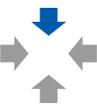
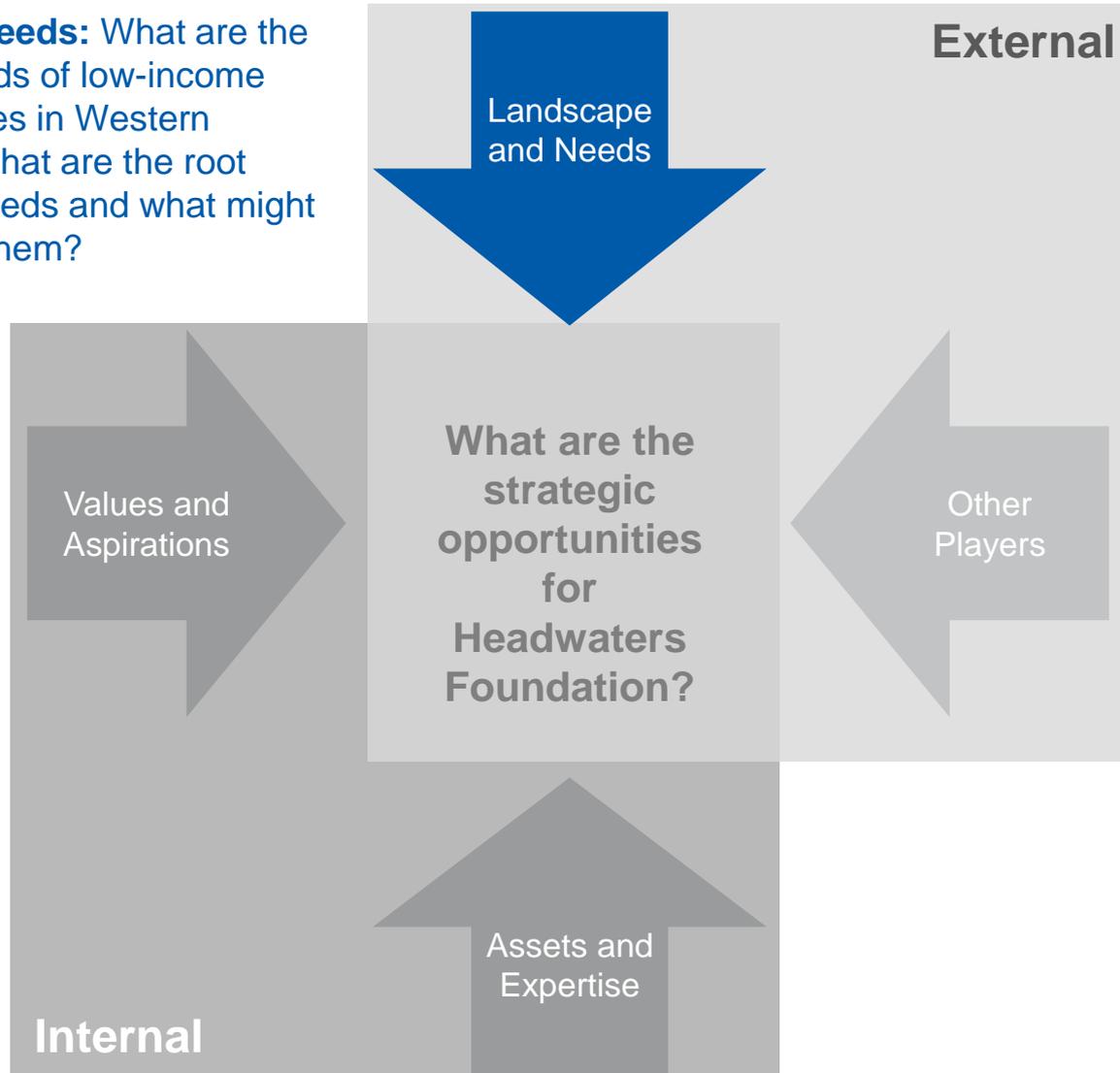
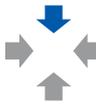


Landscape and Needs



Landscape and Needs: What are the most pressing needs of low-income children and families in Western Montana today? What are the root causes of these needs and what might it take to address them?

