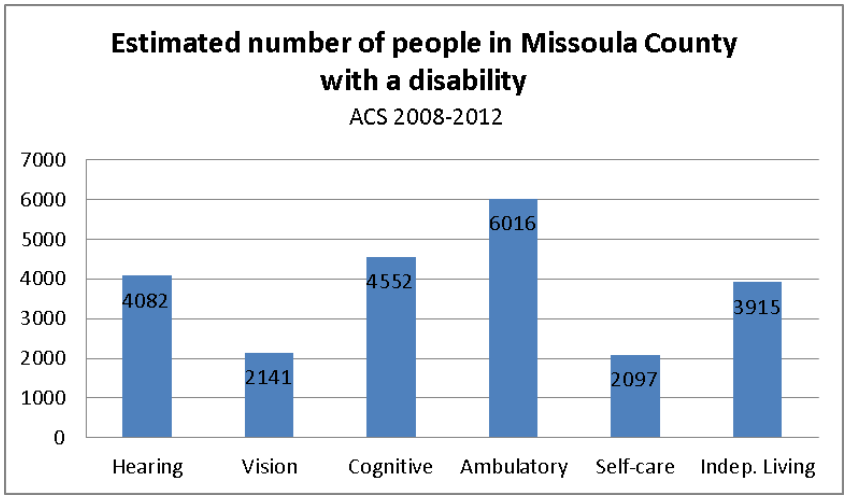
Disabilities

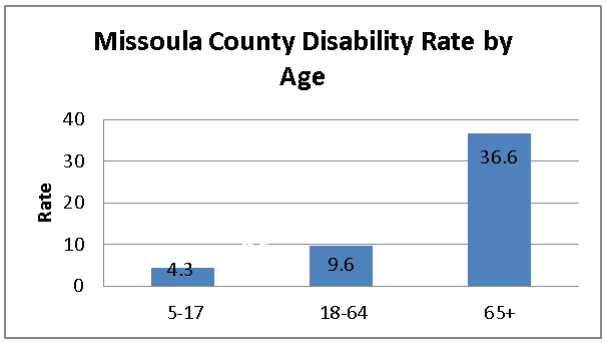
New data suggests that rural areas such as those in Montana have a higher percentage of people with disabilities (16.5%) than urban areas (13.4%), according to The University of Montana Rural Institute. The disability rate is correlated in complicated ways with many other categories in this report, including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

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

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







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

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

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

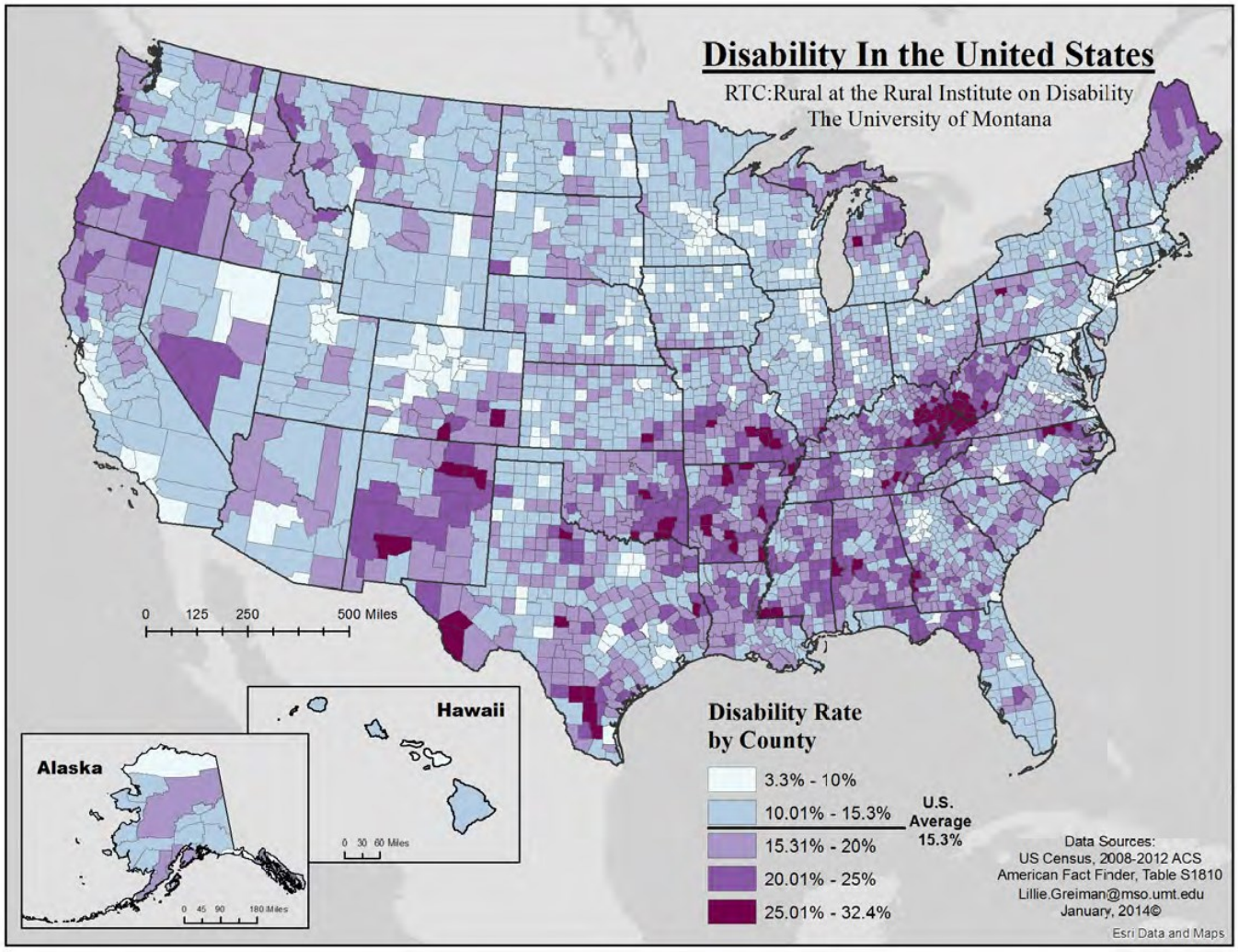
Resources

University of Montana Rural Institute
US Census disability resources
Montana Disability & Health Program

Disabilities *continued*

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

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

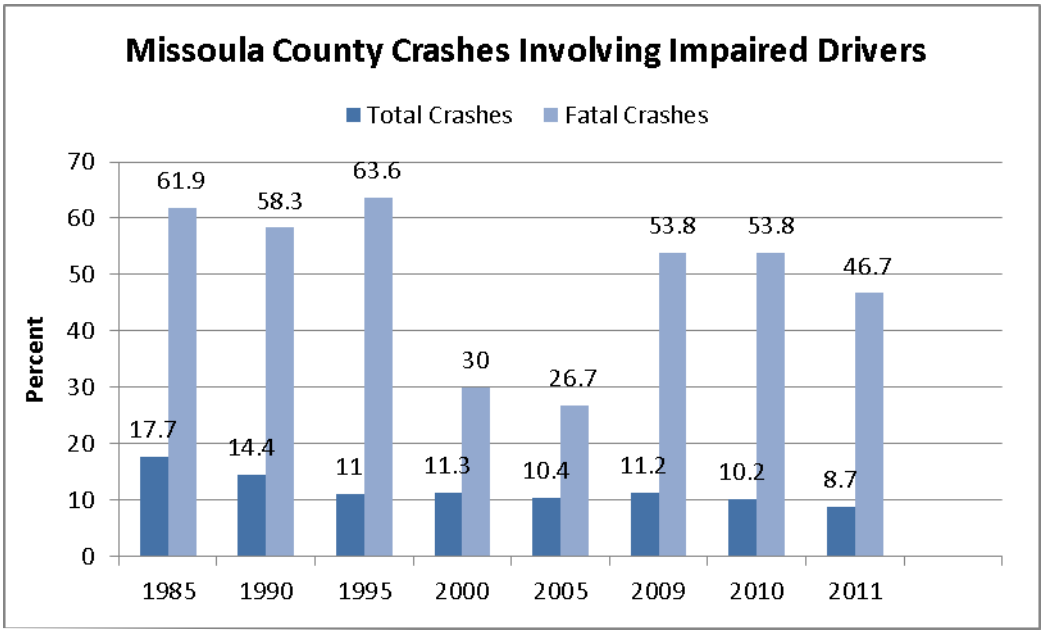


Map from The University of Montana Rural Institute. *Map Facts: Disability in Rural America.* February 2014. http://rtc.ruralinstitute.umt.edu/_rtcBlog/wp-content/uploads/MapFacts.pdf

DUIs

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

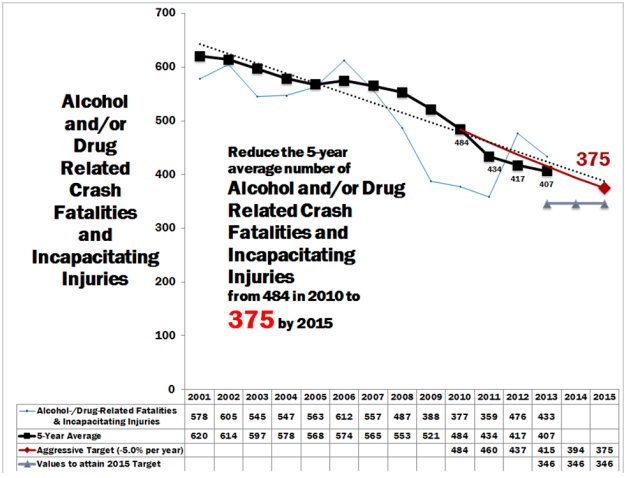
Missoula County historically has one of the highest rates of impaired driving in impaired driver crashes in Montana. As a point of comparison, the state rate of impaired drivers in fatal crashes was about 48% in 2009, 45% in 2010, and 43% in 2011. In crashes involving impaired drivers and resulting in severe injuries, 79% were male, and 66% 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: Crash data is only available through 2011.*

Resources

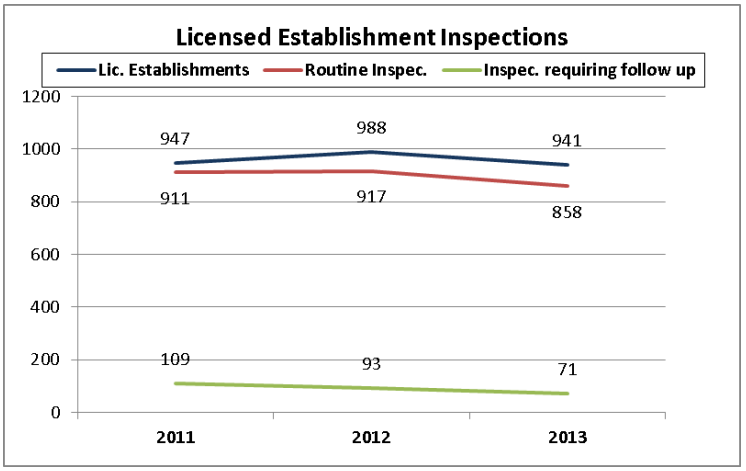
Missoula County DUI Task Force

Montana DUI Task Forces

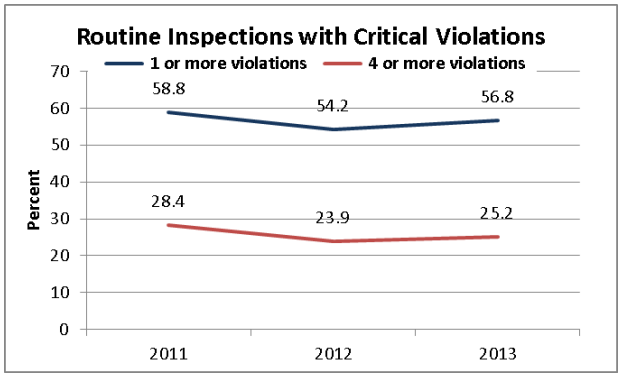
Food Safety

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

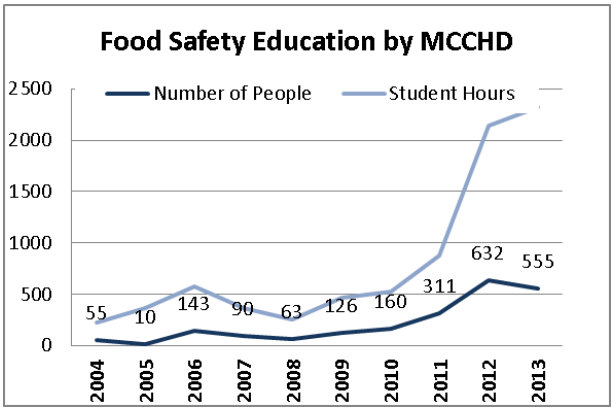
Sanitarians perform different of types of inspections, including routine, change of ownership, follow ups and pre-opening. The goal is to inspect each food business at least once a year. Routine inspections are *risk based*, meaning that inspectors concentrate on the items that are most likely to cause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



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



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



Resources

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

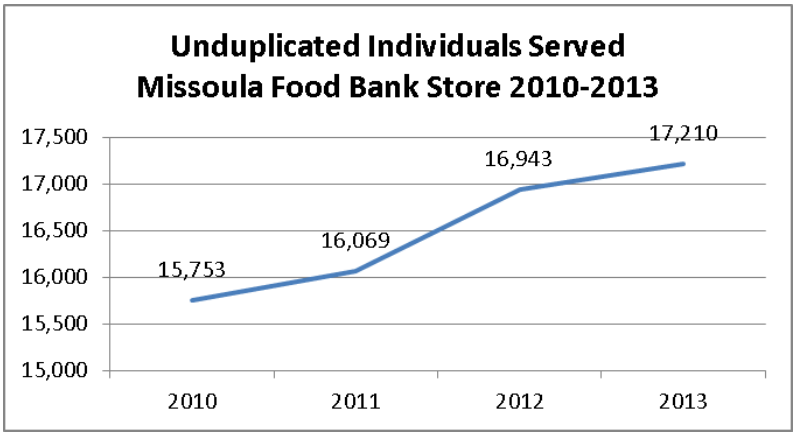
Food Security

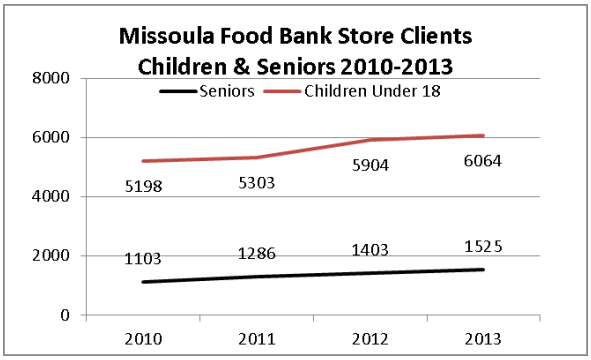
Missoula's location in an agricultural valley means that we enjoy a varied food infrastructure that includes farms, farmers' markets, and community gardens, as well as grocery stores. The Missoula Food Bank, along with a handful of smaller food pantries and a number of food programs for children, provide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

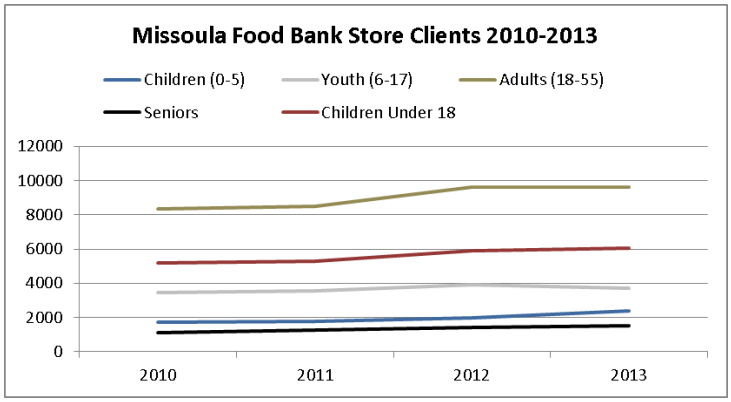
Missoula County has high levels of poverty, which makes food security and access to healthy food a serious problem. In the 2013 *Missoula Food Bank Needs Assessment*, the Missoula Food Bank reported that in the previous three years the community has had an 18.3% increase in clients accessing emergency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

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

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







All data from Missoula Food Bank. October 2014.

Resources

Missoula Food Bank

Missoula Food Security Initiative

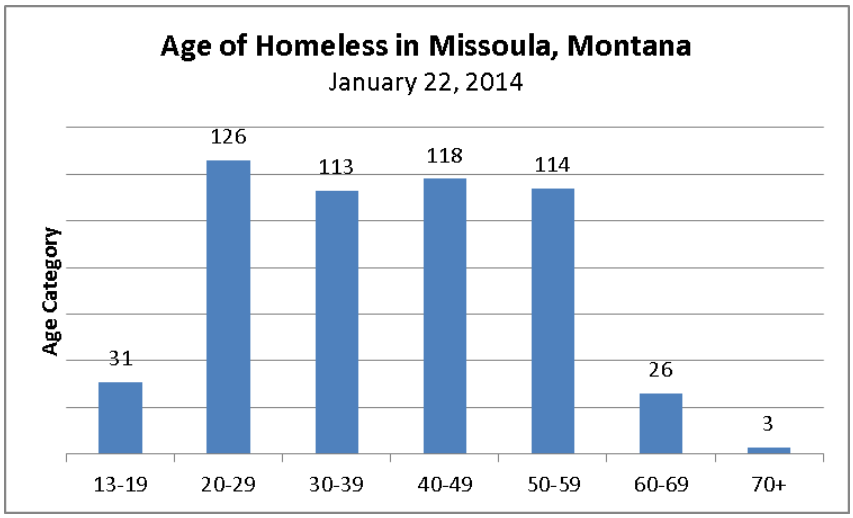
Montana Food Bank Network

Homelessness

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

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

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



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

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

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

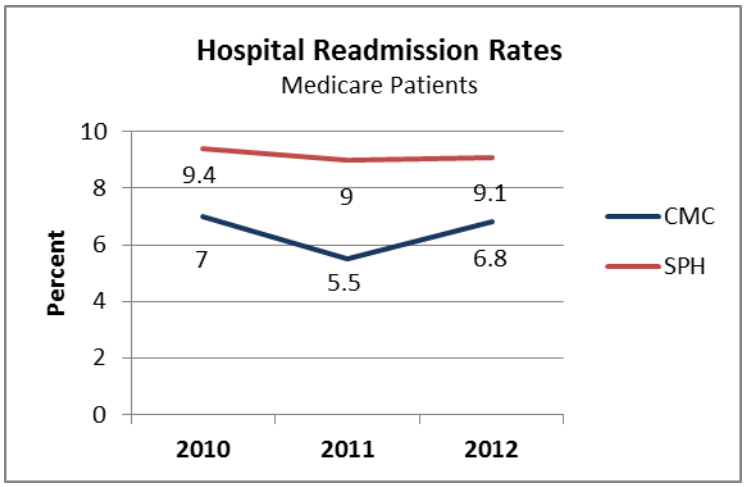
Resources

United Way Reaching Home Program
Montana DPHHS. Montana Homeless Survey
Poverello Center
YWCA
Family Promise of Missoula

Hospital Readmission Rates

In 2013, both Providence St. Patrick Hospital and Community Medical Center performed better than the national average of 9.7% for hospital readmissions for the Medicare patients served. The overall rate of unplanned readmission after discharge from the hospital (also called "hospital-wide readmission") focuses on whether patients who were discharged from a hospital stay were hospitalized again within 30 days. The overall rate of unplanned readmission show whether a hospital is doing its best to prevent complications, provide clear discharge instructions to patients, and help ensure patients make a smooth transition to their home or other setting such as a nursing home.

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



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

Resources

Medicare hospital data

Medicare Readmissions Reduction Program

Providence St. Patrick Hospital

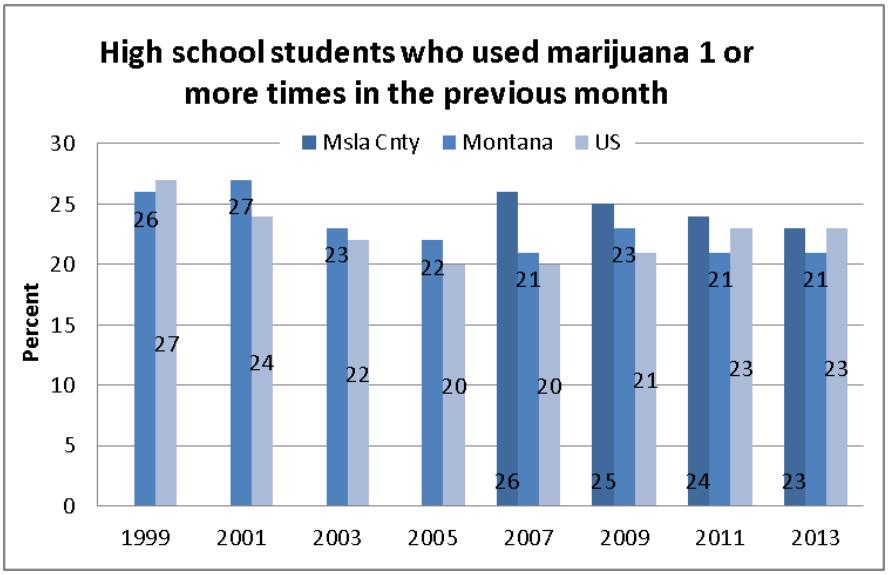
Community Medical Center

Illegal Drug Use

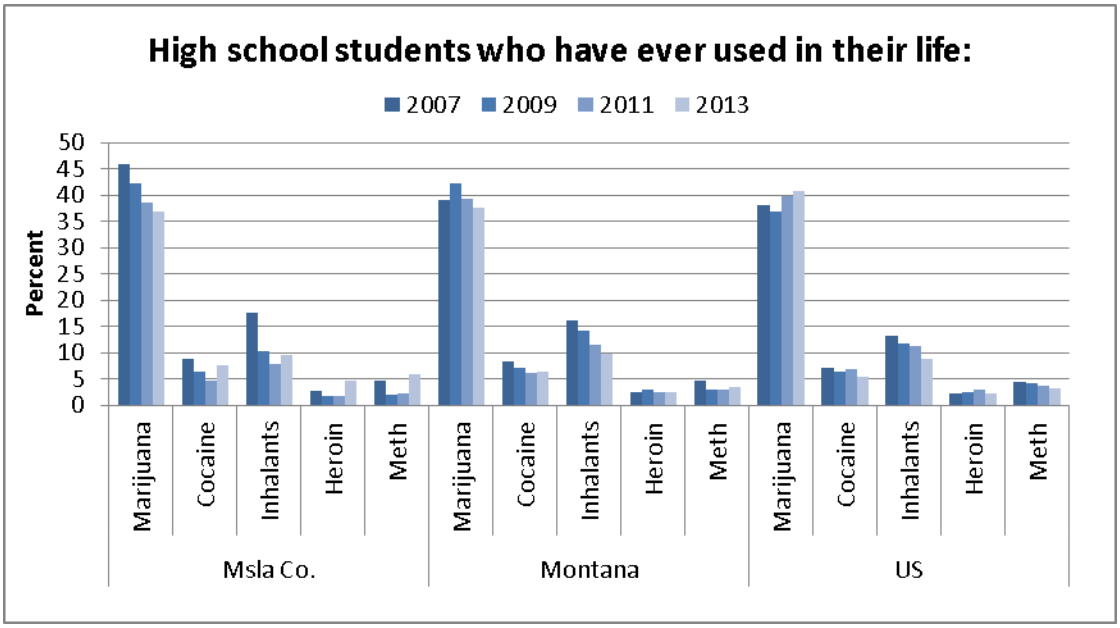
Drug use — marijuana and illicit drugs, in addition to alcohol — tie into many other issues in this report, among them impaired driving, the crime index, mental health, and suicide. SAMHSA's National Survey on Drug Use and Health gathers exhaustive data on drug use, drug treatment, and mental health.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

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

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



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



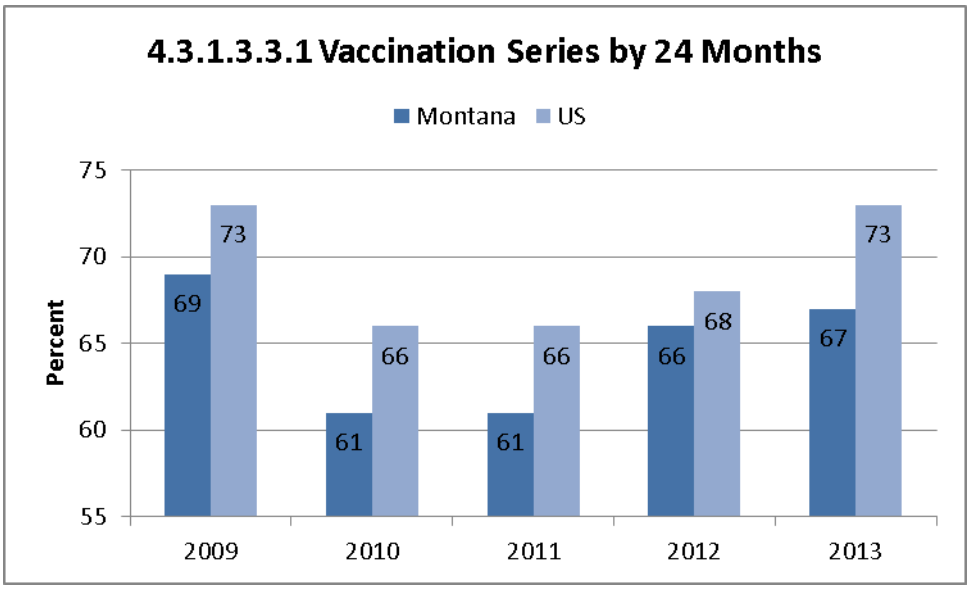
Resources

Missoula Forum for Children and Youth

Immunizations

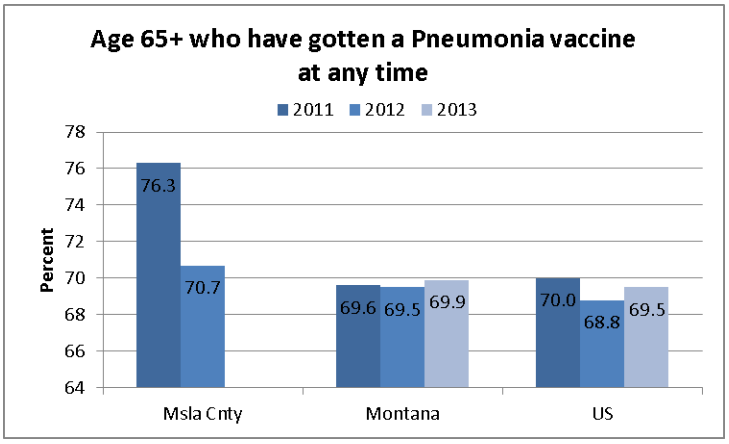
A community's immunization rates are hard to determine. Immunizations are given in many different venues, with no single reporting requirement. This is especially true for flu shots, adult immunizations, and shingles and pneumonia vaccines in the adult population.

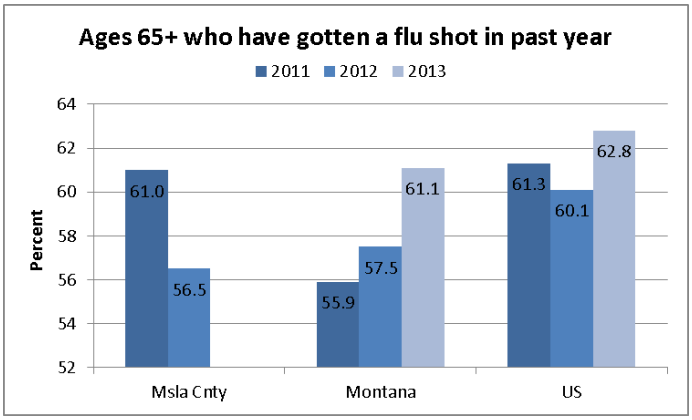
Childhood vaccinations rates are collected through the CDC National Immunization Survey. It includes one survey of parents and one of vaccination providers. The survey for parents asks questions about childhood immunization for children 19 to 35 months of age and requests parental permission for contacting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



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

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





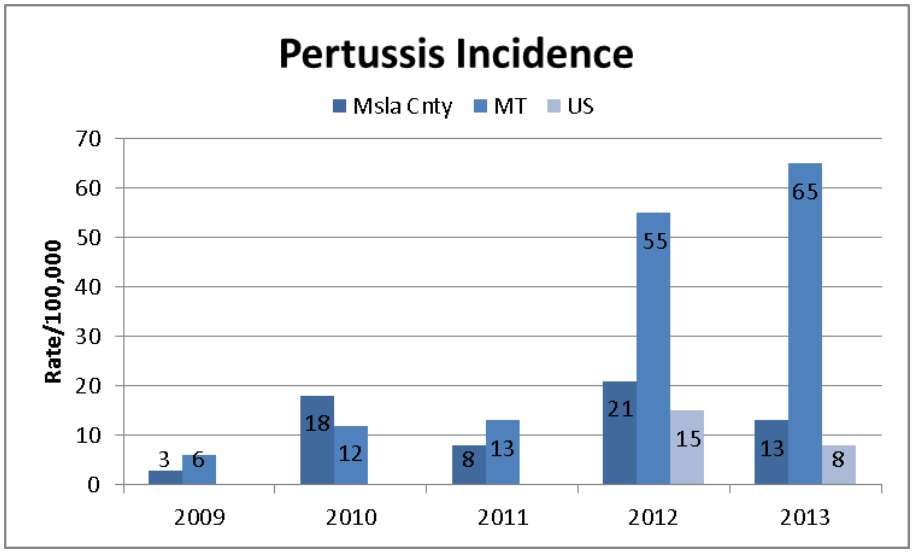
BRFS. http://apps.nccd.cdc.gov/BRFSS-SMART/SelQuestion.asp?yr2=2012&MMSA=182&cat=IM#IM

Resources

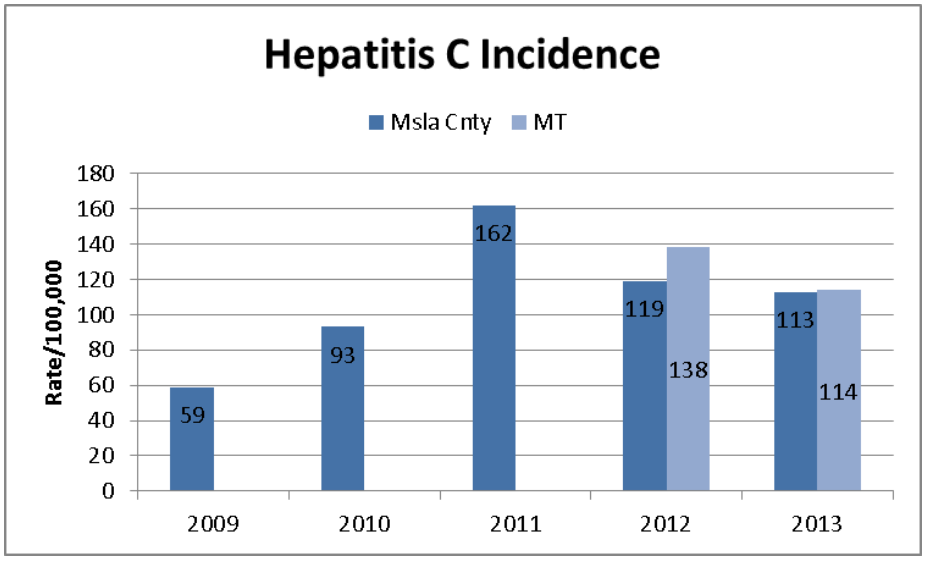
MCCHD Immunization Clinic

Infectious Diseases

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



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



MCCHD Infectious Disease Program. September 2014.

