Missoula Invest Health

A Tale of Three Neighborhoods: A study of health equity

A Project of the Robert Wood Johnson Foundation and Reinvestment Fund

Report Prepared in Partnership with 5th House Consulting
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Table of Contents

***Photo**: MIH Team: Laval Means, Kaia Peterson, Susan Hay Patrick, and Lisa Beczkiewicz. Not pictured: Merry Hutton*

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To all those who completed the survey, participated in neighborhood walkabouts, or otherwise informed our work, we are grateful.

Thank you,
The Missoula Invest Health Team
Lisa Beczkiewicz, Merry Hutton, Laval Means, Susan Hay Patrick, and Kaia Peterson

Executive Summary

Missoula Invest Health: An Introduction

Missoula was one of 50 mid-size cities in 31 states that received a $60,000 planning grant in 2016 from Invest Health, an initiative of the Robert Wood Johnson Foundation and Reinvestment Fund. The goal of this groundbreaking initiative is to transform how city leaders work together to help low-income communities thrive, with specific attention to community features that drive health such as access to safe and affordable housing, places to play and exercise, and quality jobs[1].

Applicants were required to form five-member teams including representatives from the public sector, community development, and an anchor institution, preferably academic or health-related. Providence/St. Patrick Hospital serves as the anchor institution for the Missoula Invest Health grant.

[1] Invest Health: 50 Cities Selected for Invest Health. Robert Wood Johnson Foundation. 2016. Accessible at: https://www.investhealth.org/news-archive/50-cities-selected-for-invest-health/

Members of the Missoula Invest Health team are:

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The Missoula team is focusing on improvements to community infrastructure that will positively affect health outcomes related to obesity and mental health. Missoula, like other cities, faces some of the nation's deepest challenges, including entrenched poverty, poor health and a lack of investment. But it also offers fertile ground for the development and implementation of strategies that improve health and have the potential to boost local economies. Invest Health has the potential to fundamentally transform the way Missoula improves opportunities for its citizens to lead healthy lives, including by effectively changing the built environment to support positive health outcomes.

This report looks at Missoula's three lowest-income neighborhoods: Franklin to the Fort, North/Westside and River Road. These areas face some of the biggest barriers to better mental and physical health, and the neighborhood data illustrate the health relationship between income and well-being – a major focus area in public health.

Poverty cuts across all demographics, and may lead to increased risk of premature death, higher disease burden, and lower life expectancy.[3] Neighborhoods with persistent poverty (20% or more of individuals in poverty for the past 30 years)[4] experience poor housing and health conditions, increased crime, and lower educational attainment.[5] One recent national study observed over a billion tax records in the United States and found that life expectancy steadily increased with income. The study found that health behaviors, including smoking, obesity, and low rates of exercise, were highly correlated with differences in life expectancy among low-income populations, suggesting that health professionals target efforts and that communities enact policies to improve the health among the low-income populations.[6]

By using data to identify which members of the community experience unhealthy behaviors and are at risk for poor health outcomes, and by determining the barriers they face that impede better health, Missoula can better focus its work and resources on improving systems that support health equity.

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[2] Replaced Apryle Pickering, original team member from Providence/St. Patrick Hospital, who moved on to another institution

[3] Frieden TR. CDC health disparities and inequalities report-United States, 2013. Foreword. MMWR. Surveillance Summaries (Washington, DC: 2002). 2013;62:1-2.

[4] Crandall, K. (2015). Persistent Poverty on a Neighborhood Scale. PolicyMaps. Available at: https://www.policymap.com/blog/2015/03/persistent-poverty-on-a-neighborhood-scale/

[5] United States Department of Agriculture. (2015). Geography of Poverty. Available at: http://www.ers.usda.gov/topics/rural-economy-population/rural-poverty-well-being/geography-of-poverty.aspx.

[6] Chetty R, Stepner M, Abraham S, et al. The association between income and life expectancy in the United States, 2001-2014. JAMA. 2016;315(16):1750-1766.

About This Study

A key principle of the Invest Health project is to include the voice of the residents of the three targeted neighborhoods. Accordingly, in 2016, the Missoula Invest Health team completed both quantitative and qualitative community data collection to examine neighborhood conditions. Specifically the goals of the Missoula Invest Health study were:

> Goal 1: Provide a snapshot of the conditions, perceptions, needs, and opportunities for three (3) low-income Missoula neighborhoods.
>
> Goal 2: Identify relationships between community conditions and personal health risk and protective behaviors.
>
> Goal 3: Investigate whether the health behaviors among residents differed between the neighborhoods.
>
> Goal 4: Missoula Invest Health will use the data from this study to develop public health interventions.

Study Methods

The Invest Health Team used a mixed-methods approach, including:

> 1) An analysis of existing city and neighborhood community health data,
>
> 2) Neighborhood walkabouts, or walking focus groups, in all three (3) neighborhoods,
>
> 3) Collection of qualitative visual materials including photographs taken by participants during walkabout sessions, and
>
> 4) A 42-question resident survey.

Study Participants

One element of this project included facilitated walkabouts with key stakeholders in each neighborhood. The attendees of the walkabouts received a 15-minute introduction and then proceeded to walk around their neighborhood for 90 minutes, during which they answered questions, took photographs and discussed neighborhood features that were identified as assets or as in need of improvement. Resident attendance varied by neighborhood: Franklin to the Fort N= 10, Northside Westside N= 9, and River Road Neighborhood N= 7.

The second element of this project was the resident survey. The Missoula Invest Health team mailed a 42-question, postage-paid survey to all households in the Franklin to the Fort, Northside/Westside, and River Road neighborhoods. In the Franklin to the Fort neighborhood, 295 individuals participated in the survey, representing 40% of all survey respondents; 243 participated from the Northside/Westside neighborhood, representing 33% of participants; and 115 participated from the River Road neighborhood, representing 15% of participants. A total of 653 participants completed the survey, which collected demographic information as well as information related to neighborhood perceptions, physical activity and mental health measures.

Summary of Findings

This section summarizes key findings related to survey and walkabout responses gathered for this report. Economic indicators, access to health services, and nutrition variables do not vary significantly between the three neighborhoods and are summarized across the three neighborhoods below. The main areas of difference between the neighborhoods are needed infrastructure as it relates to physical activity and use of active transportation. For these variables, the information is discussed for each neighborhood.

Economic Indicators: Income, Employment, Education and Housing

The survey sample resembles the broader City of Missoula population in the areas of income, employment, education, and housing. Census data, however, indicates that there is a significant difference in household income between the three neighborhoods collectively and the city overall.

The estimated median income for all households in Missoula is $41,421[7]. Citywide, income indicators show higher numbers of households with annual income of $75,000 than reported by survey participants, where 11% of participants report earning $75,000 or higher and the average household income was $35-45,000.

The survey respondents were representative of Missoula in reported unemployment rates, with 3% of respondents indicating unemployment compared to 3.6% at the city level[8].

In the area of education, the survey respondents were again representative of trends reported in Missoula. Forty-eight percent of survey respondents have a bachelor's degree or higher, while that figure is 46%[9] at the city level. Similarly, within Missoula city limits almost 3% of the total population aged 25 and older do not have a high school diploma (or equivalency) or higher. Three percent of survey respondents do not have a high school diploma (or equivalent).

Citywide, 48% of units are owner occupied while 52% are renter occupied[10]; 57% of survey respondents were homeowners, and 43% renters.

Nutrition

Residents with access to supermarkets and grocery stores often have greater access to healthy food options. The Franklin to the Fort neighborhood has one (1) grocery store, Northside/Westside has two (2) and also houses the Missoula Community Food Co-op (which may explain the higher rates of use of a food co-op reported in that neighborhood), and River Road has one (1) grocery store which is also the primary store for Missoula offering organic food and natural products.

In Missoula an estimated 14% of adults are consuming less than 5 servings of fruits and vegetables each day[11] compared to 48% of survey participants.

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[7] Data Source: Policy Map, Census tract 2015.
[8] Data Source: US Department of Labor, Bureau of Labor Statistics. 2016 . Source geography: Tract
[9] Data Source: US Census Bureau, American Community Survey. 2011-15. Source geography: Tract
[10] Data Source: US Census Bureau, American Community Survey. 2015. Source geography: Tract.
[11] Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health Human Services, Health Indicators Warehouse. 2013.

Physical Activity

Franklin to the Fort Neighborhood

Franklin to Fort neighborhood had more survey participants than the other two neighborhoods, with 295 residents responding to the survey. In this neighborhood, 29% report being able to get exercise when they want to; the most frequent barriers to exercise reported are bad weather (34%), lack of time (27%), and a lack of motivation (24%).

When asked what features respondents feel best support physical activity and mental health in their neighborhoods, parks and playgrounds was the second most frequently chosen feature (behind grocery stores). It should also be noted that when asked why they do not currently use parks and playgrounds, residents reported that they either do not have time or interest, or there is a lack of parks nearby. During the neighborhood walkabouts, the participants noted that there had been great improvements to Franklin Park and that the pocket park on 8th Street was particularly nice and offered neighborhood social activities such as educational programming and recreation, such as horseshoes. One area for further consideration is a noted park deficit in the area south of 14th Street.

Northside/Westside Neighborhood

The Northside/Westside neighborhood represented 37% of survey participants, with 243 residents responding to the survey. In this neighborhood, 39% report being able to get exercise when they want to and the most frequent barriers to exercise reported are bad weather (39%), lack of time (32%), and a lack of motivation (32%).

When asked what features respondents feel best support physical activity and mental health in their neighborhoods, proximity to downtown was the second most frequently chosen feature (behind grocery stores). Downtown Missoula offers an abundance of shopping, restaurants, riverfront trails, and social activities that neighborhood residents can access. During the neighborhood walkabout, one major topic of discussion was a lack of things to do in the Northside/Westside neighborhood. Participants identified the need for improved play area for middle school age children, a community center, and recreational opportunities such as basketball hoops, ice-skating rinks, and indoor spaces for play. However, they also noted several assets to the neighborhood including Westside Park, which has, a splash deck, and a popular playground area. The park is adjacent to the neighborhood school. The neighborhood also has both a dance and clay studio, another asset identified by the walkabout participants.

River Road Neighborhood

The River Road neighborhood represented 18% of survey participants, with 110 residents responding. In this neighborhood, 25% report being able to get exercise when they want to; the most frequent barriers to exercise reported are bad weather (35%), a lack of motivation (30%), and not having a place to exercise (30%). During the neighborhood walkabouts, however, participants noted that the “best things about the neighborhood” are the Milwaukee trail, safe streets due to an abundance of cul-de-sacs, and the fact that Missoula Parks and Recreation “does a good job plowing the trail in the winter.” Lack of a place to exercise was also echoed in the neighborhood walkabouts; participants noted wanting a community gym space, and tennis and basketball courts, and playground equipment.