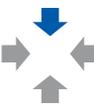




Community Needs and Assets: Overview

- Five Western Montanan counties face disproportionate barriers to health. People living in **Deer Lodge, Sanders, Lake, Mineral, and Silver Bow** face high risk factors for poor health and have poorer health outcomes
- However, the most striking health disparities in the state continue to persist between Native American and white populations
- The data highlighted seven major issues that arose for low-income families
 1. **Wages:** Overall low wages coupled with influx of high-income newcomers put economic strains on families
 2. **Housing:** Low housing stock and very high cost of living squeeze families' ability to pay for other necessities
 3. **Behavioral Health:** Mental health and substance use have been growing concerns, even before COVID
 4. **Childcare:** High-quality, affordable childcare and home-based supports remain inaccessible for many
 5. **Adolescent Well-Being:** Montana's adolescents fare poorly relative to the nation on several key metrics, and some feel the challenges for this population will continue to grow
 6. **Uptake of Public Assistance:** Enrollment in public social and economic support programs is low
 7. **Threatening Political Climate:** Threatened changes to the Montana constitution could exacerbate health inequities

With support from U of M, we examined data on health outcomes, SDOH, and health behaviors



Health Outcomes

- During pregnancy depression rates
- Life expectancy
- Low birth weight
- Mental health shortage areas
- Poor mental health days
- Poor physical health days
- Post partum depression rates
- Premature death
- Preterm births
- Suicide rates
- Teenage birth rate
- Youth suicide ideation rates

SDOH

- Adverse childhood experiences
- Child food insecurity
- Child maltreatment
- Child uninsurance rates
- Childhood Poverty Rates
- Children in foster care
- Children not in school
- Children's publicly-funded health insurance rates
- Food environment index
- Food insecurity
- Free and reduced lunch enrollment
- Head start enrollment
- High school graduation
- Home visiting
- Median Household Income
- Parent unemployment rates
- Poverty Rates
- Quality child care capacity

SDOH (cont.)

- Rate of population with Publicly-Funded Health Insurance
- SNAP enrollment
- TANF enrollment
- Unemployment rates
- Uninsurance rates
- WIC enrollment rates

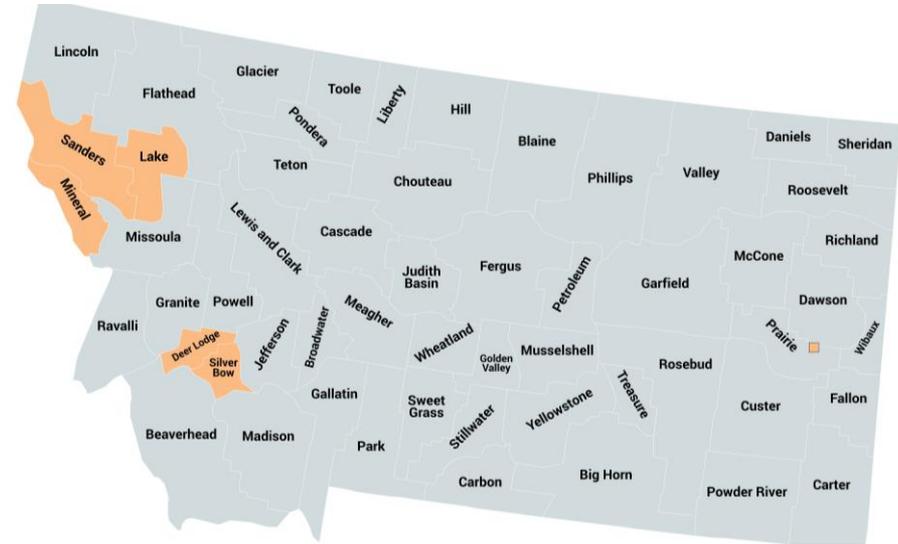
Health Behaviors

- Alcohol impaired driving death rate
- Childhood immunization rates
- Excessive Drinking rates
- Injury death rate
- Well child visit rate

5 counties bear a disproportionate share of poor health outcomes / factors in Western Montana

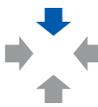


County	County Health Ranking
Deer Lodge	42 of 56
Sanders	41 of 56
Lake	40 of 56
Mineral	39 of 56
Silver Bow	37 of 56
Powell	24 of 56
Granite	23 of 56
Lincoln	19 of 56
Ravalli	14 of 56
Lewis and Clark	19 of 56
Flathead	7 of 56
Missoula	6 of 56
Jefferson	5 of 56
Beaverhead	4 of 56
Madison	3 of 56