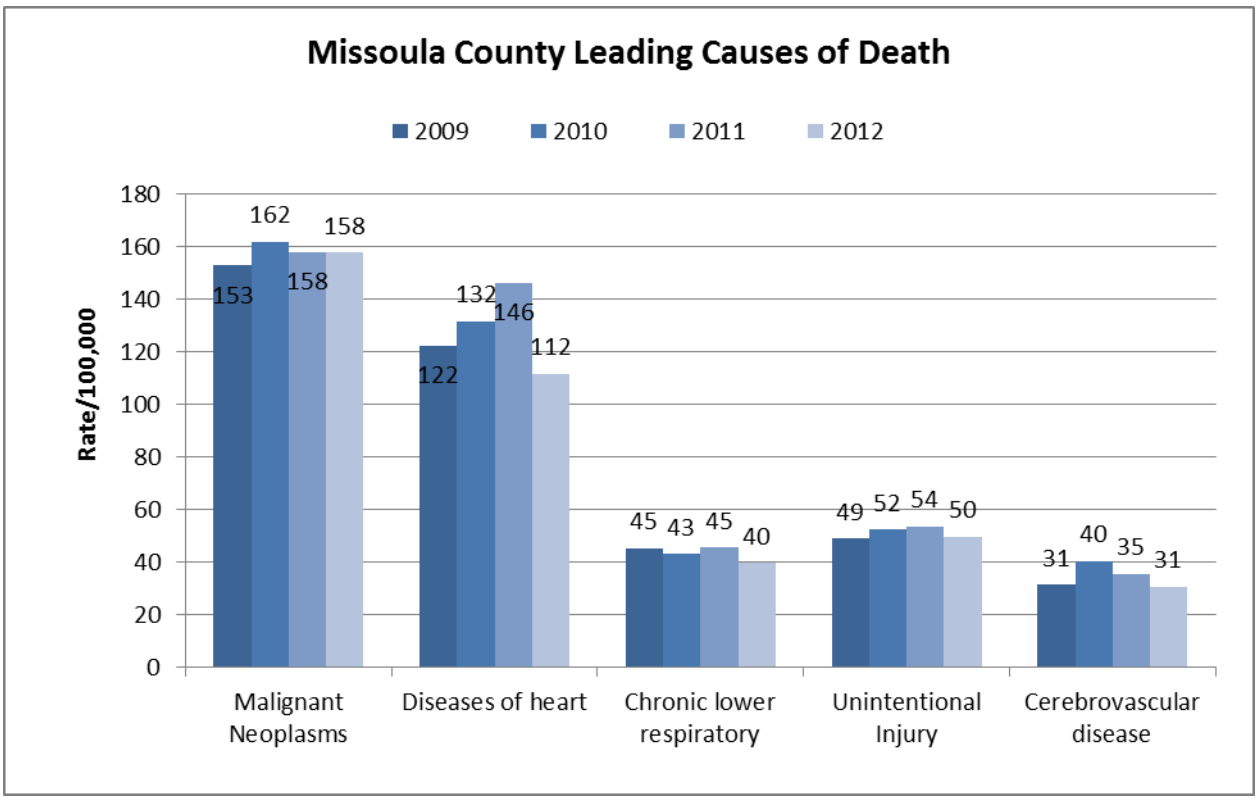
Resources

MCCHD Infectious Disease Program

Leading Causes of Death

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

The HP 2020 goals for leading causes of death are reducing death rates to 161.4/100,000 for cancer; 103.4/100,000 for heart disease; 66.6/100,000 for diabetes; and 34.8/100,000 for stroke. (HP 2020)



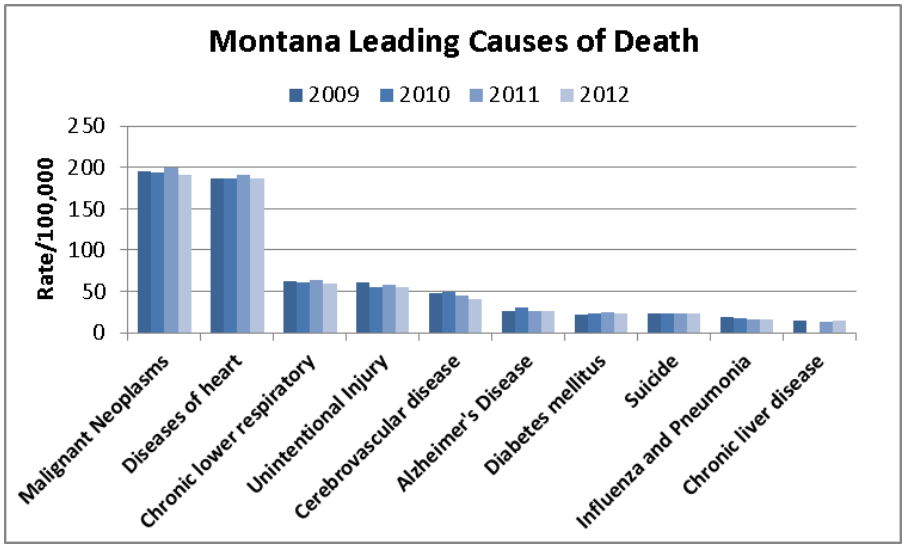
Montana DPHHS, http://www.dphhs.mt.gov/statisticalinformation/index.shtml

Resources

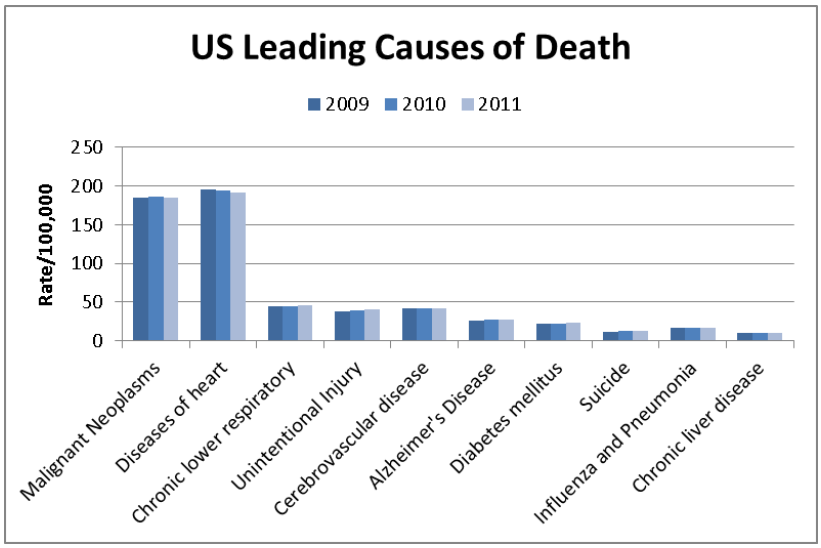
Montana DPHHS *State of the State's Health* 2013
Montana DPHHS Health Data and Statistical Reports
CDC FastStats

Leading Causes of Death *continued*

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



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

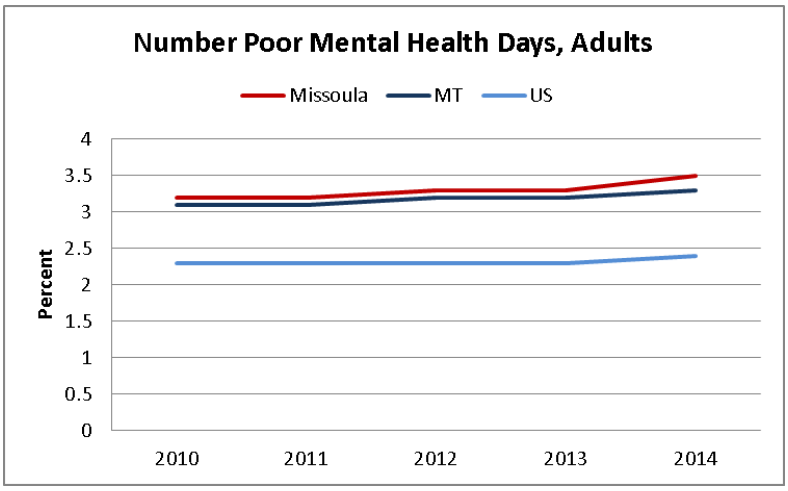


CDC. http://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm

Mental Health

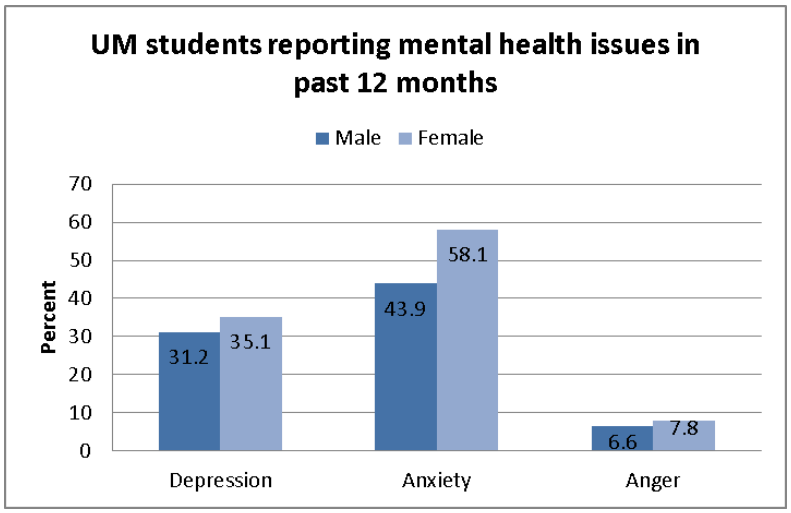
Mental health problems and disorders are a major cause of human suffering in the US. Social stigma, lack of understanding about mental health and treatment options, and lack of health insurance coverage and access all combine to make mental health issues hard to address for much of the population. The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

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



County Health Rankings. http://www.countyhealthrankings.org/app/montana/2014/measure/outcomes/42/map

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



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

Resources:

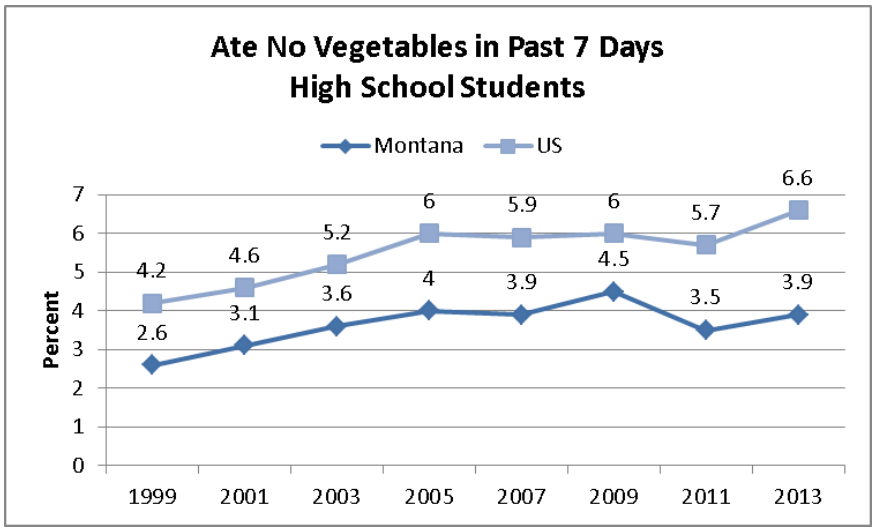
Western Montana Mental Health Center

National Alliance on Mental Illness, Missoula Chapter

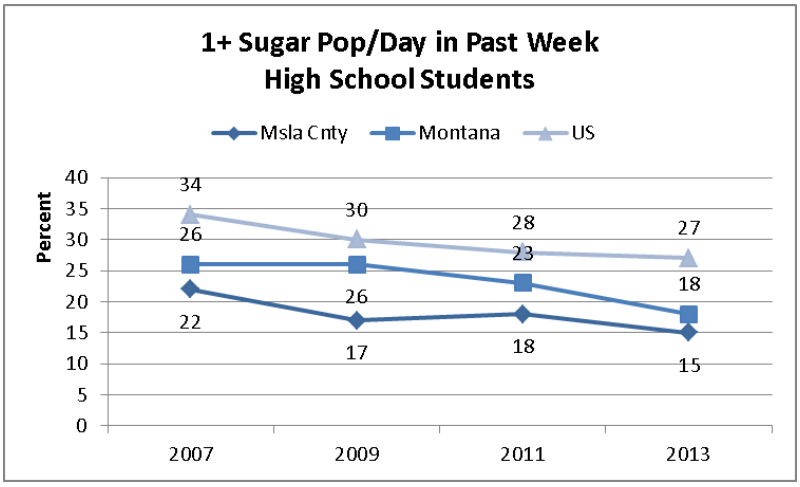
Nutrition

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

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



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



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

Resources

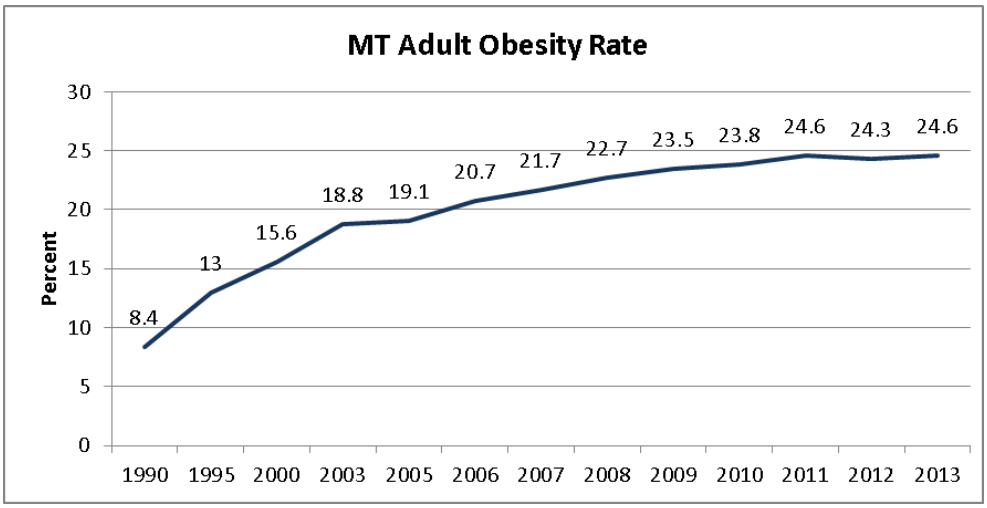
US Department of Health and Human Services, Office of Disease Prevention and Health Promotion, Dietary Guidelines

USDA Healthy Eating Tips

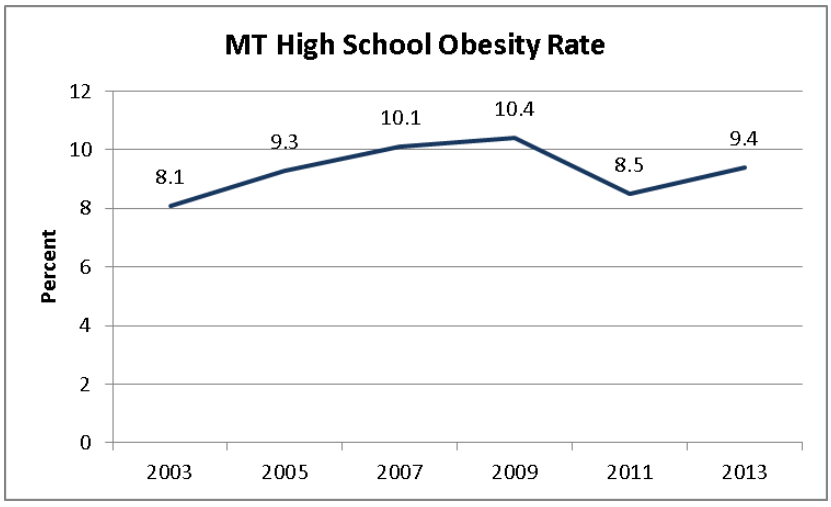
Obesity

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

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



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



All data from Trust for America's Health and Robert Wood Johnson Foundation. 2014. The State of Obesity: Montana. http://stateofobesity.org/states/mt/

Note: For both graphs, note that data collection changed between 2010 and 2011, making direct comparisons unreliable.

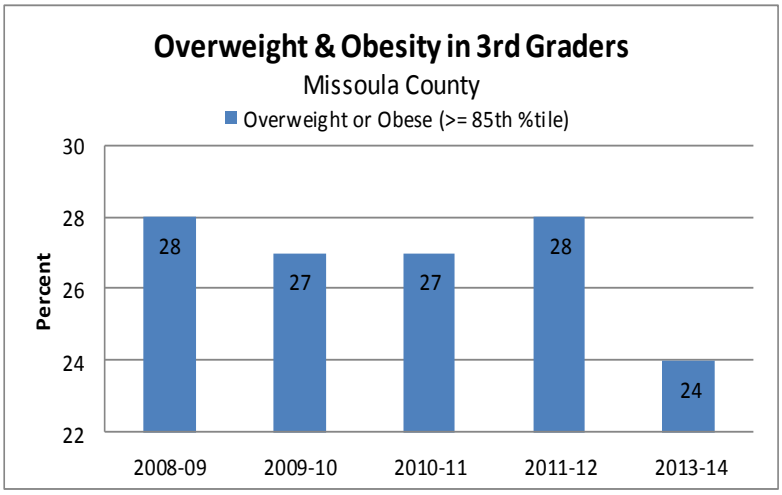
Resources

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

Obesity *continued*

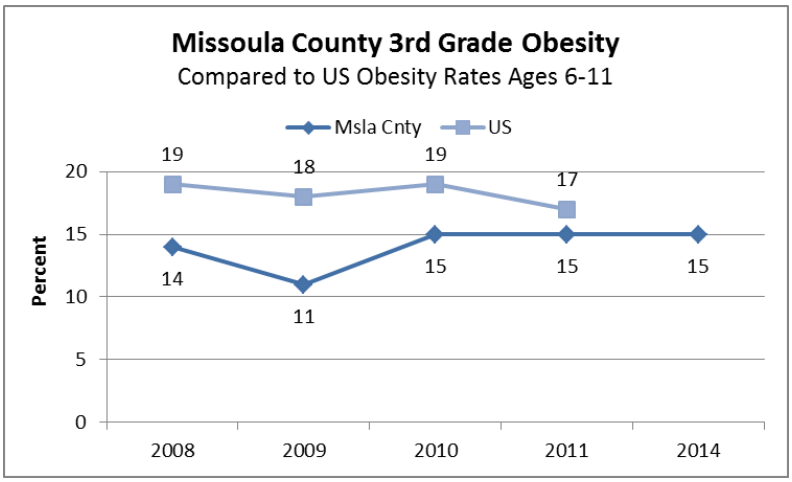
Understanding obesity issues at the county and local level can be a challenge. In 2008 the Missoula City-County Health Department launched the 3rd grade Body Mass Index (BMI) surveillance program. The goal is to make comprehensive estimates of overweight and obesity prevalence at the county level. The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

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



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

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



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

Resources

Let's Move! Missoula

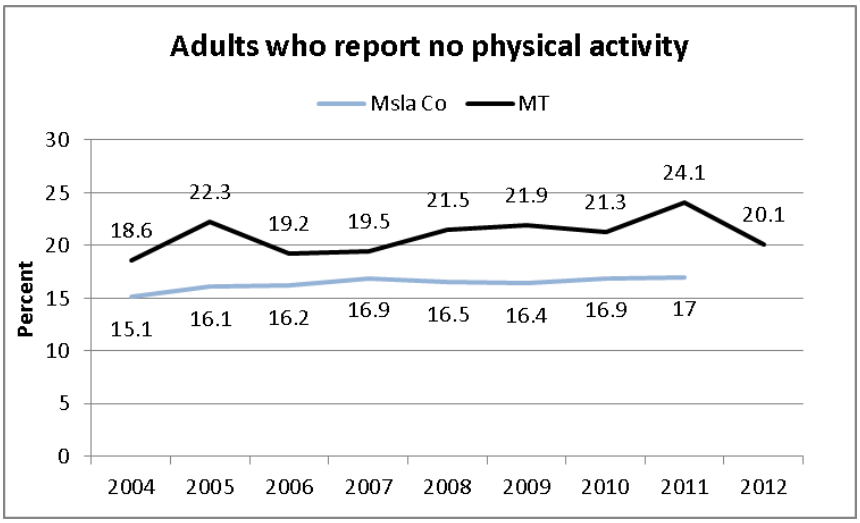
MCCHD Active Kids

Physical Activity

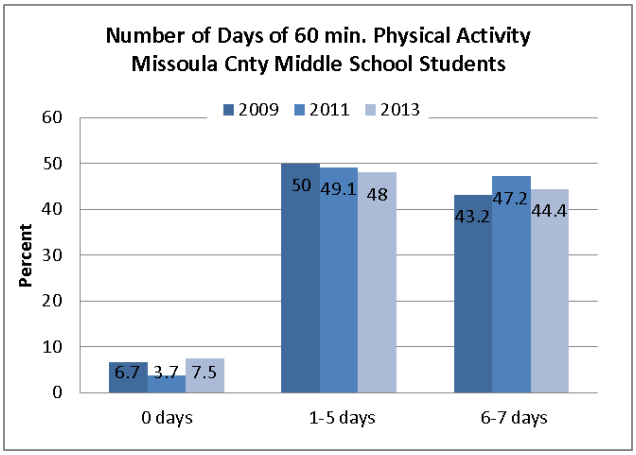
Physical activity is key to living a healthy life. Exercise helps control weight. Physically active people also tend to live longer and have lower risks for many diseases, including heart disease, diabetes, and stroke. General recommendations are for 30 to 60 minutes a day of physical activity for adults,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

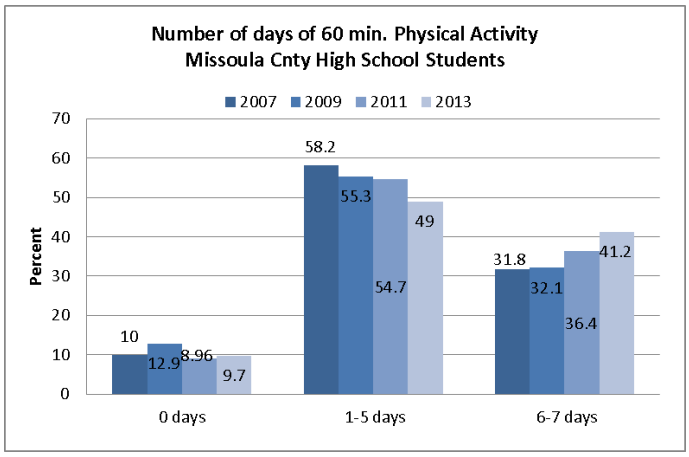
The BRFSS asks respondents to answer questions about their physical activity. This data shows the percentage of people who report no leisure-time physical activity. The HP 2020 goal is 32.6%, which we are below at this point.

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



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





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

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

Resources

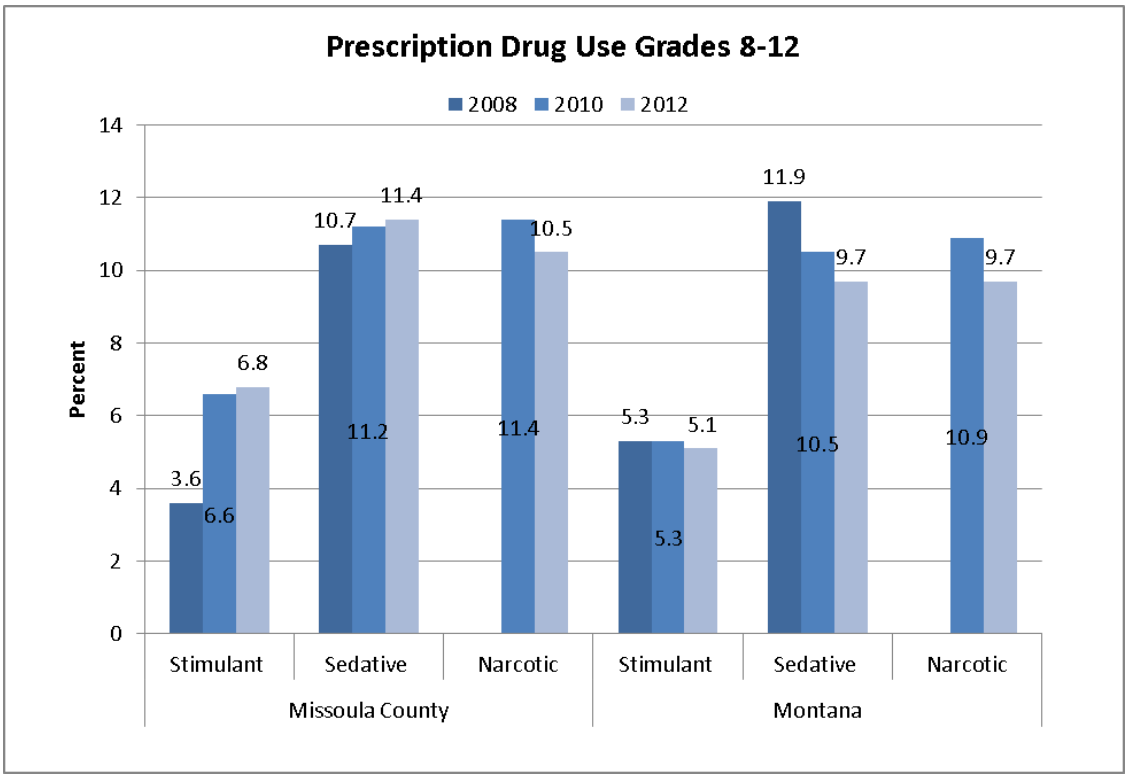
CDC *State Indicator Report on Physical Activity 2014*.

Prescription Drug Abuse

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

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

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



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

Resources

Missoula Forum for Children and Youth

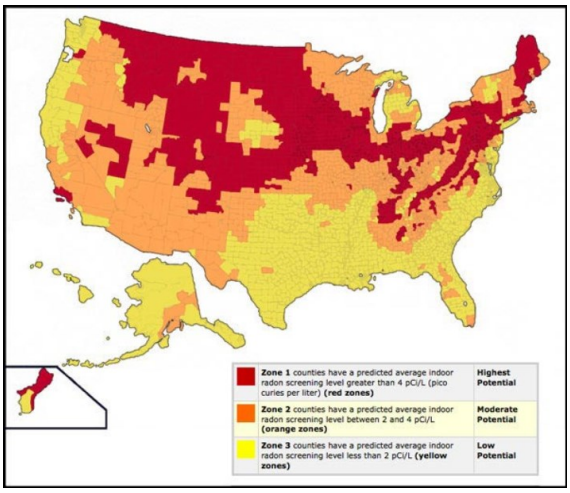
Montana Prescription Drug Registry

Substance Abuse and Mental Health Services Administration (SAMHSA)

Radon

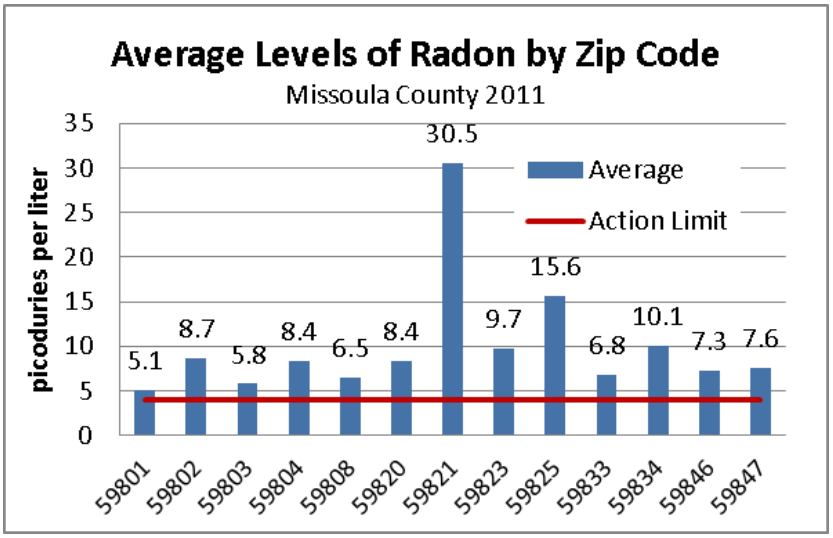
The primary indoor air pollutant of concern in Missoula County is radon. Radon is a colorless, odorless gas formed from the radioactive breakdown of uranium in soils, rock ,and water. While the gas itself is inert, the radioactive breakdown of radon causes the potential health threat. Radon is considered to be the second leading cause of lung cancer in the US and is estimated to cause many thousands of deaths each year. Only smoking causes more lung cancer deaths. Children are especially vulnerable to the effects of radon because they breathe twice as fast as adults and take in more radon in relation to the size of their lungs. (All information on this page from MCCHD Environmental Health Division)

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



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

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



MCCHD. *Radon Levels in Missoula County: An Updated Study,* December 15, 2011. http://www.co.missoula.mt.us/EnvHealth/IndoorExposures/Radon/2011%20Updated%20Radon%20Study.pdf This is the most recent data available that is specific to Missoula County, and it includes only samples analyzed through the MCCHD Environmental Health Division.

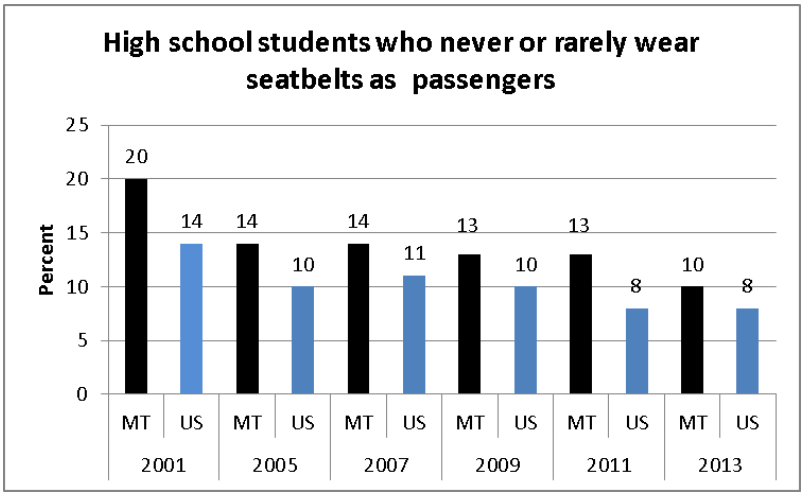
Sources:
MCCHD Environmental Health
Montana Bureau of Mining and Geology, *Radon and You*
Environmental Protection Agency (EPA)
US Geological Survey

Seatbelt Use

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

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

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



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

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

Resources

Buckle Up Montana Missoula County

Buckle Up Montana

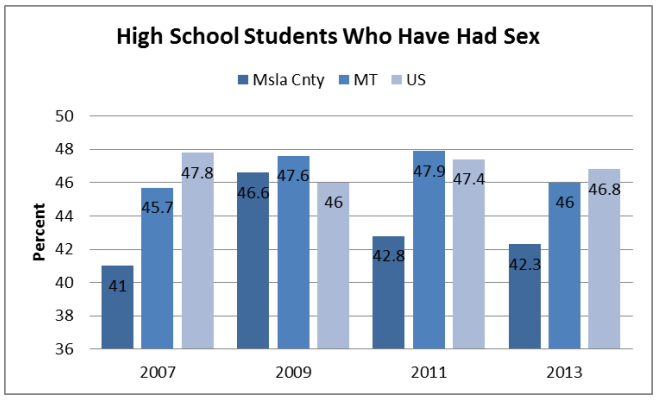
Sexual Behavior

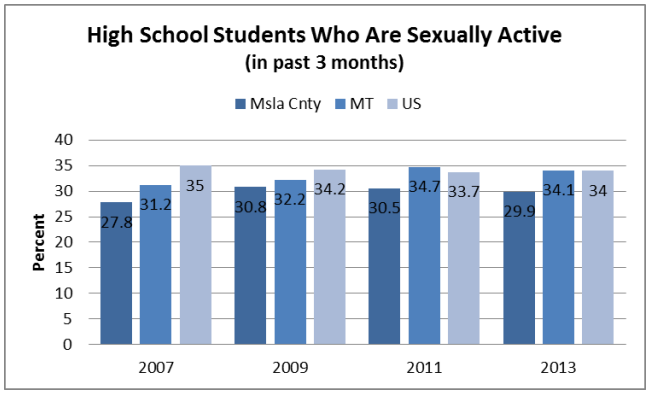
It is difficult to find data that reflects contraception use and sexual behavior across all age groups for counties, or even for states as small in population as Montana. Data does exist for adolescents through the YRBS surveys, along with teen birth data through Montana DPHHS Vital Statistics. Sexual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

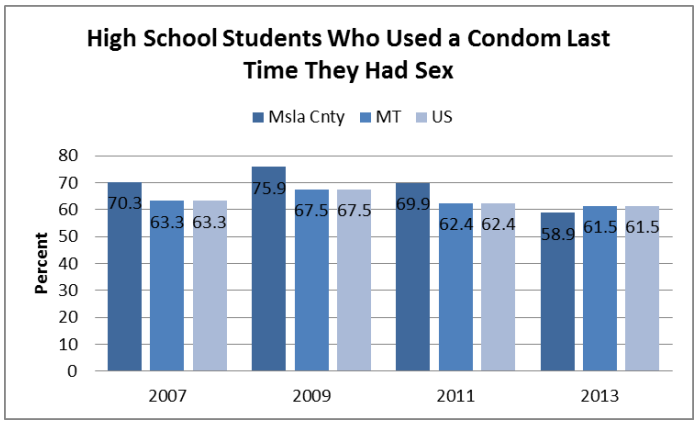
In Montana, teen childbearing costs taxpayers millions of dollars per year, over half of which is paid by state and local governments. From 2007-2011, Missoula County had a birth rate for adolescents aged 15 to 19 of 33.8/1,000, lower than the overall Montana rate of 46.2/1,000 for the same time period.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

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

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







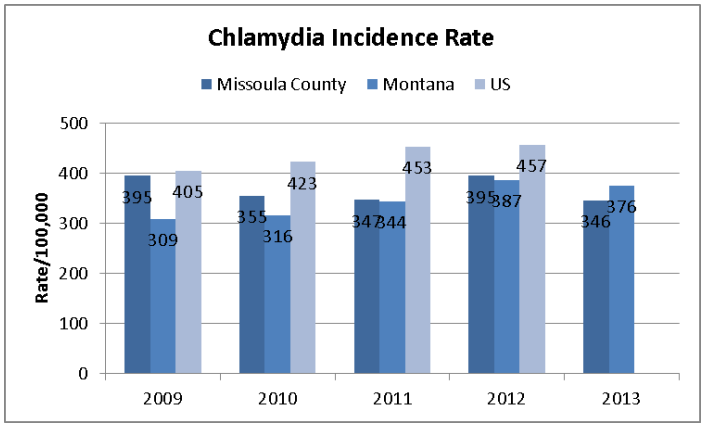
Data from YRBS. National and Montana data: http://nccd.cdc.gov/youthonline/App/Results.aspx?LID=MT
Missoula County data: YRBS. Montana Office of Public Instruction. http://opi.mt.gov/Reports&Data/YRBS.html
NOTE: Data on condom use from Missoula County includes all high school students who report ever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

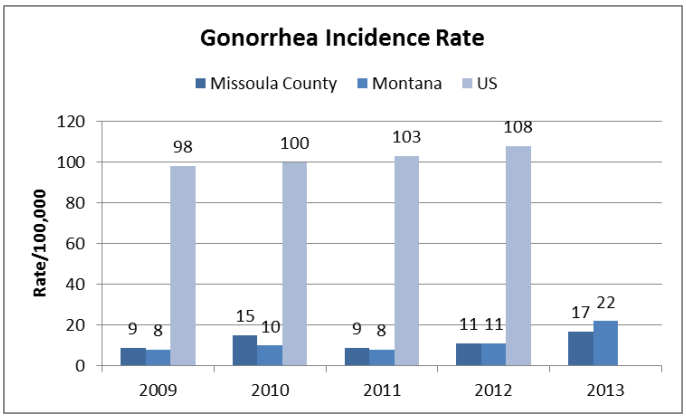
Resources

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

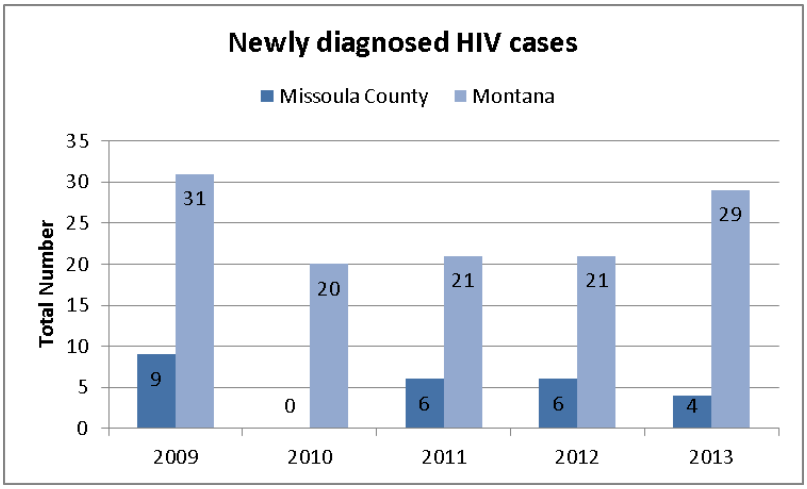
Sexually Transmitted Diseases

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





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



All data from MCCHD Infectious Disease Program. September 2014.

