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...

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