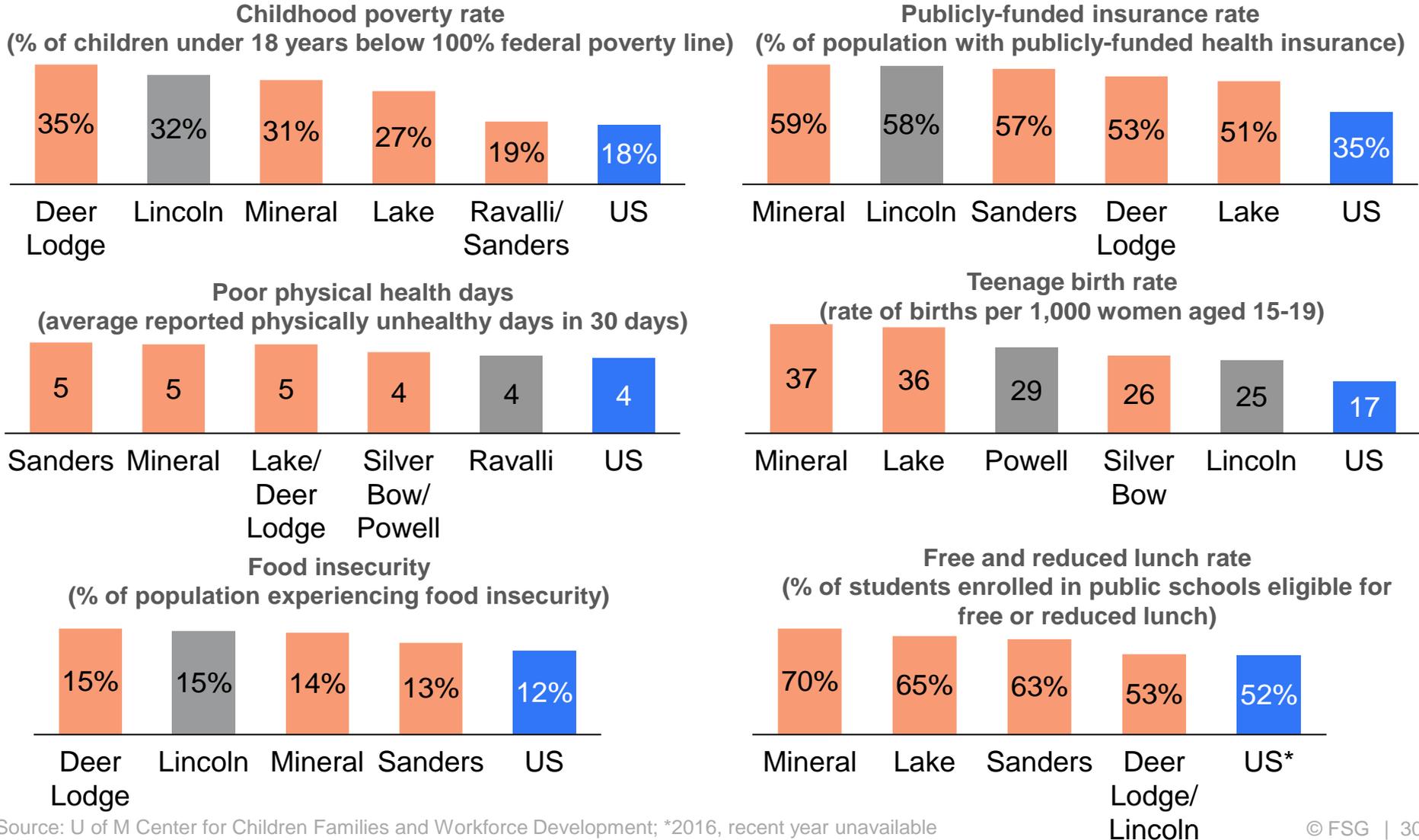


- These counties make up 19% of the population of Western Montana
- Lake County represents the most ethnically diverse population of children with 36% of children identifying as AI/AN, compared with 5% of the regional population