Resources

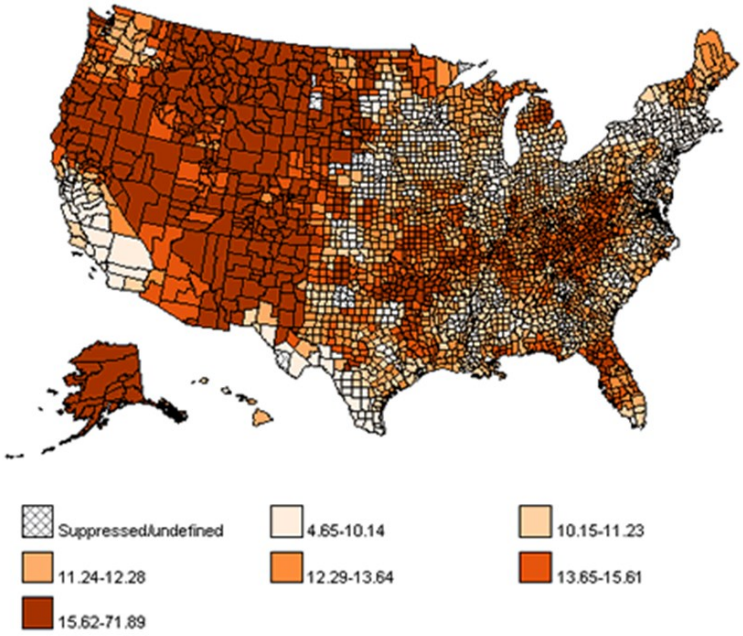
MCCHD Infectious Disease Program

Montana DPHHS Communicable Disease Epidemiology

Suicide

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

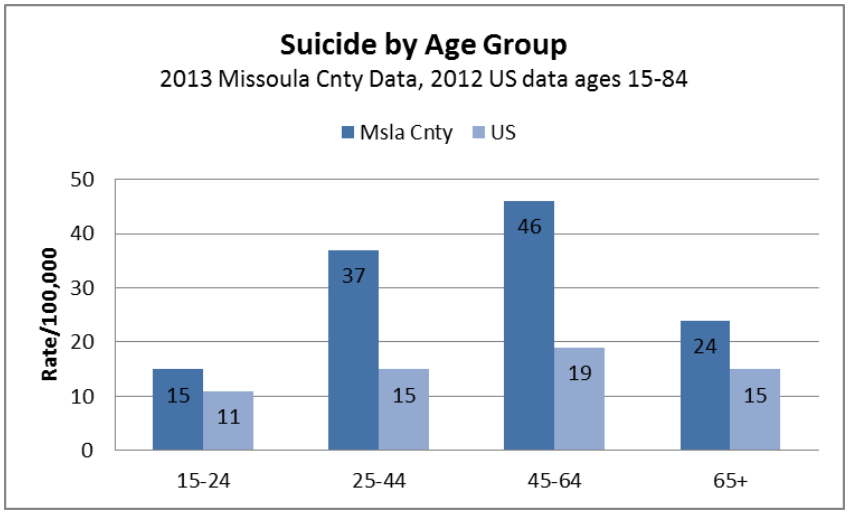
This map of the US highlights county-level suicide rates. The rate of suicide for Montana and Wyoming, the two states tied for the worst suicide rates in the most recent data, is twice the national rate. (Missoula Suicide Prevention Network)



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

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

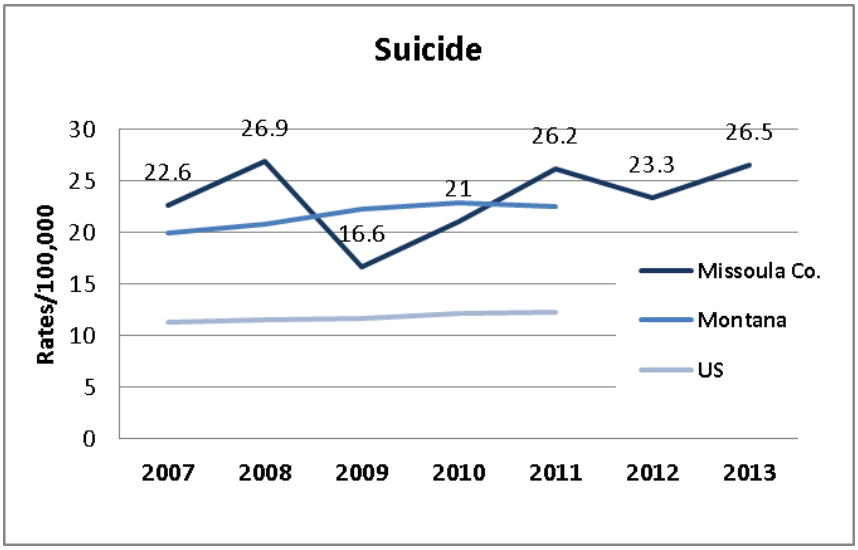
The HP 2020 objective is to reduce the overall suicide rate to 10.2/100,000. The suicide rate is calculated in rate per 100,000 population so that it can be compared to other areas. In total numbers, since 2007 Missoula County has ranged from a low of 18 suicides in 2009 to 31 suicides in 2013, the highest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



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

Suicide *continued*

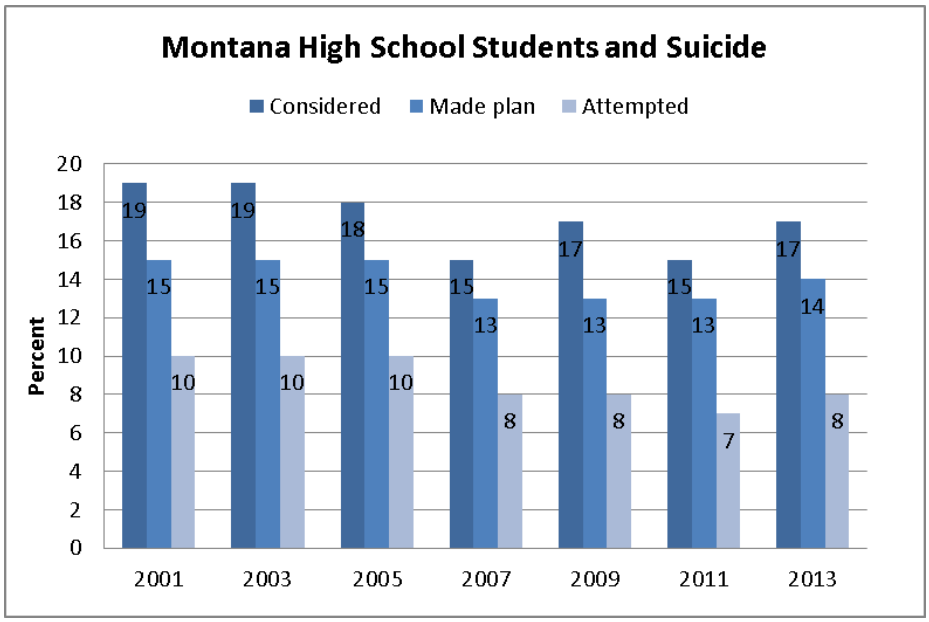
Because of its small population, Missoula's suicide numbers all by themselves do not seem too alarming. Small populations and small numbers are why mortality and disease numbers are calculated per 100,000 population, so that rates can be compared and the situation can be better understood.



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

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

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



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

Resources

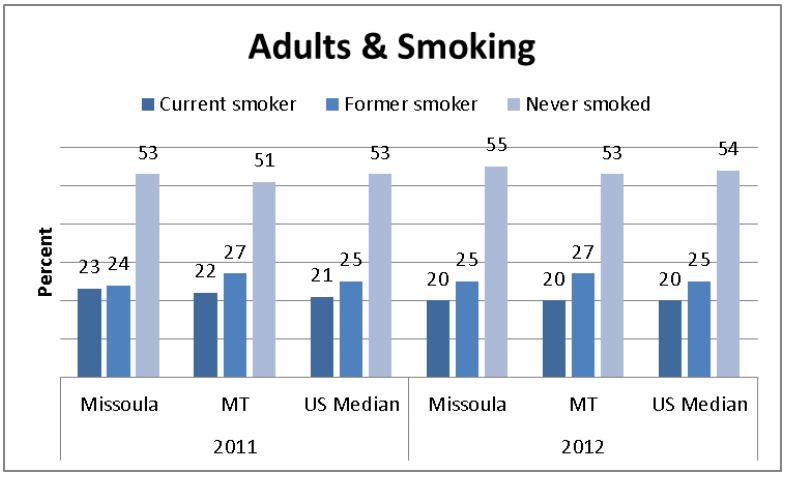
Missoula Suicide Prevention Network

Tobacco Use

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

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

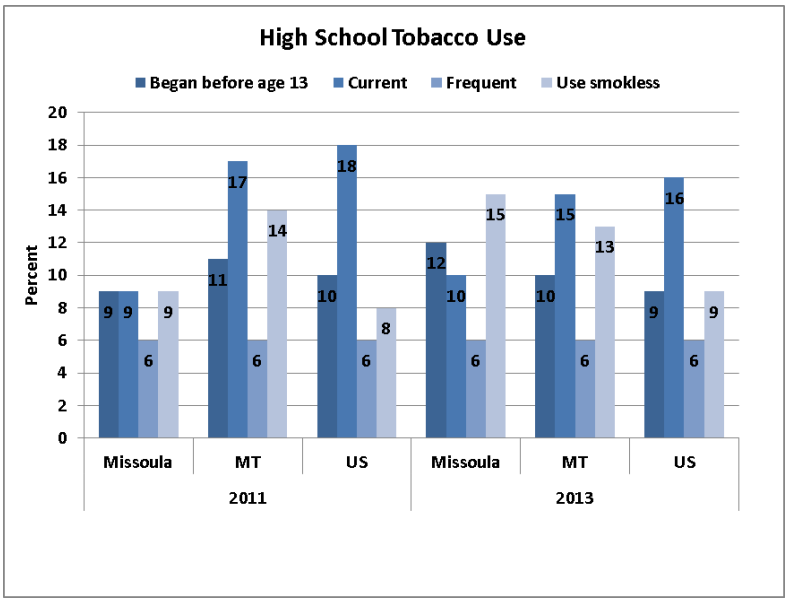
The HP 2020 objective for smoking rates is a reduction to 12% for adults. (HP 2020)



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

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

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



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

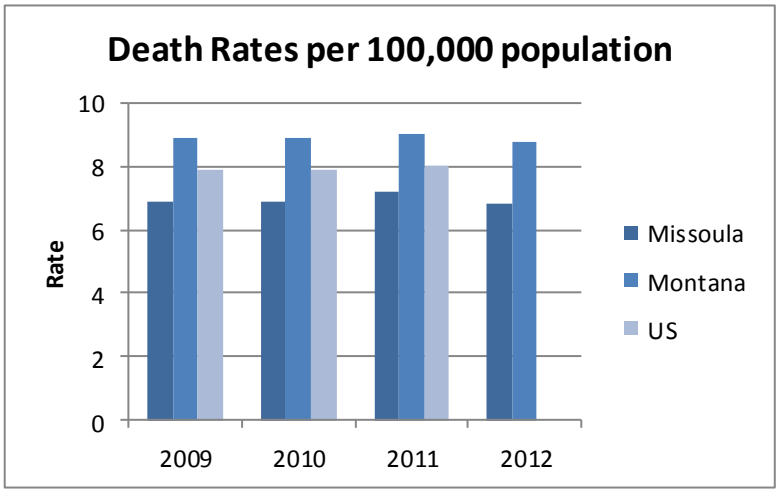
Resources

Tobacco-Free Missoula County
Montana Tobacco Use Prevention Program
Montana Tobacco Quit Line
American Lung Association Montana
Tobacco Free Kids, Montana Data

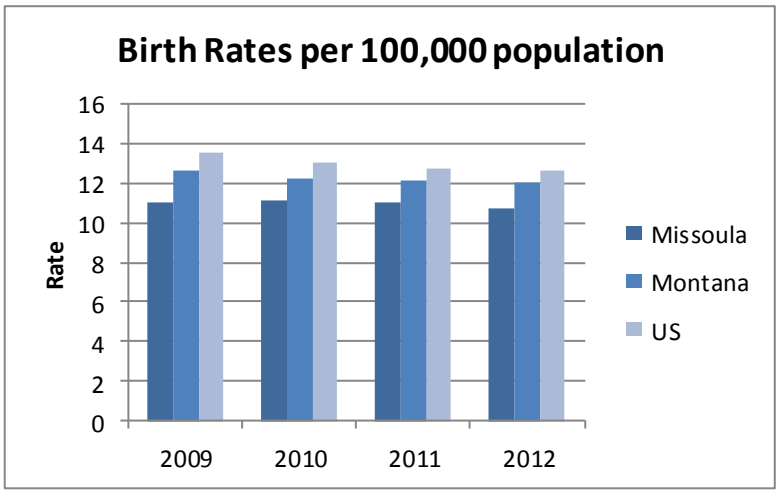
Vital Statistics

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

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



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



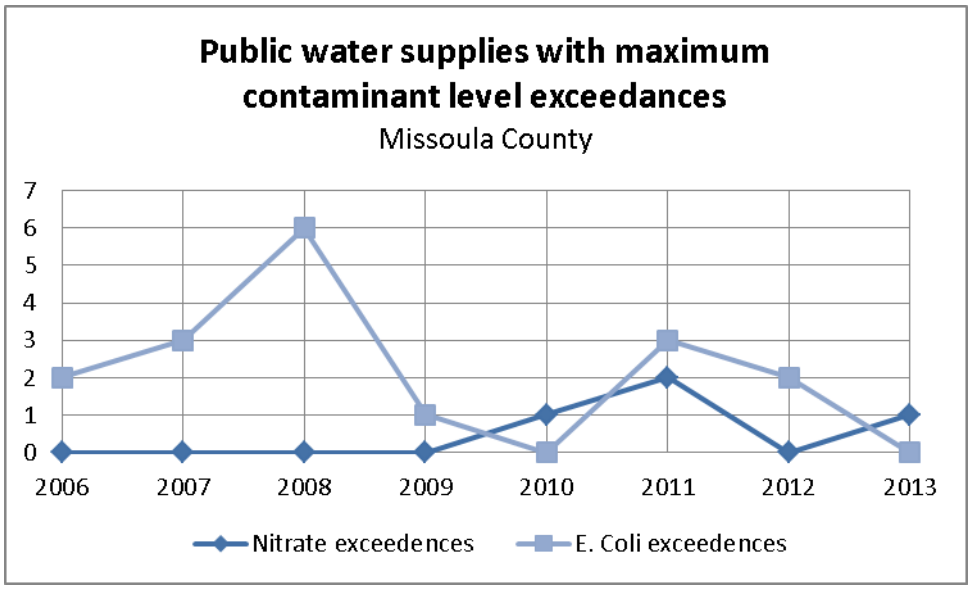
Montana DPHHS. Statistical Tables of Vital Events. http://www.dphhs.mt.gov/statisticalinformation/vitalstats/

Water Quality — Aquifer

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

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

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



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

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

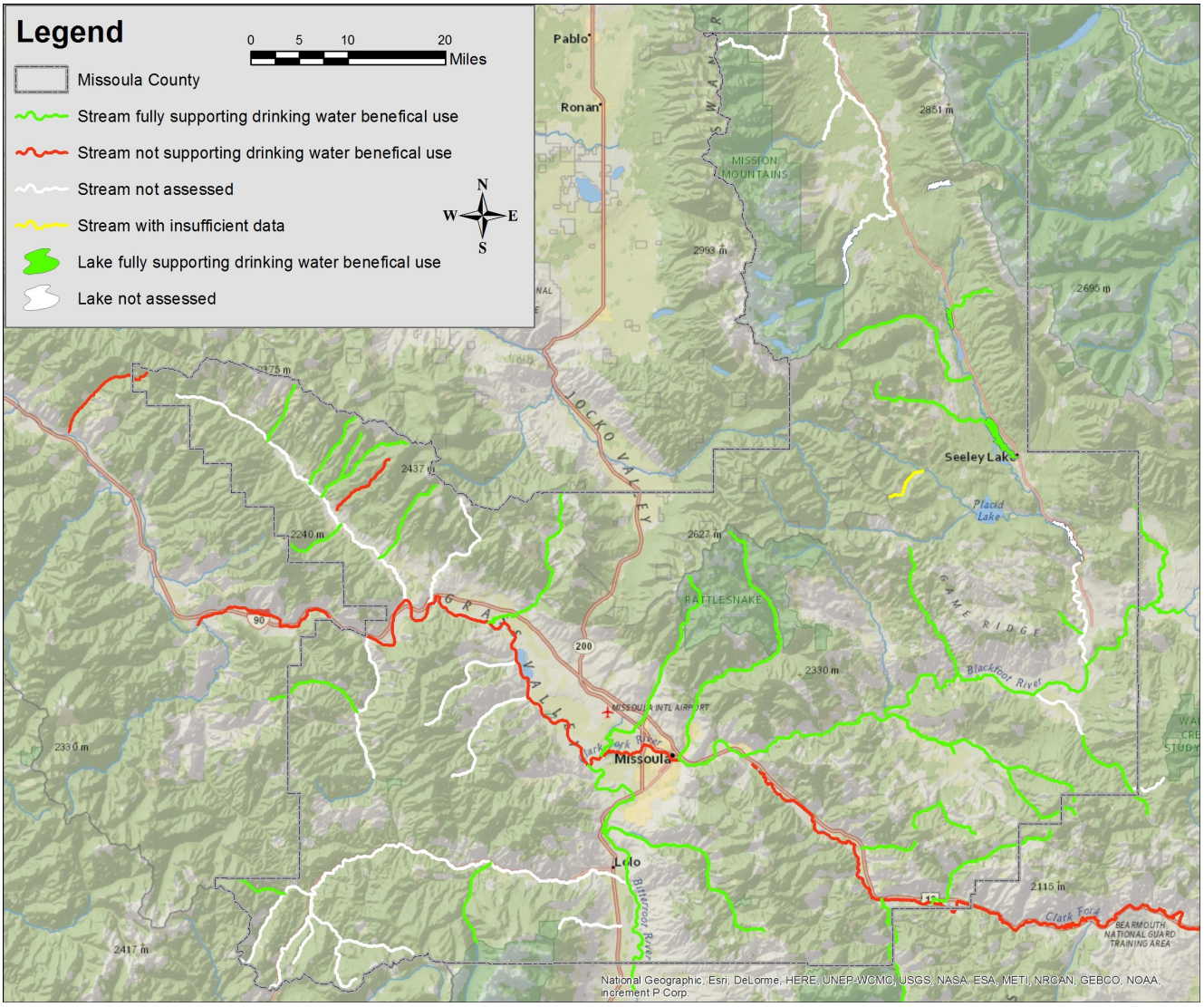
Resources

Missoula Valley Water Quality District

Montana Department of Environmental Quality Water Quality Standards

Water Quality — Surface Water

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



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

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

Resources

MCCHD Water Quality District

Community Input

© Missoulian

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

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

Community Input

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

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

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

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

Listening Session Themes

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

Common community assets identified in Our Missoula listening sessions:

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

Community health issues identified in multiple Our Missoula listening sessions:

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

Focus Group Themes

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

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

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

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

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

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

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

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

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

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

Health Inequities

© Ian Magruder

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

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

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

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

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

Missoula Urban Indian Population

Health Inequities in the Nation and State

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

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

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

- More than one-third of American Indians in Montana live below the poverty level, compared to only 13% of white residents.
- The median age of death for white men in Montana is 75, compared to 56 for Indian men; for white women, the median age of death is 82, while for Indian women it is 62.
- American Indians in Montana die from cardiovascular disease, cancer, respiratory diseases, accidental injuries, vehicle injuries, suicides, and homicides than white residents.

Urban Indian Health Programs

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

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

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

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

Urban Indian Population in Missoula

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

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

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

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

Resources

Missoula Indian Center
UM Native American Center
Montana Wyoming Tribal Leaders Council
CDC. Minority Health. American Indian and Alaska Native Populations
National Indian Health Board Fact Sheet
Montana State University, Projects of the Community-Based Participatory Research and Health Disparities Core

Urgent & Emerging Issues

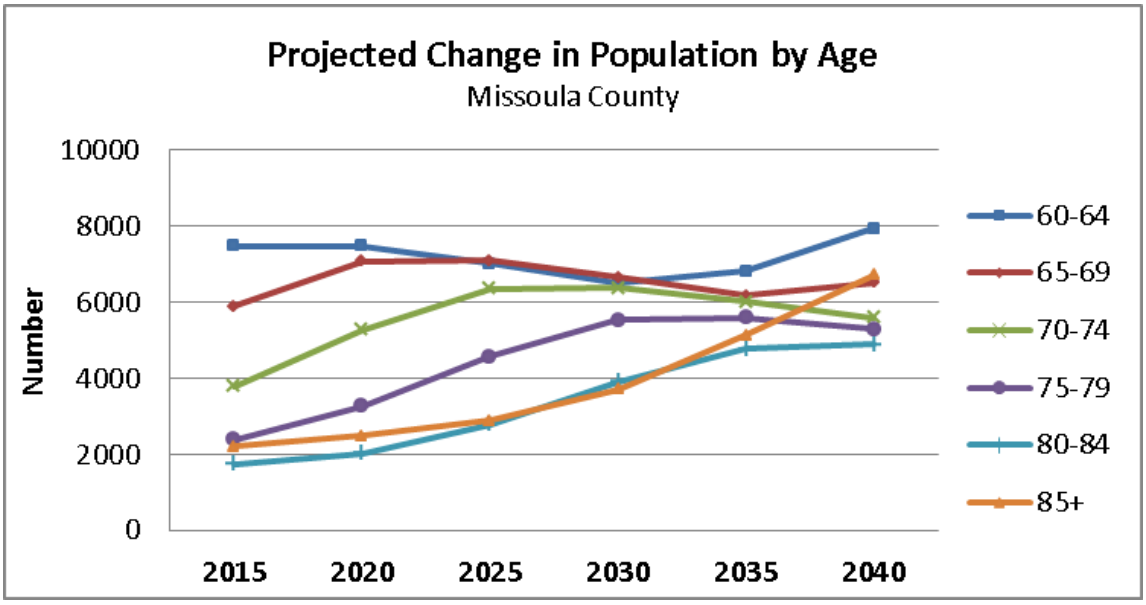
© Lolo National Forest/USFS
West Fork Fire, Lolo, August 2013

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

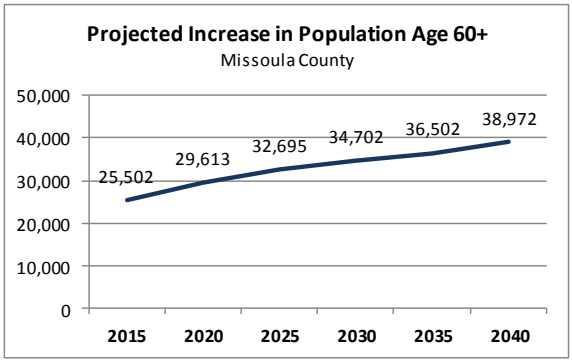
Aging Population
Climate Change
Poverty in Young Adults

Aging Population

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



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



Alzheimer's Disease

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

Dental Care

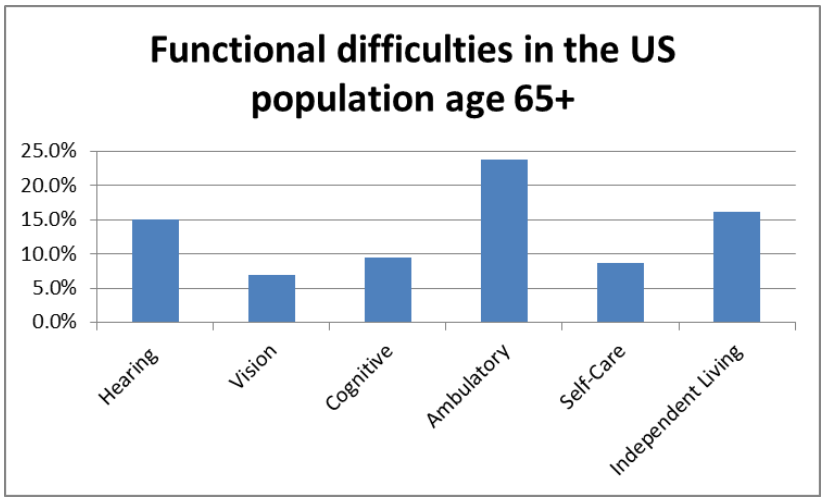
Medicare does not cover dental care, creating a serious lack of access to dentists for older adults. Many older adults do not seek help until they have a serious problem. Often the care needed is caps, bridges, and dentures, which are expensive yet necessary in order for people to get good nutrition.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

Aging Population *continued*

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

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

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



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

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

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

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

Resources
Missoula Aging Services
Missoula Senior Center
Federal Interagency Forum on Aging. 2012. *Older Americans 2012: Key Indicators of Wellbeing*
Montana Alzheimer's Association
Montana DPHHS. *Falls Among Older Adults, Montana*. Fall 2011
Montana Adult Protective Services
Western Montana Chapter for the Prevention of Elder Abuse

Climate Change

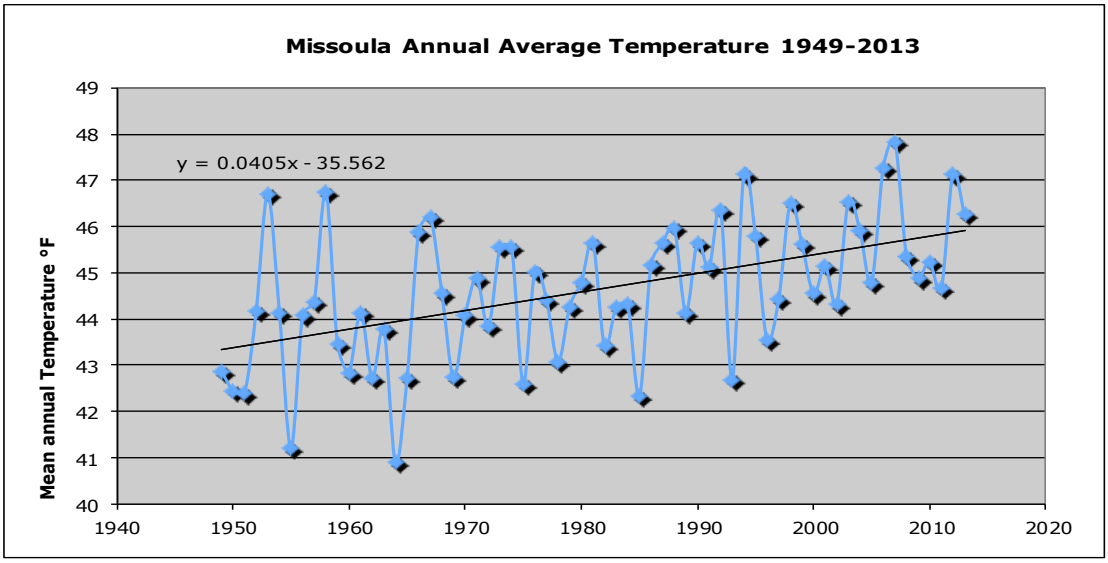
Average temperatures are getting warmer, resulting in more extreme weather events in Montana. Extreme events include wildfires, floods, record snowfall, and extreme heat. Montana has been experiencing all of them in ways not seen in our lifetimes. As one example, an area in Montana has been declared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

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

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

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

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



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

Resources

Intergovernmental Panel on Climate Change

CDC Building Resilience Against Climate Effects (BRACE) Framework

Poverty — Young Adults & Families

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

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

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

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

Resources

Massachusetts Institute of Technology Poverty in American Wage Calculator

The Legal Aid Association of California. October 1, 2014. http://www.calegaladvocates.org/news/article.537652-Poverty_and_Career_Opportunities_for_Young_Adults_The_Census_Poverty_Report

Data Wish List

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

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

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

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

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

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

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

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

Contraceptive use rates in sexually active teenagers and young adults.

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

Diabetes diagnosis in children, broken down by age.

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

Falls in older adults, with types of resulting injuries.

Flu shot rates for the overall population.

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

Malnutrition and hunger rates for older adults.

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

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

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

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

Shingles and pneumonia vaccine rates for all age groups.

Appendix 1: Community Resources

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

Emergency Services

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

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

Social Services

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

Community Resources Appendix *continued*

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

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

Community Resources Appendix *continued*

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

Community Resources Appendix *continued*

Mental Health & Addiction Services ...	Continued	
Recovery Center Missoula	Inpatient and partial-day hospitalization treatment for adults with addictions and co-occurring mental health disorders and their families	1201 Wyoming St. recoverycentermissoula.org 406/532-9300
Teen Recovery Center	Inpatient addiction treatment for teenagers	1467 Hayes Drive 721-5379
Mountain Home Montana	Residential program for young mothers and mothers-to-be includes mental health resource center, supported employment program, and therapeutic services	2606 South Ave. W. mountainhomemt.org 406/541-4663

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

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

Health Care Services

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

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

Community Resources Appendix *continued*

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

Other Services

Disability Services		
Summit Independent Living	Consumer and advocacy services for people with disabilities	500 N. Higgins Ave. #202 summitilc.org 406/728-1630
Opportunity Resources	Supporting people with disabilities to enhance their quality of life through jobs, case management, recreation, and other programs	2821 S. Russell St. orimt.org 406/721-2930
Rural Institute at the University of Montana	Programs to improve the quality of life of people with disabilities living in rural communities	52 Corbin Hall, UM ruralinstitute.umt.edu 406/243-5467
Missoula Developmental Services	12 group homes and 2 day centers for developmentally disabled adults	1005 Marshal St. mdscmt.org 406/728-5484
Brain Injury Alliance Montana	Help line, support groups, and speaker's bureau	1280 S. 3rd St. W. Suite 4 406/541-6442 biamt.org
AWARE	Intensive residential services for youth with developmental disorders, including autism	2300 Regent St. Suite 103 aware-inc.org 406/543-2202
Montana Fair Housing	Investigates housing discrimination and advocates for disability housing	Located in Butte, MT 800/929-2611 montanafairhousing.org
Employment and Continuing Education		
Missoula Job Service	Job placement, job training, and employment counseling	539 S. 3rd St. W. wsd.dii.mt.gov/local/missoula 406/258-4789
Dickinson Lifelong Learning Center	Day and evening education classes for adults, including GED and ESL classes	310 S. Curtis thelifelonglearningcenter.com 406/549-8765
Vocational Rehabilitation and Blind Services	State program for job training, placement, and financial help for disabled workers	2675 Palmer, Suite A dphhs.mt.gov/debt/blvs 406/329-5400
School of Extended and Lifelong Learning, University of Montana	Education series, personal growth classes, and professional development non-credit courses open to the community	32 Campus Drive umt.edu/sell 406/243-2900

Community Resources Appendix *continued*

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

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

Community Resources Appendix *continued*

Miscellaneous Services		
Missoula Aging Services	Wide range of services for older adults and their caregivers, including nutrition, case management, volunteer programs, and referrals	337 Stephens Ave. 406/728-7682 missoulaagingservices.org
Veteran's Center	Support services for military veterans	2687 Palmer, Suite C montana.va.gov 406/493-3700
Missoula Urban Demonstration Project (MUD)	Promotes sustainable living through education and community projects, tool library	1527 Wyoming St. mudproject.org 406/721-7513
Social Security Office	Social Security benefits	700 SW Higgins #5 socialsecurity.gov 406/542-1580
Community Dispute Resolution Center	Nonprofit mediation and facilitation services	1535 Liberty Ln. #117A cdrcmissoula.org 406/543-1157
Missoula Forum for Children and Youth	Supports collaborations among agencies and individuals to work proactively on issues that affect children	223 W. Alder missoulaforum.org 406/258-3020
Open Aid Alliance	Support and case management for people living with HIV, HIV and hepatitis C tests, syringe exchange, education	500 N. Higgins Suite 100 openaidalliance.org 406/543-4770
Missoula Public Library	Print and audio-visual collections, public computers with internet access, outreach to seniors and rural residents, meeting rooms, classes	301 E. Main missoulapubliclibrary.org 406/721-2665
Services for Pets		
Animal Control	Licensing, lost pets, reports for dog bites, free spay/neuter clinics	6700 Butler Creek Rd. co.missoula.mt.us /animcontrol 406/541-7387
Humane Society of Western Montana	Pet food pantry, pet adoption	5930 US Hwy 93 myhswm.org 406/549-3934
Animeals	Assistance with pet food for the homebound and disabled, cat adoption	1700 Rankin St. animeals.com 406/721-4710

Appendix 2: Focus Group Questions

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

Missoula Aging Services

Are you able to access medical services in our community?
Think about what a healthy way of living means for you and your family. What do you think is necessary for healthy living?
What in Missoula helps you and your family live in a way that is healthy?
Other then medical services, do you access other healthcare services in the community?
Are there some services that you wish you were able to access in our community that you are not able to?
In your opinion, are there non-health related factors in our community that impact the overall health and quality of life in Missoula?
Do you engage in any preventative type activities or services?
When you need information or help about health issues, where is the first place you ask or look?

