2019 Invest Health Neighborhood Report Missoula

This report explores three Missoula neighborhoods: Franklin to Fort, North/Westside, and River Road. The Invest Health initiative seeks to create resident driven transformative change to improve health outcomes for all Missoulians by addressing fundamental drivers of health: housing, the natural environment, transportation, jobs, education, and community safety.

Missoula Invest Health Team Members:
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Kala Peterson - NeighborWorks Montana

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with questions.
WHO

The Missoula Invest Health Team received a planning grant from Robert Wood Johnson and the Reinvestment Fund to transform how community development and health leaders from mid-size American cities work together.

WHY

Poverty can lead to an increased risk of premature death and lower life expectancy.

Neighborhoods with persistent (generational) poverty (20% or more of individuals in poverty for the past 30 years) experience poor housing conditions, increased crime, and worse health outcomes.

HOW

Goal: Help low-income communities thrive by addressing community features that drive health such as access to safe and affordable housing, places to play and exercise, and quality jobs.

Target health outcomes:
Mental Health, Obesity, Social Connectivity, and Quality of Life

LOCAL DATA

Explore the Missoula Community Health Map!
https://gis.missoulacounty.us/mcchd/healthmap

To create awareness and foster health for all, we need to provide and share accurate, local data regarding the social determinants of health at the population level. This data helps to identify which members of our community experience limited resources and poorer health outcomes. We can use this information to more fully address the factors that most significantly impact all Missoulians' quality of life.

All census data in this report came from PolicyMap (https://www.policymap.com) Census Tract Data 2010
Equity vs. Equality

**Equity:**
Accounts for inequality by customizing the level and types of resources provided to eliminate disparities and ensure sufficiently similar outcomes.

**Equality:**
The same level and types of resources are provided across population groups.

What is Health Equity?

"Health equity means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments and health care."

Robert Wood Johnson Foundation

"Everyone having the opportunity to attain their highest level of health."

American Public Health Association

"Health equity means ensuring fair opportunities for everyone to lead healthy and long lives by eliminating the barriers to, or addressing the fundamental conditions necessary for, achieving good health, especially among populations that have experienced cumulative disadvantage or stigma."

Allies for Reaching Community Health Equity

Sources: Pennsylvania Department of Health; Robert Wood Johnson Foundation; Allies for Reaching Community Health Equity
Principles of Health Equity

1. **Resident Voice**
   - Focus on needs of marginalized community members who face persistent barriers to health
   - Keep them at center of solutions

2. **Policy, Systems, & Practice Change**
   - Create a fair social environment that allows all people from all backgrounds and resources to thrive and achieve a good quality of life

3. **Social Determinants of Health**
   - Prioritize the factors that impact health:
     - Economic security
     - Education
     - Housing
     - Transportation
     - Built environment
     - Social connection
     - Health care access/quality

4. **Diversity & Inclusion**
   - Prioritize diversity and inclusion
   - Invest time and resources in supporting people who have frequently been overlooked
   - Acknowledge, discuss, and address racism, sexism, classism, and other dehumanizing forms of systemic oppression

5. **Authentic Relationships**
   - Establish and maintain authentic relationships with community members who face persistent barriers to health
   - Work collaboratively with them to solve challenges related to inequities

6. **Community Power**
   - Recognize and leverage community power to advocate for policy, systems, practice, and environmental changes that improve living conditions and expand access to health promoting opportunities

7. **Working with All People**
   - Work with community members across sectors, issues, and social groups
   - Engage in mutually reinforcing activities that support the common goal of creating a culture of health

Source: Allies for Reaching Community Health Equity
Demographics

Population

<table>
<thead>
<tr>
<th>Area</th>
<th>Population 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Franklin</td>
<td>5,545</td>
</tr>
<tr>
<td>North/Westside</td>
<td>6,231</td>
</tr>
<tr>
<td>River Road</td>
<td>2,918</td>
</tr>
<tr>
<td>City of Missoula</td>
<td>70,847</td>
</tr>
<tr>
<td>Missoula County</td>
<td>114,231</td>
</tr>
</tbody>
</table>

Race

<table>
<thead>
<tr>
<th>Area</th>
<th>White</th>
<th>American Indian</th>
<th>Two or more races</th>
</tr>
</thead>
<tbody>
<tr>
<td>Franklin</td>
<td>93%</td>
<td>2.3%</td>
<td>4%</td>
</tr>
<tr>
<td>North/Westside</td>
<td>89.6%</td>
<td>7.8%</td>
<td>1.8%</td>
</tr>
<tr>
<td>River Road</td>
<td>92.4%</td>
<td>3.1%</td>
<td>2.7%</td>
</tr>
<tr>
<td>City of Missoula</td>
<td>91.2%</td>
<td>2.2%</td>
<td>3.3%</td>
</tr>
<tr>
<td>Missoula County</td>
<td>91.93%</td>
<td>2.6%</td>
<td>3.27%</td>
</tr>
</tbody>
</table>

Note: Racial identities in the "2 or more" category primarily include those identifying as two or more races, Black, or Asian.