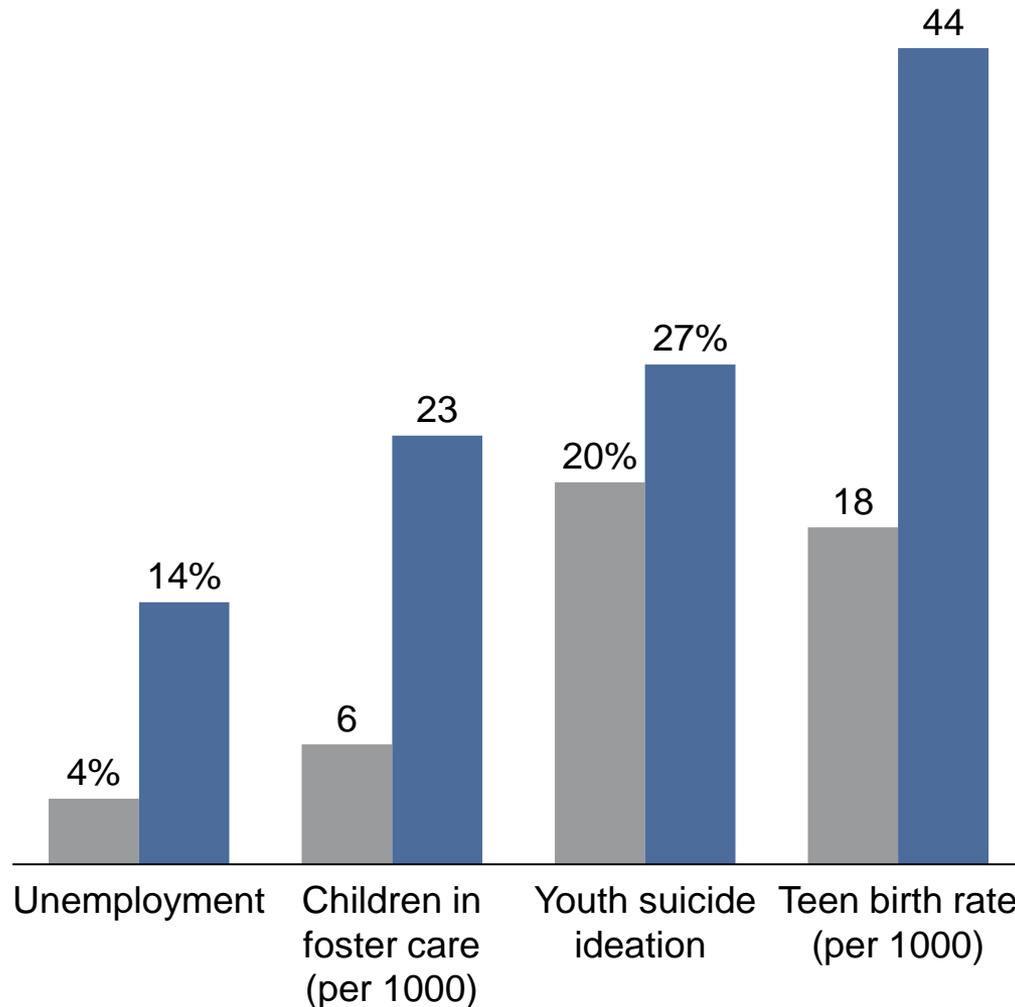
Within the region, these 5 counties have poorer health outcomes in a wide variety of indicators



5 worst performing counties in Western Montana for each indicator



Significant racial disparities exist in several influential indicators of family and youth wellbeing



- **Unemployment rates** are 3.5x higher for American Indian/Native Americans
- There are **almost three times the amount** of Native American children **in foster care** than white children
- **Youth suicide ideation** is 7% higher for Native American teens
- **Teen birth rates** for Native Americans teenagers are more than twice as high as the rates for white teenagers

Source: County Health Rankings; U of M Center for Children and Families and Workforce Development;