Missoula Indian Center

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

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

What in Missoula makes it hard for you and your family to live in a way that is healthy?
When you need information or help about health issues, where do you go?
What is different for you as American Indians to get services in Missoula – especially health services? *(Stories and anecdotes welcome.)*
What advice would you give to local agencies that would make it easier for you to get the services you need to live a healthy life?

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

Hospital Public Forums

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

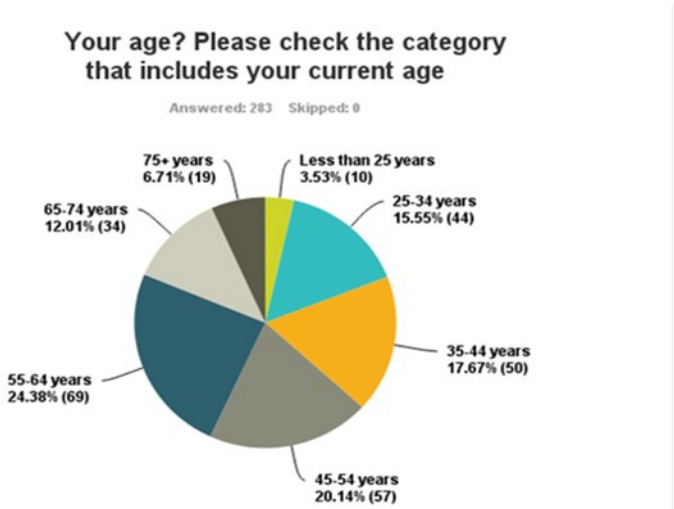
Appendix 3: Missoula County Health Survey Results

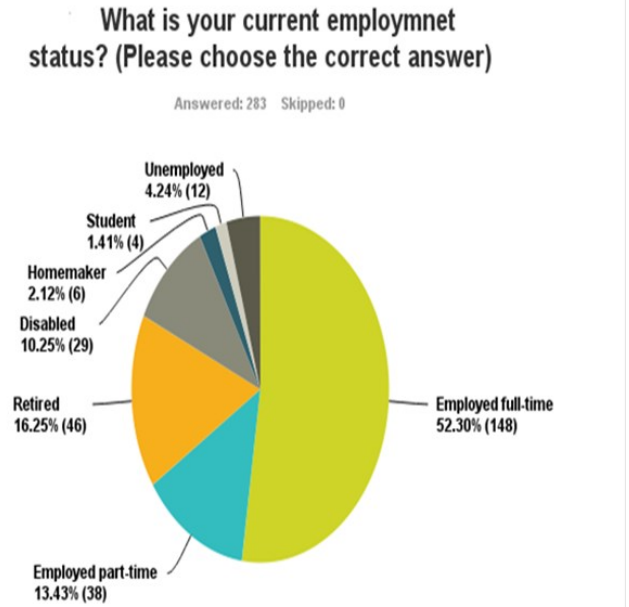
Administered by Providence Health & Services, Western Montana Region

Demographics

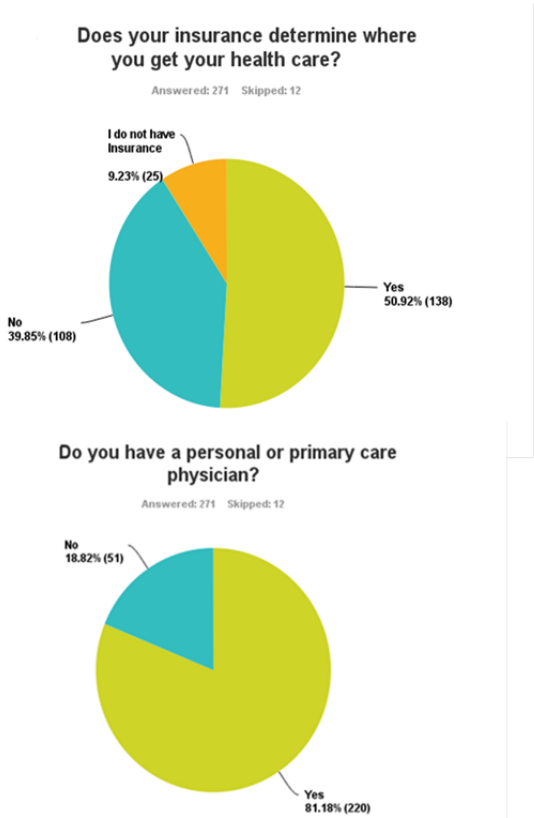
283 total respondents

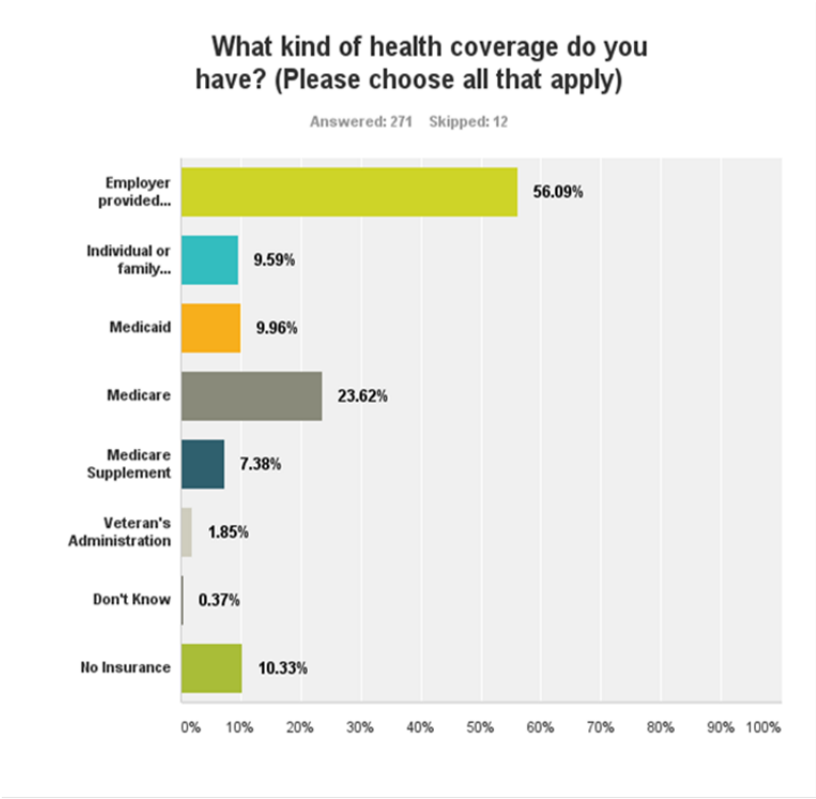
- 85.5% female
- 14.49% male
- 1/3 with children under age 18

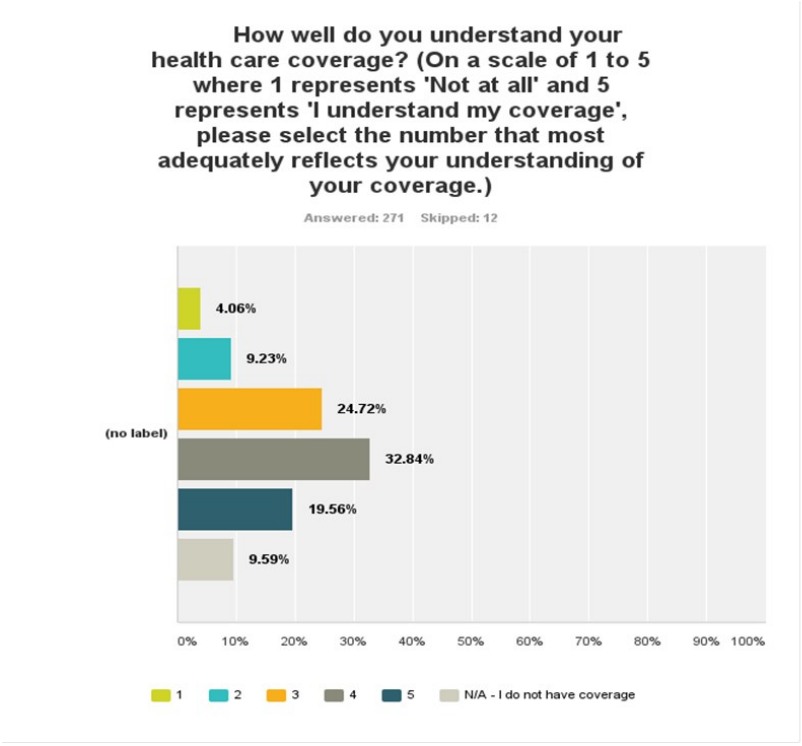


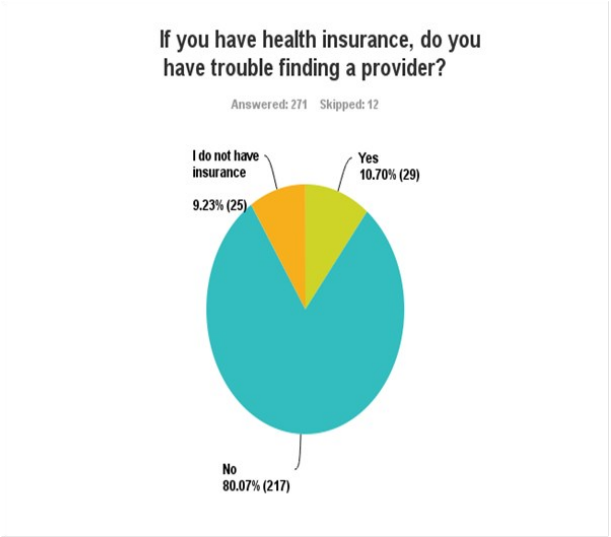


Access to Health Services



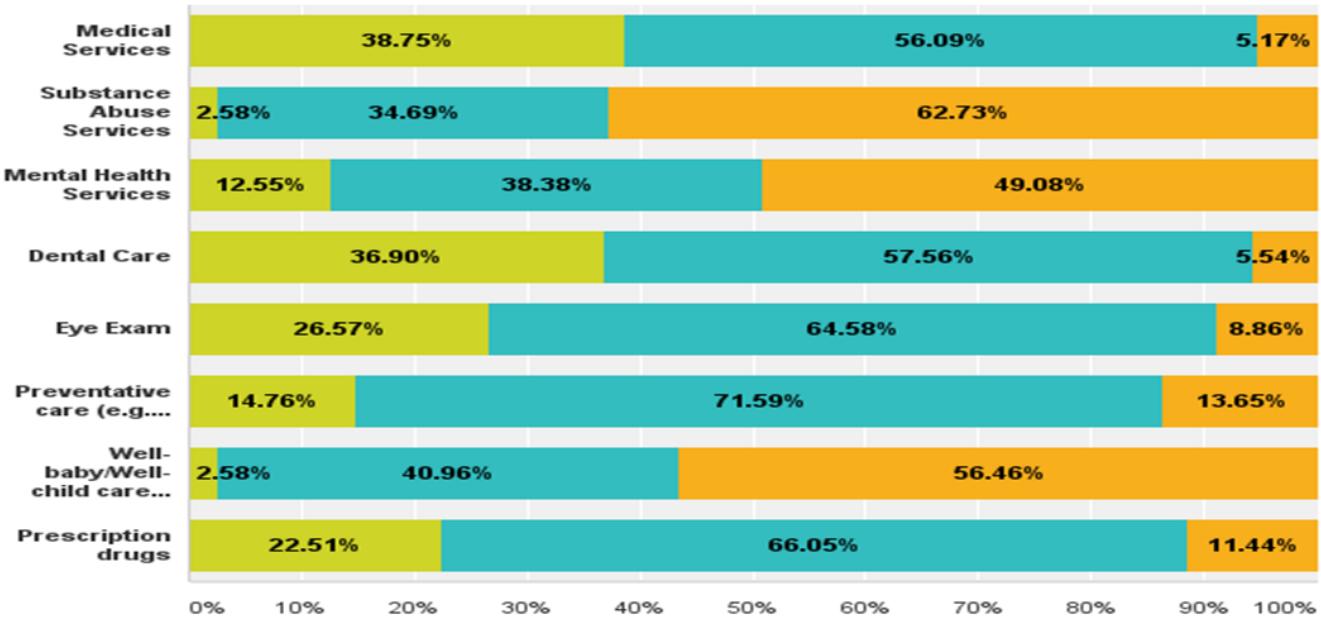






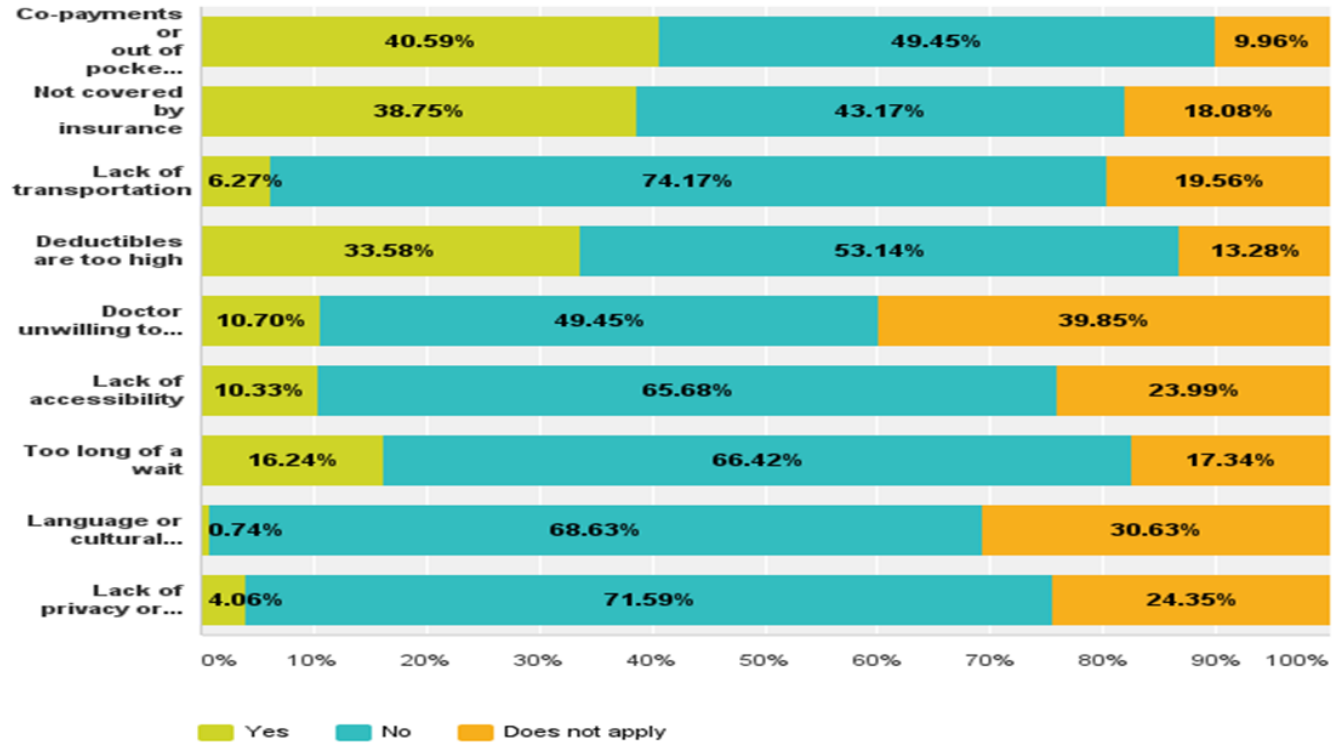
In the past 12 months, have you decided to not use any of the following services because of out-of-pocket (personal) costs? (Please provide an answer for each service)

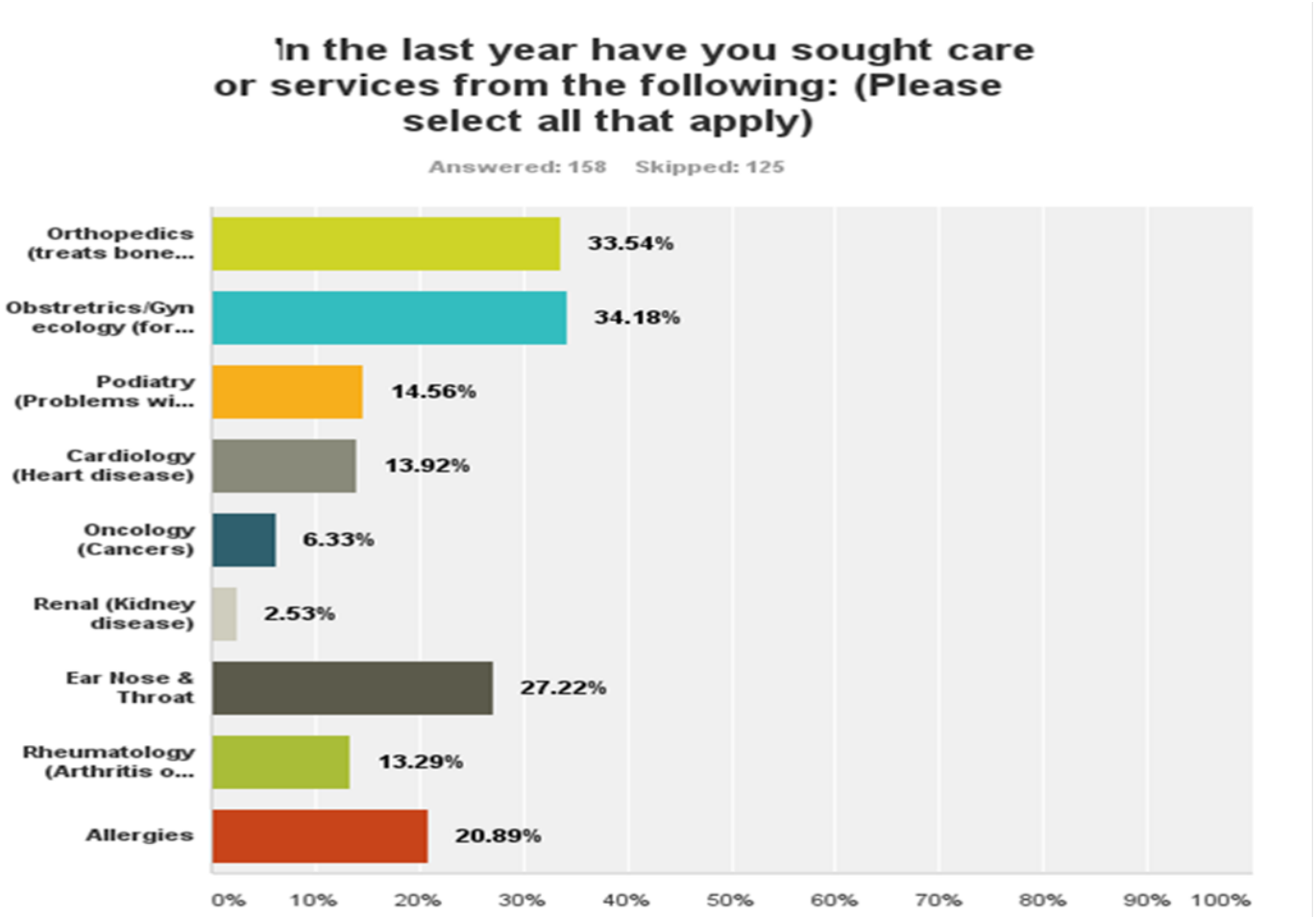
Answered: 271 Skipped: 12



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

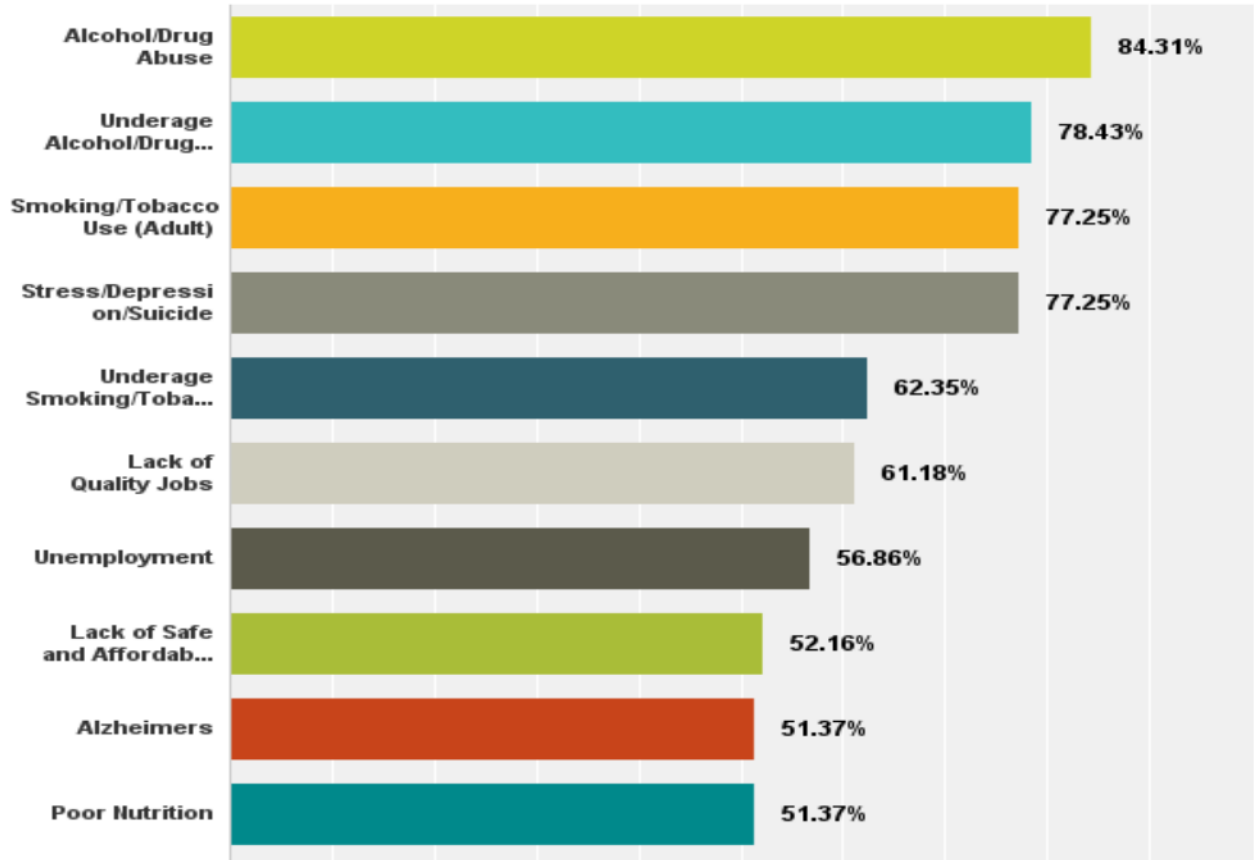
Answered: 271 Skipped: 12



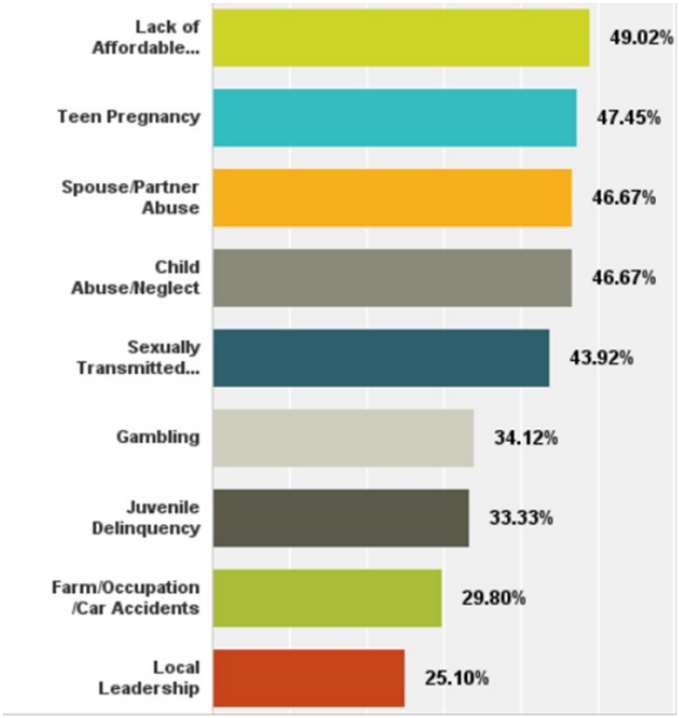


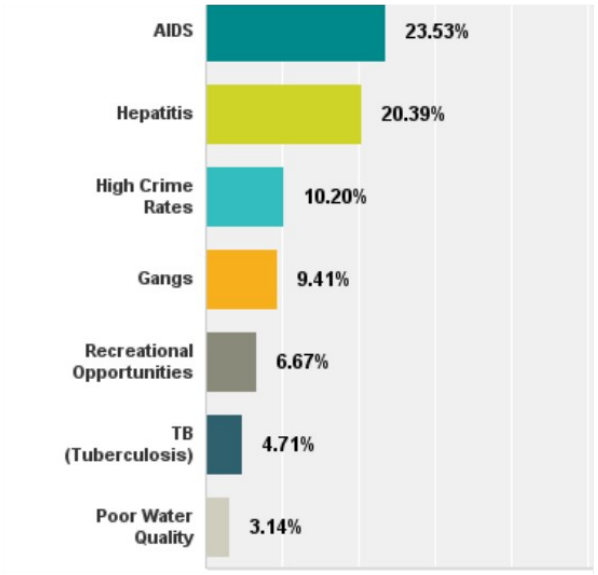
Quality of Life Issues

Respondents listed the following as serious problems in our community.

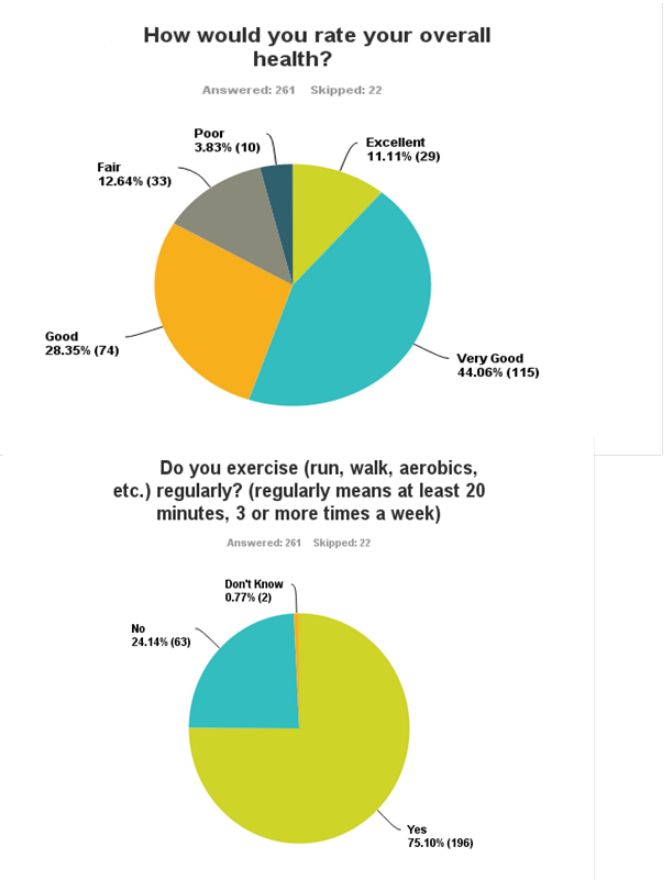


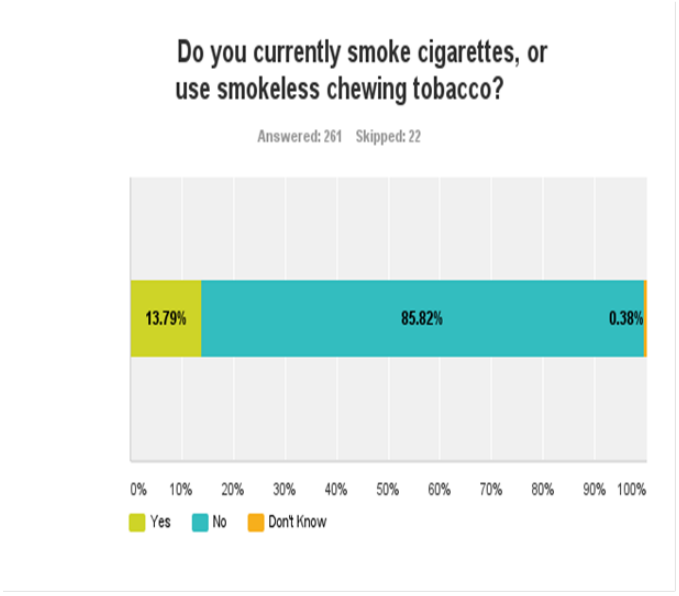
Responses to Quality of Life Issues, continued