There is one park with a playground, and green space along the trail but a couple of the park

areas are owned by “defunct” homeowners associations and are neither maintained nor available to the public for use. LaFray Park was noted as being underutilized. The need for lighting along the Milwaukee trail was indicated as a priority need to enhance access to physical activity year round.

Active Transportation

Franklin to the Fort Neighborhood

In the Franklin to Fort neighborhood, a large portion of survey respondents still rely on their car as their primary mode of transportation (72%). During the neighborhood walkabouts, traffic calming was discussed, and participants noted that there is an abundance of uncontrolled intersections and disconnected roadways that reduce ease of travel through the neighborhood. Additionally, participants discussed the need for traffic calming, but were concerned about the cost of such improvements and the burden it would place on property owners.

The above concerns identified during the neighborhood walkabouts were also mentioned as a contributing factor for limited biking and walking. Thirty-seven percent of survey respondents reported using neighborhood sidewalks, 31% report use of recreational paths and trails, and 19% use bike lanes. Walkabout participants noted that the abundance of uncontrolled intersections creates challenges for pedestrians and bicyclists, and the lack of sidewalks and also the condition of sidewalks on side streets make walking around the neighborhood unsafe and undesirable. The lack of sidewalks and safe walking routes was also discussed by walkabout participants as being a hindrance to safe routes to school. Of the main roadways in the neighborhood, Eaton Street was identified as lacking in basic features that improve active transportation such as curbs, sidewalks, bike lanes, and greenery. The other two main thruways, Catlin and Johnson have those features.

Participants acknowledge that the availability of non-motorized trail systems in the area assist in connecting different parts of the neighborhood where motorized streets do not, and provide a safer active for residents to walk and bike.

Overall, walkabout participants agreed that the neighborhood has accessible bus routes but lacks bus-stop shelters. While the walkabout participants note that bus routes are generally good in their neighborhood, only 11% of survey respondents report using the bus for regular transportation. This is an area that could be explored further.

Northside/Westside Neighborhood

In the Northside/Westside neighborhood, a large portion of survey respondents still rely on their car as their primary mode of transportation (63%). Less than 10% of neighborhood survey participants report walking or biking as a regular mode of transportation. During the neighborhood walkabouts, participants noted that improvements needed in the neighborhood are sidewalks, better lighting, access to trails, and safer walk-to-school routes. The safe walk to schools rose to the top as a topic of discussion, with participants noting a lack of lighting under the bridge (on the route), and unsafe conditions in the neighborhood, such as abandoned vehicles and the rail yard. While walking routes were generally considered unsafe, the walkabout participants recognized that the neighborhood has a “nice bike path,” even though just 10% of survey respondents in this neighborhood report using bicycles as a regular mode of transportation. Low use of the bike path may be an area for future inquiry.

River Road Neighborhood

In the River Road neighborhood, a large portion of survey respondents still rely on their car as their primary mode of transportation (74%). Less than 1% of survey respondents in this neighborhood report regularly walking or biking as a primary mode of transportation. The Milwaukee trail, noted as an asset during the walkabout, connects the River Road neighborhood to Missoula's bicycle/commuter trail system, yet does not seem to be utilized much by survey respondents. The walkabout participants noted that the trail crosses two major roadways, which might hinder ease of use. This could be an area deserving ~~a~~ future inquiry.

During the neighborhood walkabout, a lack of sidewalks and lighting in the area was noted as areas in need of improvement, along with a lack of connectivity throughout the neighborhood. While the abundance of cul-de-sacs was noted as an asset to the neighborhood, they also restrict mobility within the neighborhood. Few through-streets exist in the neighborhood; thus traffic is concentrated on a few main arteries: River Road, Wyoming Street, Curtis Street, and Davis Street. Walkabout participants noted that this makes sidewalks and sidewalk connectivity even more important.

Health Equity and Access to Services

Health equity is achieved when every person has the opportunity to "attain his or her full health potential."[12] In the United States, access to insurance coverage broadens an individual's opportunity to attain health potential, by relieving the financial burden of healthcare. It is a significant indicator of a person's ability to receive needed care. Access to regular primary care is important to preventing major health issues and emergency department visits.

In Missoula, 69% of adults aged 18 and older self-report that they do not have at least one person whom they think of as their personal doctor or health care provider[13]. Across all three surveyed neighborhoods, 80% of respondents report having a primary care provider, a figure significantly higher than the city average.

Accessing regular dental and preventive care is an important indicator because engaging in preventive behaviors decreases the likelihood of developing future health problems. In the three surveyed neighborhoods, 65% of respondents report visiting a dentist in the previous 12 months, while only 1% report having never visited a dentist.

[12] Health Equity Institute. San Francisco State University.

[13] Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.

***Photo**: Franklin to the Fort Neighborhood Walkabout Participants*

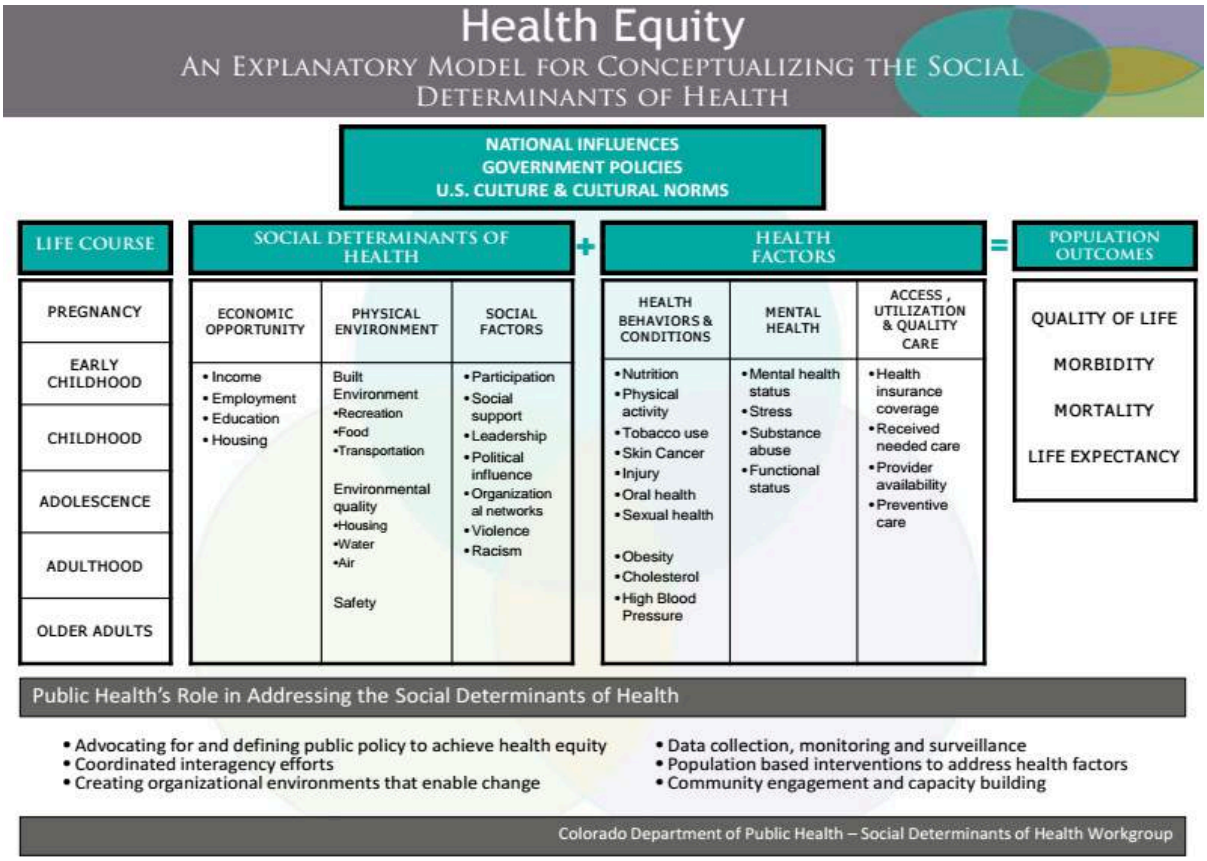
A Tale of Three Neighborhoods: A Study of Health Equity

About the Health Equity Framework

This report summarizes data collected through the Missoula Invest Health project and the findings are organized utilizing the Health Equity Framework, a model that underscores the belief that everyone deserves the opportunity to reach the highest level of health[14]. To achieve health equity, it is important to first understand the root causes of existing health disparities, or the differences in health outcomes among different groups of people. Social, economic, and environmental conditions are interrelated and can affect health in a number of ways.

The Healthy Equity Framework suggests that any actions taken to address health equity must address the social determinants of health. The term "social determinants of health" refers to conditions (e.g., economic, physical, and social) that affect the quality of life and have a significant impact on neighborhood health outcomes[15]. Examples of these resources include safe and affordable housing, access to education, public safety, availability of healthy foods, access to local emergency/health services, and built environments that promote social participation and physical activity.

[14] Colorado Department of Public Health. Healthy Equity Framework. Social Determinants of Health Workgroup. 2009.
[15] U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion. Healthy People 2020. 2010.



Community Health Literature Review

Data from existing secondary sources were used to provide a comprehensive assessment of the neighborhood results gathered through the Missoula Invest Health project. A review of existing public health research in the areas of health equity, obesity, mental health, and the built environment aid in highlighting noteworthy relationships between trends, and situating local data into a broader context. A review of the literature also serves as a framework for identifying emerging or best practices on any recommended actionable items.

Neighborhood Walkabout

The Missoula Invest Health team partnered with neighborhood councils to coordinate three neighborhood walkabout and focus groups. The neighborhood walkabouts were a chance for neighborhood residents to walk through portions of the neighborhood, while discussing a series of questions asked by facilitators, participants also photographed the experience. Participants of the neighborhood walkabouts included Missoula Invest Health team members, University of Montana Community Health graduate students, Neighborhood Council Leadership Team members and community residents. Members of the Missoula Invest Health team facilitated the walkabouts, and University of Montana Community Health students transcribed the session, took photos and summarized the information (See Appendix B). The full walkabout notes and photo albums are included in the appendix of this report.

Resident Survey

Residents from three Missoula neighborhoods were surveyed: Franklin to the Fort, Northside/Westside, and River Road. The Missoula Invest Health team identified the three lowest-income neighborhoods by identifying areas with persistent poverty—namely, those areas in which, over the past 30 years (from 1980 to 2010) 20% of more of the population was living at or below the Federal Poverty Level [16].