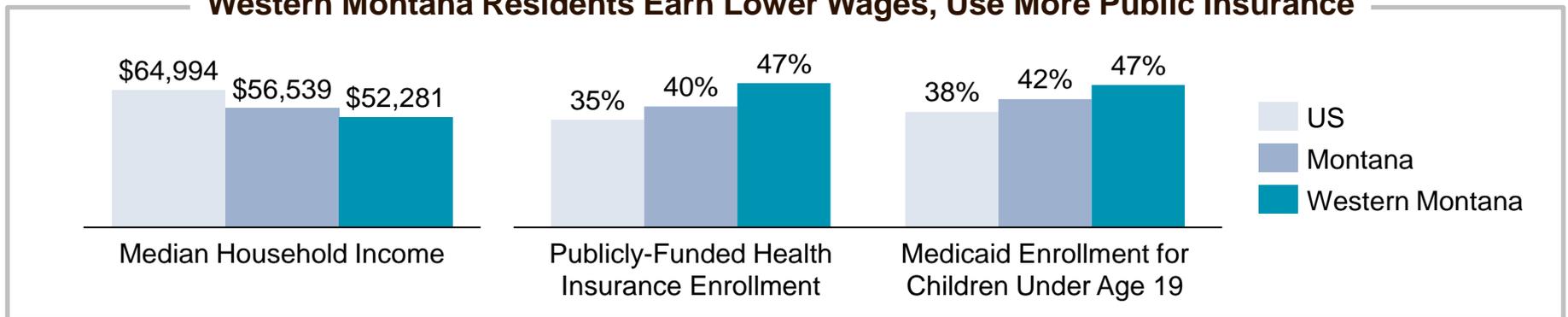
Note: Unemployment is % of civilian labor force unemployed, Children in foster care is the rate of foster care entry per 1000 children 0-17, youth suicide ideation is % of students grade 9-12 reporting considering suicide, teen birth rate is rate of births per 1000 women ages 15-19

Stagnant wages and a growing number of wealthy newcomers hinder economic mobility



- **Poverty rates have declined in Montana** – from 16.2% of families earning 100% FPL or less in 2015 to 14.1% of families in 2020
- However, Western Montana’s residents **earn lower wages** than others in Montana, or in the U.S
- **But income inequality continues to grow.** The richest 5% of households have average incomes 11 times as large as the bottom 20% of households
- Montana is also seeing a growing number of newcomers – especially in Western Montana. Some are exceptionally wealthy, with **the top 10% of 2020 newcomers earning almost \$600k annually**, nearly double the equivalent slice of Montana’s highest earners
- Lack of economic opportunity is **increasing reliance on public insurance programs**

Western Montana Residents Earn Lower Wages, Use More Public Insurance



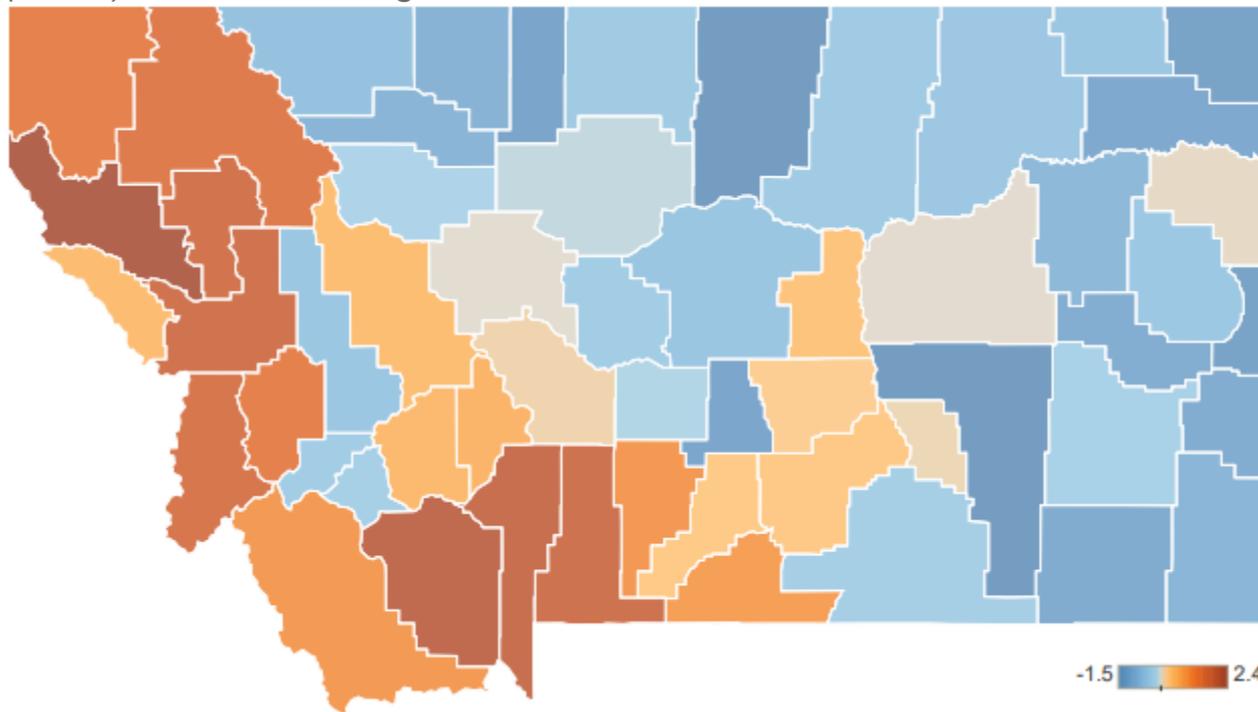
Low housing stock and high costs of living make life unaffordable for many in the region