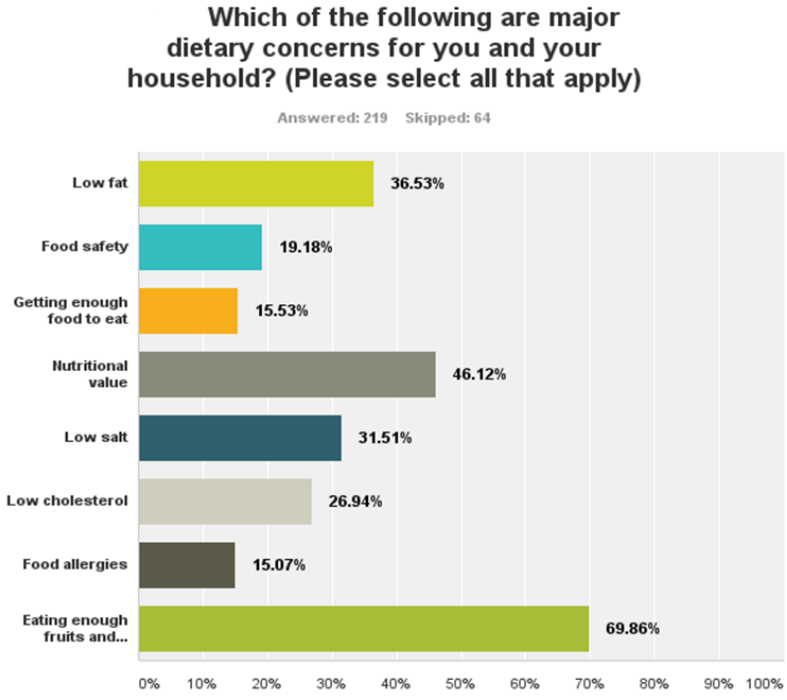


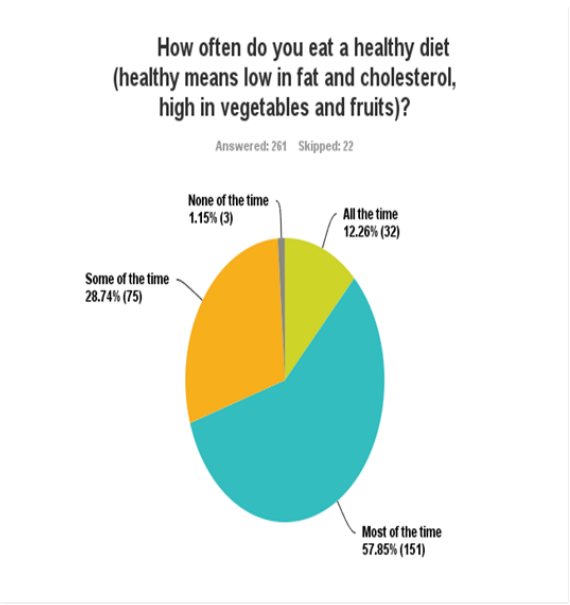


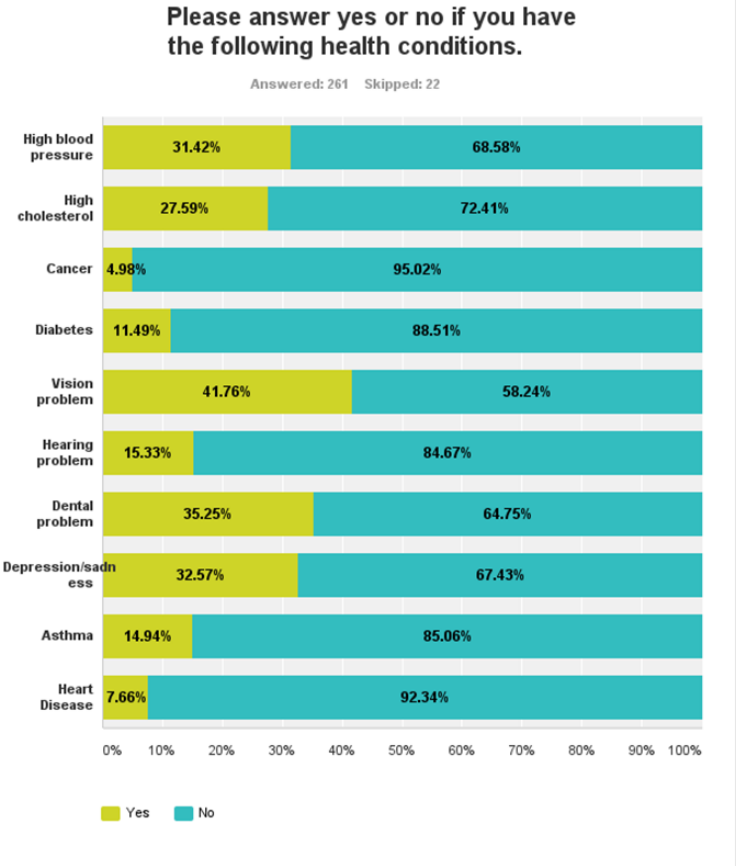
Health Behavior

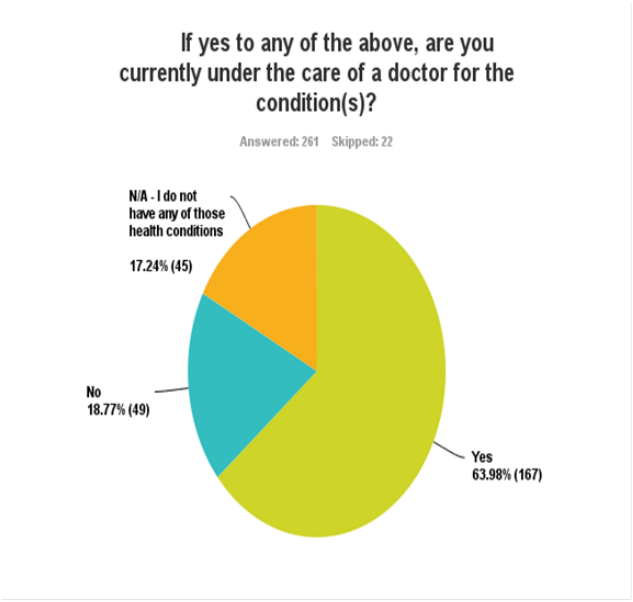


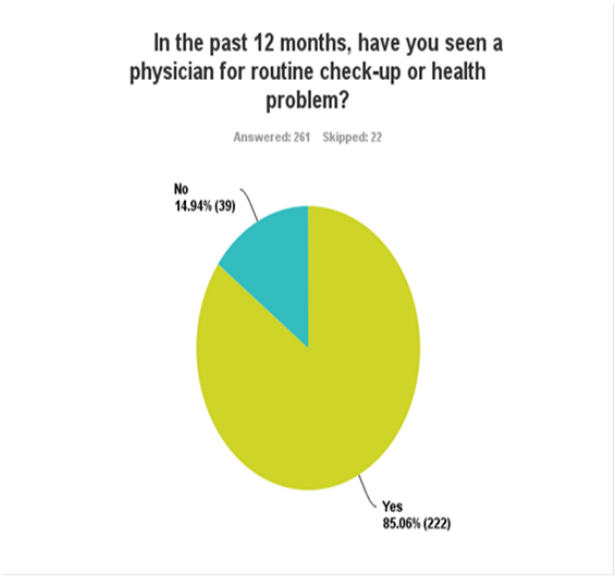


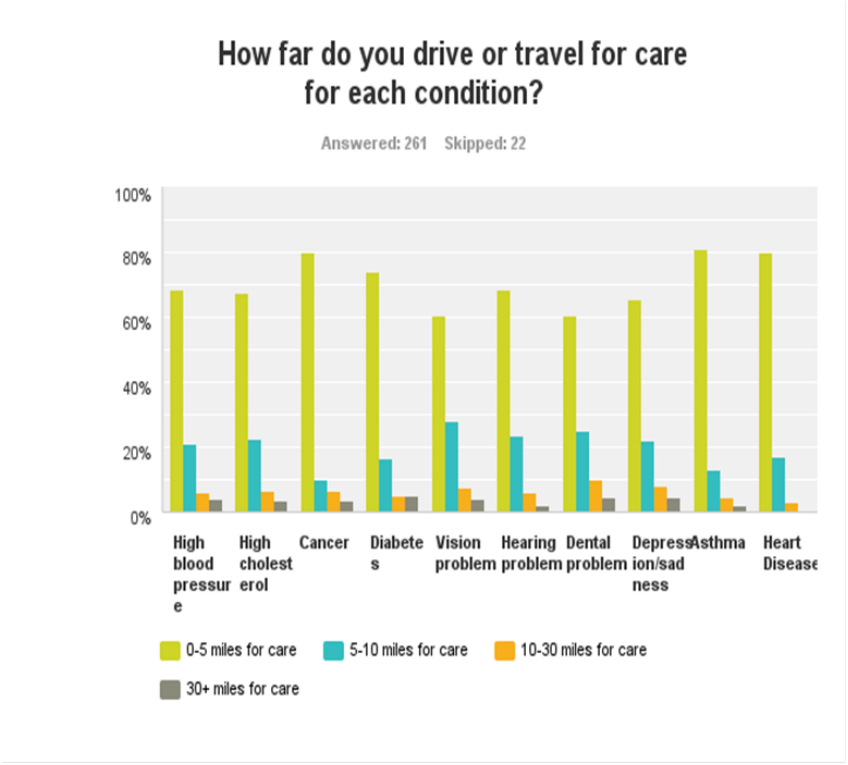

Which of the following are major dietary concerns for you and your household? (Please select all that apply)
Answered: 219 Skipped: 64
Low fat 36.53%
Food safety 19.18%
Getting enough food to eat 15.53%
Nutritional value 46.12%
Low salt 31.51%
Low cholesterol 26.94%
Food allergies 15.07%
Eating enough fruits and... 69.86%
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%


How often do you eat a healthy diet (healthy means low in fat and cholesterol, high in vegetables and fruits)?
Answered: 261 Skipped: 22
None of the time 1.15% (3)
All the time 12.26% (32)
Some of the time 28.74% (75)
Most of the time 57.85% (151)

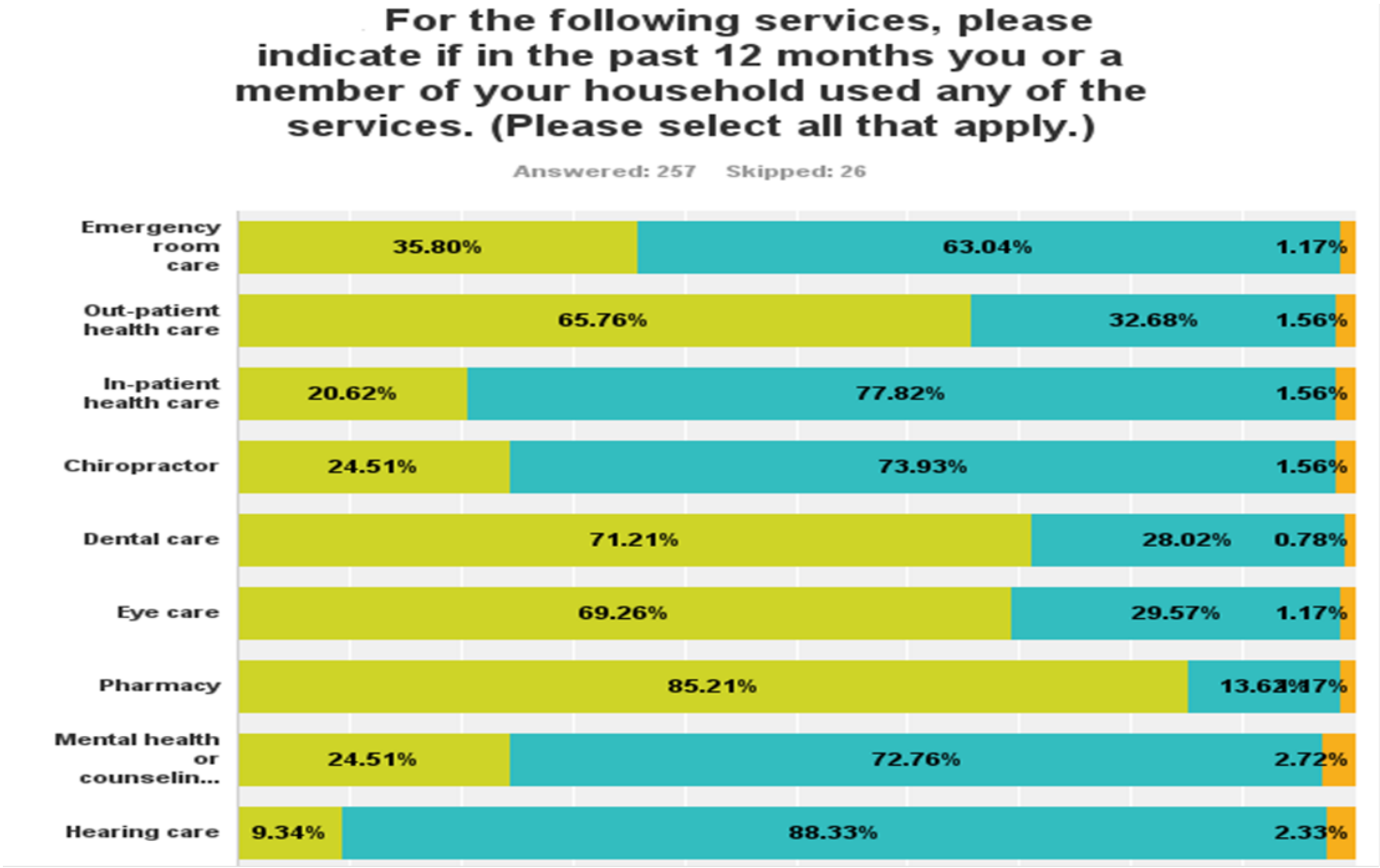

Please answer yes or no if you have the following health conditions.
Answered: 261 Skipped: 22
High blood pressure 31.42% 68.58%
High cholesterol 27.59% 72.41%
Cancer 4.98% 95.02%
Diabetes 11.49% 88.51%
Vision problem 41.76% 58.24%
Hearing problem 15.33% 84.67%
Dental problem 35.25% 64.75%
Depression/sadness 32.57% 67.43%
Asthma 14.94% 85.06%
Heart Disease 7.66% 92.34%
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Yes
No

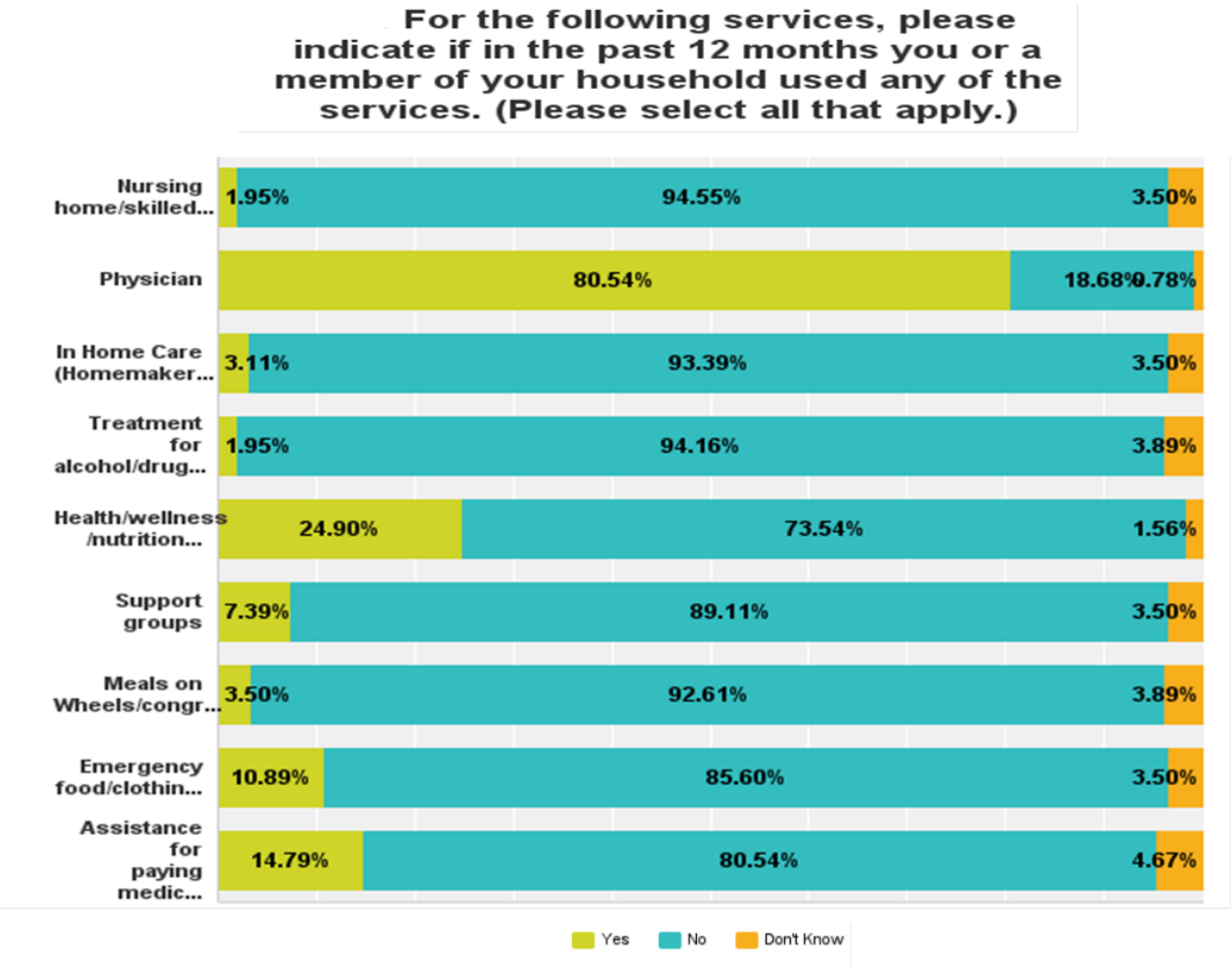

If yes to any of the above, are you currently under the care of a doctor for the condition(s)?
Answered: 261 Skipped: 22
N/A - I do not have any of those health conditions 17.24% (45)
No 18.77% (49)
Yes 63.98% (167)

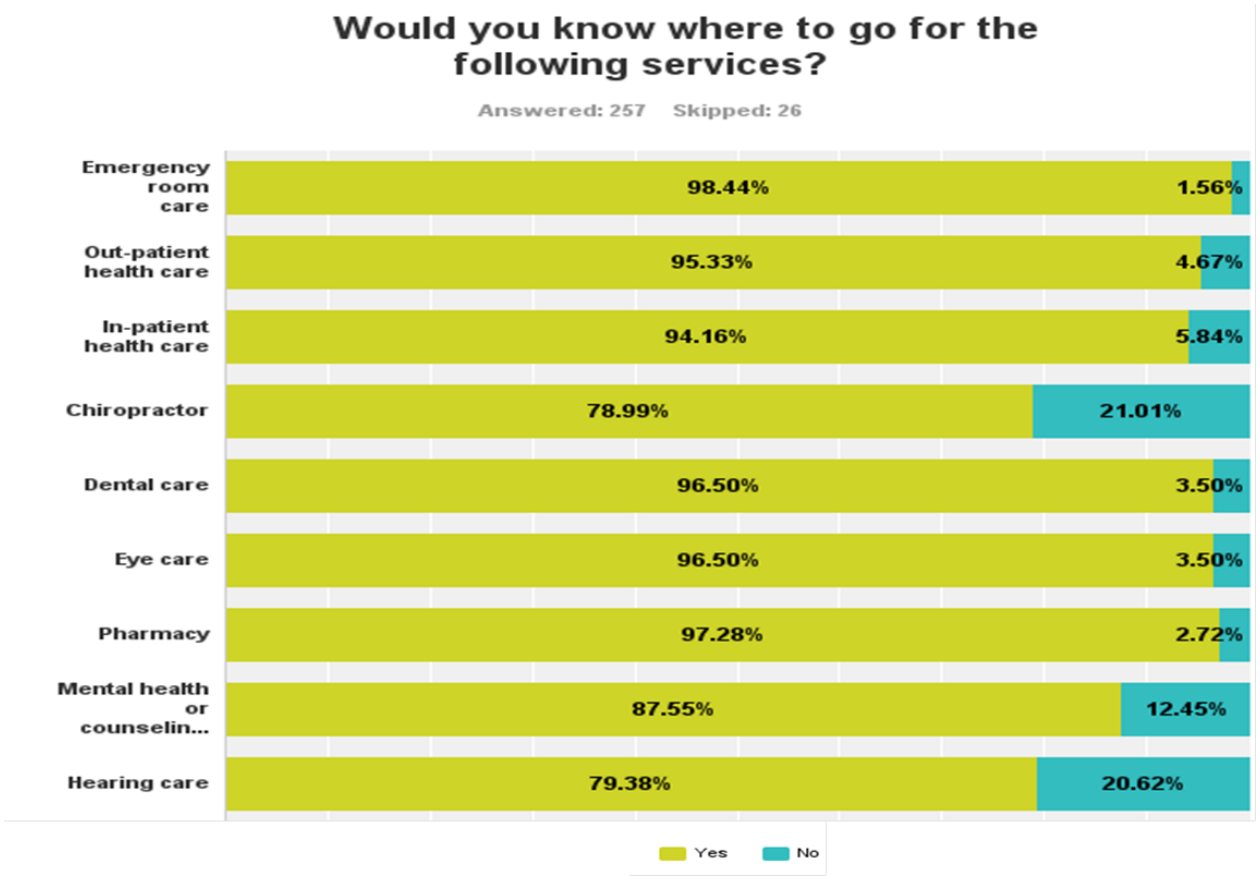


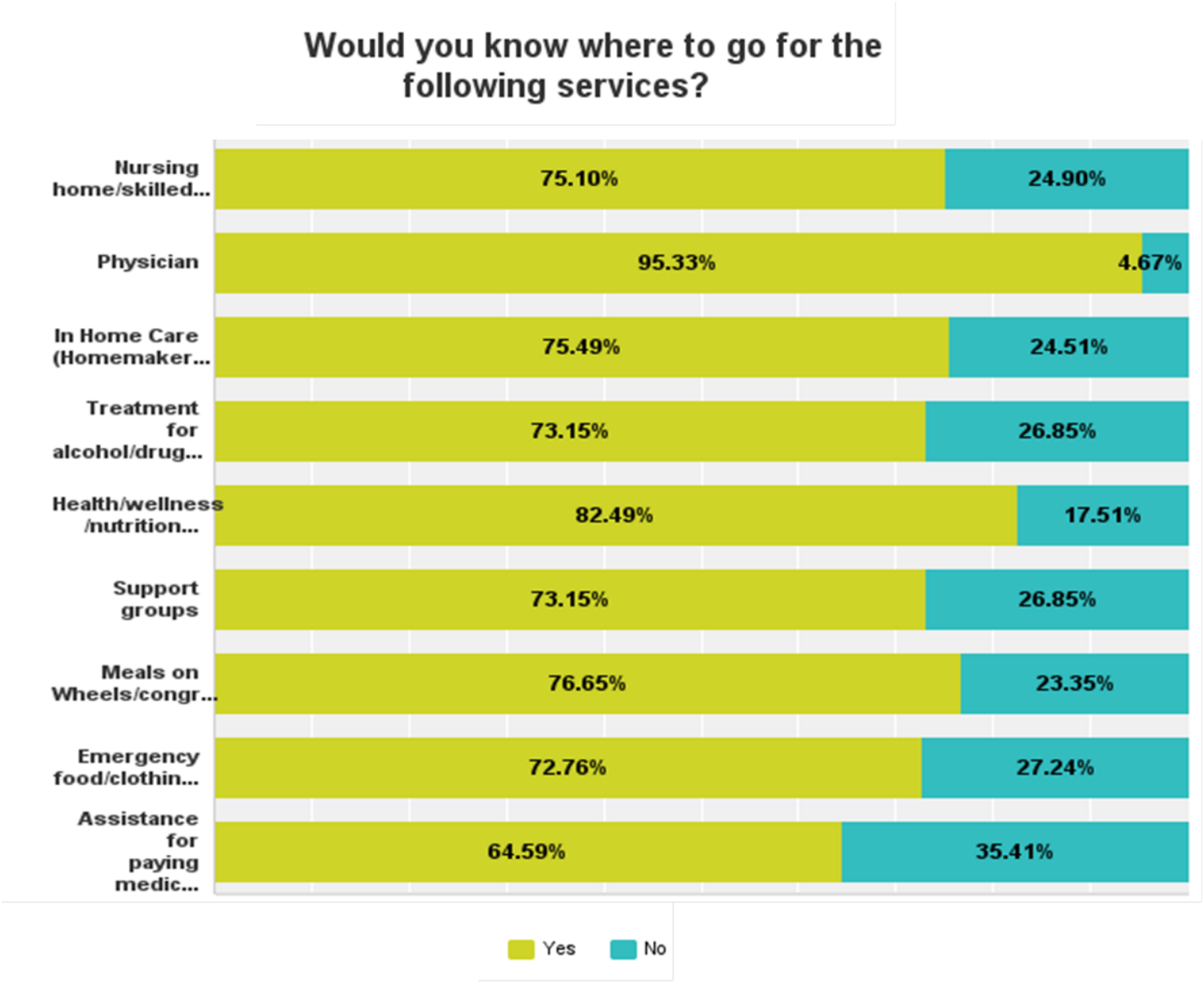


Health Services




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.)
Nursing home/skilled...
1.95%
94.55%
3.50%
Physician
80.54%
18.68%
0.78%
In Home Care (Homemaker...
3.11%
93.39%
3.50%
Treatment for alcohol/drug...
1.95%
94.16%
3.89%
Health/wellness /nutrition...
24.90%
73.54%
1.56%
Support groups
7.39%
89.11%
3.50%
Meals on Wheels/congr...
3.50%
92.61%
3.89%
Emergency food/clothin...
10.89%
85.60%
3.50%
Assistance for paying medic...
14.79%
80.54%
4.67%
Yes
No
Don't Know


Would you know where to go for the following services?
Answered: 257 Skipped: 26
Emergency room care
98.44%
1.56%
Out-patient health care
95.33%
4.67%
In-patient health care
94.16%
5.84%
Chiropractor
78.99%
21.01%
Dental care
96.50%
3.50%
Eye care
96.50%
3.50%
Pharmacy
97.28%
2.72%
Mental health or counselin...
87.55%
12.45%
Hearing care
79.38%
20.62%
Yes
No


Would you know where to go for the following services?
Nursing home/skilled...
75.10%
24.90%
Physician
95.33%
4.67%
In Home Care (Homemaker...
75.49%
24.51%
Treatment for alcohol/drug...
73.15%
26.85%
Health/wellness /nutrition...
82.49%
17.51%
Support groups
73.15%
26.85%
Meals on Wheels/congr...
76.65%
23.35%
Emergency food/clothin...
72.76%
27.24%
Assistance for paying medic...
64.59%
35.41%
Yes
No

Community Health Improvement Plan
July 2015 – June 2018

Missoula County
Montana

© Frank DiBona

Missoula Public Health
City-County Health Department

PROVIDENCE
St. Patrick Hospital

Missoula Urban Indian Health Center
HOME HEALTH BRAT

Planned Parenthood
Care. No matter what.
Planned Parenthood of Montana

LET'S MOVE MISSOULA

Missoula County · City of Missoula
MPO
Metropolitan Planning Organization

WMMHC
Western Montana Mental Health Center

Partnership Health Center

Missoula Food Bank
We Believe Community

EST. 1982
MISSOULA *aging* SERVICES
WE'RE PROUD *of* OUR YEARS

Parks&Recreation
City of Missoula · 600 Cregg Lane · 721-PARK

The Forum
Missoula Forum for Children & Youth

Montana Dental Hygienists' Association

American Heart Association | American Stroke Association

CATCH

LIVE UNITED
United Way

October 7, 2015

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Appendix A: Montana DPHHS Self-Screening Brochure

Appendix B: IN•clued Program Description

Missoula Public Health
City-County Health Department

Missoula City-County Health Department
301 West Alder Street | Missoula MT 59802-4123
www.co.missoula.mt.us/health/
Phone | 406.258.4770
Fax | 406.258.4857

October 2, 2015

We are pleased to present the July 2015–June 2018 Community Health Improvement Plan (CHIP) for Missoula County. Composted of numerous community organizations, the CHIP Work Group convened over a nine-month period in 2015 to build this CHIP on the foundation of the *Missoula County Community Health Assessment 2014*. Based on the data, input from the community, and group discussion, we decided to address two priority issues: improving access to health care and reducing obesity.

This is the second CHIP process for Missoula County. We built on our experience from our first CHIP, which was completed in December 2012, to develop a stronger group process with involvement from more agencies. The 2015 CHIP work group members, who are listed on the next page, represent agencies with a wide impact on the health and wellbeing of Missoula County.

All of us involved in this process hope that the community makes use of both the Community Health Assessment and this CHIP, which are available on the Missoula City-County Health Department website and at the Missoula Public Library reference desk. These reports contain a lot of information and a lot of community thinking about the health issues faced by Missoula County right now.

I would like to extend sincere thanks to the many community members and organizations who contributed to this project in some way, and especially to the CHIP Work Group members who made it possible. We intend for the 2015-2018 CHIP to guide our strong collaboration into actions that improve the health of all residents of Missoula County.

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

2015-2018 Community Heath Improvement Plan Work Groups

This report was written and compiled by Robin Nielson-Cerquone.

Access to Care Work Group

Anna Semple, Missoula Forum for Children & Youth
Christopher Coburn, Planned Parenthood
Claire Francoeur, APRN, Grant Creek Family Medicine, Providence St. Patrick Hospital
Ellen Leahy, MCCHD
Heidi Halverson, Montana Dental Hygienists Association
Jordan Lyons, Missoula Aging Services
Katherine Isaacson, Western Montana Mental Health Center
Kim Mansch, Partnership Health Center
Kristie Scheel, Suicide Prevention Network, MCCHD
Merry Hutton, Providence St. Patrick Hospital
Stacy Rye, United Way of Missoula County
Starlite Night Gun, Missoula Urban Indian Health Center
Sue Pileggi, Missoula Aging Services
Tom Roberts, MD, MCCHD Board of Health
Facilitator: Robin Nielson-Cerquone, MCCHD

Obesity Prevention Work Group

Curtis Hammond, Missoula Aging Services
Jessica Morriss, City Transportation Planning & Missoula Metropolitan Planning Organization
Lisa Beczkiewicz, Let's Move! Missoula, MCCHD
Lisa Tims, CATCH Program, Providence St. Patrick Hospital
Nathaniel Tucker, Missoula Urban Indian Health Center
Paige Ely, Missoula Food Bank
Rebecca Morley, Nutrition Services, MCCHD
Ryan Yearous, Missoula Parks & Recreation
Facilitator: Cindy Hotchkiss, MCCHD

Introduction

What Is a CHIP?

Health departments around the nation are partnering with local health and community agencies and businesses to collect data to identify problems and evaluate the wellbeing of their communities. Based on that information, the groups then create a Community Health Improvement Plan – a CHIP, for short. A CHIP is a public health work plan for the community as a whole. A CHIP represents a shared vision for the community. It focuses on collaborative work among many key groups whose efforts support the health and wellbeing of the public in many ways.

About This CHIP

The process of creating this CHIP began in late 2014. Many of the people in the CHIP work groups (listed on the previous page) also worked to create the *Missoula County Community Health Assessment 2014*, which compiles wide-ranging data about the health and wellbeing of Missoula County residents. After reviewing the data, the group chose two priority areas for collaborative focus over the coming years:

- Access to Health Care
- Obesity

These two priority areas are the same as in the Missoula County CHIP for fiscal years 2013 to 2015. The group decided to continue work in these areas for a few main reasons:

- To better address the health of those in our community whose needs in these areas result in health disparities.
- In the case of the Obesity priority area, to expand the focus beyond childhood obesity.
- In the case of the Access to Health Care priority area, to take advantage of Medicaid expansion, which the Montana legislature passed in early 2015, and also to expand the focus to groups who experience health inequities.
- Also for the Access to Health Care priority area, to expand the focus to include access to mental health and dental care. In both cases, the process of collecting and analyzing data for the Community Health Assessment made it clear that those were areas of high need for access.

The group that formed to work on the CHIP first met as a whole group to further hone in our goals in each priority area. At that point the group separated into two work groups, one for each priority area. CHIP members met at least eight times from January through September 2015 to develop the focus areas within each priority.

The CHIP work group used the Association for Community Health Improvement (ACHI) Community Health Assessment Toolkit to guide the process of collecting and analyzing information and identifying priorities for this report. The toolkit provided a blueprint for moving forward on the selected issues in a way that is collaborative and coordinated.

Taking Action

The CHIP is a plan for action. It is designed to be a flexible document that will be updated and adapted over time. The groups will periodically meet to report on progress. The groups will also adjust strategies or develop new strategies based on lessons learned, new data, or new opportunities. When goals are not being met or strategies are not being implemented, the appropriate CHIP work group will come up with an improvement plan.

Missoula County CHIP Priority Areas & Work Plans

Health Improvement Priorities	Focus Areas
Improve Access to Health Care	Health Care Coverage Public Health Nurse Home Visiting Mental Health – Suicide Prevention Dental Health Remove Barriers for Groups Experiencing Health Disparities
Reduce Obesity	Children Adults Older Adults

CHIP meetings focused on building practical work plans to help meet our goals in the identified priority areas. The rest of this document consists of the work plans the groups developed, which outline work in the focus areas listed above. The work plan format was adapted from the Wisconsin CHIPP Infrastructure Project and was modified for our use.

Policies Changes Needed for Progress & Health Equity in Priority Areas

Over the course of our meetings, the CHIP work groups also identified large-scale policy changes that would support efforts to improve our identified priorities.

Focus Area: Access to Health Care Coverage

Payment and reimbursement policies that encourage focus on preventive services
Economic development policies that create a stronger job base in Missoula County
Approval of Montana's Medicaid Expansion waiver

Focus Area: Improve Access to Care through Home Visiting

State expansion of pilot foster child health care program to other Montana counties
Budget policy that sustains evidence-based public home visiting programs introduced in the Affordable Care Act

Focus Area: Improve Access to Mental Health Services

Internal health service agency policies that routinely screen and refer for depression and suicide risk
Ensure parity for mental health coverage throughout all coverage options
Approval of Montana's Medicaid Expansion waiver

Focus Area: Improve Access to Dental Care

Approval of Montana's Medicaid Expansion waiver
Affordable dental insurance
Payment and reimbursement policies that encourage dentists to take Medicaid and Medicare patients
Affordable dental options offered as part of Medicare and marketplace plans
Population-based fluoridation policies

Focus Area: Remove Barriers for Groups Experiencing Health Disparities

Training policies in health care and service agencies to ensure that staff receives training in providing culturally competent services

Policies in health care and service agencies that create institutional support to address issues including:

- Health inequities
- Health risk factors, including Adverse Childhood Experiences (ACEs)
- Linking clients to other needed services, including mental and dental health

Focus Area: Obesity in Children

School-based policies addressing daily minutes of physical activity, on-site menus, and competitive foods

Focus Area: Obesity in Adults

Worksite policies addressing opportunities for physical activity and on-site foods

Focus Area: Obesity in Older Adults

Worksite policies addressing opportunities for physical activity and on-site foods

Policies in assisted living and long-term care facilities that address physical activity and on-site menus

Policies Affecting All Obesity Focus Areas

Enhancing built environment to allow access in all neighborhoods to playgrounds, trails, and parks

Food security policies including support through the Farm Bill and SNAP

Clinic-based policies including:

- Prescription trails
- Prescriptions for eating fruits and vegetables
- Using data from electronic medical records to create baselines and track obesity levels

Missoula County CHIP Work Plan

Access to Care

Focus Area: Improve Access to Health Care Coverage

GOAL: Decrease the rate of uninsured people in Missoula County to 15%.

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of life for everyone. Lack of insurance and cost are primary barriers to receiving health care services. The Affordable Care Act (ACA) created an avenue to enroll uninsured Missoula County residents in coverage plans. Before ACA open enrollment the uninsured rate in the county was about 21%. After open enrollment, the 2014 rate was about 17.56%. (http://obamacarefacts.com/uninsured-rates/) Currently internal records show that only 8% of Missoula Urban Indian Health Center clients have some kind of health insurance coverage. (Missoula Urban Indian Health Center)

Montana Medicaid expansion has created another opportunity to provide uninsured residents with access to care. The Montana legislature approved limited Medicaid expansion in early 2015. Based on demographic information from the US Census, the Montana Primary Care Association (http://www.mtpca.org/) suggests that 8,957 people in Missoula County will be eligible for Medicaid when enrollment opens, which is expected to happen in early 2016. The same group estimates that about 40%, or roughly 3,400 people, will actually enroll in Medicaid.

PERFORMANCE MEASURES **How We Will Know We are Making a Difference**		
Short Term Indicators	**Source**	**Frequency**
Number of contacts for enrollment	All community partners who provide enrollment services (Planned Parenthood, Community Medical Center, Partnership Health Center, Providence St. Patrick Hospital, Missoula Urban Indian Health Center)	Bi-annual reporting to coincide with ACA open enrollment & enrollment for Medicaid and Health Montana Kids (HMK) Childhood Insurance Plan
Number of people successfully enrolled	All community partners who provide enrollment services (Planned Parenthood, Community Medical Center, Partnership Health Center, Providence St. Patrick Hospital, Missoula Indian Center)	Bi-annual reporting to coincide with ACA open enrollment & enrollment for Medicaid and HMK

Long Term Indicators	Source	Frequency
Rate of health care coverage in Missoula County	State of Montana, Medicaid, HMK & Insurance Commissioners' Office	Annual

Strategy #1: Partner agencies complete enrollment outreach plans.

