

Community Health: One Local Perspective

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Overview

- Brief overview of unique aspects of population health in Montana
- Connecting clinical care to community health
- Differences in community health from community to community
- Successes and Challenges Ahead



Public Health in Montana

The Basics

- Decentralized public health model;
- No dedicated state funding for LHD operations;
- Federal funding flows through state health department;
- Public health accreditation is widely accepted and successful in the state;
- Statewide, ACA has had a major impact on uninsured. (Medicaid expanded in 2015)

Gallatin County

percent of non-elderly adults uninsured

Estimated population 2017: 107,810

Estimated pop. Non-elderly adults: 73,096

Non-elderly adult uninsured rate in 2011 = 22%

Non-elderly adult uninsured rate 2017 = 12.7%

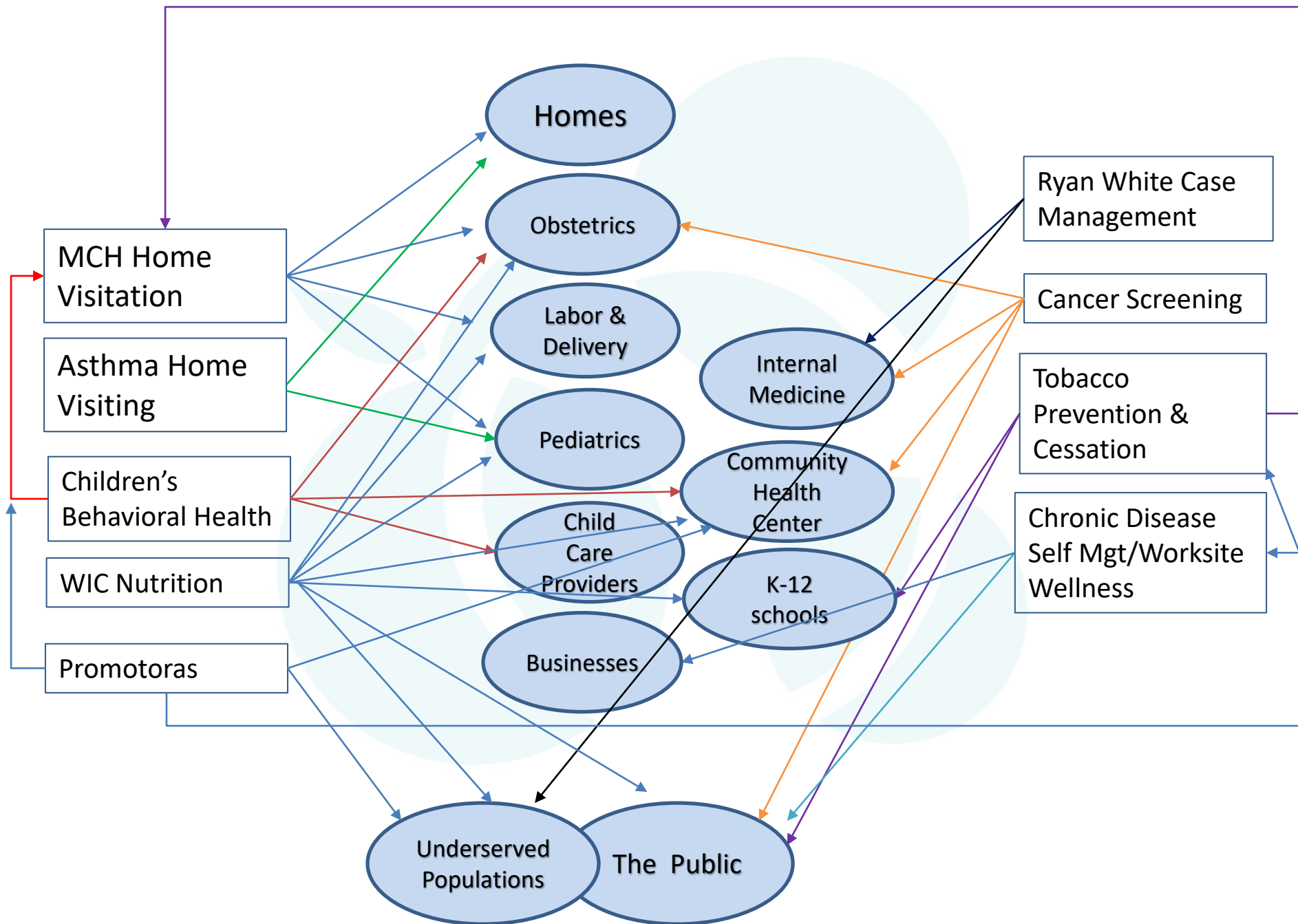
Number of uninsured in 2017 → 9,283 adults

What if we had 2011 rate (22%) today? → 16,081 adults

Bottom Line: If not for ACA, roughly 7,000 more adults in Gallatin County would be uninsured today.

But ... how have we adapted?

- Improved access to care associated w/ major public health needs (for instance: mental health and substance abuse);
- Allowed a (sometimes slow) shift from focus on access issues to focus on quality and cohesiveness of the health system;
- Makes our work to connect community health to clinical care more meaningful.