Age

Franklin to Fort

- 0-4 years (6.39%)
- 5-18 years (5.33%)
- 19-24 years (29.91%)
- 25-44 years (33.84%)
- 45-64 years (21%)
- 65+ years (6.52%)

Northside/Westside

- 0-4 years (2.04%)
- 5-18 years (14.59%)
- 19-24 years (14.84%)
- 25-44 years (34.67%)
- 45-64 years (20.06%)
- 65+ years (13.26%)

River Road

- 0-4 years (3.91%)
- 5-18 years (13.11%)
- 19-24 years (13.93%)
- 25-44 years (37.02%)
- 45-64 years (23.47%)
- 65+ years (7.76%)

Having baseline information regarding population, age, and race helps to create a picture of our community makeup. We can use this information to adapt systems for the benefit of all community groups.

Call to Action:

What can we do to target our efforts and enact policies to improve health outcomes for our low-income neighborhoods?

Source: 2010 Census data
Education

Call to Action:
Schools that are responsive to the needs of the whole child are places where students are healthy, safe, engaged, supported, and challenged. - Washington University St. Louis, https://wustl.app.box.com/v/healthyschoolstoolkit
**Incomes**

**Median family income** - Estimated median family income in the past 12 months, as reported between 2010-2014. A family is defined by the US Census Bureau as a group of two or more people who reside together and who are related by birth, marriage, or adoption. Medians were suppressed in cases where the sample of the average was less than 10 of the unit that is being described (e.g., households, people, households, etc).

**Median Family Income**

<table>
<thead>
<tr>
<th>Income</th>
<th>Franklin</th>
<th>North/Westside</th>
<th>River Road</th>
<th>City of Missoula</th>
<th>Missoula County</th>
</tr>
</thead>
<tbody>
<tr>
<td>$46,192</td>
<td>$63,646</td>
<td>$17,399</td>
<td>N/A</td>
<td>$71,518</td>
<td>$67,715</td>
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<tr>
<td>$29,250</td>
<td>$22,703</td>
<td>$33,237</td>
<td></td>
<td>$25,945</td>
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<tr>
<td>$47,521</td>
<td>$33,237</td>
<td></td>
<td>$22,737</td>
<td>$33,237</td>
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</tr>
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**Eventual Household Income for People Raised in Very Low Income Families**

<table>
<thead>
<tr>
<th>Income</th>
<th>Franklin to Fort</th>
<th>North/Westside</th>
<th>River Road</th>
<th>City of Missoula</th>
<th>Missoula County</th>
</tr>
</thead>
<tbody>
<tr>
<td>$33,166</td>
<td></td>
<td></td>
<td></td>
<td>$32,086</td>
<td>$35,359</td>
</tr>
<tr>
<td>$29,053</td>
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**Health behaviors and outcomes associated with low-income populations:**

- Lower life expectancy
- Smoking
- Obesity
- Low rates of exercise

**Call to Action**

Missoula employers should strive to provide a living wage for employees, for example 2 adults (1 working) 0 children = $19.29, Living Wage Calculator, [https://livingwage.mit.edu/counties/30063](https://livingwage.mit.edu/counties/30063)

Source: 2010 Census data, USDC: Geography of Poverty
Poverty and Health Equity

City of Missoula Population in Poverty

Missoula County Population in Poverty

Call to Action:
Addressing health equity through systems-level change helps to break cycles of persistent (generational) poverty by allowing people to access resources that fundamentally affect their quality of life.
Housing: Ownership v. Renting

Homeowners and Renters

Estimated median selected monthly owner costs as an estimated percentage of household income, for all owner-occupied housing units (with and without a mortgage), between 2010-2014. Owner housing costs include all mortgage principal payments, interest payments, real estate taxes, property Insurance, homeowner fees, condo or coop fees and utilities (not including internet, telephone or cable television).

Median Cost of Homeownership vs. Renting as % of Income
Housing: Cost Burden

Cost burdened households: Estimated percent of owner households for whom selected monthly owner costs are 30% or more of household income between 2010-2014.

Extremely cost burdened: Estimated percent of owner households for whom selected monthly owner costs are 50% or more of household income between 2010-2014.

Severe housing cost burden can dramatically affect health and is associated with increased food insecurity, more child poverty, and a higher proportion of people in fair or poor health.

Call to Action:
Invest and support the Missoula Home Coalition and Voices 4 Housing solutions; Renter barrier solutions, Housing trust fund, Inclusive, diverse, equitable housing types and locations.
Health Outcomes

Adult and Childhood Obesity

Mental Health

Call to Action:
Collaborate with community partners to address emotional, physical and social health effects and costs of policy decisions across agencies, businesses, governments, organizations and populations.