

**INVEST HEALTH**  
*Strategies for Healthier Cities*

A Project of the Robert Wood Johnson Foundation  
and Reinvestment Fund

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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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

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.

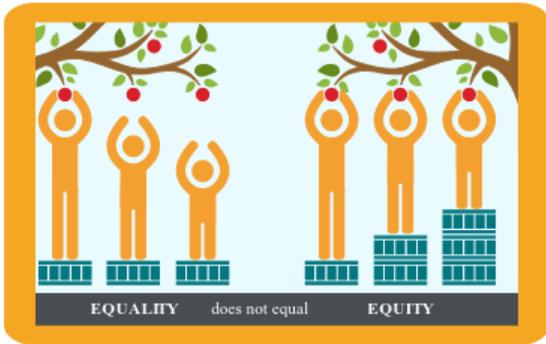
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All census data in this report came from **PolicyMap** (<https://www.policymap.com>) Census Tract Data 2010

**Explore the Missoula  
Community Health Map!**

<https://gis.missoulacounty.us/mcchd/healthmap>

# Equity vs. Equality



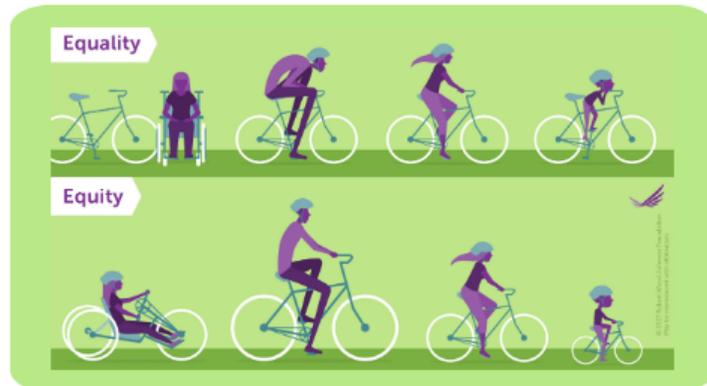
Pennsylvania Department of Health

## 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.



Allies for Reaching Community Health Equity

## 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

# 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

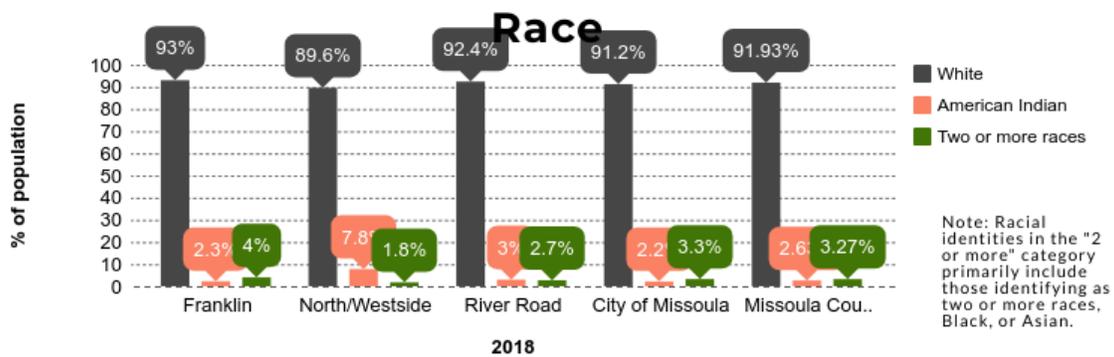
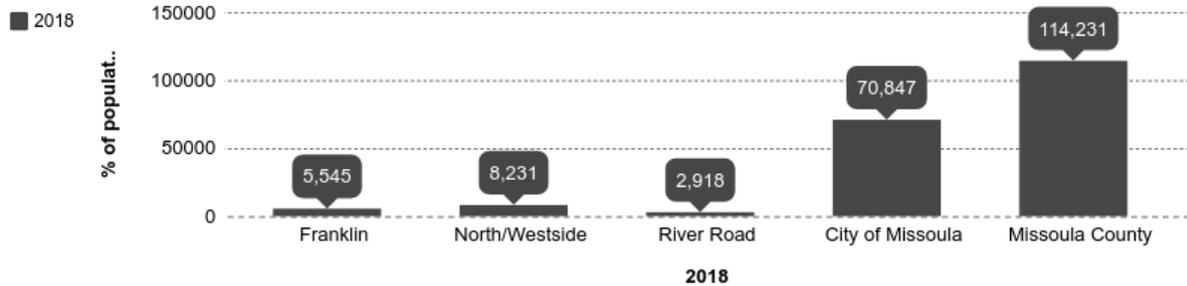
# 7