TABLE 1: POVERTY OVERVIEW

	Franklin to the Fort	Northside/ Westside	River Road East block*	River Road West block*	City of Missoula
All people in poverty	23%	30%	25%	25%	20%
Families with one adult and children that live in poverty	20%	59%	34%	0%	39%
Families with one female adult and children that live in poverty	33%	65%	55%	0%	46%
Families that live in deep poverty	4%	5%	3%	3%	3%
Persistent poverty	Yes	Yes	Yes		

*Source: Policy Map, Census tract 2010. * Data is only available via Block group, 2010*

According to the 2010 U.S. Census, there are a total of 7,722 residents in the Franklin to the Fort neighborhood, 8,851 in the Northside/Westside neighborhood, and 3,604 in the River Road neighborhood (See Appendix A).

The survey was mailed home to all residents in each neighborhood with postage paid-return envelopes, to improve the survey response rate (See Appendix C). The Missoula Invest Health team conducted outreach to vulnerable population groups through Missoula Aging Services, Missoula Urban Indian Health Center, the Salvation Army, Council Groves, At-Risk Housing Coalition members, and Summit Disability to help distribute the survey. The Neighborhood Council Leadership Team followed up with an outreach email to neighborhood residents.

The 42-question survey asked respondents to self-report demographic information such as gender, education, employment, income, and home ownership status. The survey then asked respondents questions relating to their use and perceptions of neighborhood features, to describe their health behaviors relating to physical activity and mental health, and to describe their level of access to businesses, services, and healthcare.

Survey Responses and Analytic Approach

A total of 736 respondents completed a 42-question survey; the survey included both

[16] PolicyMap, American Community Survey. 2010-2014.

quantitative and qualitative data. University of Montana Community Health students entered the survey data into an online data platform, Survey Monkey. Prior to analysis, a process of data cleaning[17] was complete, resulting in a valid sample size of 653. Survey items were analyzed using analysis functions available through Survey Monkey, including measures of central tendency (median, mean, min, max and standard deviation).

A cross tab shows the relationship between two or more survey questions and provides a side-by-side comparison of how different groups of respondents answered survey questions and the key variables of interest were compared for residents in each neighborhood. The analyses shown are descriptive in nature.

Thirteen survey questions had open-ended response options. For these survey items, the open-ended responses were coded for main emergent themes, and responses were compared by neighborhood. If a response did not fit into an existing response category, it was coded into additional response categories to aid in identifying themes and sub-themes for further analysis. Responses were aggregated within each category and compared by neighborhood.

Methodological and Data Limitations

When interpreting the findings in this report, it is important to note that they may not be considered a representative sample due to sample size, and that the participants were self-selected, rather than randomized. This report reflects a review of neighborhood conditions at a single point in time and can be utilized to design future areas of inquiry.

Photo: *Franklin to the Fort Neighborhood Walkabout Participants*

[17] Three survey questions had the response options “I do not know” or “not sure”. These responses were removed from data analysis, and the central tendency for those questions was re-calculated. During reporting, these questions are discussed based on the ‘valid responses’.

Resident Survey Findings

Number of Surveys Submitted

Altogether, 736 people participated in the survey (N=736); see Table 1.

TABLE 2: SURVEY RESPONDENTS (N=736)

	Number of Completed Surveys	Percent of Total Sample
Franklin to Fort	295	40%
North/Westside	243	33%
River Road	115	15.5%
I do not know	70	9.5%
Skipped question	13	2%
GRAND TOTAL	**736**	**100%**

The 83 surveys with missing data related to neighborhood residence were omitted from the analysis. This yielded a final analytic sample of 653 completed surveys. The remaining analyses in this report focused on these 653 respondents.

Demographic Profile of Survey Participants

The three surveyed neighborhoods were similar demographically. The current sample was 63% female, 33% male, and >1% transgender. In terms of race/ethnicity, 92% self-identified as White, 5% as American Indian, 2.4% multiple races, 1.3% as Hispanic/Latino, and >1% as African American. 3.7% of respondents did not answer this question.

By comparison, based on census data, Missoula residents are 50% female, 50% male[18]; 91% white, and 2.5% American Indian, 4% multiple races, 3% as Hispanic/Latino, and >1% as African American [19].

Economic: Income, Employment, Education and Housing

TABLE 3: SURVEY RESPONDENT DEMOGRAPHIC INFORMATION

	Franklin to the Fort	Northside/ Westside	River Road	Neighborhood Totals
INCOME				
$0-35,000	37%	49%	44%	51%
$35,001- 45,000	17%	13%	10%	15%
$45,001- 55,000	8%	11%	11%	10%
$55,001-65,000	9%	7%	5%	8%
$65,001-75,000	7%	6%	7%	7%
Above $75,000	14%	10%	13%	13%
EMPLOYMENT				
Employed full-time	50%	44%	34%	46%
Retired	21%	17%	28%	22%
Employed part-time	9%	12%	14%	12%

[18] Data Source: US Census Bureau, American Community Survey. 2011-15
[19] Data Source: US Census Bureau. 2010.

SSI Disabled	7%	8%	5%	9%
Student	1%	3%	5%	3%
Stay-at-home caregiver	4%	5%	5%	5%
Unemployed	2%	4%	1%	3%
EDUCATION				
Associate's Degree	6%	5%	4%	6%
Bachelor's Degree	30%	32%	30%	34%
Doctorate Degree	4%	2%	4%	4%
High school diploma/GED	11%	10%	12%	12%
Master's Degree	17%	20%	21%	20%
Some college, no degree	16%	16%	17%	19%
Some high school	3%	2%	3%	3%
Trade/Technical/Vocational	5%	9%	4%	8%

Income

Income is the most commonly used measure of economic resources in public health research. This survey captured a point in time measure of neighborhood participants' annual household income and provides limited information about lifetime economic circumstances.

Across the three (3) neighborhoods, 51% of respondents reported earning $0-35,000 annual household income, 15% reported $35,001-45,000, and 13% report earning $75,000 or higher. In Missoula, the median household income is $41,424[20].

TABLE 4: INCOME

	Franklin to the Fort	Northside/ Westside	River Road	City of Missoula
Median family income	$44,682	$36,200	N/A	$41,424
Single female with children	N/A	$16,594	$23,472	$19,145
Homeowners	$46,536	$32,674	$47,684	$67,323
Renters	$30,670	$27,656	$22,981	$26,530

*Source: Policy Map, Census tract 2010. * Data is only available via Block group, 2010*

Employment

Steady employment can provide necessary components to good health such as income, health insurance, and stability[21]. Of the survey respondents, 46% were employed full-time, 22% were retired, 12% were employed part-time, 9% were SSI Disabled, 5% were stay-at-home caregivers, and 3% were students. In Missoula, 37,257 residents are employed[22] meaning they participate in any paid work (full- or part-time, self-employment, seasonal, and temporary workers) and the total unemployment rate for those aged 16 and older is 3.6% (non-seasonally

[20] Data Source: US Census Bureau, American Community Survey. 2011-15.
[21] How Does Employment – Or Unemployment- Affect Health? Health Policy Snapshot. Robert Wood Johnson Foundation. Issue Brief, March 2013.
[22] U.S. Bureau of Labor and Statistics. Missoula. 2015.

adjusted)[23]. The survey respondents reflected the city level unemployment rate with 3% of respondents reporting unemployment.

The Franklin to the Fort neighborhood respondents shows higher rates of full-time employment (50%), than the Northside/Westside (44%) and River Road (34%) neighborhood respondents.

Education

Educational attainment has also been linked to positive health outcomes; postsecondary educational attainment is often linked with greater access to income, access to healthcare, and access to social support networks[24]. In Missoula, 46% of the population holds a Bachelor's Degree or higher, while 5% do not have a high school diploma (or equivalency)[25].

In this survey, 58% of respondents have a Bachelor's degree or higher, 39% have postsecondary education or vocational training, 12% have a high school diploma (or equivalency), and 3% do not have a high school diploma (or equivalency).

TABLE 5: EDUCATION

	Franklin to the Fort	Northside/ Westside	River Road East block	River Road West block*	City of Missoula
Number of children attending public school K – 12	593	585	634	N/A	8273
Percent of people with some high school but no diploma	5%	6%	5%	2%	3%
Percent of people over 25 with a high school diploma	36%	23%	35%	27%	19%
Percent of people with a bachelor's degree	18%	21%	19%	21%	28%

*Source: Policy Map, Census tract 2011-2015. * Data is only available via Block group, 2015*

Housing

Home ownership is an important indicator because it represents housing and income stability, an indicator linked to positive health outcomes and investment in the neighborhood[26]. According to the survey, the distribution of renters is 43% and homeowners represent 57%. More than half (54%) of respondents in the Franklin to the Fort neighborhood have lived in their homes for more than 11 years, while 40% of the Northside/Westside respondents and 43% River Road respondents report living in their home for 11 years or more.

[23] Data Source: US Census Bureau, American Community Survey. 2011-15.
[24] Education and Health. Exploring the Social Determinants of Health. Robert Wood Johnson Foundation. Issue Brief 5, May 2011.
[25] US Census Bureau, American Community Survey. 2011-15
[26] Housing and Health. Exploring the Social Determinants of Health. Robert Wood Johnson Foundation. Issue Brief 7, May 2011.

TABLE 6: HOME OWNERSHIP PROFILE

Neighborhood	Own/Rent	Time in Home	Percent of Responses
Franklin to Fort	Own = 59%	1-5 years	28%
		6-10 years	21%
		Less than 1 year	9%
		More than 11 years	43%
	Rent = 41%	1-5 years	51%
		6-10 years	16%
		Less than 1 year	21%
		More than 11 years	11%
North/Westside	Own = 53%	1-5 years	36%
		6-10 years	26%
		Less than 1 year	5%
		More than 11 years	33%
	Rent = 47%	1-5 years	46%
		6-10 years	13%
		Less than 1 year	34%
		More than 11 years	7%
River Road	Own = 57%	1-5 years	37%
		6-10 years	22%
		Less than 1 year	6%
		More than 11 years	35%
	Rent = 43%	1-5 years	49%
		6-10 years	14%
		Less than 1 year	29%
		More than 11 years	8%
Neighborhood Totals	**Own = 57%**	**1-5 years**	**18%**
		6-10 years	**13%**
		Less than 1 year	**4%**
		More than 11 years	**22%**
	Rent = 43%	**1-5 years**	**21%**
		6-10 years	**9%**
		Less than 1 year	**12%**
		More than 11 years	**4%**

Housing is well understood to be an important social determinant of physical and mental health and well-being. Families paying excessive amounts of their income for housing often have insufficient resources remaining for other essential needs, including food, medical insurance, and health care. Households that spend more than half their income on housing costs, and are therefore severely housing cost burdened, spent less on food and health care compared to similar households spending 30 percent or less of their income on housing.