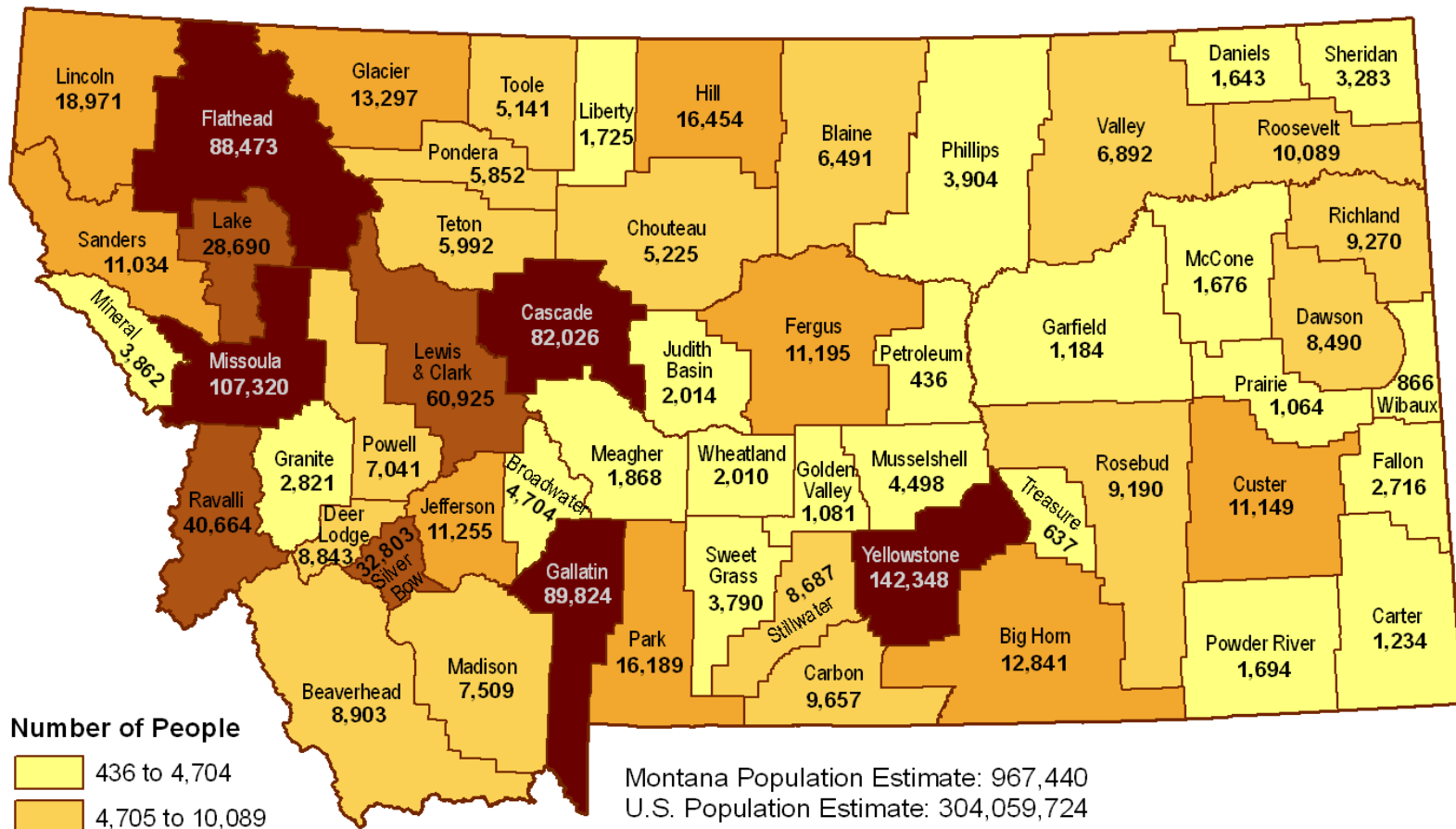
Progress ...

- Earlier and more effective referrals of at-risk children and families to home visitation;
- Initial, early steps to integration of behavioral health into the county's largest pediatric clinic;
- Shift from focus on access to services like chronic disease self-management classes;
- Behavioral health consultants working with local child care centers.

All communities are not the same...

	Ravalli	Gallatin
2017 est. Population	40,212	107,810
Annual budget	\$ 491,000	\$ 5,339,000
FTE Staffing	8.6	43.06
Per capita LHD budget	\$ 12.21	\$ 49.52
FTE per 10k residents	2.13	3.99

Montana County Population Estimates - July 1, 2008



Map by:
 Census & Economic Information Center
 Montana Department of Commerce
 301 S. Park Ave., Helena, MT 59601
 406-841-2740 email:ceic@mt.gov
<http://ceic.mt.gov>

Source: Population Division, U.S. Census Bureau, 2000 to July 1, 2008 (CO-EST2008-01-30), Released, March 19, 2009

Conclusions

- Policy change at federal level is driving change locally, particularly with regard to insurance and access;
- Ability of local public health to address issues of need is enormously impacted by funding decisions in Helena and Washington DC;
- Lack of dedicated, flexible funding for local health departments leads local public health to shape local priorities with available funding;
- Local community health organizations operate in highly variable community environments.

Future considerations

- How do we build a cohesive system of community health services in communities that vary so widely?
- Explore ways to provide dedicated funding to build local capacity in community health.
- Can we make funding for population health more flexible to address needs?

“We do not live an equal life, but one of contrasts and patchwork; now a little joy, then a sorrow, now a sin, then a generous or brave action.”

-Ralph Waldo Emerson