## 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

# Demographics

## Population



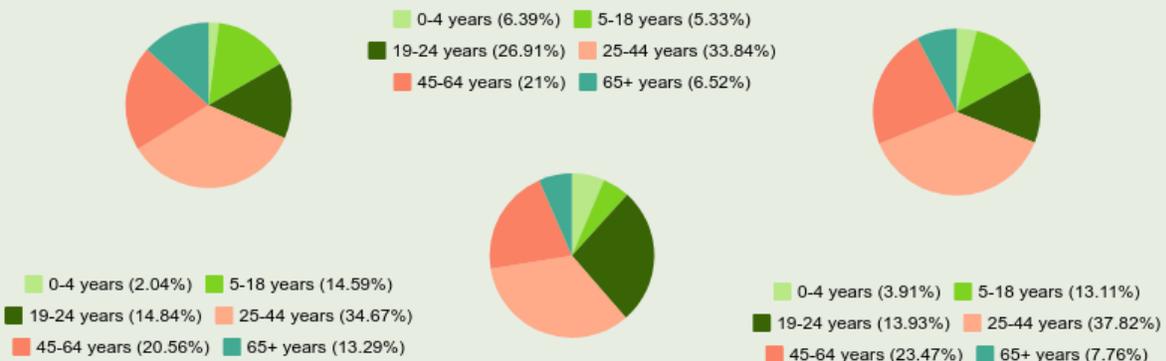
2018

## Age

Franklin to Fort

Northside/Westside

River Road

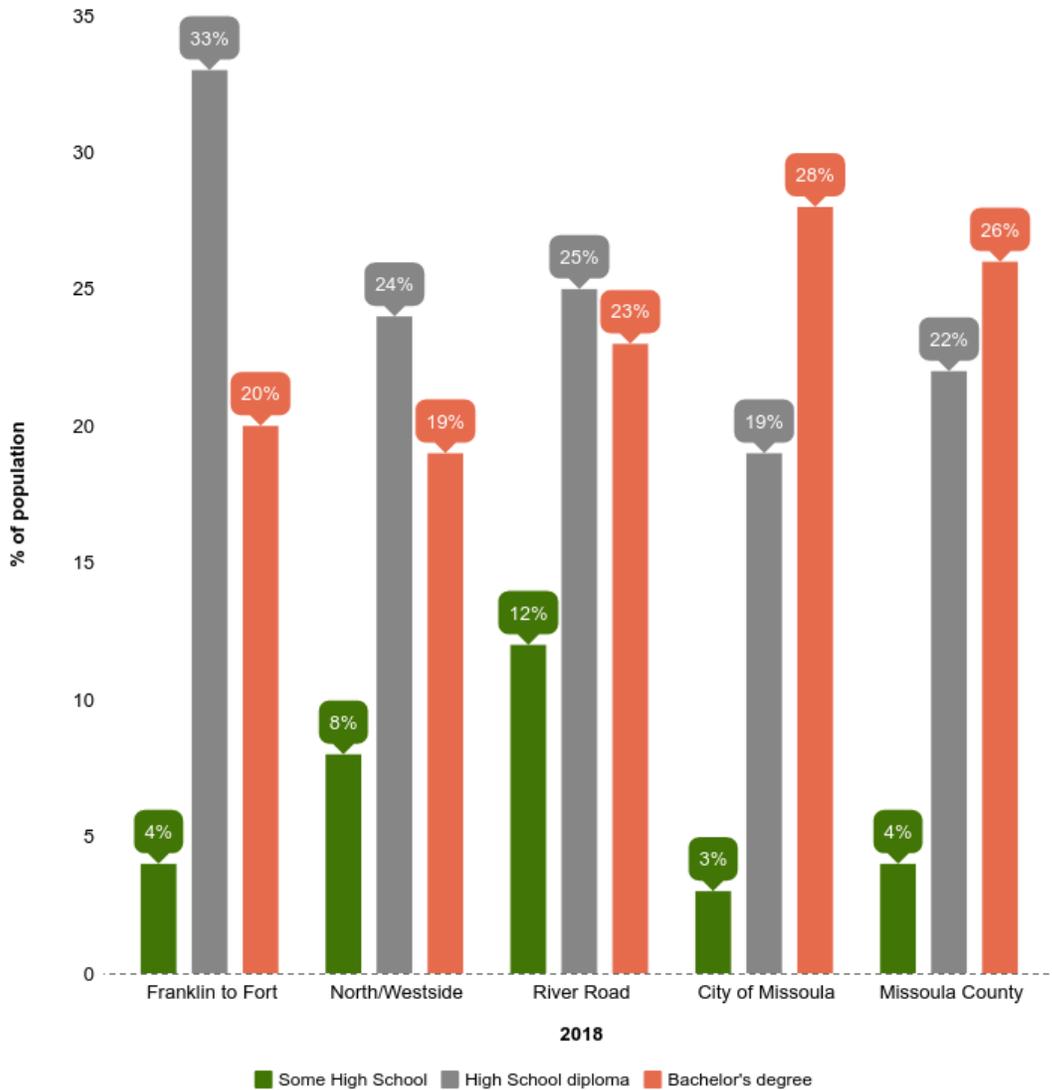


Having baseline information regarding population, age, and