Median owner costs as percent of income = Estimated median selected monthly owner costs as a 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 telephone or cable television)

Median owner costs as percent of income = Estimated median selected monthly owner costs as a 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 telephone or cable television)

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. Table 3: Housing homeowner status

TABLE 7: HOUSING STATUS AND COST BURDEN

	Franklin to the Fort	Northside/ Westside	River Road East block*	River Road West block*	City of Missoula
Renter rate	59%	69%	62%	45%	52%
Renter cost burdened households	33%	31%	38%	29%	33%
Median renter cost as a percent of income	33%	31%	38%	29%	33%
Homeownership rate	41%	31%	38%	55%	48%
Homeowner cost burdened households	36%	32%	17%	35%	26%
Median owner costs as a percent of income	23%	20%	18%	22%	20%

*Source: Policy Map, Census tract 2015. * Data is only available via Block group, 2015.*

Physical Environment: Recreation, Transportation, Food, and Neighborhood Safety

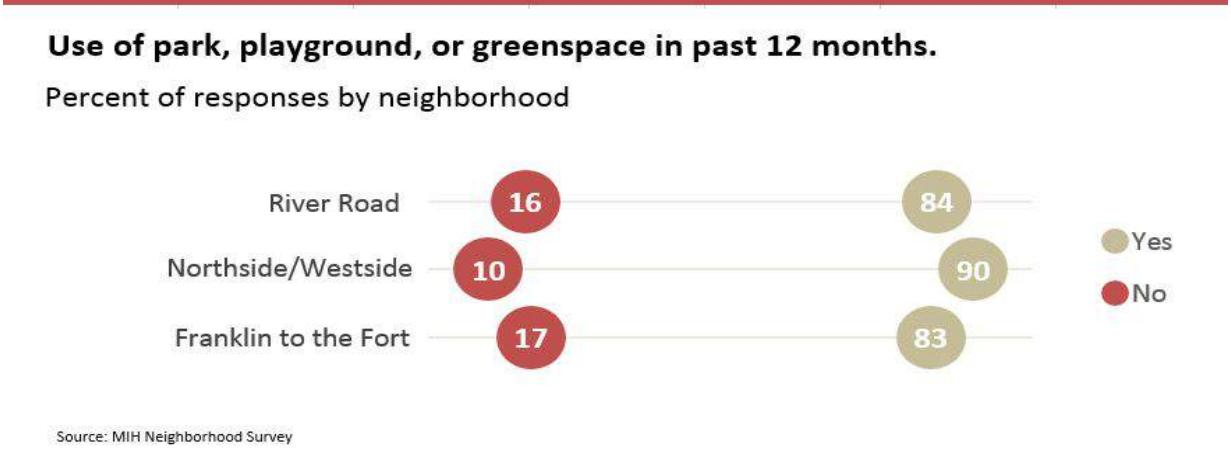
Recreation

The Healthy People 2020 initiative[27] is a 10-year national initiative for improving the health of all Americans. The physical activity objectives for the initiative highlight how structural environments such as parks and trails positively affect activity levels.

Survey respondents were asked to indicate whether they had utilized parks, playgrounds, or other green space in the past 12 months. This question was not answered by 8% of respondents (n=55).

A majority of residents in the Northside/Westside neighborhood utilize parks, playgrounds, and other green space, with 90% of those neighborhood respondents indicating they had used these features in the prior 12 months. The other two neighborhoods also reported high usage numbers: River Road (85%) and Franklin to the Fort (83%).

Chart 1



Survey respondents who answered "no" to using parks, playgrounds, and other green space in the previous 12 months were prompted to answer another question about their reasons for not using these features. Eighty-nine respondents answered this question. Of those who answered this question, 42% stated they were not interested in going to the park/playground/or other green space, 19% reported a lack of access nearby, and 25% reported "other" as reason (see below for further explanation about these responses)[28].

In the Franklin to the Fort neighborhood, the top two reasons for not using parks, playgrounds or green spaces were a lack of interest by the respondent, and "other". A summary of the Franklin to Fort, "Other" responses are outlined below (listed in order of highest number of responses to lowest):

1) Time (33%)
2) No park near me (16%)

[27] U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion. Healthy People 2020. 2010.

[28] The percentages may exceed 100%, as respondents were able to choose more than one option.

3) Homebound (16%)
4) Not age appropriate (respondents reported being "too old" to use these neighborhood features, or reported that their children were "too young" to use these features) (16%)

In the Northside/Westside neighborhood, the top two reasons for not using parks, playgrounds or green spaces were a lack of interest by the respondent, and "other". A summary of the Northside/Westside, "Other" responses are outlined below (listed in order of highest number of responses, to lowest):

1) Time (50%)
2) No park near me (25%)
3) Homebound (25%)
4) Not age appropriate (respondents reported being "too old" to use these neighborhood features, or reported that their children were "too young" to use these features) (25%)

In the River Road neighborhood, the top two reasons for not using parks, playgrounds or green spaces were a lack of interest by the respondent (50%), and a lack of access nearby (50%).

When asked to indicate what three (3) improvements to park and recreation facilities respondents believe would best support physical activity their neighborhood, **the top** three (3) items out of fifteen (15) options were: complete sidewalks (46%), better street lighting (40%), and sports fields[29] (31%). This question was skipped by 11% of respondents (n=71).

Survey respondents were asked to indicate whether they had used recreational trails in the past 12 months. A small percentage (7%) of respondents did not answer this question (n=44).

Overall, 69% of survey respondents reported regularly[30] using recreational paths or trails and 25% report rarely/never using paths and trails. In addition, 7% reported limited use due to lack of nearby access.

Transportation

The Centers for Disease Control and Prevention (CDC) have gathered longitudinal data that suggest that when people utilize active transportation, they are more likely to increase their daily physical activity levels[31]. In the most recent 5-year (2011-2015) City of Missoula report on commuting methods, 69% drive alone, 8% carpool, 7% walk, 6% bike, 2% use public transit, and less than 1% use a taxicab, motorcycle or other means of transportation[32].

Survey respondents were asked to indicate the mode of transportation they use the most. Car use was the most commonly indicated mode of transportation with 75% of respondents across the three (3) neighborhoods choosing this option. Nearly a quarter (21%) of respondents reported using some form of active transportation, such as walking, biking, carpooling, or utilizing the bus on a regular basis in the previous 12 months. Bicycle and bus use were less common with 11% and 5% respondents reporting regular use respectively. A small percentage (8%) of respondents did not answer this question (n=54).

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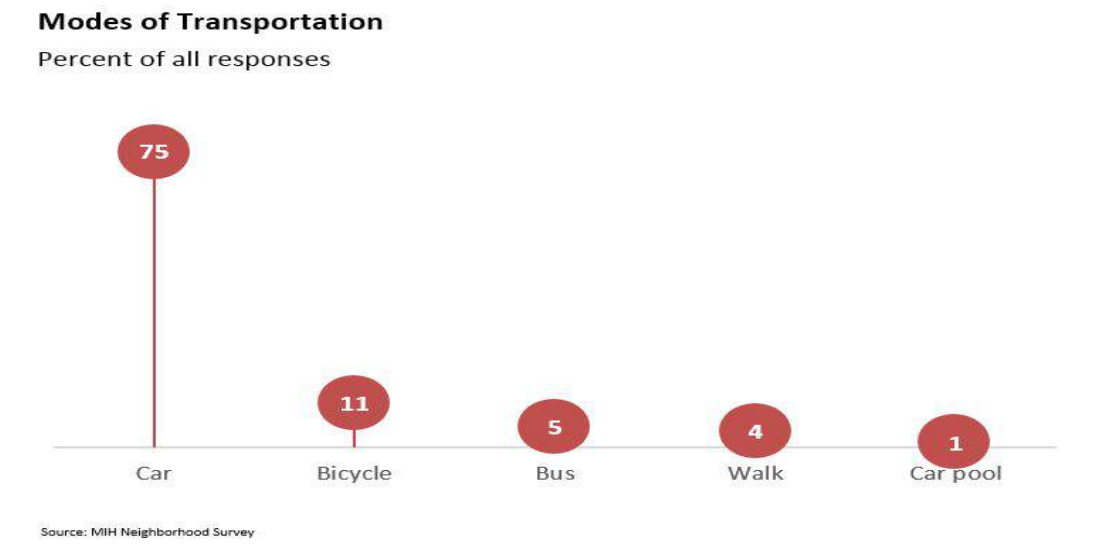
[29] Five (5) categories were combined under one umbrella category for the purposes of analysis: Baseball fields, Soccer fields, Basketball courts, Tennis courts, Volleyball courts were combined in to one category titled, "sports fields".
[30] Regular use is defined as "Often" or "Sometimes".
[31] Centers for Disease Control and Prevention (CDC). 2011. Strategies to prevent obesity and other chronic diseases: The CDC Guide to Strategies to Increase Physical Activity in the Community.
[32] Data Source: US Census Bureau, American Community Survey. 2011-15.

Chart 2



River Road respondents indicated less regular use of active transportation, sidewalks, and bike lanes compared to the other two neighborhoods and were more likely than the other two neighborhoods to report “not near me” as the reason for infrequent use.

Analysis of survey responses shows that while car use was the most frequently reported mode of transportation, 60% of car users said they believe active transportation supports physical health. This indicates that while people recognize the benefits of active transportation, they experience barriers to regular use as outlined below.

BIKING

In the Franklin to the Fort neighborhood, the top two reasons respondents do not bike are (1) unplowed streets make it difficult, and (2) the respondent is usually in a hurry and/or biking takes too long.

In the Northside/Westside neighborhood, the top two reasons respondents do not bike are (1) unplowed streets make it difficult, and (2) the respondent feels unsafe.

In the River Road neighborhood, the top two reasons respondents do not bike are 1) the respondent is usually in a hurry and/or biking takes too long, and (2) the second response was a tie between unplowed streets make it difficult and the respondent feels unsafe.

WALKING

In all three (3) neighborhoods, the top two reasons respondents do not walk are 1) the respondent is usually in hurry and/or walking takes too long, and 2) there is a lack of sidewalks in the area.

BUS UTILIZATION

In all three neighborhoods, the top two reasons respondents do not use the bus are 1) bus schedules do not work for them, and 2) respondent is in a hurry and taking the bus takes too long.

