

# Invest Health Proposal for Missoula, Montana



## Problem Statement

### Specific Health Outcome Disparities

Our group has prioritized the health outcomes of obesity, asthma, and mental health, which all meet two criteria:

- 1) Evident disparities in low-income neighborhoods
- 2) Affected by the built environment

City and neighborhood trend data is difficult to access for Missoula. Much of the data is reported on a county level for a particular point in time. We do have local data that provides valuable information on these health outcomes in Missoula's three lowest-income neighborhoods.

- **Obesity:** 16% of 3<sup>rd</sup> graders in schools in low-income neighborhoods are obese versus an average of 10% of 3<sup>rd</sup> graders citywide. These numbers have held steady since 2009 (Let's Move! Missoula BMI study). Obesity is in part a reflection of the outdoor built environment.
- **Asthma:** 10% to 11% of adults in low-income neighborhoods suffer from asthma versus an average of 9% citywide (PolicyMap; no trend data available). Asthma relates in part to the indoor built environment.
- **Mental health:** 28% of adults in low-income neighborhoods report poor mental health on seven or more days in the past 30 days versus 23% citywide (PolicyMap; no trend data). Missoula County has one of the highest suicide rates in the US, at 31/100,000 (the Healthy People 2020 goal is 10.2/100,000), which is sadly consistent over many decades (Missoula County Suicide Prevention Network). Mental health trends in part reflect the way our environment supports community cohesion and safety, and the stress of the housing burden.

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### Built Environment

Four aspects of the built environment create challenges in Missoula:

- 1) High housing cost burden
- 2) Home health and safety
- 3) Lack of access to active transportation
- 4) Lack of parks and green space

These disparities are clustered in low-income neighborhoods that experience persistent poverty.

**Housing Costs:** High cost of housing and low wages create a financial burden: 55% of renters and 26% of homeowners spend more than 30% of their income on housing. In the past 10 years extremely cost-burdened home owners jumped from 8 to 12% (PolicyMap). Countless health concerns arise from this dynamic. Most factors leading to this cost burden fall outside this project's scope, but it is too crucial to ignore. Current discussions and action on growth and zoning make our influence timely and important.

**Home Health:** In Montana, 14% of homes are substandard or significantly substandard (MT Dept. of Revenue). Health impacts include poor indoor air quality and health and safety hazards, particularly for older residents.

**Active Transportation Access:** Our identified neighborhoods all have sidewalk gaps according to the Missoula Long-Range Transportation Plan. Sidewalks are missing along 43% of their streets, compared to 22% in other areas.

**Parks:** Low-income neighborhoods have fewer parks, fewer trees and less access to trails. The city master parks plan shows that our identified neighborhoods have a parks deficit, with 0 to 1.4 parks/1000 people, compared to 3.5/1000 and up for high-income areas.

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## **Team Composition**

**Providence St. Patrick Hospital**, part of Missoula since 1873, will serve as our **anchor institution**. One of the city's top five employers, Providence employs 2000+ people. The main campus has expanded and revitalized its low-income neighborhood. Providence has 16 clinics across town. Community benefit spending in 2014 topped \$28 million.

Our team has influence across many sectors: government, health care, business, the University of Montana, and Missoula's vibrant nonprofit network. For example:

- **NeighborWorks Montana** represents **community development**. NWMT is a CDFI that lends funds for buying, building, and retrofitting affordable, safe, and stable housing for low-income people.
- **City of Missoula Development Services** has the support of the mayor, parks department, redevelopment agency, and transportation sector.
- **Missoula City-County Health Department (MCCHD)** encompasses an FQHC (an accredited patient-centered medical home) and collaborates extensively with groups across the community, including the Missoula Urban Indian Health Center, schools, and environmental groups.
- **United Way** is a powerful presence that works closely with nonprofits, business, both hospitals, and the Chamber of Commerce.