race helps to create a picture of our community makeup. We can use this information to adapt systems for the benefit of all community groups.

### Call to Action:

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

# Education



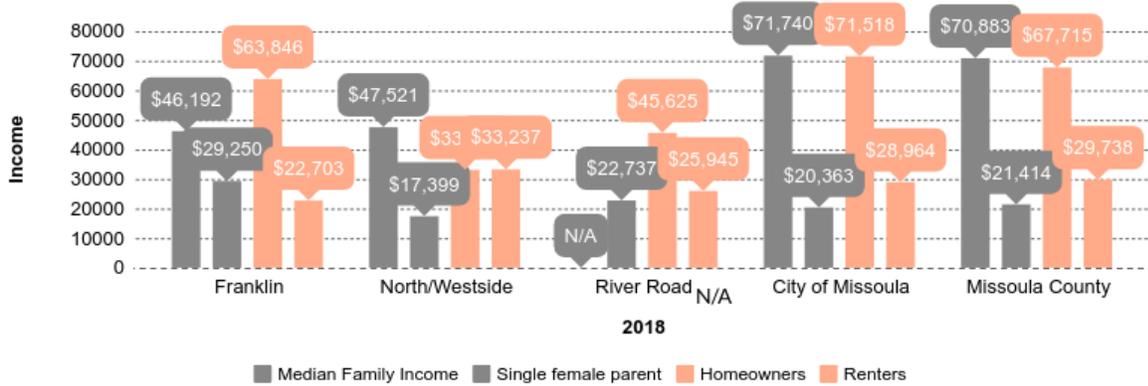
## Call to Action:

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>

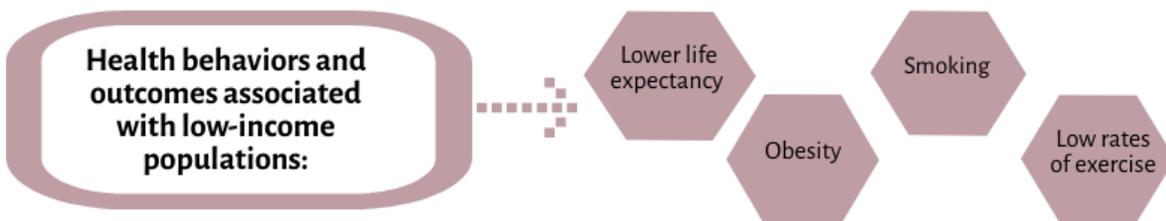
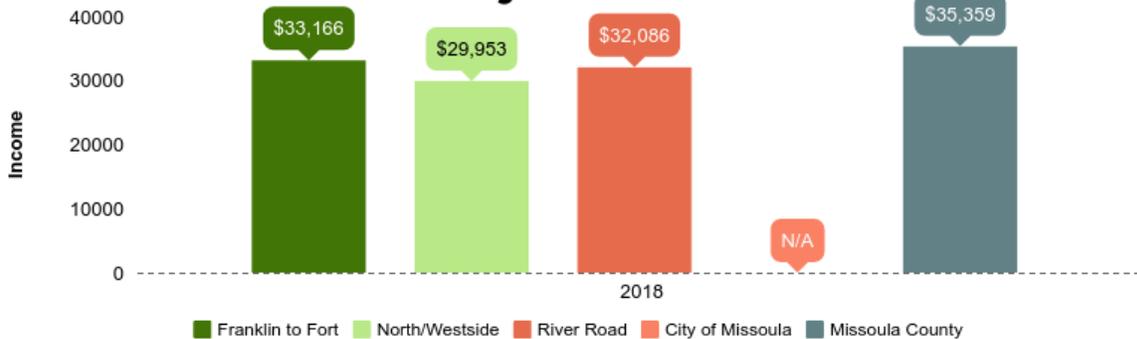
# Incomes

**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 (eg, households, people, householders, etc).

## Median Family Income



## Eventual Household Income for People Raised in Very Low Income Families



### 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>

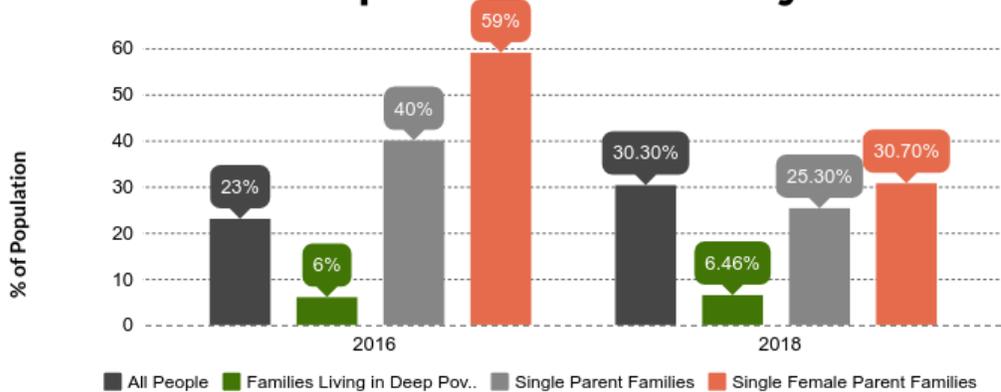
# Poverty and Health Equity

**Deep poverty:** Estimated percent of families living in deep poverty (at less than 50% of the poverty level) between 2010-2014.

