

MISSOULA CITY-COUNTY BOARD OF HEALTH AND HEALTH DEPARTMENT

STRATEGIC DIRECTIONS: ADOPTED FEBRUARY 17, 2011

I. Health Status of the Population

A. Reduce the prevalence and impacts of chronic disease.

1. Expand initiatives to increase physical activity and healthy nutrition.
2. Reduce substance abuse including alcohol, drug and tobacco use.
3. Decrease environmental tobacco smoke exposure among children.

Indicator: 2009 baseline: 27% of Missoula County third graders are either overweight (14%) or obese (13%). **Trend:** Holding →. **Update:** 26% in 2009-2010 academic year.

- National Status: 18% obese (U.S. 2004).
- Healthy People 2020 Proposed Goal: Nothing found for 2020. 2010 goal was 5% obese.

B. Reduce the prevalence and impacts of preventable injuries.

1. Reduce impaired driving related to alcohol, other substances, and cell phone use.
2. Reduce suicide attempts and completions—including the reduction of means such as pharmaceuticals and guns.
3. Continue to work to increase helmet and seat belt use.

Indicator: 29 completed suicides in Missoula County in 2008—nearly 3 times the national average. Missoula's suicide rate for 2006-2009: 20/100,000. **Trend:** Holding →. **Update:** Actual count in 2009 was 17 completed suicides.

- National Status: 2005 suicide rate – 11/100,000
- Healthy People 2020 Proposed Goal: Nothing found for 2020. 2010 goal was 6/100,000.

C. Bolster maternal and child health.

1. Improve child safety by proposing and advocating for effective child abuse and neglect laws, policies, and programs.
2. Improve the exclusive breastfeeding rate in the community.
3. Increase preventive dental health practices for children.
4. Advocate for an increase in Targeted Case Management (TCM) reimbursement and increased funding for the Women Infant Child (WIC) nutrition program to manage the increasing caseload.
5. Improve immunization rates for children and monitor through the Health Data Information System (HDIS).

Indicator: 48% of two year olds seen at the health department clinic are fully immunized by age 35 months. (Based on a sample of 50 children's records during state's yearly clinic review 07/08/09. Note: 68% of two year olds had received all recommended immunizations by review date, but not by 35 months of age.) Lowered rates appear to be related to failure to return to clinic by 35 months of age, refusal of varicella vaccine, and national Hib vaccine shortage. "Fully immunized by 35 months" is described by CDC as having had 4 DTaP's, 3 Polio, 1 MMR, 3 Hib, 3 Hep B, 1 Varicella.

- National Status: 76%
- Healthy People 2020 Goal: 90% of 35 month olds will be fully immunized according to CDC recommended schedule.

D. Identify, address, and lessen the impacts of disparities on public health.

1. Assure and improve access to health care, public health, mental health, and health supportive services for all populations (e.g., Medicaid and Medicare acceptance).
2. Prioritize dental care for children.
3. Publicize the health impacts of limited access to food, housing, childcare, education, and job training, and collaborate with the advocates on these issues to improve conditions.
4. Increase staff awareness of health literacy barriers; use effective communication with minority populations (including interpreters and culturally appropriate educational materials).
5. Continue building on new relationships with Native American groups.
6. Reach out to citizens affected by the recession to assure they receive basic public health protections and medical care.

Indicator: The percentage of individuals accessing care at Partnership Health Center increased by 31% from 2005 to 2009. **Trend:** Improving ↑.

E. Respond to the emerging health needs of the aging population.

1. Expand outreach efforts to increase awareness and provision of adult immunizations.
2. Work collaboratively with other agencies and community organizations to develop an initiative involving multiple organizations to address one or more health issues of older adults in Missoula County.

Indicator: Rate of adults 65+ years who have experienced hip fracture. **2009 baseline:**

Missoula County age-specific rate of hip fractures for adults age 65+:

Males: 397/100,000

Females: 865/100,000

Montana age-specific rate of hip fractures for adults age 65+:

Males: 373/100,000

Females: 793/100,000

- Health People 2020 Goal: None found. 2010 goals: 1) for older adults, reduce rate of hip fracture; 2) for females age 65 or older, reduce hip fractures from 1056/100,00 (1998) to 416/100,000 (2010); and 3) for males age 65 or older, reduce hip fractures from 593/100,000 (1998) to 474/100,000 (2010).