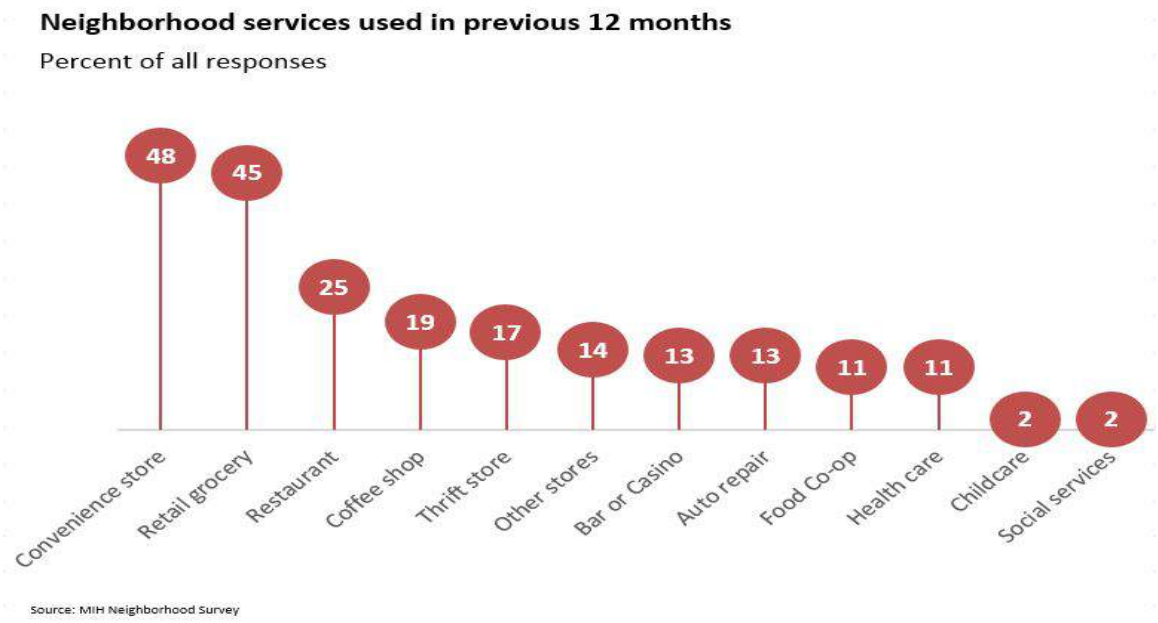
Food

The CDC has gathered longitudinal data that suggest that when people have access to healthy food sources such as supermarkets, farmers markets, and community garden and urban farming opportunities, they have a lower risk for obesity and increased positive food consumption habits[33].

When asked about the current businesses and services respondents (N=611) utilize most in their neighborhood, across all of the neighborhoods, three (3) items consistently rose to the top: gas station or convenience store (48%), retail grocery (45%), and restaurants (25%).

Northside/Westside neighborhood respondents report higher use of a food co-op (n=64 or 7%).

Chart 3



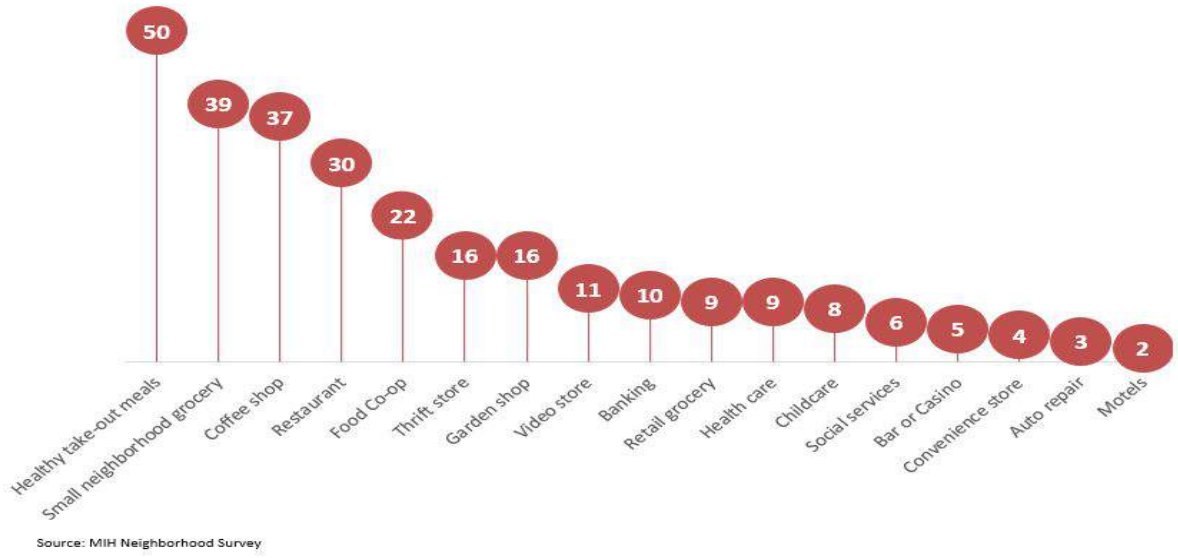
Survey respondents were asked to choose from the list of 17 businesses and services that residents feel are needed, and consistently, across the three (3) neighborhoods, five (5) items rose to the top. Ranked highest to lowest, these are: healthy take-out meals (50%), small neighborhood grocery (39%), and a coffee shop (37%), restaurant (30%), and food co-op (22%). Almost 18% of respondents skipped this question (n=115).

[33] The Centers for Disease Control and Prevention (CDC). 2011. Healthy Places Initiative.

Chart 4

Business or services you feel are needed in your neighborhood

Percent of all responses



Source: MIH Neighborhood Survey

Across all three (3) neighborhoods, roughly half (48%) of the sample reports growing some of their own food, and the other half does not (52%).

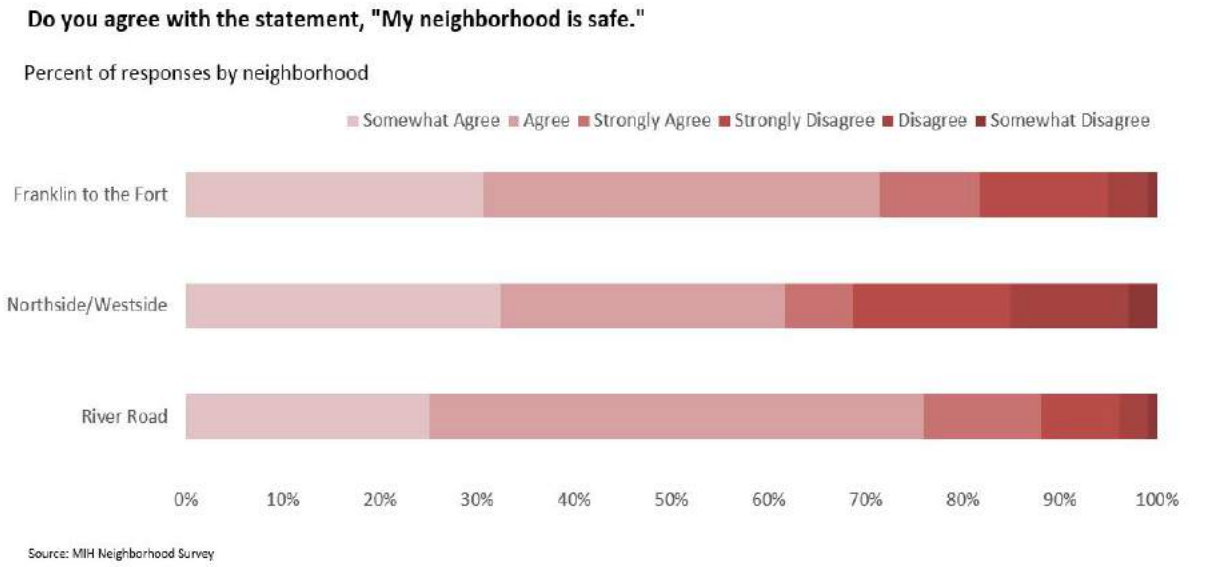
Neighborhood Safety

The perception of neighborhood safety can influence health and well-being of residents and also influence their likelihood to utilize neighborhood features (i.e., parks, trails, and community-centered events)[34]. Survey respondents were asked to state the degree to which they agree with the statement using a Likert scale from 1 (strongly disagree) to 5 (strongly agree), “My neighborhood is safe”.

Overall, 78% of respondents in all three (3) neighborhoods report that they somewhat agree, agree, or strongly agree with the statement. This question was skipped by 8% of respondents (n=51).

[34] Where We Live Matters for Our Health: Neighborhoods and Health. Robert Wood Johnson Foundation. Issue Brief 3, September 2008.

Chart 5



Perceptions of crime are higher in the Northside/Westside neighborhood, with 32% of respondents indicating they believe their neighborhood is unsafe compared to 19% in the Franklin to Fort neighborhood and 12% in the River Road neighborhood.

When looking at the relationship between the question about whether respondents agree with the statement, “My Neighborhood is Safe” and self reported days of “Feeling Worried, Tense, or Anxious” the data shows that when people reported feeling safe in their neighborhood, they were also likely to report fewer days each month (0-7 days) feeling worried, tense, or anxious. Similarly when comparing responses of neighborhood safety with self-reported days of overall health status, respondents are also likely to self-report their overall health status as excellent, very good, or good when they also report feeling safe in their neighborhood.

Social Factors: Participation in Neighborhood Activities

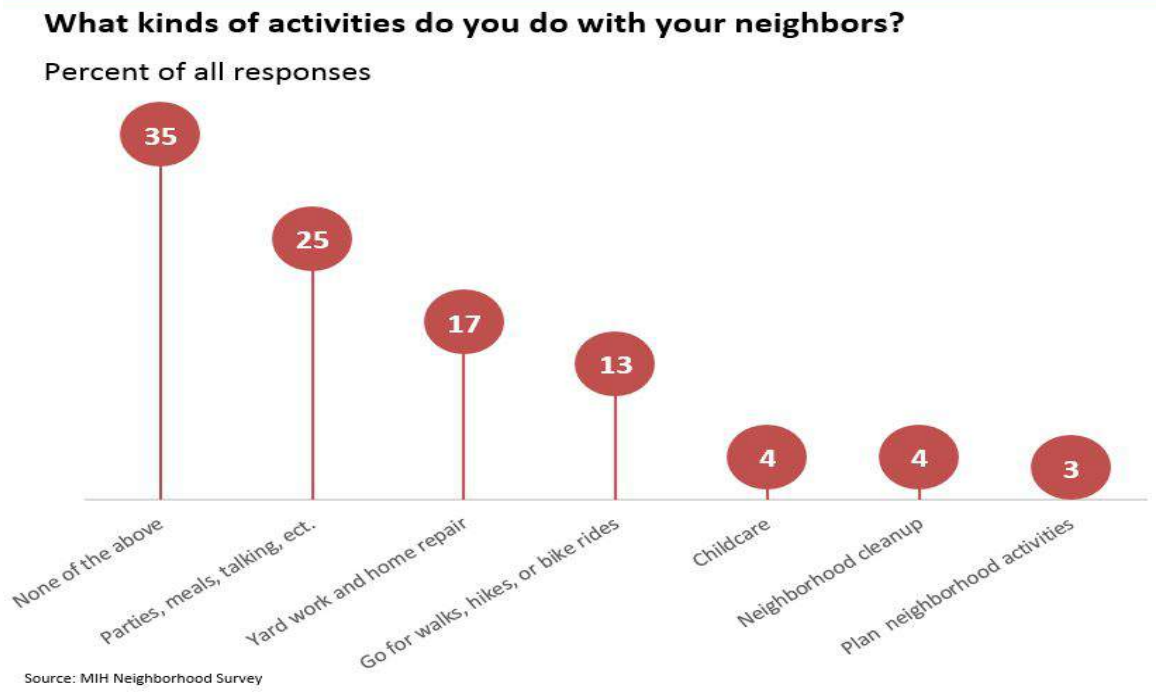
A vital source of well-being is participation, or opportunity to participate, in the activities of the local communities where individuals live. Improving quality of life and well-being is a Healthy People 2020 objective, and the World Health Organization recognizes the importance of the level of community integration or involvement, based on a person’s level of participation[35].