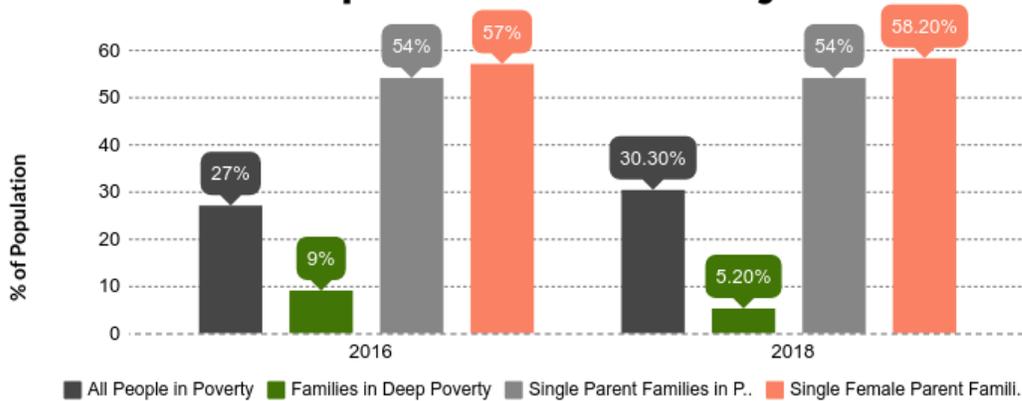
**Family:** A group of two or more people who reside together and who are related by birth, marriage, or adoption (US Census Bureau).

**Persistent poverty:** 20 percent or more of its population living in poverty over the past 30 years.

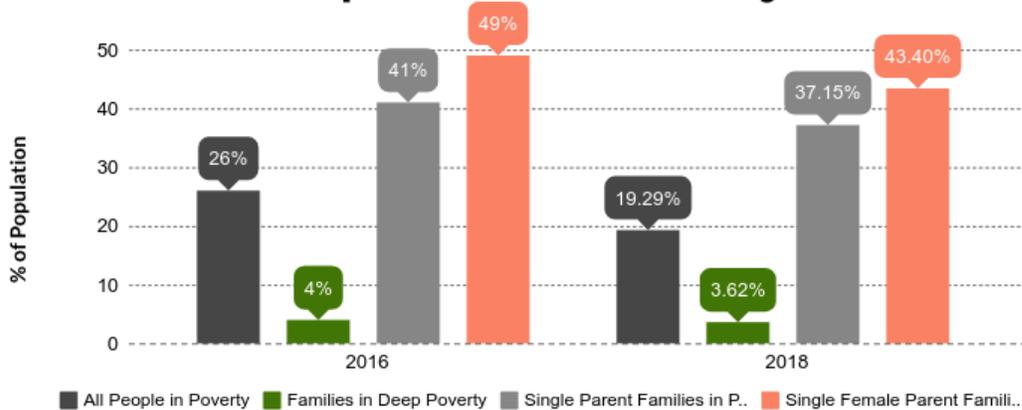
## Franklin to Fort Population in Poverty