Trend: Have not found latest data. Probably holding →.

F. Reduce early and lifetime exposure to environmental toxins.

Indicator: Not yet available.

II. Environmental Conditions

A. Monitor and improve outdoor air quality.

1. Develop strategies to maintain PM_{2.5} levels below the national ambient air quality standards.
2. Work with outlying communities, like Seeley Lake, to reduce and/or maintain PM_{2.5} levels below the national ambient air quality standard.
3. Assess and plan for emerging issues associated with greenhouse gases and climate change.

Indicator: Missoula's PM_{2.5} design value (the 98 percentile high PM_{2.5} 24-hour average) was 32.8 micrograms per cubic meter for calendar year 2007. 2008 data is not yet available.

Trend: Holding →.¹

- National Status: The 2010 indicator shows that in 1997 (baseline) 15% of Americans were exposed to unhealthy PM₁₀ levels. By 2005 (the last year data is available), it had fallen to 10%. Last year, EPA designated 31 areas (including 120 full or partial counties) as a non-attainment area for the 24 hour PM_{2.5} NAAQS.
- Healthy People 2020 Proposed Goal: The 2020 goal is to reduce the number of days the population is exposed to an Air Quality Index of 10 or higher. I'm not sure this is tracked or relevant for Montana. They are proposing to drop the 2010 indicator regarding the percentage of people exposed to unhealthy levels of particulate.

B. Monitor and improve indoor air quality.

1. Decrease environmental tobacco smoke exposure among children.
2. Promote public awareness of the dangers of radon and increase the percentage of Missoula County homes which have been tested for radon.
3. Provide asbestos education.

Indicator: Proportion of houses which have been tested for radon. **2010 baseline:** Using information from Air Chek and the US Census:

- 13.1% of owner-occupied Missoula County homes have been tested.
- When rental units are included, 7.1% of Missoula County residences have been tested.

The data only include results from Air Chek. Other brands of test kits are available in town, and home inspectors often test for radon when a house is being sold. The department does not have access to data from the other test kits or testing methods. We can track Air Chek data over time, but this will not give a full picture of the amount of the testing completed Missoula County.

Health People 2010 states the national baseline for this indicator is 17% (1998) and establishes the 2010 goal at 20%.

¹ Missoula's PM_{2.5} design value is averaged over three years to determine whether we are attaining the PM_{2.5} 24-hour National Ambient Air Standard. Missoula's design value has been decreasing since 2005, although that may be a product of better weather rather than significant emissions reductions. (2005 = 42.5 ug/m³; 2006 = 34.3 ug/m³; 2007 = 32.8 ug/m³) Source: Missoula Health Department data and EPA AIRS report.

C. Assure safe drinking water and high quality surface water.

1. Reduce impacts of wastewater on drinking and surface water quality and address potential violations of state water quality standards.
2. Facilitate connection of new and existing buildings to public water and sewer in higher density areas/where available.
3. Remediate, restore, and redevelop the confluence of the Blackfoot and Clark Fork Rivers. (Protect and improve ground water, surface water, natural resources, and public health and safety.)
4. Enhance the department's role in ensuring new and existing septic systems are regulated, constructed, and maintained as needed to protect water quality and public health.
5. Reduce the impact of new and existing septic systems on water quality in sensitive geologic settings.
6. Ensure public water connections in densely developed settings and proper placement of wells.
7. Monitor and protect riparian areas for water quality benefits.

Indicator: Frequency and magnitude of nitrate and fecal coliform bacteria water quality standard exceedances in groundwater. **2009 baseline:**

- Of 4,286 samples analyzed by the Department's water lab in 2009, 6 samples (0.14%) were fecal coliform positive. 57 samples (5.4%) were coliform positive, but fecal coliform negative. **Trend:** in 2010, holding →.
- No nitrate samples submitted as part of subdivision review were over the standard in 2009, but areas of high nitrate, including the Wye and Blue Mountain, exist in Missoula County. **Trend:** in 2010, holding →.