Survey respondents were asked to indicate, from the list of 7 activities, which if any they participated in with their neighbors. Residents could indicate more than one response, thus the total may equal over 100%. Neighborhoods were similar in their responses. This question was not answered by 4% of respondents (n=25).

About one third (35%) of respondents report not engaging in any social activities with their neighbors. Of those who reported engaging in social activities, 25% report having meals or parties, 17% report doing yard work or home repair with their neighbors, and 13% report going on walks, hikes, or bike rides with their neighbors.

[35] World Health Organization. The World Health Organization Quality of Life assessment (WHOQOL): position paper from the World Health Organization. Soc Sci Med 2005; 41(10):1403–1409.

Chart 6



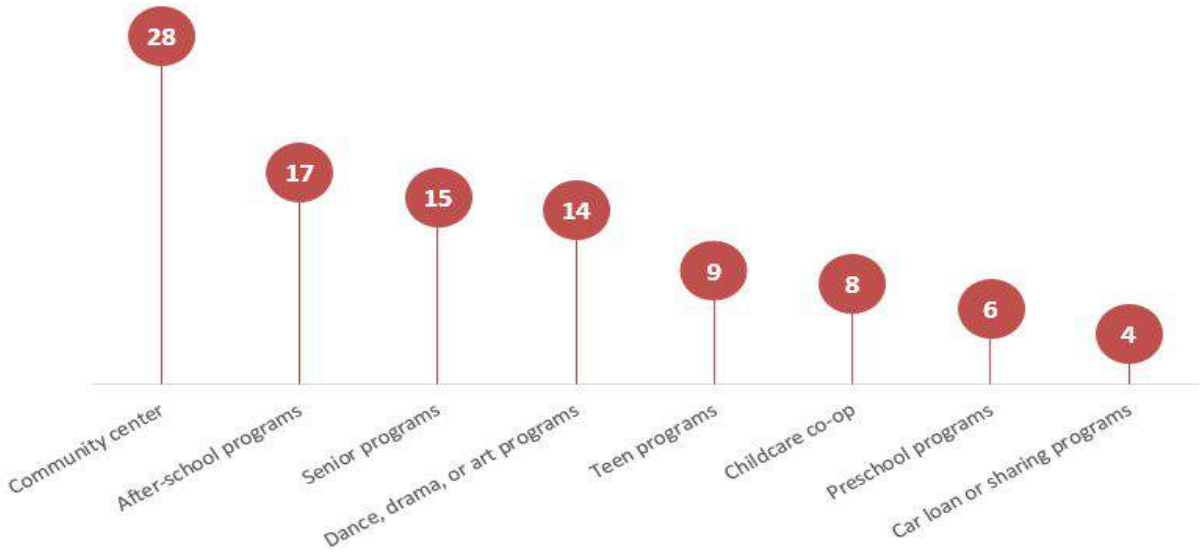
When looking at the relationship between the question about whether or not participants engage in social activities with their neighbors and self reported days of “Feeling Worried, Tense, or Anxious” the data shows that when people engaging in social activities with neighbors, they were also likely to report fewer days each month (0-7 days) feeling worried, tense, or anxious. Similarly, when comparing responses of the same question with self-reported days of overall health status, respondents are also likely to self-report their overall health status as excellent, very good, or good when they also report engaging in social activities with neighbors.

Survey respondents were asked to choose 3 options from the list of 8 neighborhood features that residents feel best support social participation. Consistently across all neighborhoods, 4 items rose to the top (ranked highest to lowest): community center (28%), after-school programs (17%), and senior programs (15%), and Dance/Drama/Art programs (14%). This question was skipped by 15% of respondents (n=97).

Chart 7

What 3 social activities do you think best support physical activity and mental health in your neighborhood?

Percent of all responses



Source: MIH Neighborhood Survey

Individual Health Factors: Nutrition and Physical Activity

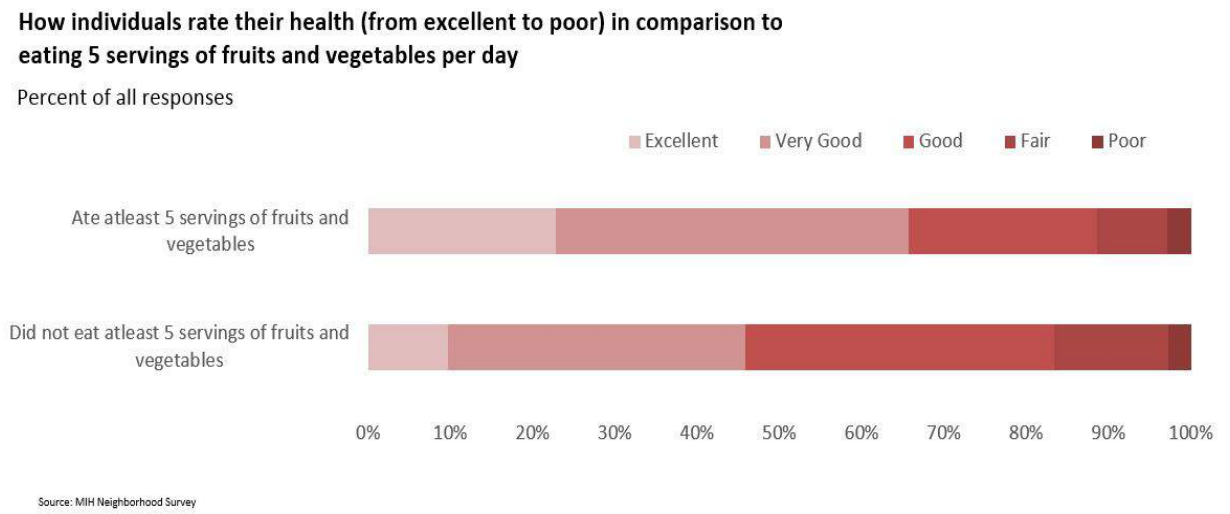
Nutrition

What people choose to eat can directly influence their ability to prevent chronic diseases like heart disease and diabetes, influence their likelihood of experiencing complications related to obesity, and generally contribute to a person's overall quality of life[36]. Respondents (n=229) who report eating five (5) servings of fruits and vegetables per day have a low likelihood (23%) to report "excellent" or "very good" health. The highest frequency of respondents reporting very good (n=168) and good (n=178) health were more likely to respond "no" to eating at least five (5) servings of fruits/vegetables per day.

We would expect to see health outcomes improve when people either grow their own food or consume at least five (5) servings of fruits/vegetables, as suggested by longitudinal studies conducted by the CDC as part of the Healthy Places Initiative[37]. However, since this is a point in time survey, we cannot draw a conclusion of causation between consumption of fruits and vegetables with positive reported health outcomes.

[36] U.S. Department of Agriculture, Office of Nutrition. 2015–2020 Dietary Guidelines for Americans. Eighth Edition.
[37] The Centers for Disease Control and Prevention (CDC). 2011. Healthy Places Initiative.

Chart 8



Survey respondents (N=618) were asked about the proximity of a local supermarket or grocery store to their home. Less than half (42%) of respondents report not being able to access a supermarket or grocery store within 5 blocks of their home.

While 48% of survey respondents report lower intake of fruits/vegetables per day, they also report low consumption of sugar-sweetened drinks (such as sweetened coffee, sports drinks, etc.). More than half (57%) report consuming zero (0) sugar-sweetened drinks on a daily basis, 37% report having one (1) or two (2), and 5% report consuming three (3) or more per day.

Physical Activity

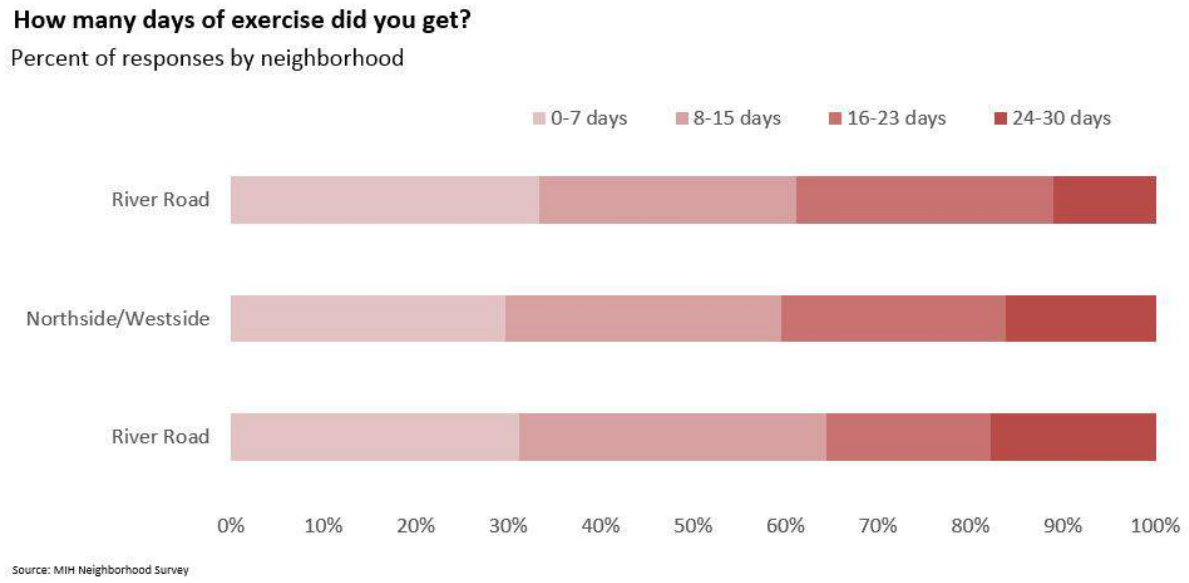
Regular physical activity can improve health and quality of life, regardless of the presence of a chronic disease or disability[38].