## North/Westside Population in Poverty



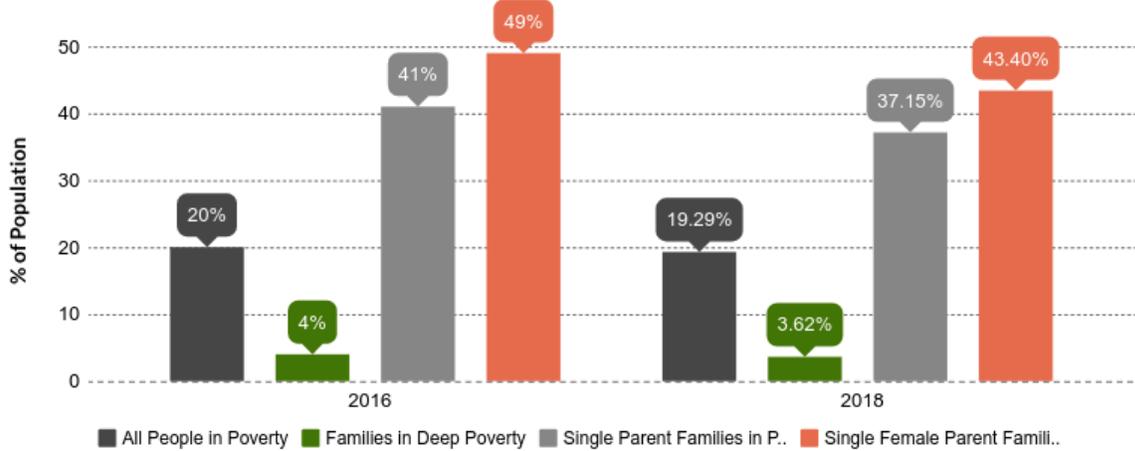
## River Road Population in Poverty



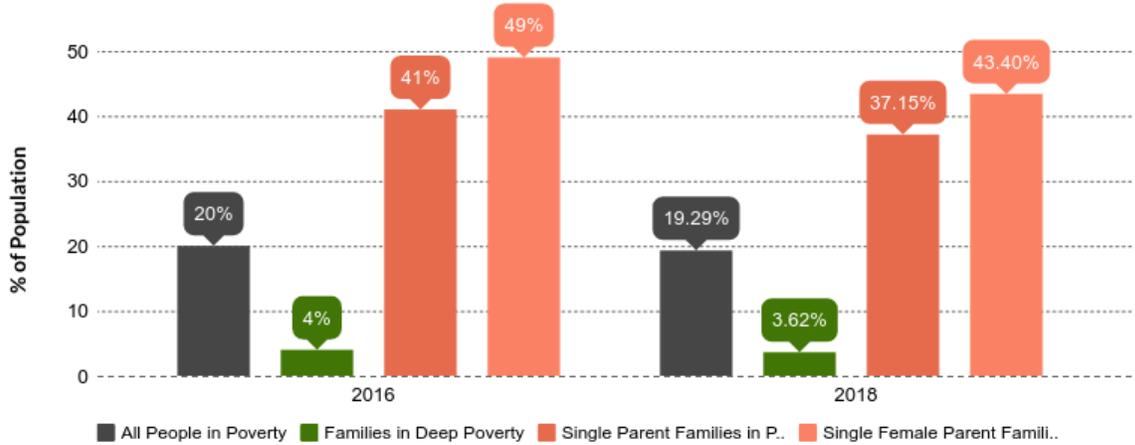
Source: 2010 Census data

# Poverty and Health Equity

## City of Missoula Population in Poverty



## Missoula County Population in Poverty

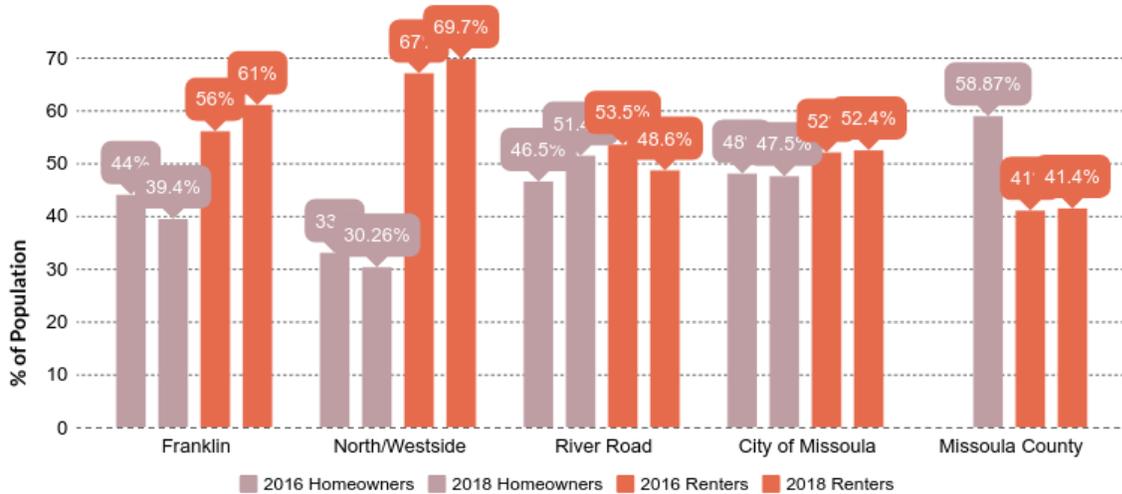