- Income inequality is worsened by **housing challenges**, including **low housing stock** and **high cost of living**
- For example, 12% of Western Montana households spent **50% or more of their income on housing** – an indicator of **severe housing cost burden**

Ratio of Median Home Values to Median Household Income

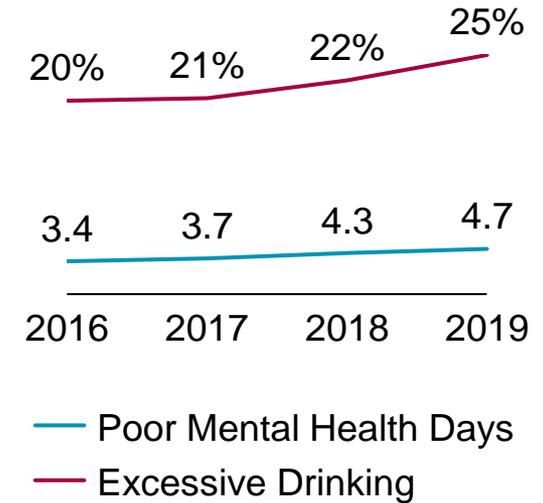
Orange values are higher (worse) than US averages, blue values are lower (better) than U.S. averages



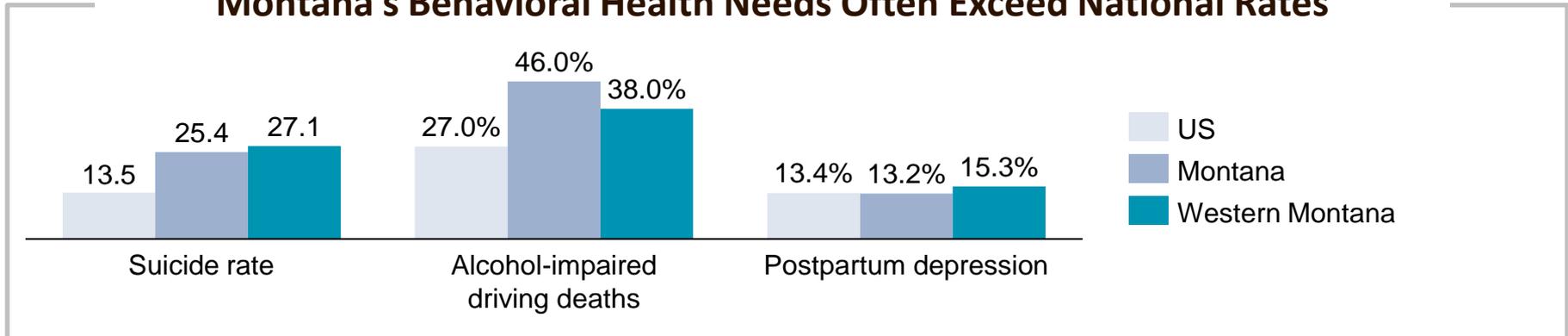
Even before COVID, behavioral health has been a growing concern with potential gaps in funding



- Some populations have disproportionately experienced these challenges. For example, in 2021, **almost one in four (23.8%) American Indian postpartum people in Western Montana experienced postpartum depression**
- **Suicide rates** are double the national average and have increased every year since 2015
- Montana's rate of **alcohol-impaired deaths** also exceeds national rates – and has been steady or growing since 2015
- **Poor mental health days** and **excessive alcohol use** have also steadily increased since 2015



Montana's Behavioral Health Needs Often Exceed National Rates



Sources: Kids Count 2021-23, University of Montana Data Request 2023

Data Notes: Suicide rates for Montana are 10-year rates per 100,000 population; U.S. suicide rate is age-adjusted annual rate. Alcohol-impaired driving deaths is the percentage of driving deaths with alcohol involvement - 5 year average. Postpartum depression is 2021 but national rate is 2020.