Background

CHIP partners Planned Parenthood, Providence St. Patrick Hospital, Partnership Health Center, and Missoula Urban Indian Health Center all provide enrollment services, as does Community Medical Center. All partner groups currently step up enrollment efforts during the ACA enrollment period and will do so for Medicaid enrollment. All groups provide enrollment services to all members of the public, whether or not they are receiving services. Providence St. Patrick Hospital is also running its own health literacy campaign as a partner to enrollment efforts. The campaign supports new enrollees in understanding their coverage and how to use it to access the health care system.

Source: Enroll America describes the process and best practices of enrollment outreach and the rationale behind enrollment outreach efforts.

Evidence Base: Enroll America reports: 1) that consumers who have personal assistance enroll at higher rates than those who do not; and 2) that coordinated assistance efforts maximize enrollment success.
Health Affairs Blog posted January 30, 2014, documents the health and fiscal outcomes of Medicaid expansion.

Policy Change Required: None identified at this time.

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Agencies create enrollment centers/office hours for the public to make an individual appointment	Ongoing through work plan period to accom-modate Medicaid expansion and ACA open enrollment	Staff Computer & private space	Christopher Coburn, Planned Parenthood Kim Mansch, Partnership Health Center Merry Hutton, Providence St. Patrick Hospital Starlite Nightgun, Missoula Urban Indian Health Center	Increased enrollment in coverage options

Strategy #2: Community outreach to increase enrollment in coverage options.

Background

In addition to individual efforts, the CHIP agencies will create new ways to partner and share outreach through creation of the "Get Covered Missoula County" coalition. The coalition will create consistent messaging, a common enrollment calendar, collaborative "kick off" events for ACA open enrollment and Medicaid expansion enrollment, and outreach to other community agencies.

Source: Enroll America describes the process and best practices of enrollment outreach and the rationale behind enrollment outreach efforts.

Evidence Base:

Enroll America reports: 1) that consumers who have personal assistance enroll at higher rates than those who do not; and 2) that coordinated assistance efforts maximize enrollment success.
Health Affairs Blog posted January 30, 2014, documents the health and fiscal outcomes of Medicaid expansion.

Policy Change Required:

None identified at this time.

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Convene the "Get Covered Missoula County" coverage coalition	October thru January each year	Meeting space Designated staff time	Lead: Merry Hutton, Providence St. Patrick Hospital Joined by representatives of partner agencies	Coordinated coverage campaign
Post enrollment fair dates publically	October 2016	Staff time and marketing resources	Christopher Coburn, Planned Parenthood Kim Mansch, Partnership Health Center Merry Hutton, Providence St. Patrick Hospital Starlite Nightgun, Missoula Indian Center	1) Increased enrollment
Create master enrollment resource calendar and post publically	October 2016	Staff time and marketing resources	Christopher Coburn, Planned Parenthood Merry Hutton, Providence St. Patrick Hospital Will use "Get Covered Montana" Insurance Commissioners' office website and distribute to partner agencies for website	1) Increased enrollment 2) One location for information for the public

Create and coordinate "kick off" events for enrollment outreach	October 2016	Staff time and marketing resources	Planned Parenthood, Partnership Health Center, Providence St. Patrick Hospital, Missoula Indian Center Get Covered Montana', Insurance Commissioners' office website and partner agency website	1) Increased enrollment 2) One location for information for the public
Outreach to social service providers at other agencies with basic education about enrollment process	July 2018	Staff time and marketing resources Staff time at target agencies	Lead: Christopher Coburn, Planned Parenthood Assisted by Robin Nielson-Cerquone, MCCHD	1) Increased enrollment due to consistent messaging and support from other agencies to make contact with people who are not actively looking for coverage or health care

ALIGNMENT WITH STATE/NATIONAL PRIORITIES			
Strategy	**State Plan to Improve the Health of Montanans, June 2013**	**Healthy People 2020**	**National Prevention Strategy**
All	MT DPHHS: *Plan to Improve the Health of Montanans June 2013* Access to Care appears in all sections as Action Area 3	AHS 1.1 – Increase the proportion of people with health insurance	National Prevention Strategy on Clinical & Community Prevention Services

DESCRIBE PLANS FOR SUSTAINING ACTION
Meet 2 times per year to assess progress and revise plan as needed.

Focus Area: Improve Access to Care through Public Health Nurse Home Visiting Services

GOAL: Increase access to evidence-based and promising practice public health nurse home visiting services for the maternal and child population.

The role of home-visitation programs in improving health outcomes for children and families is well documented in the literature. One way this is accomplished is by increasing the family's access to health services, including prenatal care and early screening and intervention for families at risk for poorer outcomes. (The Role of Home-Visitation Programs in Improving Health Outcomes for Children and Families, *Pediatrics*, March 1, 1998; Enduring effects of prenatal and infancy home visiting by nurses on maternal life course and government spending, Archives of Pediatric Adolescent Medicine, May 2010.)

PERFORMANCE MEASURES **How We Will Know We are Making a Difference**		
Short Term Indicators	**Source**	**Frequency**
Number of Missoula County families served by CHIP agency home visiting services	Agency-specific record systems	Quarterly
Number of referrals made to community resources by CHIP agency home visitors	Agency-specific record systems	Quarterly
Percent increase of individuals served who have health insurance after two months of service over intake	Agency-specific record systems	Quarterly
Percent increase of individuals served who have an active medical home after two months of service over intake	Agency-specific record systems	Quarterly
Long Term Indicators	**Source**	**Frequency**
Robust, realistic, and attainable sustainability plans in place for each CHIP strategy home visiting model	Program reports	At least annually
Percent of Missoula County maternal and child population receiving public health nurse home visiting services	Program reports + census population statistics	Annually

Strategy #1: Pilot a universal post-natal nurse home visiting program in Missoula County.

Background

"Universal home visiting" refers to the offer of public health nurse home visiting services to all new mothers and their babies within a certain period after birth. Missoula County residents currently have access to a variety of maternal and child health (MCH) home visiting services, but all are based on certain eligibility or risk factors. This strategy would test the feasibility of bringing primary preventive services to the entire newborn population and their mothers as a means of offering assessment and referral to all newborns' families, plus continuing services as needed and selected by the newborns' families.

We are looking at two models of universal home visiting in developing a model for the Missoula community. Durham Connects, a universal post-natal nurse home visiting program in Durham, North Carolina, published the results of their randomized, controlled trial in the *Journal of Pediatrics* in November 2013. They demonstrated

positive impacts on multiple domains of family and child well-being, including significant reductions in infant emergency medical care through child age 12 months, increased community connections, improved quality in home environment, daycare selections, parenting, and mothers' mental health. Orange County in California also operates a universal home visiting program, Bridges to Newborns, using a different model. Missoula County would need to determine, through the pilot, if either approach suits our community.

Source: Durham Connects, posted on June 8, 2014; Orange County home visiting program

Evidence Base: Implementation and Randomized Controlled Trial Evaluation of Universal Postnatal Nurse Home Visiting *AJPH* Supplement 1, February 2014.
Randomized Controlled Trial of Universal Postnatal Nurse Home Visiting: Impact on Emergency Care. *Pediatrics* November 2013.
Bridges for Newborns: An Evaluation of the Pilot Program for Bridges II, January 2003-March 2004. Executive Summary. April 30, 2004.

Policy Change Required: Mutual agreements from local referring sources for duration of the pilot.

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Develop pilot program – scope program size, develop protocol, designate staff, obtain mutual referral policies, and develop evaluation criteria	June 2016	Designated service staff Baseline data Referral agreements UM program evaluation expertise	Kate Siegrist, MCCHD + participating local providers	1) All agreements and documents will be finalized and ready for implementation prior to launch in December 2016
Launch pilot of one-year duration	December 2016		As above	1) Implementation of pilot in December 2016
Evaluate and make recommendations for program adoption, adaptation, or non-pursuit	December 2017		MCCHD Board of Health + Ellen Leahy & Kate Siegrist, MCCHD Partnership Health Center Participating local providers Program evaluator	1) Data will be analyzed for impact on families served. 2) Results of the data analysis and recommendations will be shared with the broader community. 3) Consideration for publication of results

Strategy #2: Increase Native American participation in the Nurse-Family Partnership home visiting program.

Background

The Nurse-Family Partnership program (NFP) brings the greatest and most enduring health gains to children of all the evidence-based maternal and child health home visiting modalities. In 2012, MCCHD partnered with RiverStone Health in Yellowstone County to serve as supports for Montana's NFP, which also reaches three smaller counties: Butte-Silver Bow, Lewis and Clark, and Hill. NFP in Hill County includes the Rocky Boys Reservation. The health equity goals of Missoula's CHIP include increasing access to populations that suffer

higher risk and disease burdens due to poverty, minority status, geographic isolation, or other factors. Native Americans are the largest minority population in Montana and Missoula County, and state data shows pronounced health inequities in Native American population (see *2014 Missoula County Community Health Assessment*, pages 70-72).

While Missoula County's urban Native American population is estimated at 6%, since its launch in September 2012 Missoula's NFP has enrolled a population that is approximately 19% Native American. Although NFP is able to reach this high-risk population at higher rates than the census data would predict, retention of clients in this intensive home visiting program is a significant issue. Cultural factors contribute to successfully building a trusting relationship with home visiting nurses, and this relationship is the basis of the program's success. This CHIP work plan focuses on Native American participation in NFP through deliberate representation in planning groups and actions to better serve this population, particularly in the earliest stages of development where prevention can make a life-long difference.

At the national level, the NFP National Service Office (NSO) has been working collaboratively with six tribal partners across the country to evaluate the effectiveness of the NFP curriculum for the Native American population. Their research is demonstrating consistently positive outcomes, with some modification of educational materials suggested. NFP NSO is very interested in supporting Montana's efforts to improve cultural understanding and sensitivity between NFP home visiting teams (which include nurse home visitors, nurse supervisors, administrators, and support and outreach specialists) and our urban and reservation Native American communities.

The Montana-Wyoming Tribal Leaders Council and the Tribal Epidemiology Center have expressed interest in collaborating with NFP of Montana. They will work with all five counties, led by Missoula and Yellowstone counties, to develop local American Indian networking support for the NFP of Montana teams. Preliminary meetings took place in June and August 2015. The impact of these efforts will be tracked through NFP recruitment, engagement, retention, and outcome data for clients, as well as through qualitative data from the NFP team members.

Source: NFP: http://www.nursefamilypartnership.org/about
Health Inequities: Native Americans carry a disproportionate burden of risk factors and health outcomes, including higher prevalence of diabetes, mental health problems, substance abuse, and intentional and unintentional injury. Many of these outcomes have their roots in early childhood and can therefore to some degree be prevented in early childhood. See *2014 Missoula County Community Health Assessment*, pages 70-72.

Evidence Base: NFP: More than 35 years of research shows that NFP is a high-yield preventive program for first-time moms and their infants. Among other positive health effects, NFP shows reduction in child abuse and neglect; reduction in behavioral and intellectual problems at age six; reduction in arrests by age fifteen; and increase in labor force participation by mothers; click here to see the research. NFP meets the Top Tier evidence Standard of the Coalition for Evidence-Based Policy.

Policy Change Required: None currently known; some NFP policy change may be necessary for modification of educational materials based on NFP NSO research.

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Disseminate findings of the focus group among NFP staff and referral agencies.	January 2016	NFP Missoula and Missoula Urban Indian Health Center	Kate Siegrist, MCCHD, NFP of Montana Missoula	1) Completed two-year work plan outlining clear action steps and responsibilities

		staff time	Administrator LeeAnn Bruised Head Johnson, Director, Missoula Urban Indian Health Center	
Identify appropriate individuals from the Missoula American Indian community to partner with the NFP team on outreach and engagement	At least annually in 2016, 2017 & 2018		LeeAnn Bruised Head Johnson, Director, Missoula Urban Indian Health Center	1) Two leaders identified from the urban Indian community to assist in facilitating the cultural content of NFP outreach, recruitment, and nurse home visits
Collect and analyze data from NFP program delivery specific to clients who self-identify as American Indian, including enrollment, retention, and outcome indicators	At least annually in 2016, 2017 & 2018		Kate Siegrist, MCCHD, NFP of Montana Missoula Administrator LeeAnn Bruised Head Johnson, Director, Missoula Urban Indian Health Center	1) At least annually data will be analyzed using local, state, and national benchmarks

Strategy #3: Complete an independent evaluation of the Missoula Foster Child Health Program (MFCHP) and consider implementation of evaluator recommendations.

Background

MCCHD, in conjunction with the Montana Department of Public Health and Human Services (DPHHS) Child and Family Services Division (CFSD) and Providence Grant Creek Family Practice, offer the Missoula Foster Child Health Program (MFCHP) to support out-of-home-placed children and the foster parents who care for them. MFCHP includes a full physical, mental, and developmental exam with the provider at Foster Care Clinic and intensive case management with a public health nurse home visitor. The collaborations focus on three risk groups:

- All children in foster placement ages 0-5
- All children at the time of removal from the home setting or experiencing a change in foster placement
- All youth in foster care ages 16-18 as they prepare to transition from foster services

Foster children have a higher rate of exposure to numerous adverse childhood experiences, making them more likely to develop short-term and long-term health problems. Foster parents, including relatives, need additional information and support to manage the comprehensive health needs of these vulnerable children. MFCHP streamlines referrals and communication among its collaborating agencies, assuring:

- Documentation of an established medical and dental home or primary care provider
- Comprehensive and up-to-date health records (medical, dental, immunization, and behavioral health) and a summary of medical history and current medical issues, which are provided to the CFSD case worker, the foster family, and the primary care provider, and which accompany children when they change placements or providers
- Comprehensive and individualized plans of care
- Ongoing support for foster families as they navigate children's health needs, which are often complex

MFCHP was initiated in 2011 and expanded in 2014. It is currently undergoing an external evaluation in fiscal year 2016 to document outcome indicators and support sustainability efforts. Missoula is currently the only Montana county to offer this service. The evaluation will further formalize the Missoula model and allow for appropriate scaling up in other Montana localities.

Source: Centers for Disease Control and Prevention, as posted on June 10, 2015.

Evidence Base: More detailed scientific information about the study design can be found in "The Relationship of Adult Health Status to Childhood Abuse and Household Dysfunction", published in the *American Journal of Preventive Medicine.* May 1998.

Policy Change Required: None currently known; depends on evaluation findings.

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Secure program evaluation funding from Casey Family Foundation	July 2016	Casey Family Foundation lead investigator	Representative from Casey Family Foundation Sarah Corbally, DPHHS CFSD Bart Klika, UM School of Social Work Kate Siegrist, MCCHD Claire Francoeur, Providence Grant Creek Family Practice	1) Measured program results, recommendations for practice and policy
Sustain program operation, coordination among agencies, and funding to serve an average monthly caseload of 60 foster children annually.	Annually in 2016, 2017, 2018	Commitments of staff time and/or funding from DPHHS CFSD, Missoula County Commissioners, and Providence Grant Creek Family Practice	Missoula Foster Child Health Program Committee	1) Ongoing service to foster children placed in Missoula County (average monthly caseload of 60).
Assist DPHHS CFSD with identifying and assessing feasibility of replication in other Montana communities.	December 2018	Commitment of staff time from DPHHS CFSD, MCCHD, and Grant Creek Family Practice	Sarah Corbally, DPHHS CFSD Nikki Grossberg, CFSD Region V Office Kate Siegrist, MCCHD Claire Francoeur, Providence Grant Creek Family Practice	1) Enhancement of services to foster children and their families in at least one additional Montana county.

ALIGNMENT WITH STATE/NATIONAL PRIORITIES

Strategy	State Plan to Improve the Health of Montanans, June 2013	Healthy People 2020	National Prevention Strategy
1	Section B: Promote the health of mothers, infants and children (includes expanding home visiting)	MICH 3, 18, 19, 34, 20, 21, 23, 30 & 31	Clinical & Community Preventive Services

2	Same as above	MICH 1-6, 8-13, 18,19,34, 20, 21, 23, 30 & 31	Same as above
3	Same as above	MICH 1, 3, 4; IVP 37, 38 & 42	Same as above

Plans for Sustaining Action
Strategy #1 will require meetings at least quarterly of relevant parties. The CHIP work group will review progress at least annually. Strategy #2 (increasing Native American participation in NFP) will require regular meetings at least quarterly, including ongoing communication with the Montana-Wyoming Tribal Leaders Council and the Tribal Epidemiology Center. The CHIP work group will review progress at least annually. Strategy #3 will require meetings at least quarterly of the MFCHP committee. The CHIP work group will review progress at least annually.

Focus Area: Improve Access to Mental Health Services

GOAL: Prevent suicides and increase help seeking by expanding suicide prevention training, with attention to targeted groups, identified gaps, and barriers to accessing care.

In the process of compiling the 2014 *Missoula County Community Health Assessment* (CHA), access to mental and behavioral health services, and specifically suicide, emerged as a major area of concern in community focus groups and surveys. Data collected for the CHA made mental health one of the top issues for the CHA work group as well.

In the CHA, suicide emerged as one of the largest health disparities experienced in Missoula County, compared to the nation as a whole. Montana has historically had one of the highest state suicide rates per 100,000 population, and Missoula County usually has higher suicide rates than the state. Data from 2013 used in the CHA report showed a Missoula County suicide rate of 31/100,00. The highest rates were in the 45-64 age group (46/100,000, compared to 19/100,000 in the US) and the 25-44 age group (37/100,000, compared to 15/100,000 in the US). The Healthy People 2020 objective is 10.2/100,000.

The newly formed Western Montana Suicide Prevention Initiative (WMSPI) is a Missoula County collaboration formed in late 2014 in large part because of these alarming statistics. WMSPI identified target groups for their efforts: middle-aged males, college-aged young adults, the elderly, and youth. The CHIP group will work with the qualified trainers and mental health professionals of WMSPI to further both of our goals. We expect that joining efforts will create greater community impact.

Note that this priority area will also be addressed less directly through work in two other CHIP priority areas:

1) Improve Access to Health Care
   - Increases in insurance coverage will mean that the newly covered population will have insurance benefits for mental and behavioral health services as well, reducing the barrier of cost.
   - Expanding evidence-based home visiting would be expected to increase mental and behavioral health support and referrals for pregnant women and families with young children. In the very long term, expanding evidence-based home visiting has also been shown to reduce certain instances of behavioral and mental health disorders over a child's lifetime.
2) Address Health Disparities and Inequities in Access to Care
   - In the very long term, providing Adverse Childhood Experiences (ACEs) and Darkness to Light sexual abuse training for health care and social service providers can potentially increase interventions that reduce mental and behavioral health issues later in life.

PERFORMANCE MEASURES **How We Will Know We are Making a Difference**		
Short Term Indicators	**Source**	**Frequency**
# of people trained	Trainers	Annually

Pre- and post-tests of knowledge	Surveys administered by trainers	One time for each trained group
Long Term Indicators	**Source**	**Frequency**
Suicide Rate	Suicide Prevention Network from county data	Annually

Strategy #1: Conduct suicide prevention outreach using QPR, SafeTALK, and ASIST training.

Background

The newly formed Western Montana Suicide Prevention Initiative (WMSPI) is a Missoula County collaboration formed in late 2014 as a response to the high rate of suicide. Public outreach through suicide prevention training is one of its goals. The group includes many qualified trainers for QPR, SafeTalk, and ASIST. The CHIP group will work with the qualified trainers and mental health professionals of WMSPI to facilitate a wide range of training. The CHIP group offers WMSPI trainers an "in" for providing training through local agencies, including Providence St. Patrick Hospital, the Missoula Urban Indian Health Center, and Missoula Aging Services. We expect that joining efforts will create greater community impact.

We also expect additional benefits. Coordinated and wide-ranging educational efforts can help reduce the reluctance and stigma related to talking about suicide, which will help people intervene for others and themselves. And over the long term it can contribute to reducing suicide rates in Missoula County.

Source: QPR (Question, Persuade & Refer) is a training to help people save lives by recognizing the warning signs of suicide and intervening with referrals and follow-up. For information click this link for QPR.
SafeTALK is a suicide risk recognition and intervention training. For information click this link for SafeTALK.
ASIST (Applied Suicide Intervention Skills Training) is an intensive two-day suicide intervention training that builds suicide prevention networks in communities. For information click this link for ASIST.

Evidence Base: QPR is on SAMHSA's National Registry of Evidence-Based Programs and Practices: Link for NREPP listing
SafeTALK is on SAMHSA's Suicide Prevention Resource Center's Best Practices Registry: Link for SPRC registry
ASIST is on SAMHSA's Suicide Prevention Resource Center's Best Practices Registry: Link for SPRC registry

Policy Change Required: None currently known; may require policy change within organizations to allow training of staff or clients.

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Meet with WMSPI representatives to create multi-year calendar for training • Target CHIP agencies as appropriate • Target large employers as • Target populations with high suicide rates or gaps/barriers to education and services	January 2016	Staff time Identified contacts in organizations	WMSPI + Suicide Prevention Network (MCCHD)	Multi-year training calendar
Trainings completed	December 2018	WMSPI trainer time	Kristie Scheel, Suicide Prevention Network + WMSPI	## people trained for the first time in suicide prevention (goals to be set with WMSPI in

		Training locations		planning meeting) ## workplaces hosting training in suicide prevention (goals to be set with WMSPI in planning meeting) % of CHIP agencies hosting or sending staff to suicide preventing training (goals to be set with WMSPI in planning meeting)

Strategy #2: Provide suicide intervention training to health care and other service providers.

Background

Up to 45% of people who die by suicide visit a health care provider within a month of their death. (Karl Rosston, Montana DPHHS, from American Assn. of Suicidology) Training for providers of health care and other services has the potential to help avert suicide attempts and get people needed mental and behavioral health services.

WMSPI offers many qualified trainers for the Suicide Prevention Toolkit for Rural Primary Care. The CHIP group will work with the trainers and mental health professionals of WMSPI to facilitate a wide range of training. The CHIP group offers WMSPI trainers an "in" to local health care organizations, including Providence St Patrick Hospital and affiliated clinics, MCCHD, and the Missoula Urban Indian Health Center, which will help the toolkit reach a wider range of health care providers. We expect that joining efforts will create greater community impact.

Over the long term we expect this strategy to increase the ability and willingness of healthcare providers and medical office staff to recognize warning signs and talk about suicide with patients and clients. Eventually, we expect this strategy to help reduce suicide rates in Missoula County.

Source: The Suicide Prevention Toolkit for Rural Primary Care is a resource for clinicians and office staff to intervene with patients who are suicidal.

Evidence Base: The Suicide Prevention Toolkit for Rural Primary Care is a program of the Suicide Prevention Resource Center and is listed on the SAMHSA website as part of the primary care suicide prevention practice model.

Supporting research for this model includes:
Physician Education: A Promising Strategy to Prevent Adolescent Suicide, *Academic Medicine*, March 2011
Suicide Prevention Resource Center, Late Life Suicide Prevention Toolkit

Policy Change Required: None currently known. Policy change may be required in organizations to support use of the toolkit in the clinical setting.

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Meet with WMSPI representatives to develop multi-year calendar for training • Target CHIP organizations	June 2016	Staff time Meeting time Identified contacts in organizations to receive training	Kristie Scheel, Suicide Prevention Network + WMSPI	Multi-year training calendar

Develop plan for staff training in long-term care (LTC) facilities	June 2016	Staff time Meeting time Identified contacts in LTC facilities	Kristie Scheel, Suicide Prevention Network + WMSPI + Missoula Aging Services LTC Ombudsman	Training schedule
Develop plan for staff training through the UM Western Montana Family Medicine Residency Program	June 2016	Staff time Meeting time Identified contact in residency program	Kristie Scheel, Suicide Prevention Network + WMSPI	Training schedule
Trainings completed	December 2018	WMSPI trainer time Training sites	Kristie Scheel, Suicide Prevention Network + WMSPI	Increased provider awareness and knowledge Increased intervention and suicide prevention
Create a sustainable system for ongoing training at PHC	December 2017	Staff time from PHC & Suicide Prevention Network	Krsitie Scheel, Suicide Prevention Network + Kim Mansch, PHC	Increased provider awareness and knowledge Increased intervention and suicide prevention

Strategy #3: Distribute self-screening materials at targeted community events.

Background

The Montana DPHHS recently developed a brochure with a self-screening questionnaire for depression and suicidal tendencies. The brochure is written specifically to be distributed at University of Montana Grizzly football games. WMSPI distributed the brochure at games and found the response overwhelmingly positive, which suggests that the self-screening tool, packaged in a way that is specific to the audience, might be useful as an intervention for people with mental health issues or as a way to open dialogue about mental health issues and reduce stigma.

This strategy is planned for the third year in order to take full advantage of the other strategies for this priority. Promoting self-referrals for help will be more effective if knowledge and skill is higher among providers and the community at large.

Source: Montana DPHHS brochure (see **Appendix A**).

Evidence Base: WW Zung. A Self-Rating Depression Scale. Arch Gen Psychiatry. 1965.

Policy Change Required: None currently known.

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Develop calendar and plan for distributing and promoting self-screening tools	Spring 2017	Brochures Media contacts	Kristie Scheel, Suicide Prevention Network + WMSPI	Distribution plan
Distribute brochures	December 2018	Staff or volunteer time to distribute	Kristie Scheel, Suicide Prevention Network + WMSPI	Increased personal and community conversation about suicide and mental health

ALIGNMENT WITH STATE/NATIONAL PRIORITIES			
Strategy	**State Plan to Improve the Health of Montanans, June 2013**	**Healthy People 2020**	**National Prevention Strategy**
1	Section E: Improve mental health and reduce substance abuse	MHMD 1 – Reduce the suicide rate MHMD 11 – Increase depression screening by primary care providers for youth and adults MHMD 9 – Increase proportion of adults with mental health disorders who receive treatment ECBP 7 (developmental) – Increase proportion of college students who receive information from their institution on priority health risk behavior areas (including suicide)	National Prevention Strategy on Mental & Emotional Well-Being
2	Same as above	MHMD 1 – Reduce the suicide rate MHMD 11 – Increase depression screening by primary care providers for youth and adults MHMD 9 – Increase proportion of adults with mental health disorders who receive treatment ECBP 7 (developmental) – Increase proportion of college students who receive information from their institution on priority health risk behavior areas (including suicide)	National Prevention Strategy on Mental & Emotional Well-Being
3	Same as above	MHMD 1 – Reduce the suicide rate MHMD 11 – Increase depression screening by primary care providers for youth and adults MHMD 9 – Increase proportion of adults with mental health disorders who receive treatment	National Prevention Strategy on Mental & Emotional Well-Being

DESCRIBE PLANS FOR SUSTAINING ACTION
Group contact (meeting, emails, or phone conference) 2 times per year to assess progress. Plan yearly meetings with WMSPI to coordinate training collaboration, build future collaboration potential, and assess needs.

Focus Area: Improve Access to Dental Care

GOAL: Expand dental hygiene services to targeted populations who experience barriers to dental care.

In the process of compiling the 2014 *Missoula County Community Health Assessment* (CHA), access to dental services was identified as an area of concern. Missoula County residents, like Montana residents, access dental care at lower rates (61%) than the US as a whole (67%), and the Partnership Health Center dental clinic has a long wait list and a growing number of patients every year. The CHA also called out that Missoula is a dental shortage area (with a score of 26, on a ranking scale in which 25 indicates the highest need).

Through the CHA and CHIP process, specific groups were identified with barriers to dental care:

- Older adults and people living with a disability in long-term care facilities (LTCs)
- Urban Indians
- Young children, especially those in low-income families

All strategies and activities in this section address issues in *A National Call to Action to Promote Oral Health*, USDHHS, National Institute of Dental and Craniofacial Research, 2003.

PERFORMANCE MEASURES **How We Will Know We are Making a Difference**		
Short Term Indicators	**Source**	**Frequency**
Long-term care facilities who adopt one of the options for ensuring or providing dental care for residents	Survey	Annually
Missoula Urban Indian Health Center clients who access dental care	Missoula Urban Indian Health Center client data	Annually
Head Start children receiving dental hygiene services at school	DHA	Annually
Elementary school children receiving dental services at school	PHC	Annually
Long Term Indicators	**Source**	**Frequency**
Adults who access dental services	BRFSS	Every other year

Strategy #1: Assure provision of dental hygiene services to older and disabled adults in long term care facilities.

Background

In Montana, dental hygienists with a Limited Access Permit (LAP) are able to provide services in institutional settings and in homes for people who cannot get to a traditional dental office. The need for services is especially great among older and disabled adults in long-term care facilities (LTCs). In 2014, the Dental Hygiene program at Great Falls College MSU conducted a survey of 83 LTC facilities in Montana. Among the findings:

- 55.6% of the LTC facilities had a written dental care plan; only 11.1% of those had a dental professional

assist them in creating the plan
- 90% of respondents reported that dental treatment is rarely or never performed within the facility
- 80% do not routinely offer a dental screening by dental professionals for new admissions

In the Missoula area, LAP dental hygienists are currently working in some LTCs and have identified this population as greatly in need of dental services. Anecdotally they report that even basic daily oral care is neglected for many residents. Neglect of oral health has obvious impacts on residents' teeth and dentures, but also affects nutrition, pain status, and even chances of developing pneumonia.

Source: Journal of the American Medical Directors Association. The Importance of Oral Health in Long Term Care. 2009; and Oral Health America Tooth Wisdom.

Evidence Base: The Federal Nursing Home Reform Act of 1987
American Dental Association Center for Evidence Based Dentistry. Oral Health Care in Older People in Long Term Care Facilities: A Systematic Review of Implementation Strategies. 2013.

Policy Change Required: None currently known; may require policy change within organizations to allow training of staff or to hire dental hygienists.

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Small-scale community education campaign • Newspaper articles • Social media postings on CHIP member accounts • Through Missoula Aging Services publications system	June 2016	Missoula Aging Services + dental hygienist time	Jordan Lyons, Missoula Aging Services Heidi Halverson, Dental Hygienists Assn.	Increased public knowledge of issue's importance as foundation for work in LTCs
Education campaign targeting older adults or the disabled who are not in LTC – create and distribute materials • Create or adapt materials • Target points for distribution • Distribute materials	September 2016	Missoula Aging Services + dental hygienist time	Jordan Lyons, Missoula Aging Services Heidi Halverson, Dental Hygienists Assn.	New materials for distribution + increased public knowledge of issue's importance as foundation for work in LTCs
Campaign to create systems of oral health care in LTC • Letter signed by CHIP group sent to all LTCs • Packet of information on why and how to provide high quality dental program in LTCs • Meetings with LTC managers to distribute packets and provide support	June 2016	Missoula Aging Services + dental hygienist time CHIP work group time for creation and review or packet	Heidi Halverson, Dental Hygienists Assn. Mary Dalton, Missoula Aging Services LTC Ombudsman Jordan Lyons, Missoula Aging Services, Resource Specialist	LTC facilities adopting and following through on plans for dental care for residents
Follow-up on dental care • Contact all LTCs to determine status of	Annually in June – 2016, 2017	Missoula Aging Services + dental hygienist	Heidi Halverson, Dental Hygienists	LTC facilities adopting and following through on plans for dental care for residents

dental care program • Identify ways to expand program to non-participating LTCs	& 2018	time Meeting time for CHIP work group	Assn. Mary Dalton, Missoula Aging Services LTC Ombudsman Jordan Lyons, Missoula Aging Services, Resource Specialist	

Strategy #2: Link targeted populations without dental insurance to affordable dental services.

Background

Based on our Dental Shortage area designation, it is clear that there are many populations in Missoula County who lack dental insurance and access to affordable dental services. In this CHIP process we focus on two with particular needs and barriers: older adults and urban Native Americans. Older adults seldom have dental insurance because it is not included in Medicare, and dental care is too expensive for most fixed incomes. Urban Native Americans in Missoula are mostly without any form of health care coverage; the Missoula Urban Indian Health Center database shows that roughly 92% of their clients carry no health insurance at all. Native Americans are exempt from ACA requirements to carry health insurance. And even for those who do get health insurance through ACA, the extra cost of dental insurance makes people unlikely to have dental coverage.

Partnership Health Center (PHC) provides health services on a sliding fee scale, including dental services. PHC accepts all insurances, Medicaid, Medicare, Healthy Montana Kids, and other forms of coverage. Despite high need, local agencies report finding their clients resistant to using PHC's dental services. This is true for our target populations, older adults and urban American Indians, as reported by Missoula Aging Services and the Missoula Urban Indian Health Center.

Other forms of financial help available for dental care are extremely limited. The Donated Dental Services program, overseen by Dental Lifeline, requires filling out a detailed form and a long wait before receiving any services. Generally it is easier to receive approval for services if the dental needs have already been diagnosed by a dental professional. (Missoula Aging Services currently refers clients to this program, but Missoula Urban Indian Health Center does not.) Medicaid also offers dental coverage, and Montana's Medicaid expansion means there is an opportunity to create access to dental care for Medicaid-eligible residents. However, even with Medicaid older adults find it difficult to find a dental provider because of its low reimbursement rates. Many dentists do not accept Medicaid, and even more limit the number of Medicaid patients they see.

Source: American Dental Association Advocacy for Coverage and Benefits

Evidence Base: "The Effects of the Affordable Care Act's Expanded Coverage Policy on Access to Dental Care." *Medical Care, the Official Journal of the Medical Care Section*. American Public Health Association. August 2014.

Policy Change Required: None currently known. Policy change may be required in organizations to expedite the process of determining fees and access at PHC.