### Call to Action:

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

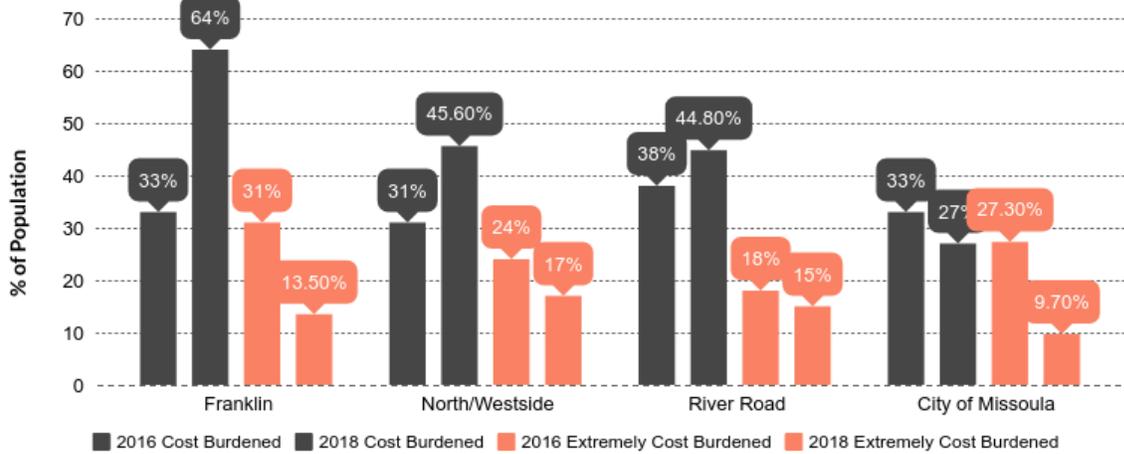


# Housing: Cost Burden

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

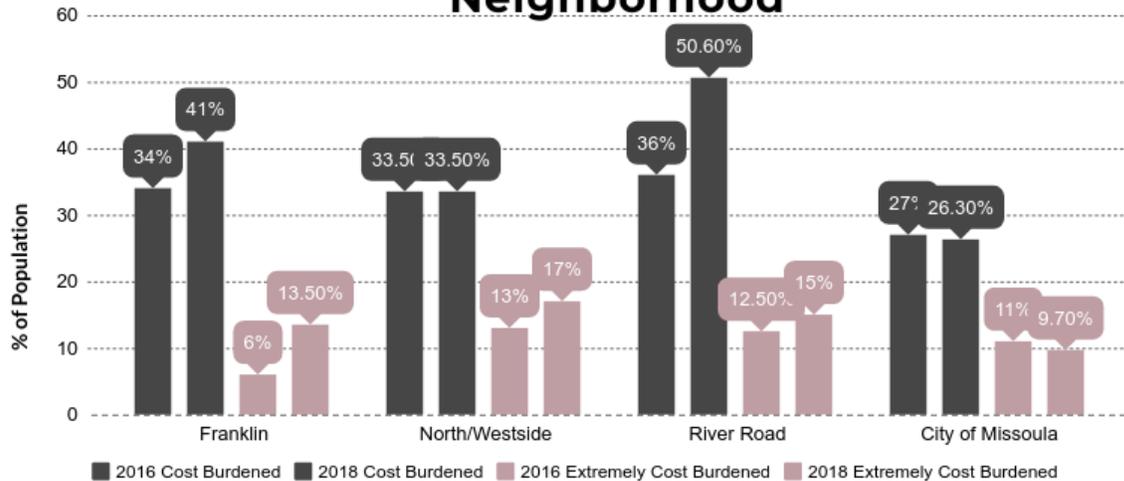
**Extremely cost burdened:** Estimated percent of owner households for whom selected monthly owner costs are 50% or more of household income between 2010-2014.