For Western Montanan families with young kids, childcare and home supports remain limited

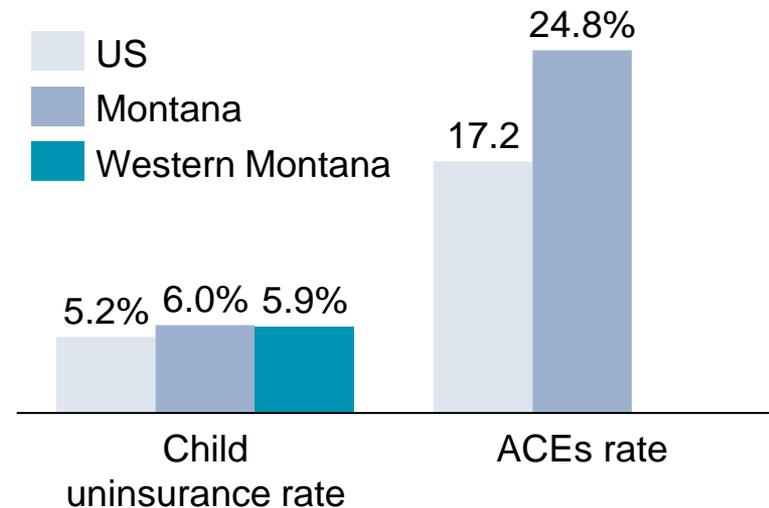


Care is limited. Despite the foundation’s leadership and additional federal resources coming to the state (e.g., Preschool Development Grant), Western Montana’s availability of high-quality child care remains far from meeting demands

- As of 2022, Western Montana’s 551 licensed child care facilities are equipped to serve fewer than a third (32%) of children under age 6
- No single county in the region has sufficient child care capacity to meet the need
- Only 14 of the region’s 500+ child care providers rank STAR 5

Needs at home remain. Compared to national rates, the region’s children experience rates of being uninsured and higher ACEs prevalence

Top 3 Counties	Bottom 3 Counties
Deer Lodge (60%)	Sanders (2%)
Jefferson (55%)	Madison (15%)
Missoula (46%)	Powell (18%)



Even with Headwaters’ much-needed early childhood leadership, and new federal support arriving, early childhood needs remain significant

Adolescent social challenges and behavioral health needs may grow if unchecked

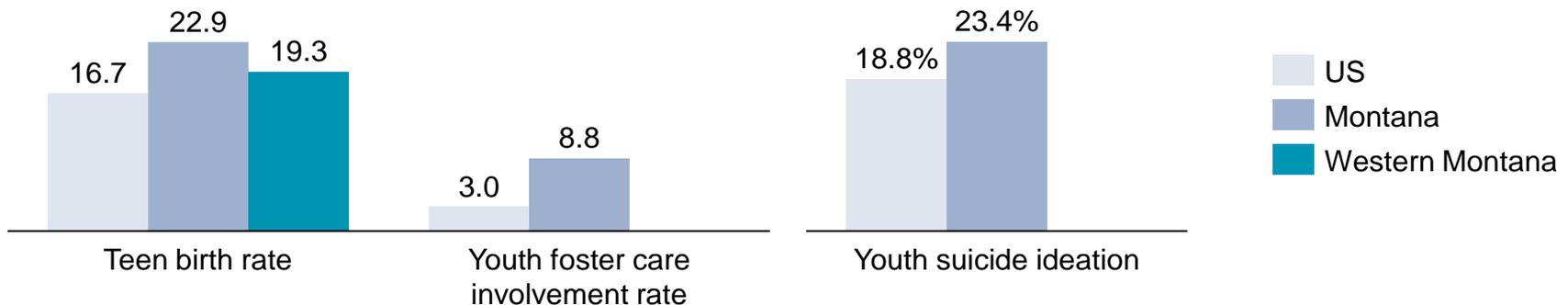


While the focus on young children is steadfast, adolescent health needs may not be getting enough attention:

- Western Montana’s teen birth rate, though declining steadily since 2015, is still higher than national rates
- Youth foster care involvement – more than twice the US rate – and youth suicide ideation have been steady or worsening since 2015

“There’s a strong, loud, vocal group of policymakers attacking people’s identities and who they are. That’s making it harder and harder for young people. I feel there needs to be something around youth and how difficult it is to be a young person in this state.” –Staff