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Decrease barriers to Missoula Urban Indian Health Center (MUIHC) clients using PHC dental services • Brainstorm and plan with	September 2016 June annual review –	MUIHC staff time PHC staff time	Starlite Night Gun, MUIHC Kim Mansch, PHC	Increased access to necessary dental services for MUIHC clients

PHC reps • Create stronger referral system at MUIHC based on planning • Yearly reviews to identify client numbers who have accessed PHC dental services	2017 & 2018			
Decrease barriers to Missoula Aging Services clients using PHC dental services • Brainstorm and plan with PHC reps • Create stronger referral system at Aging Services based on planning • Yearly reviews to identify client numbers who have accessed PHC dental services	September 2016 June annual review – 2017 & 2018	Missoula Aging Services staff time PHC staff time	Jordan Lyons, Missoula Aging Services Kim Mansch, PHC	Increased access to necessary dental services for Missoula Aging Services clients
Use Donated Dental Services referrals at (MUIHC) • Annual count of referrals • Annual count of referrals that led to services	June annual review – 2016, 2017 & 2018	Donated Dental Services Health Form MUIHC training in completing form and using program	Starlite Night Gun, MUIHC	Increased access to necessary dental services for some MUIHC clients
If appropriate, collaborate with Access to Health Care Coverage section of CHIP work plan to enroll residents in expanded Medicaid program	See Access to Health Care Coverage work plan	As requested	Robin Nielson-Cerquone, MCCHD, will function as the liaison if there is any occasion for overlap	Increased Medicaid enrollment will lead to more people accessing dental care because they have coverage

Strategy #3: Provide dental hygiene services at targeted events for people without dental coverage.

Background

Based on our Dental Shortage area designation, it is clear that there are many populations in Missoula County who lack dental insurance and access to affordable dental services. Our specific target populations are older adults and urban Native Americans, but social service providers and other Missoula County agencies have regular events to provide services to those in need of them. Examples include the Back to School Bash (lower income families with school-age children), Project Homeless Connect, and various health and wellness fairs. Limited Access Permit dental hygienists are already volunteering their time to provide services for some of these events. The Dental Hygienists Association would like to expand dental care and knowledge of their services through such events.

Source & Evidence Base: Montana Senate Bill 90, passed in 2003, allows Limited Access Permit dental hygienists to provide preventive services and education, with the goal of better reaching underserved populations. For information see the Montana Dental Hygienists Association web page.

Policy Change Required: None.

ACTION PLAN				
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Anticipated Product or Result**
Provide dental hygiene services to underserved populations at appropriate events • Count number of events and number of people served	December annual review – 2016, 2017 & 2018	Dental hygienists' time Some donated or purchased supplies, including fluoride, sealants, and sealant lights	Heidi Halverson, Dental Hygienists Association Kim Mansch, PHC (and Head Start board member)	Increased access to dental hygiene services in underserved populations

Strategy #4: Target education and dental hygiene services to Head Start children.

Background

Head Start programs offer family services and preschool at no cost for families that are low income, receive TANF or SSI benefits, or are homeless, and for some children with disabilities. Head Start children are enrolled in Health Montana Kids as part of program requirements, which means they have dental coverage. However, the reality is that families often skip the preventative check-ups and cleanings for the same reason most other people do (inconvenient, can't leave work, don't like going to dentists). Preschool is this is an especially formative time for children and their families to establish dental hygiene habits that can prevent dental problems later in life, when access to dental care may be more difficult. Dental hygiene services and education could be provided at the school, providing needed education and also referrals for dental care as needed.

Source: American Dental Association Babies and Kids recommendations for dental care.

Evidence Base: Promising Practice: Early & Periodic Screening, Diagnosis & Treatment, developed by the Iowa Department of Public Health, which involves dental hygienists screening, providing fluoride applications, educating, and making referrals for young children in school settings. Study in New York state about educating parents on dental caries, published in the Journal of the American Dental Association, April 2015.

Policy Change Required: None currently known.

ACTION PLAN				
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Anticipated Product or Result**
Preliminary meetings and planning with Missoula Head Start	January 2016	Dental hygienist time Introductory letter from CHIP group Head Start time	Heidi Halverson, Dental Hygienists Association	Mutual understanding and mutually beneficial plan established
Regular visits for education and services for Head Start children • Track number of visits and number of children receiving services	Schedule of visits TBD December 2016, 2017 & 2018 annual review of progress	Dental hygienist time Space at Head Start	Heidi Halverson, Dental Hygienists Association	Regular dental hygiene services for Head Start children, increased home dental hygiene in Head Start families

Childhood caries education for MCCHD Maternal Child Health home visitors, WIC staff, and Head Start staff and parents about dental caries	December 2016	Dental Hygienist time Training time at targeted agencies	Heidi Halverson, Dental Hygienists Association	Increase teacher and parent understanding of importance and method of preventing dental caries
Assess possibility of expanding childhood caries education to other childcares, preschools, and elementary schools	June 2017	Dental Hygienist time Training time at targeted agencies	Heidi Halverson, Dental Hygienists Association	Increase teacher and parent understanding of importance and method of preventing dental caries

ALIGNMENT WITH STATE/NATIONAL PRIORITIES			
Strategy	**State Plan to Improve the Health of Montanans, June 2013**	**Healthy People 2020**	**National Prevention Strategy**
1		OH 7 – Increase proportion of population who use oral health care services	Clinical and Community Preventive Services
2		Same as above	Same as above
3		OH 7 – Increase proportion of population who use oral health care services OH 8 – Increase proportion of low income children and adolescents who received any preventive dental service during the past year OH 12 – Increase proportion of children and adolescents who have received dental sealants on their molars	Same as above
4		OH 8 – Increase proportion of low income children and adolescents who received any preventive dental service during the past year OH 12 – Increase proportion of children and adolescents who have received dental sealants on their molars	Same as above

PLANS FOR SUSTAINING ACTION
Meet 2-4 times per year to assess progress and adapt work plan.

Focus Area: Remove Barriers for Groups Experiencing Health Disparities

GOAL: Increase the capacity of health care and service providers in providing care in a culturally competent manner that addresses health disparities. Our assumption is that supportive and appropriate care will remove barriers and encourage populations who experience health disparities to maintain a specific source of ongoing care.

The concept of "access to health care services" has multiple layers. At its most basic, access is about making sure people have the ability to connect with care providers. The previous priority areas address this need through health care coverage and enhancing systems to link people with resources.

Providing full access to health care also requires the health care system to provide services that meet the needs of individuals and groups in a way that is effective. Culturally competent services increase effectiveness, especially for minorities, people in high risk groups, and other groups that experience health inequities. The strategies for this priority area address this layer of access to health care.

A Note about the Data

In 2011 Montana collected baseline ACE data through the Behavioral Risk Factor Surveillance Survey (Montana BRFSS: ACE Reporting Among Montana Adults). This would be the best long term indicator for the ACEs and Stewards of Children training. Unfortunately, there are no plans to collect Montana ACE data in the future.

Another potential source of data on ACEs is through Child Trends, an organization that produces a report on state-level prevalence of ACEs. The Child Trends data comes from the National Survey of Children's Health. The most recent report uses data from 2011/2012. The organization collects data every five years. It is not clear if the ACEs data will continue to be collected in the future.

PERFORMANCE MEASURES **How We Will Know We are Making a Difference**		
Short Term Indicators	**Source**	**Frequency**
# of providers who receive IN•clued training	Group members	Annually in years 2 and 3
# and % of CHIP agencies who have provided ACEs and Stewards of Children training for staff	Group members	Annually
# and % of other agencies who have provided ACEs and Stewards of Children training for staff	Group members	Annually
Long Term Indicators	**Source**	**Frequency**
For ACEs & Stewards of Children trainings: • % of Montana children with two or more ACEs • Montana rankings for specific ACE categories For IN•clued training: • Evaluation metrics TBD by Peer Education Institute	Child Trends and National Survey of Children's Health	Every 5 years (at most); next collection in 2016/2017

Strategy #1: IN•clued training program to increase capacity of health care providers in working with LBGTQ youth patients.

Background

IN•clued: Inclusive Healthcare—Youth and Providers Empowered is an innovative approach designed specifically for LGBTQ youth to reduce pregnancies and sexually transmitted infections. This project will reach approximately 1,800 youth and 150 healthcare professionals in 12 communities, including Missoula, over five years. IN•clued is delivered by trained peer educators and includes two components: (1) a three-hour workshop for health care staff and providers that addresses best practices for working with LGBTQ youth, as well as hands-on practice in mock teen-patient interviews; and 2) a 3-hour interactive workshop for LGBTQ youth that includes education related to sexual risk prevention and healthy relationships, and information about how to access sexual health services. The evaluation will assess receipt of reproductive health services and use of birth control.

Source: See Appendix B for a description of the program. See a description of the grant award from the Office of Adolescent Health for Planned Parenthood of the Great Northwest.

Evidence Base: Identified by the Peer Education Institute as an evidenced-based promising practice using the Ohio Department of Job and Family Services guidelines (see program description in **Appendix B**).

Policy Change Required: None known at this time; agencies may require policy changes to implement aspects of the training.

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Assessment of gaps and curriculum development	June 2016	Facilitator time Program development group Focus groups	Christopher Coburn, Planned Parenthood	1) Development of innovative, inclusive and accessible training
IN•clued training to health care providers at 2 health centers	May 2018	Facilitator time Peer educator time Willingness of health centers to prioritize provider time to attend training	Christopher Coburn, Planned Parenthood	1) Two health centers trained in IN•clued 2) Increased access to care for LGBTQ youth 3) Increased awareness of providers about the needs of LGBTQ youth 4) Elevated education among LGBTQ youth surrounding healthy sexuality

Strategy #2: Provide ACEs training to health care and service providers.

Background

The Adverse Childhood Experiences (ACE) study involved more than 17,000 HMO members in the mid-1990s. Connection between ACEs and health problems, including cancer and heart disease, is very strong. The goal of this strategy is to help health care and service providers understand the connections between childhood trauma and major health problems later in life, with the assumption that education will lead to efforts for prevention and early intervention.

Source: CDC Injury Prevention & Control: Division of Violence Prevention website describes ACEs research. ACE Interface Training Program website describes the training program. The state of Montana has adopted ACE Interface training program through the ChildWise Institute.

Evidence Base: The Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Deaths in Adults. American Journal of Preventive Medicine. May 1998.

Policy Change Required: None known at this time; agencies may require policy changes to implement aspects of the training.

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
ACE trainings	December 2018	Trainer time Agencies willingness and time for training	Anna Semple, Forum for Children & Youth	1) 75 trainings (25 per year) 2) Increased community awareness and understanding of ACEs and increased interventions based on that knowledge.

Strategy #3: Provide Stewards of Children training for health care and service providers.

Background

Sexual abuse of children has life-long effects on mental and physical health. The goal of this strategy is to help health care and service providers better understand and prevent child sexual abuse.

Source: Darkness to Light developed the Stewards of Children prevention training program.

Evidence Base: Stewards of Children is a promising practice based on evidence from seven evaluation studies.

Policy Change Required: None known at this time; agencies may require policy changes to implement aspects of the training.

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Stewards of Children training	December 2018	Trainer time Agencies willingness and time for training	Kate Siegrist, MCCHD and Missoula Child Sexual Abuse Prevention Team	1) 36 trainings (12 per year) 2) Increased community awareness and understanding of issues and prevention of child sexual abuse. 3) Increased provider recognition of signs of child sexual abuse and tools for intervention and prevention.

ALIGNMENT WITH STATE/NATIONAL PRIORITIES			
Strategy	**State Plan to Improve the Health of Montanans, June 2013**	**Healthy People 2020**	**National Prevention Strategy**
1	AHS-5: Increase the proportion of persons who have a specific source of ongoing care	Educational & Community Based Programs Many measures address education of health care providers on issues including cultural diversity and health promotion.	
2		Same as above.	National Prevention Strategy on Mental & Emotional Well-Being
3		Same as above.	Same as above

DESCRIBE PLANS FOR SUSTAINING ACTION
Meet 2-4 times per year to update plan and revise as needed.

Missoula County CHIP Work Plan

Obesity

Focus Area: Obesity in Children

GOAL: Reduce childhood obesity in Missoula County by 10%, from 13% to 11.7%.

PERFORMANCE MEASURES **How We Will Know We are Making a Difference**		
Short Term Indicators	**Source**	**Frequency**
Number of interventions to improve physical activity and nutrition in the school and child care setting.	Let's Move! Missoula	Yearly
General awareness and education regarding the use of resources in the community that can improve nutrition and weight status.	CHIP Obesity Team	Yearly
Long Term Indicators	**Source**	**Frequency**
Childhood obesity rates	Let's Move! Missoula, 3rd, 7th and 10th grade Body Mass Index data	Yearly

Strategy #1: Improve infrastructure

Background: Improvements in infrastructure can make a dramatic impact on nutrition weight status of the members of the Missoula County communities. This strategy addresses policy and interventions in schools and child cares, access to healthy built environments, and increasing community and home gardens.

Source: Healthy People 2020. Nutrition and Weight Status.

Evidence Base: Chriqui et al. School District Wellness Policies: Evaluating Progress and Potential for Improving Children's Health Five Years after the Federal Mandate: School Years 2006-2007 Through 2010-2011. Bridging the Gap Program, Health Policy Center, Institute for Health Research and Policy, 2013.

Healthy Hunger-Free Kids Act of 2010, Public Law 111-296, 111th Cong, 2010, 124 Stat 3183, Sec 204. http://www.fns.usda.gov/cnd/Governance/Legislation/CNR_2010.htm.Accessed September 15, 2014.

Institute of Medicine, Allensworth D. Schools & Health: Our Nation's Investment. Washington, DC: National Academy Press: 1997.

Policy Change Required: By June 2018, all Missoula County schools will have School Wellness policies in place that support quality nutrition and 60 minutes of daily physical activity.

ACTION PLAN

Objective 1: By June 2018, all Missoula County schools will have School Wellness policies in place that support quality nutrition and 60 minutes of daily physical activity

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Work with the Graduation Matters Missoula Student Wellness Council Nutrition and Physical Activity Groups	June 2018	Staff time, meeting supplies, presentation materials	Let's Move! Missoula	Support for School Wellness Councils as they develop, lobby, and present physical activity and nutrition policy to their local school boards.
Review Missoula County School Wellness Policy	June 2018	Staff time, office supplies	Let's Move! Missoula	School boards, students, and school staff will have education on rationale for altering competitive foods environment and increasing physical activity opportunities in their School Wellness Policy.
Identify School Wellness Councils in Missoula County Schools	June 2018	Staff time, office supplies	Let's Move! Missoula	Criteria for the formation or revitalization of School Wellness Councils.

Objective 2: By June 2018, increase access to the healthy built environment by:

- Increase in the number of children who have access to parks or open space within a half mile of their residence within incorporated city limits to 100%
- Increase improved equipment/facilities and all abilities equipment/facilities at 11 neighborhood locations.

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Continue to prioritize projects that improve transportation safety and access to schools and parks safe	June 2018	Staff time, funding	Missoula Parks and Recreation; Missoula Development Services; Missoula Public Works	Improved transportation facilities that provide access to schools and parks
Continue to follow adopted national and local best practices and guidelines for parks, trails, and complete streets	June 2018	Staff time, funding, advocacy	Missoula Parks and Recreation, Missoula Development Services; Missoula Public Works	Improved parks, trails, and complete streets
Continue to seek funding including grants	June 2018	Staff time	Missoula Parks and Recreation, Missoula Metropolitan Planning Organization	Improved funding opportunities that would contribute to improved healthy built environment
Increase visibility of resources	June 2018	Staff time, funding	Missoula Parks and Recreation	Improved public knowledge about resources available
Increase messages promoting safe outdoor play for children	June 2018	Staff time, funding	Missoula parks and recreation, Let's Move! Missoula	Improved public knowledge about safe outdoor play for children

Increase community awareness of need for all-abilities playgrounds and school playgrounds	June 2018	Staff time, funding, advocacy	Missoula Parks and Recreation	Improved awareness of the need for all-access playgrounds

Objective 3: By June 2018, increase community and home gardens for nutrition and sustainability by 2 per year

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Collaborate with City of Missoula, Garden City Harvest, County Extension Office, and 1000 New Gardens to promote and increase awareness of the benefits of gardens	June 2018	Staff time, funding	Missoula Food Bank Network	Increased awareness of the health benefits of gardens
Promote awareness of resources available through MUD	June 2018	Staff time, funding	Missoula Food Bank Network	Increase public awareness of the resources available through MUD

Strategy #2: Improve communication through health care providers

Background

Working with health care providers is a strategy used to get health information to the public from a source that they trust.

Source: AAP Paper on Role of Pediatrician in Childhood Obesity Prevention
5,2,1,0 Strategy: http://5210.healthymilitarychildren.psu.edu/

Evidence Base: C. Homer & L. Simpson, Health Affairs, March 2007. Childhood Obesity: What's Health Care Policy Got To Do With It?

The Role of Health Care Providers in the Prevention of Overweight and Type 2 Diabetes in Children and Adolescents: http://spectrum.diabetesjournals.org/content/18/4/240.long

Expanding the Role of Primary Care in the Prevention and Treatment of Childhood Obesity: A Review of Clinic- and Community-Based Recommendations and Interventions: http://www.hindawi.com/journals/jobe/2013/172035/

AAP Paper on Role of Pediatrician in Childhood Obesity Prevention: http://pediatrics.aappublications.org/content/early/2015/06/23/peds.2015-1558.full.pdf+html

Policy Change Required:

Health Care providers will prescribe in the electronic medical records prescription trails to children who meet the following health criteria:

Childhood overweight =BMI at or above the 85th percentile for children of the same age and sex
Childhood obesity =BMI at or above the 95th percentile for children of the same age and sex
Severe childhood obesity = BMI greater than 120% of 95th percentile for children of the same age and sex

Missoula physicians will address healthy weight at each well-check.

Objective 1: Provide education about 5-2-1-0 to 90% of family and pediatric health care providers in Missoula County.

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Use established model from AAP to develop educational packet about 5-2-1-0	June 2018	Office supplies, staff time	MCCHD Obesity Prevention Team	Educational packets for health care providers

Continue to seek funding	June 2018	Staff time	MCCHD Obesity Prevention Team	Submission of applications for funding
Make posters about 5-2-1-0 available to health care providers	June 2018	Staff time, supplies, funding	MCCHD Obesity Prevention Team	Posters to increase awareness of the 5-2-1-0 model
Objective 2: Provide education about prescription trails to 90% of family and pediatric health care providers in Missoula County				
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Anticipated Product or Result**
Give presentations on the benefits and logistics of prescription trails	June 2018	Office supplies, staff time	MCCHD Obesity Prevention Team	Health care providers prescribe RX trails to patients.
Provide tools to health care providers (pedometers, maps, etc.)	June 2018	Staff time, supplies, funding	MCCHD Obesity Prevention Team	RX tool for health care providers
St. Patrick Hospital, Community Medical Center, Partnership Health Center, and Missoula City-County Health Department to increase use of prescription trails.	June 2018	Staff time, supplies, funding	MCCHD Obesity Prevention Team	Increased use and awareness of prescription trails by the general population
Objective 3: Increase the number of dedicated prescription trails by one additional trail system				
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Anticipated Product or Result**
Continue to work with Missoula Parks and Recreation and healthcare providers while following national guidelines for prescription trails.	June 2018	staff time	MCCHD Obesity Prevention Team	One additional prescription trail

Strategy #3: Improve nutrition

Background

Along with physical activity, proper nutrition and access to healthy foods can contribute to healthy weight status.

Source: Healthy People 2020. Nutrition and Weight Status. http://www.healthypeople.gov/2020/topics-objectives/topic/nutrition-and-weight-status; http://www.cnpp.usda.gov/DietaryGuidelines. http://www.cdc.gov/healthyschools/obesity/facts.htm http://frac.org/initiatives/hunger-and-obesity/what-factors-contribute-to-overweight-and-obesity/

Evidence Base: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2872299/ http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm

Policy Change Required: Nutrition education lesson plans in all grade levels; policy regarding healthy snacks offered during the school day; policy regarding healthy fundraising, policy regarding non-food classroom rewards**.**

Objective 1: Increase participation in summer feeding programs by 50 children throughout Missoula County				
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Anticipated Product or Result**
Expand number of feeding sites	June 2018	Funding, staff	Missoula Food Bank	More feeding sites

Continue to promote programs in local neighborhoods	June 2018	Funding, staff time	All CHIP Obesity organization	Increased public knowledge of summer feeding program
Continue to seek funding opportunities	June 2018	Staff time	Missoula Food Bank	Applications for funding
Work with MCPS nutrition staff to assess menu options	June 2018	Staff	Missoula County Obesity prevention team	Improved understanding of menu options
Objective 2: Increase Go-Slow-Whoa menu labeling to 50% of rural CATCH schools in Missoula County.				
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Anticipated Product or Result**
Educate school service staff on Go-Slow-Whoa terminology	June 2018	Staff time	CATCH	Increased understanding of CATCH terminology by school staff
Recruit a RD to the CATCH team to assist	June 2018	Funding, staff time	CATCH	Improved strengths of the CATCH team to implement program
Objective 3: Increase fruit and vegetable consumption in Missoula County children by 5%.				
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Anticipated Product or Result**
Assess nutrition education within classroom lesson plans that are built into all subject areas in MCPS schools	June 2018	Staff time	EFNEP	Increased understanding of existing nutrition education in MCPS schools
Increase outreach to families to provide education about the health benefits of nutrition	June 2018	staff time	EFNEP, MCCHD Nutrition services	Improved awareness of the health benefits of nutrition
Promote Real Meals or other cooking classes for low-income families	June 2018	staff time	EFNEP, MCCHD Nutrition services	Improved education of low-income families on nutritious cooking
Promote and advocate for double SNAP dollars program	June 2018	staff time	EFNEP, MCCHD Nutrition services	Improved SNAP program
Promote and advocate for Farmers Market coupons in WIC	June 2018	staff time	EFNEP, MCCHD Nutrition services	Improved access to fresh fruits and vegetables for WIC participants
Explore feasibility of Chefs in Schools model	June 2018	Staff time	MCCHD Nutrition Services, Missoula Food Bank	Improved understanding of the feasibility of the Chef's in Schools model
Explore feasibility of Missoula Food Bank Community Shared Agriculture	June 2018	Staff time	Missoula Food Bank	Improved understanding of the feasibility of the Community Shared Agriculture program
Promote fruit and vegetable snack program in schools	June 2018	Staff time	EFNEP	Improved access to fruits and vegetables
Promote and advocate for Farm to School	June 2018	Staff time	Missoula Food Bank, EFNEP,	Improved access to fruits and vegetables in schools

Objective 4: Increase the number of child care providers in Missoula County who attend nutrition education training by 3 per year.

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Assess nutrition education licensing standards for child care providers	June 2018	Staff time	MCCHD Let's Move! Missoula and Eat Smart Missoula	Increased understanding of existing nutrition education standards for childcare providers	
Promote and advocate continuing education in nutrition for child care providers	June 2018	staff time	MCCHD Let's Move! Missoula and Eat Smart Missoula	Improved awareness of the health benefits of nutrition in the child care setting	Health Department staff perform a minimum of 1 Child Care Provider Training

Strategy #4: Increase physical activity

Background

Along with nutrition, regular physical activity is necessary for health weight.

Source: Healthy People 2020. Nutrition and Weight Status. http://www.healthypeople.gov/2020/topics-objectives/topic/nutrition-and-weight-status; http://www.cnpp.usda.gov/DietaryGuidelines. http://www.cdc.gov/healthyschools/obesity/facts.htm http://frac.org/initiatives/hunger-and-obesity/what-factors-contribute-to-overweight-and-obesity/

Evidence Base:

Thow AM, Xuereb G, Randby S. Childhood obesity prevention: The importance of surveillance, multisectoral collaboration and reducing social inequalities. Geneva, World Health Organization, 2009.

Thow AM, Xuereb G, Randby S. Population-based prevention strategies for childhood obesity .Geneva, World Health Organization, 2009.

2008 – 2014, Missoula City-County Health Department (MCCHD) and Let's Move! Missoula (LM!M) have tracked the overweight and obesity Body Mass Index (BMI) rates of 3rd graders in Missoula County. The BMI data has shown that in the past six years 28% of Missoula 3rd graders are overweight and 12% are obese.

US Department of Health and Human Services. 2008 Physical Activity Guidelines for Americans. Washington, DC: US Department of Health and Human Services; 2008.

Centers for Disease Control and Prevention. The association between school based physical activity including physical education, and academic performance. Atlanta, GA; US Department of Health and Human Services, July 2010.

Policy Change Required:

School Board Health and Wellness Policy changes include;
1) Student Body Mass Index will be annually collected in 3rd grade, 7th and 10th grades.
2) Physical activity is regularly incorporated (10 minutes of PA every hour) into other subject areas (such as math, language arts, science and social studies) throughout the school day, but not used as a substitute for PE class. Teachers and other school staff will not prohibit or deny student to participate in recess or other PA as a consequence for inappropriate behavior or academic performance; nor will they cancel recess or other PA of instructional make-up time.

Objective 1: Increase the percentage of K-12 students who have access to 60 minutes of moderate to vigorous physical activity during the school day including before and after school to 50% of Missoula County school children.				
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Anticipated Product or Result**
Implement before-school run clubs at 2- 3 elementary schools	June 2018	Funding, staff	Let's Move! Missoula	Before-school physical activity opportunity
Implement Take 10 in all Missoula County Schools	June 2018	Funding, staff time	Let's Move! Missoula	Increased physical activity opportunity during the school cay
Implement zero hour physical activities in 2 to 3 elementary schools and 1 middle school	June 2018	Staff time, funding, partnerships	Let's Move! Missoula	Before-school physical activity opportunity
Implement Sqord in 9 elementary schools with 5th grade students	June 2018	Staff time, funding, partnerships	Let's Move! Missoula	Increased physical activity levels
Increase active recess in elementary schools	June 2018	Staff time, funding, partnerships	Let's Move! Missoula	Increased physical activity opportunity during the school day
Implement after school intramural sports in middle schools	June 2018	Staff time, funding, partnerships	Let's Move! Missoula, Missoula Parks and Recreation	After-school physical activity opportunity
Implement brain breaks for middle and high school classrooms	June 2018	Staff time, funding, partnerships	Let's Move! Missoula	Increased physical activity opportunity during the school day
Train K-8 PE teachers on the CATCH model and adaptive PE lessons	June 2018	Staff time	CATCH	Improved PE classes for physical activity
Train K-8 Classroom teachers on the CATCH model	June 2018	Staff time	CATCH	Increased awareness of physical activity opportunities during the school cay
Increase awareness of the Parks and Rec all abilities after school sports program	June 2018	Staff time	Missoula Parks and Rec	Increased awareness of physical activity opportunities available through Parks and Rec
Increase use/distribution of the Physical Activities Kit available through the Missoula Urban Indian Health Center	June 2018	Staff time, funding, partnerships	Missoula Urban Indian Health Center	Increased awareness of physical activity opportunities available
Increase awareness/participation of local, county, and state Special Olympics events	June 2018	Staff time	All CHIP obesity team organizations	Increased awareness and participation in Special Olympics
Objective 2: Increase the number of childcares/preschools in Missoula County who attend physical education training by 3 per year				
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Anticipated Product or Result**
Continue CATCH training with partner organizations	June 2018	Staff time	CATCH	Increased understanding of CATCH as applied to childcare

Outreach to additional preschool organizations for CATCH training	June 2018	Funding, staff time	CATCH	Increased understanding of CATCH as applied to childcare
Let's Move! Child care training to child cares	June 2018	Funding, staff time	Let's Move! Missoula	Increased understanding of physical activity benefits in child care settings
Continue to provide child care resources family group home physical activity trainings	June 2018	Funding, staff time	Let's Move! Missoula	Increased understanding of physical activity benefits in child care settings
Objective 3: Increase outreach to families to provide education about the health benefits of physical activity by attending 3 events more than the previous year.				
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Anticipated Product or Result**
Unplug and Play	June 2018	Staff time	All CHIP obesity team organizations	Increased awareness in the general public of resources available and importance of physical activity
Kids Fest	June 2018	staff time	All CHIP obesity team organizations	Increased awareness in the general public of resources available and importance of physical activity
Sunday Streets	June 2018	staff time	All CHIP obesity team organizations	Increased awareness in the general public of resources available and importance of physical activity
Healthy Kids day with YMCA	June 2018	staff time	All CHIP obesity team organizations	Increased awareness in the general public of resources available and importance of physical activity
Missoula Urban Indian Health Center Health Fair	June 2018	staff time	All CHIP obesity team organizations	Increased awareness in the general public of resources available and importance of physical activity
Chamber of Commerce Health Fair	June 2018	Staff time	All CHIP obesity team organizations	Increased awareness in the general public of resources available and importance of physical activity
Special Olympics events – local, county, and state	June 2018	Staff time	All CHIP obesity team organizations	Increased awareness in the general public of resources available and importance of physical activity
All-abilities "Bust a Gut"	June 2018	Staff time	All CHIP obesity team organizations	Increased awareness in the general public of resources available and importance of physical activity
CATCH Health Fair	June 2018	Staff time	All CHIP obesity team organizations	Increased awareness in the general public of resources available and importance of physical activity

Objective 4: Increase the number of child care providers in Missoula County who attend nutrition education training by 3 per year				
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Anticipated Product or Result**
Assess nutrition education licensing standards for childcare providers	June 2018	Staff time	MCCHD Let's Move! Missoula	Increased understanding of existing nutrition education standards for childcare providers
Promote and advocate continuing education in nutrition for childcare providers	June 2018	staff time	MCCHD Let's Move! Missoula	Improved awareness of the health benefits of nutrition in the child care setting

ALIGNMENT WITH STATE/NATIONAL PRIORITIES			
Strategy	**State**	**Healthy People 2020**	**National Prevention Strategy**
Infrastructure		NWS-10.4 Reduce the proportion of children and adolescents aged 2 to 19 years who are considered obese. PA-15 (Developmental) Increase legislative policies for the built environment that enhance access to and availability of physical activity opportunities	-Encourage community design and development that supports physical activity. -Promote and strengthen school and early learning policies and programs that increase physical activity. - Facilitate access to safe, accessible, and affordable places for physical activity.
Health Care		NWS-6 Increase the proportion of physician office visits that include counseling or education related to nutrition or weight NWS-5 Increase the proportion of primary care physicians who regularly measure the body mass index of their patients PA-11 Increase the proportion of physician office visits that include counseling or education related to physical activity	Assess physical activity levels and provide education, counseling, and referrals.
Nutrition		NWS-17 Reduce consumption of calories from solid fats and added sugars in the population aged 2 years and older NWS-2 Increase the proportion of schools that offer nutritious foods and beverages outside of school meals NWS-1 Increase the number of States with nutrition standards	Healthy Eating: -Increase access to healthy and affordable foods in communities. -Implement organizational and programmatic nutrition standards and policies. -Improve nutritional quality of the food supply. -Help people recognize and make healthy food and

		for foods and beverages provided to preschool-aged children in child care	beverage choices.
Physical Activity		PA-4 Increase the proportion of the Nation's public and private schools that require daily physical education for all students PA-3 Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity PA-10 Increase the proportion of the Nation's public and private schools that provide access to their physical activity spaces and facilities for all persons outside of normal school hours (that is, before and after the school day, on weekends, and during summer and other vacations)	-Promote and strengthen school and early learning policies and programs that increase physical activity.

PLANS FOR SUSTAINING ACTION
Let's Move! Missoula coordinator will work closely with the superintendents or principals and the school wellness councils in the Missoula County School districts to identify assessment tools to better understand the correlation of academic achievement, behavior outcome, and body mass index with student wellness. The goal is that increased physical activity and improved nutrition will also improve academic performance, decrease negative behaviors, and lower body mass indexes. The more significant goal is to standardize daily moderate to vigorous physical activity and quality nutrition into all Missoula County schools via school board policy with an implementation and enforcement plan. Past experience with planning, trying, evaluating, and then adopting school-wide practices has shown that policy and cultural shifts in the school environment are sustainable. The long-term surveillance of BMI in our schools began in 2005 and has been institutionalized and is set to expand this year. The resources needed up front have already been contributed by Let's Move! partners, including the curriculum materials for each school. In short, the supportive infrastructure is already in place.

Focus Area: Obesity in Adults

GOAL: Reduce adult obesity rates in Missoula County by 5%, from 20.1% to 19.1%.

PERFORMANCE MEASURES **How We Will Know We are Making a Difference**		
Short Term Indicators	**Source**	**Frequency**
Adults reporting little or no leisure time physical activity	*BRFSS*	*Yearly*
Adults reporting fruit and vegetable consumption in line with national recommendations.	*BRFSS*	*Yearly*
Long Term Indicators	**Source**	**Frequency**
Adult Obesity Rate	*County Health Rankings*	*Yearly*

Strategy #1: Improve infrastructure

Background

Improvements in infrastructure can make a dramatic impact on nutrition weight status of the members of the Missoula County communities. This strategy addresses policy, access to healthy built environments, and increasing community and home gardens.

Source: Healthy People 2020. Nutrition and Weight Status

Evidence Base: Heath GW, Brownson RC, Kruger J, Miles R, Powell KE, Ramsey LT, Task Force on Community Preventive Services. The effectiveness of urban design and land use and transport policies and practices to increase physical activity: a systematic review. J Phys Act Health [Internet]. 2006 Feb [cited 2013 Mar 21]; 3(Suppl 1):S55-76. Available from http://www.aapca3.org/resources/archival/060306/jpah.pdf

Policy Change Required: None currently known.