## Cost Burdened Renters by Neighborhood



**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.**

## Cost Burdened Homeowners by Neighborhood



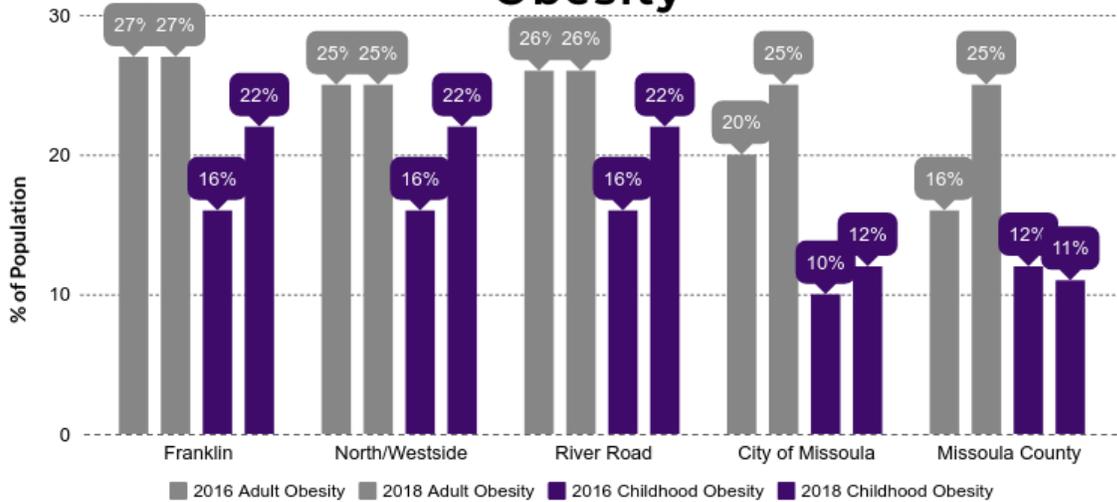
Source: National Low Income Housing Coalition

### Call to Action:

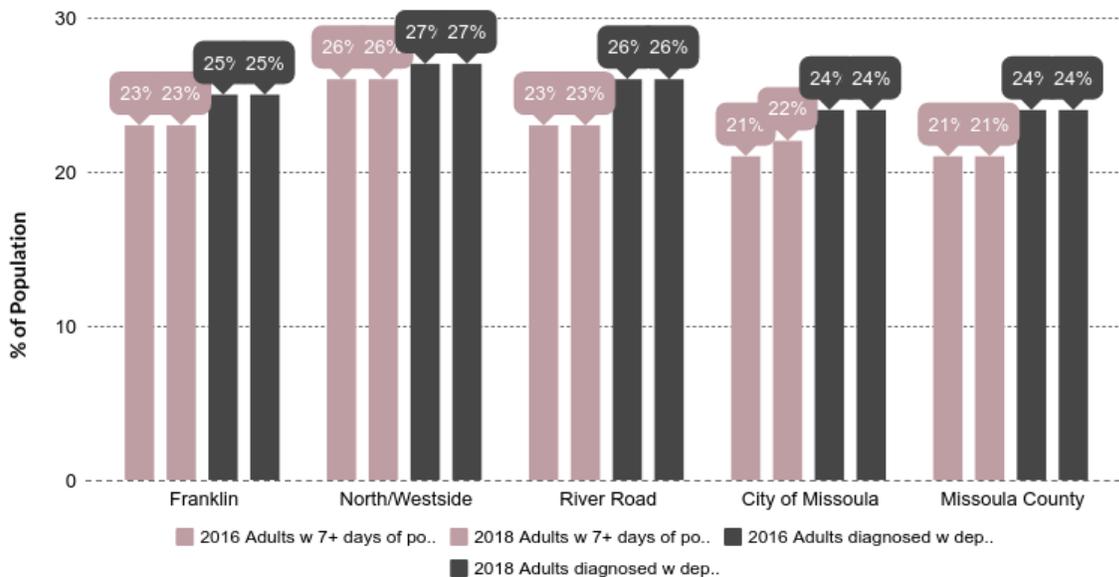
Invest and support the Missoula Home Coalition and Voices 4 Housing solutions; Renter barrier solutions, Housing trust fund, Inclusive, diverse, equitable housing types and locations.

# 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.