All member agencies are leaders in our fields. This effort marks the first time we have worked together as a group. We all work closely with low-income people and communities and engage diverse stakeholders including Native Americans, seniors, and people with disabilities.

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## **Local Context**

### **Master Plan and Development Sector**

The City of Missoula growth policy was finalized in November 2015. It serves as the city's comprehensive plan, with a 20-year time horizon and a five-year review cycle. Real estate development is referenced and implicit throughout the plan. Team member Laval Means was one of the city leaders of the planning process, which included broad stakeholder and public engagement. For the first time, wellness was elevated as a core value and goal during planning, and this theme cuts across much of the document. The sections of the plan most relevant to our team are livability, safety and wellness, and housing.

The policy is put into action primarily through city council direction to city departments, but the policy cannot be fully enacted without the ongoing work of a broad range of stakeholders, including the members of this Invest Health team. Laval, our city representative, is thoroughly engaged with this plan. As a team we are committed to supporting and influencing implementation of the growth policy while working toward our goal of health equity for our most vulnerable residents.

In addition to the direct connections to the city development sector, our team has many connections to other development stakeholders including housing developers, commercial property owners, lenders, and residents. We anticipate that the nature of our work with these groups will become more evident as we focus on particular initiatives.

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### **Leverage of Existing Capital Resources**

Considerable community development activity in Missoula means many potential avenues for leveraging resources, far too many to list here. We will identify the resources that are most relevant to our work and have the best potential to make an impact on health disparities.

Our neighborhoods of focus have a variety of city resources available, including some overlap with tax increment financing districts through the Missoula Redevelopment Agency, community development block grant funds for housing and infrastructure rehab and development, and streets/sidewalk plan subsidies. A parks bond passed in 2014 will upgrade existing parks and add a pedestrian and bike bridge along the western perimeter of two of our identified neighborhoods. Two of the neighborhoods are also part of a transportation funding package that will add bike lanes and sidewalks along a busy street corridor that forms their eastern perimeters.

MCCHD and St. Patrick Hospital have existing and new health initiatives that could be leveraged, including a home visiting asthma nurse program, the community health needs assessment, and home assessments for Medicare patients.

Multiple new funding streams will support manufactured home rehab and replacement, including resources from a local credit union, the Montana Board of Housing, and the Montana Community Development Corporation. Climate Smart Missoula is also launching a smart summer homes program that will impact rehab efforts for manufactured homes.

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### **Critical Stakeholders or Perspectives**

We are committed to engaging the residents of target neighborhoods, including through neighborhood councils and other key connecting organizations and groups. The city has captured some resident perspective in city neighborhood plans, which we will reference.

Perspectives of low-income residents are particularly important to our work. NeighborWorks and United Way engage low-income community members in their organizations and have a natural interest in this work. We also will develop coordinated campaigns to engage the community through evidence-based participatory methods.

Other stakeholders include:

- Health care entities, including Community Medical Center (the city's second hospital) and Partnership Health Center (the FQHC which operates as part of MCCHD)
- Transportation and trails entities such as the Parks and Recreation, Transportation Planning, and Mountain Line bus company
- Capital resource partners including local lenders, the city grants department, and those mentioned in the preceding section
- Housing organizations such as the Missoula Housing Authority and Homeward
- Organizations that represent Native Americans, seniors, and people living with disabilities; we know these groups are disproportionately represented in the low-income population

We will identify stakeholders who can provide guidance, insight, and interpretation of local data to ensure high-impact work with the most return on our investment.

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### **Vision and Impact**

#### **Aspects of Built Environment We Seek to Change or Improve**

Our goal is to improve the affordability and accessibility of healthy homes and healthy behaviors through changes to the built environment, including individual homes (indoor air quality and weatherization), transportation, trails, and parks. Our focus is on improvements that will positively affect health outcomes related to asthma, obesity, and mental health.

