Montana’s Public Health System & Community Health Centers

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Objectives

• Overview of public health system
• Discuss how/why public health is changing
• Overview of public health services in MT
• Summary of Community Health Center system in Montana
• How to be involved
Powers and duties of local boards of health. (1) In order to carry out the purposes of the public health system, in collaboration with federal, state, and local partners, each local board of health shall:

(f) identify, assess, prevent, and ameliorate conditions of public health importance through:
   (i) epidemiological tracking and investigation;
   (ii) screening and testing;
   (iii) isolation and quarantine measures;
   (iv) diagnosis, treatment, and case management;
   (v) abatement of public health nuisances;
   (vi) inspections;
   (vii) collecting and maintaining health information;
   (viii) education and training of health professionals; or
   (ix) other public health measures as allowed by law;

(g) protect the public from the introduction and spread of communicable disease or other conditions of public health importance, including through actions to ensure the removal of filth or other contaminants that might cause disease or adversely affect public health;

(h) supervise or make inspections for conditions of public health importance and issue written orders for compliance or for correction, destruction, or removal of the conditions;

(i) bring and pursue actions and issue orders necessary to abate, restrain, or prosecute the violation of public health laws, rules, and local regulations;
Proportional Contribution to Premature Death

- Genetic predisposition: 30%
- Behavioral patterns: 40%
- Social circumstances: 15%
- Health care: 10%
- Environmental exposure: 5%

U.S. Deaths from Behavioral Causes

Figure 2. Numbers of U.S. Deaths from Behavioral Causes, 2000.
Among the deaths from smoking, the horizontal bar indicates the approximately 200,000 people who had mental illness or a problem with substance abuse. Adapted from Mokdad et al.\textsuperscript{12}

Three drivers of change in public health:
Assessment, Engagement, and Evaluation.
Key Findings - Gallatin County

- Gallatin County current smokers ~ 11% (16.6% nationally)
- Tobacco use among CHC patients ~ 47%
- Gallatin County obesity ~ 12%
- Among CHC patients ~ 37%
- Montana’s suicide rate is one of the highest in the nation and our childhood immunization rates are among the lowest. (19/100,000 in Gallatin; 10.8/100,000 in US)
- Montanans use seatbelts less and keep unlocked guns in the home more than US average
- Roughly 1 in 4 non-elderly adults do not have health insurance
- Chronic drinking in Bozeman roughly twice national rate (10.4% vs 5.6%)
### PRIORITY 1: ACCESS

**Goal:** Improve access to health services for those living below 200% of the Federal Poverty Level

<table>
<thead>
<tr>
<th>Objective 3</th>
<th>Gallatin County</th>
<th>All Incomes 2011</th>
<th>2015 Target</th>
<th>&lt;200% FPL 2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Blood Pressure Checked in the Past 2 Years</td>
<td>87.3%</td>
<td>89.3%-92.3%</td>
<td>80.5%</td>
<td></td>
</tr>
<tr>
<td>% Cholesterol Checked in the Past 5 Years</td>
<td>80.2%</td>
<td>82.2%-85.2%</td>
<td>89.1%</td>
<td></td>
</tr>
<tr>
<td>% [Women 50-74] Mammogram in the Past 2 Years</td>
<td>74.3%</td>
<td>76.3%-79.3%</td>
<td>32.3%</td>
<td></td>
</tr>
<tr>
<td>% [Women 21-65] Pap smear in the Past 3 Years</td>
<td>89.8%</td>
<td>91.8%-94.8%</td>
<td>87.1%</td>
<td></td>
</tr>
<tr>
<td>% [Age 50-75] Colorectal Cancer Screening</td>
<td>61.8%</td>
<td>63.8%-66.8%</td>
<td>58.8%</td>
<td></td>
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</tbody>
</table>
## Gallatin County Community Health Improvement Plan