Montana Adolescents’ Behavioral Health and Social Needs Exceed National Rates



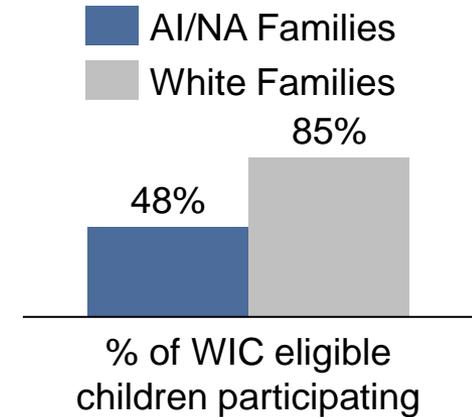
Adolescent health gaps may grow if conservative politicians increase barriers to access for health services (e.g., abortion

Uptake of publicly-funded support programs is low and varies by race and geography



WIC Enrollment

Half of the eligible families in Western Montana are enrolled in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). But **85% of white eligible families enrolled, and only 48% of eligible American Indian families enrolled**



Childhood Immunization

70% of Montana’s children aged 24 to 35 months received a recommended series of 7 vaccines, while only 62% of Western Montana’s children received it. That rate varies from **89% of Mineral’s children receiving the recommended series, to 0% of children from Granite county**

Well-Child Visits

Only half of the region’s Medicaid-enrolled children aged 5 and under received a well-child visit in 2021

Home Visitation

Almost a third (30.8%) of the region’s families eligible for Maternal, Infant, and Early Childhood Home Visiting (MIECHV) are enrolled. But **8 of the 15 counties in the region reported no eligible families using the program**

Home Visiting Uptake

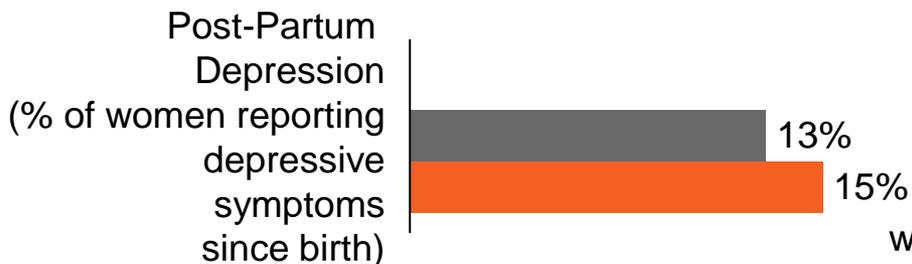
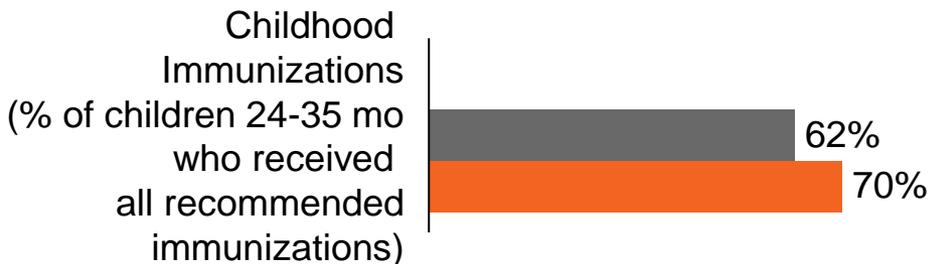
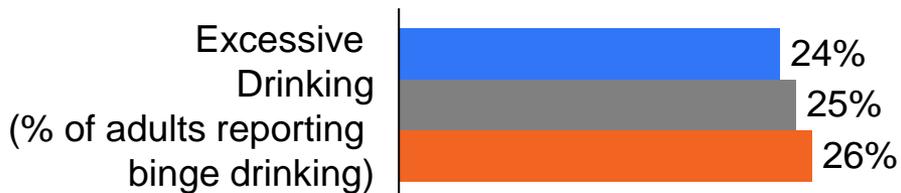
Top 3 Counties	Bottom 3 Counties
Mineral (221%)	Powell (0%)
Silver Bow (73%)	Ravalli (0%)
Deer Lodge (64%)	Sanders (0%)

Systemic infrastructure issues (e.g., lack of workforce, lack of housing) may be a primary barrier to accessing these family-support services

Western Montanans face disproportionate health risks in health behaviors and mental health



Health Behaviors and Outcomes



SDOH