Survey respondents were asked to indicate, of the past 30 days, how often they exercised*:* 31% report 0-7 days, 30% report 8-15 days, 22% report 16-23, and 15% report 24-30 days. Nearly one-third (30%) of all respondents report "getting the amount of exercise they want".

Almost half (49%) of all survey respondents identified neighborhood features such as parks, playgrounds and green space as positive contributors to physical health, yet report significant barriers to regular use of these features. Across the three (3) neighborhoods, the most frequently cited reason for not using neighborhood features such as parks, trails, and green space is due to weather (36%), lack of time (30%) and lack of interest/motivation (28%).

[38] U.S. Department of Health and Human Services (HHS), Office of Disease Prevention and Health Promotion. 2008 Physical activity guidelines for Americans. Washington, DC: HHS; 2008.

Chart 9



Mental Health Factors: Mental Health Status and Stress

Survey respondents were asked to self-report whether they had experienced depression, emotional fragility, isolation, stress, or thoughts of suicide in the previous 90 days. The most frequently endorsed conditions, from highest to lowest responses, were: feeling stressed (63%), depressed (34%), emotionally fragile (26%), isolated (18%), and suicidal (3%). 27% of respondents indicated that they had not experienced any of the above in the past 90 days. This question was not answered by 1% of respondents (n=8).

The most frequently reported mental health symptom among all survey participants is stress, with over half of the respondents indicating that they have felt stress in the previous 90 days. When asked how often they think about ways to reduce stress, respondents typically answered “a little” (35%) or “a fair amount” (29%), while 21% reported thinking about stress reduction “a great deal.” This question was skipped by 1% of respondents (n=9).

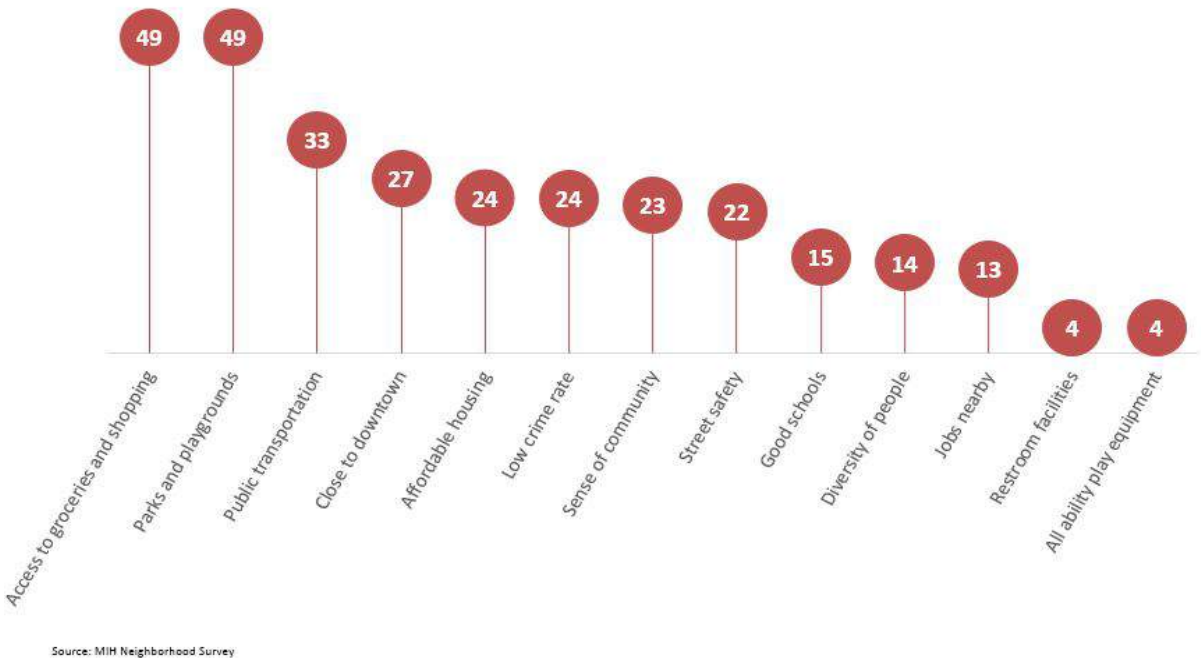
Finally, when asked about their engagement in stress-relieving activities, residents most often reported: reading or listening to music (63%), exercising, running, or walking (58%), social activities (48%), watching television (46%), and doing things for other people (41%). This question was skipped by 1% of respondents (n=9).

When asked about neighborhood features that participants believe positively influence health and mental well-being, across the three (3) neighborhoods, three (3) items rose to the top (ranked highest to lowest): parks and playgrounds (49%), access to groceries and shopping (49%), and public transportation (33%). Survey respondents (N=637) were asked to choose just three (3) options from the list of 12 neighborhood features. Two percent (n=16) of respondents skipped this question.

Chart 10

What 3 features do you think best support physical activity and mental health in your neighborhood?

Percent of all responses



Source: MIH Neighborhood Survey

Access to Health: Insurance Coverage and Receiving Needed Care

Access to comprehensive, quality healthcare services are important factors in the achievement of health equity. Access to health services impacts overall physical and mental health status, early detection and treatment of health conditions, and quality of life[39]. Barriers to receiving needed health services often include lack of insurance coverage and high cost, which can lead to unmet needs, delayed care, preventable hospitalizations, and inability to access preventive care.

Survey respondents were asked to describe their current healthcare coverage. These are, listed in order of highest number of responses, to lowest: insured by employer (45%), Medicare (20%), Medicaid (13%), insurance obtained through the Affordable Care Act (9%), private insurance (5%), and uninsured (7%). This question was not answered by 4% of respondents (n=27).

Across all three (3) neighborhoods, 80% of respondents report having a primary care provider and 81% report being able to receive medical care when needed. For the 20% reporting no primary care provider, they receive their healthcare at urgent care clinics (47%), the emergency room (5%) or through telemedical services (>1%).

[39] U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion. Healthy People 2020. 2010

Of all the survey respondents, either with or without insurance coverage of some form, 79% report not having used the emergency room in the prior year.

A similar number of survey participants (65%) report going to the dentist in the past year, 11% report a dental visit in the past 5-years, and 1% report never having been to a dentist.

Of respondents not able to access needed medical care, 28% report their health insurance would not cover the cost and 20% report that the cost of care was too high.

Photo: *Neighborhood Walkabout/Ditch*

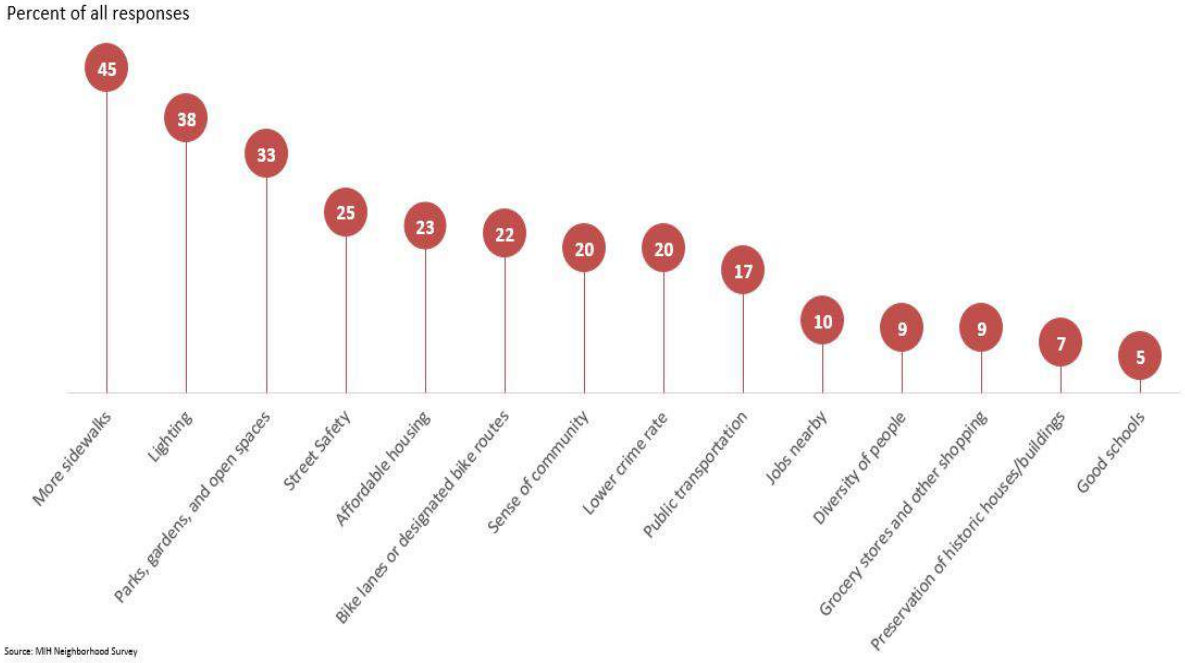
Neighborhood Needs

Neighborhood Features

Survey respondents were asked to choose three (3) options from the list of 12 neighborhood features that residents feel are needed to better support physical activity and mental health. Consistently across the three (3) neighborhoods, three (3) items rose to the top (ranked highest to lowest): more sidewalks (45%), better lighting (38%), and parks, gardens and open spaces (33%). This question was skipped by 5% of respondents (n=35). In two neighborhoods, a significant percentage (over 20%) of respondents chose “other”, the details are outlined below.

Chart 11

What 3 features does your neighborhood need to support physical activity and mental health in your neighborhood?