<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>TACTIC</th>
<th>PERFORMANCE INDICATOR</th>
<th>TARGET DATE</th>
<th>OWNER</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1 Improve the Local Public Health System’s ability to deliver recommended preventive services to target population</td>
<td>3.1.1 Create and make available a master list of community-based preventive programs/services available serving the target population</td>
<td>Master list created</td>
<td>Completed May 2013</td>
<td>GGUW/ECCC</td>
</tr>
<tr>
<td></td>
<td>3.1.3 Explore new technology, including GIS Mapping, that would facilitate identifying underserved populations.</td>
<td>Number of new technologies identified</td>
<td>end of 2014</td>
<td>Health Dept.</td>
</tr>
<tr>
<td></td>
<td>3.1.4 Inform/re-educate providers of legal responsibilities of providing services in languages and options for expanding languages offered</td>
<td>The number of providers offering language services, determined through pre and post surveys</td>
<td>end of 2014</td>
<td>Community Health Partners</td>
</tr>
<tr>
<td></td>
<td>3.1.5 Increase services provided by the Community Care Connect bus</td>
<td>Number of clients served and number of health screenings provided.</td>
<td>end of 2015</td>
<td>Bozeman Deaconess Health Services</td>
</tr>
</tbody>
</table>
| 3.2 Increase target population’s understanding of the benefits of preventive care and increase motivation to access preventive care while reducing cultural and health literacy barriers | 3.2.2 Use the Promotoras program model to reach at risk/vulnerable populations* | • Number of Promotores/as  
• Number of Promotores/as Number of Promotores/as event attendees | end of 2014 | Community Health Partners |
| | 3.2.3 Update and make available the list of human service organizations and contacts who provide services in Spanish |  
• CORO Spanish-speaking resource pamphlet has been updated  
• Updated CORO Spanish-speaking resource pamphlet has been printed  
• Updated CORO Spanish-speaking resource pamphlet has been distributed to appropriate community organizations | end of 2013, Completed November 2013 | Health Dept. & Bozeman Deaconess Health Services |
Six Health Improvement Priority Areas

- Prevent, identify and manage chronic conditions
- Promote the health of mothers, infants and children
- Prevent, identify and control communicable disease
- Prevent injuries and reduce exposure to environmental health hazards
- Improve mental health and reduce substance abuse
- Strengthen Montana’s public health and healthcare system
Local Public Health in Montana

What we do ...

- Assessment and community engagement
- Maternal & Child Health
- Cancer detection & prevention
- STD control, HIV case mgt, and Reproductive Health services
- Communicable disease surveillance and control

... how it can be used by providers

- Community awareness and involvement to address population health issues.
- Public Health Home Visitation; MCH classes; Breast Feeding Support
- Screening for low-income; tobacco cessation services
- Ryan White HIV/AIDS Program; Family planning;
- IZ services; outbreak/pandemic response; contact investigations
... and more

- Nutrition and physical activity (WIC)
- Asthma home visitation
- Injury prevention
- School nursing
- Environmental health services (water and air)
- Establishment health inspections (restaurants, hotels/motels, body art, etc.)
- Provide access and connect the dots
Insuring the Uninsured (or not)

EXPLAINING THE MEDICAID GAP

MEDICAID
NO ASSISTANCE
MARKETPLACE SUBSIDIES

0% FPL
*FPL = Federal Poverty Level

Montana eligibility limit for parents of Medicaid eligible child as of January 2014.
Income limits vary depending on coverage requested.

47% FPL

100% - 400% FPL

50,000+ Montanans
Community Health Centers in Montana
Community Health Centers in Montana

- 18 CHCs and CHC look-alikes provide comprehensive primary care regardless of ability to pay
- Serve 97,000 Montanans
- 88% under 200% of FPL (47% uninsured)
- Includes dental, mental health, and support services
- Critical resource for underserved populations and geographic areas
Ways to plug in ...

• Serve on Boards of Health
• Share expertise and medical skills
• Refer to keystone programs
  – Home visitation, WIC, cancer screening,
• Participate in community health assessment and action planning
• Plug into local population health coalitions
• Educate policymakers
Thank you.
Matt Kelley, MPH
Health Officer
Gallatin City-County Health Department

582-3100
Health Indicators: By 2018

- Decrease the proportion of adults who report they engage in no leisure time physical activity from 24% to 22%\(^1\)
- Decrease the proportion of adults who report they are overweight or obese from 60% to 54%\(^1\)
- Increase the proportion of adult Montanans who report they are up-to-date with colorectal, breast, and cervical cancer screening from 57%, 71%, and 78%, respectively to 61%, 80%, and 86%, respectively\(^1\)
- Decrease the average consumption of cigarettes in Montana from 58 to 52 packs per person per year\(^2\)
- Decrease the proportion of youth who report they have smoked cigarettes in the past 30 days from 17% to 14%\(^3\)
- Decrease the proportion of adults who report they are smokers from 22% to 19%\(^1\)