National Status: National status unknown. Local Status: Nitrates: Zero exceedances of nitrate Maximum Contaminant Level in Public Water systems in Missoula County in 2009. Two areas of elevated nitrates in Missoula Valley have been documented through past sampling, showing domestic or monitoring wells exceeding the nitrate MCL. One domestic well sampled in 2009 in the Blue Mountain area exceeded the federal MCL for nitrates.

Healthy People 2020 Proposed Goal: Increase the proportion of persons served by community water systems who receive a supply of drinking water that meets the regulations of the Safe Drinking Water Act. An alternative to this would be: To increase the proportion of resident population in Missoula County served by Community Water Systems regulated under the Safe Drinking Water Act.

D. Protect public health in licensed establishments.

1. Improve food safety education, inspections, and reporting—including public access to electronic inspection reports.
2. Work with the legislature to increase license fees to support the inspection program cost for licensed establishments
3. Improve public health protection in licensed swimming pools and spas.

Indicator: Percentage of establishments requiring re-inspection. 2009 baseline: of 879 "routine" food establishment inspections completed in 2009, the department required at least one follow-up inspection for 131 of them (15%).² (See footnote.) **Trend:** Holding →.

² Footnote: The number of re-inspections may be slightly under reported because of an issue with the electronic inspection program that was resolved early in the year.

Update: Of the 672 “routine” food establishment inspections completed in 2010, the department required at least one follow-up inspection for 106 of them (16%).

- National Status: Not monitored on a national (or state) level.
- Healthy People 2020 Proposed Goal: The 2020 goal is listed as “Developmental.” Improve food-employee food preparation practices that directly relate to foodborne illnesses in retail food establishments. No baseline, goal, or data collection method have been established.

E. Champion the public health aspects of the built environment to increase physical activity and safety, reduce auto dependence and congestion, and reduce related air and water pollution.

1. Increase Board and Department impact on health issues related to transportation and community design. (Increase alternative transportation modes and reduce “Vehicle Miles Traveled”.)
2. Obtain voting rights for the Board member of the Transportation Policy Coordinating Committee.
3. Positively participate in and influence community processes linked to park development, trails, complete streets, proposed subdivisions, and other urban design.

Indicator:

- Transit use.
- Bike-pedestrian counts; the baseline will be done in May 2010.
- Miles of sidewalks and trails in the urban area.

Trend: Since 2006, improving ↑. Additional data: inventory of percentage of completed sidewalks by neighborhood compiled by OPG as part of Active Transportation planning; two bike/pedestrian surveys were conducted in May and September 2010.

F. Reduce animal-related public health problems.

1. Expand public education and awareness of animal-related issues.
2. Continue sponsoring animal spay/neuter clinics.
3. Increase the number of licensed docs and promote rabies vaccinations for cats.

Indicator: Reported animal bites have dropped 38% since 2004. **Trend:** Holding →.

Update: Animal bites continue to remain well below the national average for a city of this size. Calendar year 2010 had 81 reported animal bites.

- National Status: The target for number of emergency room visits for dog bite injuries is 114.0 per 100,000 population.
- Healthy People 2020 Proposed Goal: None given; the target may be the same.

III. Governance

A. Develop the role, visibility, and credibility of public health in the community.

1. Increase community knowledge of what public health is and does.

2. Build on communication and working relationships with other key community agencies.
3. Use committees to involve the public and advise boards.

B. Conduct public health system improvement activities.

1. Complete the National Public Health Performance Standards Program (NPHPSP) self assessment tool: Local Public Health Governance Assessment Instrument.
2. Prepare for voluntary accreditation.
3. Improve informatics.
4. Build on local emergency preparedness networks and plans.

Indicator: Missoula's local public health system (NPHPSP) score in 2006 was 48.98, signaling half capacity of an optimal score of 100.

- National Status: Current national average is 56.61. Public Health Accreditation Board (PHAB) is currently Beta Testing 30 sites, which will be evaluated in 2010/2011.
- Proposed Goal: Missoula City-County Health Department accreditation is achieved.