In the Franklin to the Fort neighborhood 21% of respondents chose “other”, the “other responses are defined below:

1) More traffic calming
2) None needed
3) Less taxes/government
4) Access to trails/sidewalks
5) Snow removal

In the Northside/Westside neighborhood 26% of respondents chose “other”, the “other responses are defined below:

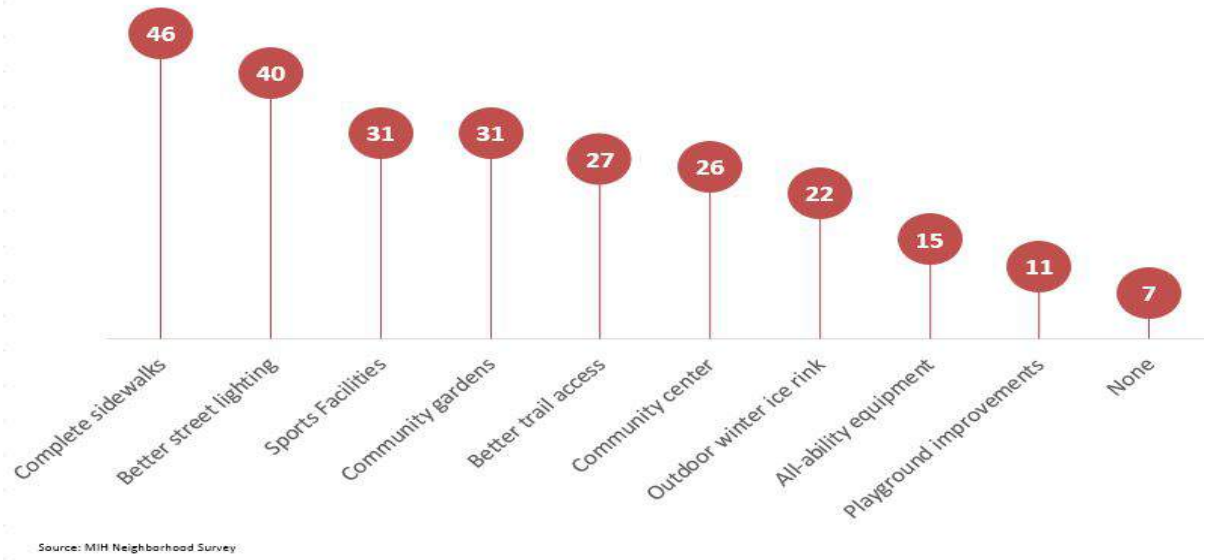
1) More traffic calming
2) None needed
3) Access to nearby services
4) Low perception of safety
5) Snow removal
6) Rail yard pollution

Survey respondents were asked to choose three (3) options for improvements to recreation facilities from the list of 15, neighborhood features that residents feel best support physical activity and mental health, and across the three neighborhoods three items rose to the top (ranked highest to lowest): complete sidewalks (46%), better street lighting (40%), and sports facilities (31%). 11% of respondents (n=71) skipped this question.

Chart 12

What 3 improvements to park and recreation facilities do you think would best support physical activity and mental health in your neighborhood?

Percent of all responses



Source: MIH Neighborhood Survey

The Franklin to the Fort neighborhood ranked needed improvements to recreation facilities (in order from highest to lowest):

1) Complete sidewalks
2) Community gardens, and
3) Community center

The Northside/Westside neighborhood ranked needed improvements to recreation facilities (in order from highest to lowest):

1) Complete sidewalks
2) Better street lighting, and
3) Better trail access

The River Road neighborhood ranked needed improvements to recreation facilities (in order from highest to lowest):

1) Complete sidewalks
2) Better street lighting, and
3) Sports fields

Neighborhood Businesses and Services

Survey respondents were asked to choose from the list of 17 businesses and services that residents feel are needed, and consistently across the three (3) neighborhoods, the top five (5) items were food related as discussed above (see: chart 4).

Almost 18% of respondents skipped this question (n=115).

Photo: *Neighborhood Walkabout*

Neighborhood Walk-About/Focus Group Summary

Neighborhood Walkabouts/Focus groups were held for two reasons:

- As an opportunity for the Invest Health Team to see each neighborhood through the eyes of the residents and champions regarding what it is like to live, work, and play in their neighborhoods.
- To help the neighborhoods, champions and Invest Health Team work toward the goal of developing strategies to improve neighborhood health and well-being through transportations, parks, trails, housing and other possible means.

Team leader Lisa Beczkiewicz facilitated three walkabout sessions along with University of Montana Community Health Graduate students in the Franklin to Fort, Northside/Westside and River Road Neighborhoods. Recruitment for attendance was done by advertising the walkabouts through the Neighborhood Councils as well as personal contacts made though individuals designated as Neighborhood Champions. Invest Health team members recorded and compiled the notes of the sessions, which were used as data for this analysis section. Resident attendance varied by neighborhood: Franklin to the Fort N= 10, Northside Westside

N= 9, and River Road Neighborhood N= 7. Attendees of the walkabouts received a 15-minute introduction and then proceeded to walk around their neighborhood for 90 minutes, during which they answered questions and looked for examples of neighborhood features that related to the discussion questions. The questions asked were as follows:

1. What are the best things about your neighborhood?
2. In what areas does your neighborhood need improvement?
3. Are there any particular projects you are working on now, or would like to see happening your neighborhood?
4. Are there specific properties that you think could be put to better/different use?
5. What business or service do you need or wish you had more of in in your neighborhood?
6. What social activities or community facilities would you like to have in your neighborhood?

In looking at the data from the focus groups in the walkabout sessions, the information was reviewed at two levels: once across all three neighborhoods and the second level for each individual neighborhood. The data was reviewed by question, and themes were developed under each question. The following summaries are using the framework of how the neighborhoods were similar and how the neighborhoods were different across all three neighborhoods. These summaries were created using the notes taken at the walkabout/focus groups.

What are the best things about your neighborhood?

Where the neighborhoods were similar:

All three neighborhoods noted having positive feelings about how people worked together for the good of the neighborhood. Services such as medical care, social services and food access were cited as positive. The trails and limited lighting that were present were noted and seen as positives.

Where the neighborhoods were different:

Franklin to Fort and River Road both talked about trail access and street calming but the Northside/Westside talked about cross walks

In what areas does your neighborhood need improvement?

Where the neighborhoods were similar:

All three neighborhoods noted needing:

- Better sidewalks
- Improved lighting
- More parks or pocket parks, as well as better up keep for current parks
- Better affordable housing that fit in with the neighborhood
- Traffic calming

Where the neighborhoods were different:

Franklin to Fort noted concern around zoning. This concern was around the potential for bad development and the desire for more commercial development to help provide a higher tax base for the neighborhood. Community engagement was mentioned as a concern. The potential

causes noted were a high rate of renters and the fact the neighborhood is broken up by 14th Street.

North/Westside neighborhood mentioned the increased need for police patrol and requested that the Railroad to stop idling their engines. (Note: this is the only neighborhood where the railroad park is a border.

Are there any projects you are working on now, or would like to see in your neighborhood?

Where the neighborhoods were similar:

All three neighborhoods mention interest in having way finding signs and connectivity to improve walkability through neighborhoods.

Where the neighborhoods were different:

North/Westside would like to see projects that advertise events in the neighborhood; Little Free Libraries and crosswalks

Franklin to Fort would like to see more commercial businesses, particularly small markets and coffee shops.

River Road would like to see trail lighting.

Are there specific properties that you think could be put to better/different use?

Where the neighborhoods were similar:

All three neighborhood residents on the walkabout were able to identify areas that could be utilized better such as improving natural areas and turning unused lots into public spaces.

Where the neighborhoods were different:

River Road identified more areas than the other neighborhoods and identified two specific parks for improvements.

What business or service do you need or wish you had more of in your neighborhood?

Where the neighborhoods were similar:

All three neighborhoods would like to have more or a coffee shop. Franklin to Fort and the Northside/Westside residents reported wanting healthcare facilities, including dentists, eye doctors and a pediatrician. While the Northside/Westside has access to Partnership Health Center and Blue Mountain Clinic, they report no dentist, eye doctor or pediatrician. There is a school-based health clinic.

Where the neighborhoods were different:

River Road would like an affordable grocery store and the Franklin to Fort Neighborhood would like a small neighborhood market, artisanal things and a hair-cutting salon.

What social activities or community facilities would you like to have in your neighborhood?

Where the neighborhoods were similar:

All three neighborhoods would like community center, recreation/exercise space that could benefit all ages and be accessible year round.

Where the neighborhoods were different:

Franklin to Fort would like Adult classes and skill sharing. Northside/Westside would like childcare, a dog park, spay & neuter clinic, redevelopment along river.

Photo: *Neighborhood walkabout/housing mix*

Discussion

Throughout this data collection process, the Missoula Invest Health team sought to enlist those who are most affected by their neighborhood environments, with the goal of working together to identify neighborhood issues or problems, and to improve the quality of life for the community as a whole. People who experience issues or barriers in their neighborhoods have a keen sense of not only the underlying causes of the issue, but also how to contribute to a solution.

Neighborhood-level research can serve many purposes; it can produce appropriate information to guide a community initiative, it can secure community buy-in and support for that initiative, and, perhaps most importantly, it can lead to long-term social change that improves the quality of life for everyone.

By involving the residents of these three neighborhoods, the study brings to light the best information available about what's happening on the ground at a single point in time. The approach to this study was one where the goal was to bring as many people who are disadvantaged economically, educationally, or in other ways to the table and create spaces for

meaningful participation. The study amplified some very real obstacles to including the most disadvantaged members of the community in the process, but also brought to light opportunities for improving future efforts to increase participation.

The neighborhood plans for two of the three neighborhoods have not been updated in years, and with the development of Missoula's Growth Policy (2015)[40] this research provides a snapshot of how the growth policy relates to the needs of these neighborhoods. Neighborhood plans can subsequently be updated in a way that integrates health considerations into neighborhood design with an eye toward shaping the way neighborhood residents live, learn, work, and play.

Missoula recently adopted a comprehensive growth policy that represents a shift in planning: from single-issue problem solving focused on auto-centric suburban development toward a multi-faceted approach of balancing growth elements with the services and qualities that make Missoula healthier and sustainable.

Community members that were engaged in the process of developing the growth policy envisioned Missoula's future to include a healthy environment, a high quality of life, and a community-oriented city by providing good housing, employment, and social services for all budget and lifestyle needs. Addressing the health and wellness of the community requires taking a look at how the community grows with an emphasis on how well the community grows.

A goal of the growth policy is to "encourage the close connection between development patterns, community infrastructure and the environment as well as the importance of a healthy environment to our sense of social, economic, and physical well-being." This can be accomplished in part through addressing healthy components directly related to the built environment and the demographics of the growing community through an emphasis on the need to improve community connectivity, accessibility and affordability.

Creating a culture of health requires doing a multitude of different things all at the same time. The Missoula community is fortunate to have many organizations, businesses, government entities and individuals working on various pieces of the health equity puzzle in Missoula. The Invest Health Team hopes that this report contributes to those efforts, and encourages even more resident engagement, collaboration, and coordination to create a culture of health in Missoula.

[40] Missoula Growth Policy (2015). The growth policy can be accessed here: http://www.ci.missoula.mt.us/DocumentCenter/View/34746

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