We have identified our three lowest-income neighborhoods as possible areas to focus our work. Northside/Westside, River Road, and Franklin to Fort are areas of persistent poverty, meaning that for 30 years – from 1980 to 2010 – 20% or more of the population was living in poverty. Data through 2014 shows no improvement in these numbers (PolicyMap, ACS 2010-2014). These areas are our highest-need neighborhoods, no matter what yardstick is used – health outcomes, income, school data, crime data, even dog bites. Within these areas we would also identify smaller pockets of high poverty – for example, certain trailer parks or specific blocks – to pilot more targeted changes to the built environment that can improve health outcomes for residents.

Our team will coordinate with existing efforts. We know that ongoing efforts are often disconnected from each other. For example, in the River Road neighborhood the city is developing bikeable and walkable streets and improving lighting. Meanwhile, residents of a trailer park are working to improve lighting and rehabbing homes, and Climate Smart Missoula and other groups are developing home rehab programs. All these groups understand the role of their work in improving resident health, but efforts are not currently linked to one another. Collaboration could help all groups better meet their goals and increase positive health impacts for residents.

In other situations, we can bring health impact considerations to the table. In the Franklin to Fort neighborhood, a recent school bond initiative means that the neighborhood elementary school will be rebuilt, starting this summer. Just down the street, a park will be improved in 2017, part of the city's plan to address the neighborhood's park deficit. Our team members from Let's Move! Missoula and city development services give us the opportunity to bring health impact considerations to both of these projects. Design of these projects is well underway, but there are still opportunities to influence implementation, community engagement, and education.

The desirability of locations close to Missoula's inner core has put significant development pressure on our targeted low-income neighborhoods. This pressure is increased by the growth policy. We need strategies to minimize displacement while also improving existing housing conditions.

In the longer term, we want to help agencies integrate tools such as Health Impact Assessments into the way planning and development happens in Missoula.

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### **Change Residents Can See, Touch and Feel**

*Built environment addresses obesity*

You wake up on a sunny day in your new rent-subsidized apartment. Great day for a walk to work – the new trail is a peaceful way to reach the bus. The kids take the trail to school too, past the park on the next block. In the old place the kids didn't go outside much.

You walk across the development, past small houses and the community garden. The manufactured homes on the corner were here before and were fixed up during construction. The community center hosts a market – a place to meet neighbors and pick up staples like eggs and vegetables. It is easy now to have healthy food for breakfast and lunch. You pass the basketball court and hit the trail.

### *Time passes*

The financial stability from subsidized housing lets you buy a house near the old apartment. You stayed because you like the market and the trails, which have gotten even better. It's easy to get around the neighborhood and to different parts of town without crossing heavy traffic – perfect for kids. They even opened a teen area in the park, where kids are always active.

### *Meanwhile*

The Invest Health team is meeting but is no longer a group of five. People from health, housing, business, government, and nonprofits regularly bike, walk, and bus to our first development to meet at the community center. The lessons we learned in our first project taught us how to use planning tools and implement a vision to make Missoula a healthy and affordable place to live – for everyone.

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## **Budget**

The remaining funds will be used to build a strong foundation to ensure sustainability for our efforts. The way we invest the money will largely depend on the plan we develop through the Invest Health process. These actions would all be necessary at some point in our work together:

- Support an evidence-based participatory process that includes incentives for participation. Good community engagement is critical, and we need to be sure to find effective ways to work with low-income residents. We especially need to find ways to connect with Native Americans, people with disabilities, and the elderly living in poverty.
- Get training on using Health Impact Assessments and other planning tools.
- Collect key data. For example, we have almost no useful data on the urban Indian population in Missoula, which is a major barrier to working effectively with these residents.
- Ideally, provide seed money for a small, tangible project that shows the possibilities of our teamwork. This would be great to help move forward with some small early accomplishments to build momentum and support. The idea of small-dollar grants keeps popping up, and this may be an area in which to experiment.

Any of these ways of investing the remaining funds will help us grow and learn as a team. They would also provide us with valuable tools that we could immediately put to use in the community, within our own spheres of influence, and as a team moving forward with our identified projects.

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