ACTION PLAN

Objective 1: By June 2018, increase access to the healthy built environment by:

- Providing 5 new sidewalk/trail/bicycle facilities per year
- Increasing the number of adults who have access to parks or open space within a half mile of their residence within incorporated city limits to 100%
- Increasing the number of benches and picnic tables in parks and along commuter and recreation trails by 5 per year

Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Anticipated Product or Result**
Continue to follow adopted national and local best practices and guidelines for parks, trails, and complete streets	June 2018	Staff time, funding	Missoula Parks and Recreation; Missoula Development Services; Missoula Public Works	Improved parks, trails, and complete streets within the City of Missoula

Continue to seek funding including grants	June 2018	Staff time, funding, advocacy	Missoula Parks and Recreation; Missoula Metropolitan Planning Organization	Improved funding opportunities that would contribute to improved healthy built environment
Increasing visibility of resources	June 2018	Staff time	Missoula Parks and Recreation	Improved public knowledge about resources available
Assess and improve upon all-access language in the Complete Streets Policies and design standards for the City of Missoula	June 2018	Staff time, funding	Missoula Parks and Recreation: Missoula Development Services; Missoula Public Works	Improved complete streets policies
Objective 2: By June 2018, increase community and home gardens for nutrition and sustainability by 2 per year				
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Anticipated Product or Result**
Collaborate with City of Missoula, Garden City Harvest, County Extension Office, and 1000 New Gardens to promote and increase awareness of the benefits of gardens	June 2018	Staff time, funding	Missoula Food Bank Network	Increased awareness of the health benefits of gardens
Promote awareness of resources available through MUD	June 2018	Staff time, funding	Missoula Food Bank Network	Increase public awareness of the resources available through MUD
Objective 3: By June 2018, increase visibility of existing programs. Improve marketing of existing health and recreation opportunities for adults and the health benefits by forming one committee				
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Anticipated Product or Result**
One or more members will offer education at 2 or more community events	June 2018	Staff time, funding	All CHIP obesity team organizations	Increased awareness of the health and recreational resources
Cross-promote activities and events	June 2018	Staff time, funding	All CHIP obesity team organizations	Increase awareness of resources
Develop a system for cross-organizational sharing of upcoming health and wellness events for adults	June 2018	Staff time, funding	All CHIP obesity team organizations	Increased awareness of events and resources
Explore marketing strategies based on risk of audience	June 2018	Staff time, funding	All CHIP obesity team organizations	Improved marketing strategy
Objective 4: By June 2018, 12 existing trails/parks/playgrounds/facilities will be assessed for environmental design that can reduce crime. 100% of new parks will be designed with the principles of crime prevention.				
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Anticipated Product or Result**
Assessment of existing facilities	June 2018	Staff time, funding	Missoula Parks and Rec	Increased awareness of the health and recreational resources
Plan for necessary changes to improve crime prevention through environmental design	June 2018	Staff time, funding	Missoula Parks and Rec	Increase awareness of resources

Work with police, parks and rec, and other agencies to improve crime prevention in all new design.	June 2018	Staff time, funding	Missoula Parks and Rec	Increased awareness of events and resources

Strategy #2: Improve communication through health care providers

Background

Diet and body weight are related to health status. A healthful diet also helps Americans reduce their risks for many health conditions.

Source: Healthy People 2020. Nutrition and Weight Status

Evidence Base:

The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians screen all adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults. www.uspreventiveservicestaskforce.org

Policy Change Required: No change required, continuation of educational efforts

Objective 2: Provide education about prescription trails to 90% of family and pediatric health care providers in Missoula County

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Give presentations on the benefits and logistics of prescription trails	June 2018	Office supplies, staff time	MCCHD Obesity Prevention Team	Presentations/meetings with Health Care providers
Provide tools to health care providers (pedometers, maps, etc.)	June 2018	Staff time, supplies, funding	MCCHD Obesity Prevention Team	Kits to give to health care providers
Continue to work with Saint Patrick's Hospital, Community Medical Center, Partnership Health Center, and Missoula City-County Health Department to increase use of prescription trails.	June 2018	Staff time, supplies, funding	MCCHD Obesity Prevention Team	Increased use and awareness of prescription trails by the general population
Work with Missoula Urban Indian Health Center through Restoring Our Relations to increase awareness of prescription trails	June 2018	Staff time, supplies, funding	MCCHD Obesity Prevention Team	Increased use and awareness of prescription trails by the general population

Objective 3: Increase the number of dedicated prescription trails by one additional trail system

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Continue to work with Missoula Parks and Recreation and healthcare providers while following national guidelines for prescription trails.	June 2018	staff time	MCCHD Obesity Prevention Team	One additional prescription trail
Get the Riverfront trail designated as a prescription trail	June 2018	Staff time	Let's Move! Missoula	One additional prescription trail

Strategy #3: Improve Nutrition

Background

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and homes. Interventions to support a healthier diet can help ensure that individuals have the knowledge and skills to make healthier choices. Healthier options are available and affordable. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Source: Healthy People 2020. Nutrition and Weight Status

Evidence Base: Centers for Disease Control and Prevention. Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Increase the Consumption of Fruits and Vegetables [Internet]. Atlanta: U.S. Department of Health and Human Services; 2011 [cited 2013 Jan 17]. Available from: http://www.cdc.gov/obesity/downloads/FandV_2011_WEB_TAG508.pdf

Policy Change Required: No change required, continuation of educational efforts**.**

Objective 1: Increase fruit and vegetable consumption in adults by 5% in Missoula County

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Increase outreach to families to provide education about the health benefits of nutrition	June 2018	staff time	EFNEP, MCCHD Nutrition services	Improved awareness of the health benefits of nutrition	
Promote and advocate for double SNAP dollars program	June 2018	staff time	EFNEP, MCCHD Nutrition services	Improved SNAP program	
Assess opportunities to learn cooking skills in the Missoula community	June 2018	Staff time	Nutrition Services, Eat Smart Missoula Coalition	Improved awareness regarding opportunities to learn cooking skills	Eat Smart Missoula Coalition Initiative brought 6 local experts into community meeting to describe programs. Filmed by MCAT and 2 on-air showings in September 2015
Expand number of feeding sites	June 2018	Funding, staff	Missoula Food Bank	More feeding sites	
Continue to promote programs in local neighborhoods	June 2018	Funding, staff time	All CHIP Obesity organization	Increased public knowledge of summer feeding program	
Continue to seek funding opportunities	June 2018	Staff time	Missoula Food Bank	Applications for funding	

Objective 4: Increase the number of breastfeeding-friendly employers in Missoula County by 10%.				
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Anticipated Product or Result**
Outreach to employers in Missoula County to educate on the importance and benefits of implementing breastfeeding-friendly policies	June 2018	Staff time	MCCHD Nutrition Services	Increased understanding of existing nutrition education standards for childcare providers
Objective 3: Increase access to health food options in Missoula County owned public buildings by 2 county buildings				
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Anticipated Product or Result**
Assess vending and commercial food options in county owned buildings	June 2018	Staff time	Let's Move! Missoula	Increased understanding of existing food options in County buildings
Work with wellness committee to implement healthy vending	June 2018	staff time	Let's Move! Missoula	Improved healthy food options in County buildings
Work with wellness committee to improve county policy related to healthy food options in County buildings	June 2018	staff time	Let's Move! Missoula	Improved policy to support healthy food options in County buildings

Strategy #4: Increase physical activity

Background

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability

Source: Healthy People 2020. Nutrition and Weight Status

Evidence Base: Community Preventive Services Task Force. Recommendations to increase physical activity in communities.Am J Prev Med [Internet]. 2002 May [cited 2013 Feb 5];22 (4S):67-72.

Policy Change Required: No change required; continuation of educational efforts.

Objective 4: Increase bicycle and pedestrian activity by 1% annually				
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Anticipated Product or Result**
Increase awareness of Missoula In Motion and Way to Go Club.	June 2018	Funding, staff	Missoula City Transportation	Increased awareness of physical activity opportunities
Increase awareness of new bike and pedestrian trails	June 2018	Funding, staff time	Missoula City Transportation	Increased physical activity opportunities
Create/promote neighborhood greenways	June 2018	Staff time, funding,	Missoula City Transportation	Improved access to physical activity opportunity
Promote use of updated Missoula bike maps and promote use of My City Missoula bikes app	June 2018	Staff time, funding,	Missoula City Transportation	Improved understanding of access to physical activity

Objective 2: Increase number of adults who are getting 60 minutes or more per day of moderate to vigorous activity (BRFSS) by 2%.				
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Anticipated Product or Result**
Continue activity programs and build awareness for activity programs	June 2018	Staff time	Parks and Recreation	Improved understanding of access to physical activity
Increase education about the benefits of physical activity	June 2018	Funding, staff time	All CHIP Obesity organization	Improved understanding of access to physical activity
Attend health fairs and other public venues to build awareness	June 2018	Funding, staff time	All CHIP Obesity organization	Improved understanding of access to physical activity
Objective 3: Increase access to indoor walking facilities				
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Anticipated Product or Result**
Feasibility study for access to other large venues (Adams Center, school gyms, indoor soccer center, etc.)	June 2018	Staff time	Missoula Parks and Rec and MCCHD Obesity Prevention Team	
Build awareness of transportation via bus to walking locales	June 2018	staff time	Missoula Parks and Rec and MCCHD Obesity Prevention Team and Missoula City Transportation	

ALIGNMENT WITH STATE/NATIONAL PRIORITIES			
Strategies	**State**	**Healthy People 2020**	**National Prevention Strategy**
Infrastructure	A.1.1 Support worksites and schools to implement health promotion policies that promote chronic disease prevention (e.g., healthy food and beverage choices, physical activity, breastfeeding, tobacco-free workplaces) A.1.4 Support and promote communities to adopt and implement policies addressing the built environment (e.g., structures, transportation, and land use) that promote the health of the community	EH-2 Increase use of alternative modes of transportation for work PA-15 (Developmental) Increase legislative policies for the built environment that enhance access to and availability of physical activity opportunities	Active Living • Encourage community design and development that supports physical activity. • Facilitate access to safe, accessible, and affordable places for physical activity. • Support workplace policies and programs that increase physical activity.
Health Care	A.4.2 Provide training and resources to health professionals and others to implement programs to	NWS-6 Increase the proportion of physician office visits that include counseling or education	Assess physical activity levels and provide education, counseling, and referrals.

	facilitate chronic disease prevention and management (e.g., heart disease and diabetes prevention, asthma, arthritis, disability)	related to nutrition or weight	
Nutrition		NWS-8 Increase the proportion of adults who are at a healthy weight	Healthy Eating: • Increase access to healthy and affordable foods in communities. • Implement organizational and programmatic nutrition standards and policies • Improve nutritional quality of the food supply. • Help people recognize and make healthy food and beverage choices.
Physical Activity		PA-1 Reduce the proportion of adults who engage in no leisure-time physical activity PA-2 Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity	Active Living • Encourage community design and development that supports physical activity. • Facilitate access to safe, accessible, and affordable places for physical activity. • Support workplace policies and programs that increase physical activity.

Focus Area: Obesity in Older Adults

GOAL: Reduce obesity in adults aged 65-74 in Missoula County by 3%.

PERFORMANCE MEASURES **How We Will Know We are Making a Difference**		
Short Term Indicators	**Source**	**Frequency**
Older Adults reporting little or no leisure time physical activity	*BRFSS*	*Yearly*
Older Adults reporting fruit and vegetable consumption in line with national recommendations.	*BRFSS*	*Yearly*
Long Term Indicators	**Source**	**Frequency**
Adult Obesity Rate	*County Health Rankings*	*Yearly*

Strategy #1: Improve infrastructure

Background

Improvements in infrastructure can make a dramatic impact on nutrition weight status of the members of the Missoula County communities. This strategy addresses policy, access to healthy built environments, and increasing community and home gardens.

Source: Healthy People 2020. Nutrition and Weight Status

Evidence Base: Heath GW, Brownson RC, Kruger J, Miles R, Powell KE, Ramsey LT, Task Force on Community Preventive Services. The effectiveness of urban design and land use and transport policies and practices to increase physical activity: a systematic review. J Phys Act Health [Internet]. 2006 Feb [cited 2013 Mar 21]; 3(Suppl 1):S55-76. Available from http://www.aapca3.org/resources/archival/060306/jpah.pdf

Policy Change Required: None currently known.

ACTION PLAN

Objective 1: By June 2018, increase access to the healthy built environment by:

- Providing 5 new sidewalk/trail/bicycle facilities per year
- Increase in the number of adults who have access to parks or open space within a half mile of their residence within incorporated city limits to 100%
- Increase the number of benches and picnic tables on along parks, commuter, and recreation trails by 5 per year

Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Anticipated Product or Result**
Continue to follow adopted national and local best practices and guidelines for parks, trails, and complete streets	June 2018	Staff time, funding	Missoula Parks and Recreation;	Improved parks, trails, and complete streets within the City of Missoula

Continue to seek funding including grants	June 2018	Staff time, funding, advocacy	Missoula Development Services; Missoula Public Works	Improved funding opportunities that would contribute to improved healthy built environment
Increasing visibility of resources	June 2018	Staff time	Missoula Parks and Recreation; Missoula Metropolitan Planning Organization	Improved public knowledge about resources available
Assess and improve upon all-access language in the Complete Streets Policies and design standards for the City of Missoula	June 2018	Staff time, funding	Missoula Parks and Recreation	Improved complete streets policies
Design/create/retrofit recreation facilities that are more attractive to older adults	June 2018	Staff time, funding	Missoula Parks and Recreation: Missoula Development Services; Missoula Public Works	Increased use of recreation facilities by older adults
Objective 2: By June 2018, increase community and home gardens for nutrition and sustainability by 2 per year				
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Anticipated Product or Result**
Collaborate with City of Missoula, Garden City Harvest, County Extension Office, and 1000 New Gardens to promote and increase awareness of the benefits of gardens	June 2018	Staff time, funding	Missoula Food Bank Network	Increased awareness of the health benefits of gardens
Promote awareness of resources available through MUD	June 2018	Staff time, funding	Missoula Food Bank Network	Increase public awareness of the resources available through MUD
Objective 3: By June 2018, increase visibility of existing programs. Improve marketing of existing health and recreation opportunities for adults and the health benefits by forming one committee				
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Anticipated Product or Result**
One or more members will offer education at 2 or more community events	June 2018	Staff time, funding	All CHIP obesity team organizations	Increased awareness of the health and recreational resources
Cross-promote activities and events	June 2018	Staff time, funding	All CHIP obesity team organizations	Increase awareness of resources
Develop a system for cross-organizational sharing of upcoming health and wellness events for adults	June 2018	Staff time, funding	All CHIP obesity team organizations	Increased awareness of events and resources
Explore marketing strategies based on risk of audience	June 2018	Staff time, funding	All CHIP obesity team organizations	Improved marketing strategy
Objective 4: By June 2018, 12 existing trails/parks/playgrounds/facilities will be assessed for environmental design that can reduce crime. 100% of new parks will be designed with the principles of crime prevention.				
Activity	**Target Date**	**Resources Required**	**Lead Person/ Organization**	**Anticipated Product or Result**
Assessment of existing facilities	June 2018	Staff time, funding	Missoula Parks and Rec	Increased awareness of the health and recreational resources

Plan for necessary changes to improve crime prevention through environmental design	June 2018	Staff time, funding	Missoula Parks and Rec	Increase awareness of resources
Work with police, parks and rec, and other agencies to improve crime prevention in all new design	June 2018	Staff time, funding	Missoula Parks and Rec	Increased awareness of events and resources

Strategy #2: Improve communication through health care providers

Background: Health care providers are in a position to assist older adults who are obese in adopting changes to promote a healthier lifestyle. The primary goal is to achieve sustained lifestyle changes through dietary modifications, exercise, and use of community supports.

Source: A.M. Newman. Obesity in Older Adults. Online Journal of Issues in Nursing, January 2009.

Evidence Base: Villareal, D., Apovian, C., Kushner, R., & Klein, S. (2005). Obesity in older adults: technical Review and position statement of the American Society for Nutrition and NAASO, The Obesity Society. American Journal of Clinical Nutrition,82(5), 923-934.

Policy Change Required: No change required, continuation of educational efforts

Objective 1: Provide education about prescription trails to 90% of family and pediatric health care providers in Missoula County

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Give presentations on the benefits and logistics of prescription trails	June 2018	Office supplies, staff time	MCCHD Obesity Prevention Team	Presentations/meetings with Health Care providers
Provide tools to health care providers (pedometers, maps, etc)	June 2018	Staff time, supplies, funding	MCCHD Obesity Prevention Team	Kits to give to health care providers
Continue to work with Saint Patrick's Hospital, Community Medical Center, Partnership Health Center, and Missoula City-County Health Department to increase use of prescription trails.	June 2018	Staff time, supplies, funding	MCCHD Obesity Prevention Team	Increased use and awareness of prescription trails by the general population
Work with Missoula Urban Indian Health Center through Restoring Our Relations to increase awareness of prescription trails	June 2018	Staff time, supplies, funding	MCCHD Obesity Prevention Team	Increased use and awareness of prescription trails by the general population

Objective 2: Increase the number of dedicated prescription trails by one additional trail system

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Continue to work with Missoula Parks and Recreation and healthcare providers while following national guidelines for prescription trails.	June 2018	staff time	MCCHD Obesity Prevention Team	One additional prescription trail
Get the Riverfront trail designated as a prescription trail	June 2018	Staff time	Let's Move! Missoula	One additional prescription trail

Strategy #3: Improve Nutrition

Background

In older adults, obesity appears to be associated with poor food choices, notably high intakes of fat and saturated fat. Providing educational materials and counsel on adopting healthy eating choices, as well as advising older adults on resources that will make nutritional foods more affordable, will improve their chances of maintaining a healthy weight.

Source: USDPHHS. 2015 Dietary Guidelines for Americans

Evidence Base: National Institutes of Health. The Practical Guide Identification, Evaluation, and Treatment of Overweight and Obesity in Adults, http://www.nhlbi.nih.gov/files/docs/guidelines/prctgd_c.pdf

Policy Change Required: No change required, continuation of educational efforts

Objective 1: By June 2018, provide nutrition education outreach to 50% of senior-focused establishments including residences, Senior Center, and Aging Services.

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Increase outreach to seniors through presentations on healthy nutrition	June 2018	staff time	MCCHD Nutrition services, Aging Services	Improved awareness of the health benefits of nutrition
Increase senior participation in cooking classes that promote healthy nutrition	June 2018	staff time, funding	MCCHD Nutrition services, Missoula Urban Indian Health Center	Improved awareness of the health benefits of nutrition
Presentations and handouts during monthly congregate meals at Missoula Senior Center	June 2018	Staff time, educational materials	Aging Services	Improved awareness of the health benefits of nutrition

Objective 2: Increase the number of seniors enrolled in SNAP

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Increase awareness and decrease stigma with seniors and SNAP through implementation of the PhotoVoice project	June 2018	Staff time	Grandparents Raising Grandchildren, Aging Services, etc. Food Bank, Missoula Urban Indian Health Center	Increased understanding of SNAP
Continue application assistance	June 2018	Staff time	Missoula Food Bank, Aging Services	Increased participation in SNAP
MT Food Bank Network begin hotline assistance	June 2018	Staff time	Montana Food Bank Network	Increased participation in SNAP

Objective 3: Increase access to health food options for older adults in Missoula County

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Increase use and awareness of Senior Farmers Market coupons	June 2018	Staff time	Aging Services	Increased participation and awareness of Senior Farmer's Market Coupons
Continue Meals on Wheels	June 2018	staff time, funding, volunteers	Aging Services	Improved healthy food options

Continue ROOTS senior nutrition program	June 2018	staff time, funding	Missoula Food Bank	Improved understanding of healthy food options
Mobile markets at senior residences	June 2018	Staff Time, funding	Garden City Harvest	Improved access to healthy foods

Strategy #4: Increase physical activity

Background

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability

Source: Healthy People 2020 Physical Activity.

Evidence Base: Community Preventive Services Task Force. Recommendations to increase physical activity in communities. Am J Prev Med [Internet]. 2002 May [cited 2013 Feb 5];22 (4S):67-72.

Policy Change Required: No change required, continuation of educational efforts

Objective 1: Increase opportunities to provide on-site senior focused yoga

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Collect data on existing yoga programs focused on older adults	June 2018	Funding, staff	Missoula Parks and Rec	Increased understanding of existing physical activity opportunities
Increase awareness of existing yoga programs focused on older adults	June 2018	Funding, staff time	Missoula Parks and Rec, Aging Services	Increased physical activity opportunities

Objective 2: Increase number of older adults who are participating in active programs by 5%

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Assess the number of older adults participating in active programs	June 2018	Staff time	Parks and Recreation, Aging Services	Improved understanding of access to physical activity
Continue and build awareness for Missoula Urban Indian Health Center Fit Kit	June 2018	Funding, staff time	Missoula Urban Indian Center	Improved understanding of access to physical activity

Objective 3: Increase access to indoor walking facilities

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result
Feasibility study for access to other large venues (Adams Center, school gyms, indoor soccer center, etc.)	June 2018	Staff time	Missoula Parks and Rec and MCCHD Obesity Prevention Team	
Build awareness of transportation via bus to walking locales	June 2018	staff time	Missoula Parks and Rec and MCCHD Obesity Prevention Team and Missoula City Transportation	

ALIGNMENT WITH STATE/NATIONAL PRIORITIES

Strategy	State	Healthy People 2020	National Prevention Strategy
Infrastructure	A.1.4 Support and promote communities to adopt and	EH-2 Increase use of alternative	Active Living • Encourage community

	implement policies addressing the built environment (e.g., structures, transportation, and land use) that promote the health of the community	modes of transportation for work PA-15 (Developmental) Increase legislative policies for the built environment that enhance access to and availability of physical activity opportunities	design and development that supports physical activity. • Facilitate access to safe, accessible, and affordable places for physical activity. • Support workplace policies and programs that increase physical activity.
Health Care	A.4.2 Provide training and resources to health professionals and others to implement programs to facilitate chronic disease prevention and management (e.g., heart disease and diabetes prevention, asthma, arthritis, disability)	NWS-6 Increase the proportion of physician office visits that include counseling or education related to nutrition or weight	Assess physical activity levels and provide education, counseling, and referrals.
Nutrition		NWS-8 Increase the proportion of adults who are at a healthy weight	Healthy Eating: • Increase access to healthy and affordable foods in communities. • Implement organizational and programmatic nutrition standards and policies • Improve nutritional quality of the food supply. • Help people recognize and make healthy food and beverage choices.

Appendix A

Montana DPHHS Self-Screening Brochure

DEPRESSION IS OFTEN CORRELATED WITH SUICIDE RISK: KNOW THE SIGNS

Ideation - Expressing thoughts of killing themselves. Sudden interest in firearms, pills, or other means; Talking or writing about death, dying or suicide.
Substance Abuse - Increasing alcohol or drug use.

Purposelessness - No reason for living; no sense of purpose in life; starting to give personal possessions away, deterioration in personal hygiene.
Anxiety - Anxious, agitated, inability to sleep or sleeping all the time, difficulty concentrating.

Trapped - Feeling trapped (like there's no way out and things will never get better).
Hopelessness - Feeling like the emotional pain will never end; no future orientation.
Withdrawal - Withdrawing from friends, isolating from family and society.

Anger - Rage, uncontrolled anger, seeking revenge, irritable.

Recklessness - Acting reckless or engaging in high risk activities; impulsive behavior (especially in younger people).
Mood Change - Dramatic mood changes, flat affect, depressed mood, acting out of character.

If in crisis, call the
MONTANA SUICIDE PREVENTION LIFELINE,
24/7, at ***1-800-273-TALK (8255)***

TALKING WITH A SUICIDAL PERSON

- If in doubt, don't wait, ask the question
- If the person is reluctant, be persistent (many times the person will deny being suicidal at first even if their behavior says otherwise, ask again)
- Talk to the person alone in a private setting
- Allow the person to talk freely
- Have your resources handy; phone numbers, counselor's name and any other information that might help

ASK THE QUESTION

- "You know, when people are as upset as you seem to be, they sometimes wish they were dead. I'm wondering if you're feeling that way?"
- "Are you thinking about killing yourself?"
- "Are you suicidal?"

How NOT to ask the suicide question

- "Suicide is a dumb idea. You're not thinking about suicide?"
- "Don't feel that way. That's not a good reason to die"

OFFER HOPE
HOW TO PERSUADE SOMEONE TO STAY ALIVE

- Listen to the problem and give them your full attention
- Remember, suicide is not the problem, only the solution to a perceived insolvable problem
- Do not rush to judgment
- Offer hope in any form

Then Ask:

- "I don't want you to kill yourself, I want to help"
- "I'm not going to leave you alone. I don't want you to kill yourself, I'm here for you"

TAKE THEM TO HELP

- Suicidal people often believe they cannot be helped, so you may have to do more.
- Don't leave the person alone and tell others.
- **The best referral involves taking the person directly to someone who can help (emergency room, police, mental health center, primary care or call the Montana Suicide Prevention Lifeline).**

REMOVE OR LOCK UP FIREARMS OR PILLS

WE WANT TO MAKE SURE OUR GRIZ FAMILY IS SAFE & HEALTHY

Depression is a growing health concern in our community. Many people do not recognize the signs of depression and most do not seek treatment. Yet, depression is very treatable. Take this brief test to see if you may have depression and learn the resources available to manage that illness. Don't let depression take you out of the game.

COULD YOU BE DEPRESSED?

Circle the number that best ansers each of the following questions.	A little of the time	Some of the time	Good part of the time	Most of the time
I feel down-hearted and blue.	1	2	3	4
Morning is when I feel the best.	4	3	2	1
I have crying spells or feel like it.	1	2	3	4
I have trouble sleeping at night.	1	2	3	4
I eat as much as I used to.	4	3	2	1
I still enjoy sex.	4	3	2	1
I notice that I am losing weight.	1	2	3	4
I have trouble with constipation.	1	2	3	4
My heart beats faster than usual.	1	2	3	4
I get tired for no reason.	1	2	3	4
My mind is as clear as it used to be.	4	3	2	1
I find it easy to do the things I used to.	4	3	2	1
I am restless and can't keep still.	1	2	3	4
I feel hopeful about the future.	4	3	2	1
I am more irritable than usual.	1	2	3	4
I find it easy to make decisions.	4	3	2	1
I feel that I am useful and needed.	4	3	2	1
My life is pretty full.	4	3	2	1
I feel others would be better off if I were dead.	1	2	3	4
I still enjoy the things I used to.	4	3	2	1

TOTAL SCORE= _____

Zung, WW (1965) A self-rating depression scale.
Arch Gen Psychiatry 12, 63-70

WHAT'S YOUR SCORE

25-49	Normal Range
50-59	Mildly Depressed
60-69	Moderately Depressed
70+	Severely Depressed

A score of ***60 or more*** indicates moderate depression and suggests that you talk with your primary care provider about a comprehensive assessment and exploring treatment options. Other community resources include:

Western Montana Mental Health Center
1315 Wyoming St. Missoula, MT 59801 Phone: (406) 532-9700

Winds of Change Mental Health Center
2685 Palmer St. Suite C
Missoula, MT 59808
Phone: (406) 721-2038

3 Rivers Mental Health Center
715 Kensington Ave., Suite 248 Missoula, Montana 59801
Phone: (406) 830-3294

Curry Health Center Counseling
University of Montana
634 Eddy Ave.
Missoula, MT 59812
Phone: (406) 243-4711

VA Community Based Outpatient Clinic
2687 Palmer Street, Suite C Missoula, MT 59808
Phone: (406) 493-3700

Appendix B

IN•clued Program Description

IN clued

PEER EDUCATION INSTITUTE
supporting the replication of model programs

Inclusive Healthcare–Youth and Providers Empowered

The Peer Education Institute's Planned Parenthood partners lead Teen Council peer education programs in nine different states in the United States. Teen Council peer educators receive over 100 hours of training each year in order to provide comprehensive sexual health education to their peers in a variety of settings. Teen Council peer educators work closely with LGBTQ groups in their communities to provide sexual health education. Many Teen Council members identify as LGBTQ or as allies to the LGBTQ community.

Statement of need

LGBTQ youth have higher teen pregnancy and STD rates than their heterosexual peers. There are many reasons for this including: greater harassment and discrimination as well as family rejection which leads to risky behaviors, and a greater propensity toward substance use which may also have an effect on pregnancy rates.[1] In addition there is a lack of sexual education that includes the needs of LGBTQ youth and thus does not adequately educate about the need for birth control and testing.[2]

- Lesbian and Bisexual youth experience twice the risk of unintended pregnancy as their heterosexual peers.[3]
- LGBTQ youth have significantly more sexual partners as compared to heterosexual youth.[4]
- Lesbian and Bisexual young women report lower use of birth control and have a 12% prevalence rate for teen pregnancy and a 24% prevalence rater for multiple pregnancies.[5]
- As compared to their heterosexual peers LGBTQ teens are at an increased risk of STIs, including HIV.[6]
- Young men with partners of both sexes have reduced odds of condom use and increased odds of having had multiple partners.[7]

In addition:

- Only 3% of adolescents initiated a conversation about sexual health, STIs, or birth control with their family providers.[8]
- Health care providers often fail to provide LGBTQ patients with adequate information regarding safer sex, knowing their patients' sexual history regardless of their reported sexual orientation and screen for STDs.[9]
- As a result of past negative experiences dealing with health care providers those who identify as LGBTQ are often times less likely to obtain regular STI testing and treatment.[10]

Description of Program

It is our intention to provide a program that will help lower teen pregnancy rates and STD rates among LGBTQ youth. We believe that the combination of LGBTQ youth friendly health services and direct relevant and inclusive sexual health education grounded in the Health Belief Model Theory of Change for LGBTQ youth will result in youth seeking health services and getting birth control and testing on a more consistent basis. We propose delivering education on these topics via our Teen Council program.

Teen Council is a strong and successful peer education program for high school youth who are expertly trained to deliver inclusive, comprehensive sexual health education for their peers. As part of the IN•clued project, the Teen Council will deliver two different trainings to two different audiences

PEER EDUCATION INSTITUTE
supporting the replication of model programs

Workshop for Health Care Center staff and providers: This 3 hour workshop, broken into two 1.5 hours segments, will cover best practices for working with LGBTQ youth including how to make the health center more LGBTQ friendly, how to make the health history more inclusive and how to engage LGBTQ youth in the exam room so that they feel safe, comfortable and open to sharing their sexual health behaviors.

Workshop of LGBTQ youth: This 3 hour interactive workshop will include education related to sexual health risk prevention and how to access health services as well as advocate for sexual health needs in a health care setting.

Both groups will receive follow up information and reminders related to the education provided in the workshop.

Evaluation description and results

The Peer Education Institute in collaboration with eight other Planned Parenthood organizations will apply to the Office on Adolescent Health to fund a broad-scale evaluation of the IN•clued program and curriculum. This evaluation will establish an 'evidenced based' status for this curriculum. Use of evidence-based practices "promotes the efficiency and effectiveness of funding due to the fact there is an increased chance the program will produce its desired result."[11] Additionally, evidence-based curricula are more likely to receive funding for implementation and be implemented in other areas. This project will include program and comparison groups for both the Health Centers and the LGBTQ youth groups. We are committed to sharing results from the proposed evaluation with the communities that are involved and communities that could benefit from this information. We expect to establish strong partnerships with the communities where IN•clued will be evaluated, and find ways to share the findings at the local level, as well as at national venues and in scholarly publications.

1 Blake, S.M., Ledsky, R., Lehman, T., Goodenow, C., Sawyer, R., & Hack, T. (2001). Preventing sexual risk behaviors among gay, lesbian, and bisexual adolescents: The benefits of gay-sensitive HIV instruction in schools. American Journal of Public Health, 91(6), 940-946. Retrieved July 16, 2012 from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446472

2 Blake, S.M., Ledsky, R., Lehman, T., Goodenow, C., Sawyer, R., & Hack, T. (2001). Preventing sexual risk behaviors among gay, lesbian, and bisexual adolescents: The benefits of gay-sensitive HIV instruction in schools. American Journal of Public Health, 91(6), 940-946. Retrieved July 16, 2012 from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446472

3 Blake, S.M., Ledsky, R., Lehman, T., Goodenow, C., Sawyer, R., & Hack, T. (2001). Preventing sexual risk behaviors among gay, lesbian, and bisexual adolescents: The benefits of gay-sensitive HIV instruction in schools. American Journal of Public Health, 91(6), 940-946. Retrieved July 16, 2012 from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1446472

4 Saewyc, E., Bearinger, L., Blum, R., & Resnick, M. (1999). Sexual intercourse, abuse and pregnancy among adolescent women: Does sexual orientation make a difference? Family Planning Perspectives, 31(3), 127-131. 9 Centers for Disease Control and Prevention. (2011). Sexual identity, sex of sexual contacts, and health-risk behaviors among students in grades 9–12—Youth Risk Behavior Surveillance, Selected sites, United States, 2001–2009. Morbidity and Mortality Weekly Report, 60. Retrieved June 1, 2012, from http://www.cdc.gov/mmwr/pdf/ss/ss5906.pdf

5 Centers for Disease Control and Prevention. (2011). Sexual identity, sex of sexual contacts, and health-risk behaviors among students in grades 9–12—Youth Risk Behavior Surveillance, Selected sites, United States, 2001–2009. *Morbidity and Mortality Weekly Report*, 60. Retrieved June 1, 2012, from http://www.cdc.gov/mmwr/pdf/ss/ss6006.pdf

6 Centers for Disease Control and Prevention. (2011). Sexual identity, sex of sexual contacts, and health-risk behaviors among students in grades 9–12—Youth Risk Behavior Surveillance, Selected sites, United States, 2001–2009. *Morbidity and Mortality Weekly Report*, 60. Retrieved June 1, 2012, from http://www.cdc.gov/mmwr/pdf/ss/ss6006.pdf

7 Lara, T. (2002). Among sexually experienced male adolescents, those with partners of both sexes exhibit riskiest behavior. Perspectives on Sexual and Reproductive Health.

8 Diamant, A., Schuster, M., McGuigan, K., & Lever, J. (1999). Lesbians' sexual history with men: Implications for taking a sexual history. Arch Intern Med, 159, 2730-2736.

9 Bauer, G., & Welles, S. (2001). Beyond Assumptions of Negligible Risk: Sexually Transmitted Diseases and Women Who Have Sex With Women. American Journal of Public Health, 91 (6), 1282-1286.

10 SexSmarts Sexual Healthcare Survey 2001

11 Ohio Department of Job and Family Services, "Evidence Based, Evidence Informed, Promising Practice and Emerging Program and Practices." December 11, 2014 at https://jfs.ohio.gov/OCTF/Evidence_Based_Evidence_Informed_Promising_Practice_and_Emer.pdf