

EXHIBIT NO. 3DATE: 2-2-5BILL NO. SB 273

Fostering Good Health for Montana

The primary purpose for exploring medical education in the state of Montana is motivated by the need to improve the health status of Montana citizens. Montana is a rural state and like other rural states has unique challenges. Populations in our rural communities tend to be older than urban communities, experience higher rates of limitations in daily activities as a result of chronic illnesses, and exhibit poorer health behaviors (IOM, 2004).

Ensuring a Quality System of Health Care

The health status of Montana citizens is directly related to a quality system of health care. For Montana, quality in health care requires reducing health disparities that exist – not everyone has access to health care. Part of the access issue is related to the rural nature of Montana and a shortage of qualified health professionals and clinical services. To improve health status, people “must have access to clinical services that are effective in preventing disease (primary prevention) or in detecting asymptomatic disease or risk factors at early, treatable stages (secondary prevention)” (USDHHS, 2000).

For core health care services such as emergency medical services, mental health and substance abuse services, and oral health care, access to health care is prevented due to shortages in qualified health professionals (IOM, 2004). In general there are fewer physicians practicing in rural areas than in urban areas (Eberhardt, Ingram, Makuc, et al, 2001). Physicians as well as other health related professionals are difficult to recruit and retain in rural areas due to isolation, limited facilities, and concerns related to education and/or employment for family members.

- Montana has fewer physicians per capita than the national average.
- 43 of 56 Montana counties have part or all of the county designated as a federal primary care health professional shortage area (BRTF, 2002).

While physicians may be at the center of a quality health care system, they are surrounded by a vast number of other health and allied health professionals that include nurses, physician assistants, pharmacists, psychologists, social workers, dieticians, occupational therapists, etc.

- Over 35,000 people in Montana are employed in the health care industry.
- Montana ranks 50th in the nation in the ratio of pharmacy technicians to pharmacists (BRTF, 2002).

A Vision for the Future

State policy makers can play a significant role in addressing the health care needs of Montana Citizens by supporting Senate Bill No. 273. Support will mean a commitment to a vision of improved health status among rural Montana citizens through access to a quality system of health care.

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A thorough examination of unique health care needs in Montana would result in the development of a model to best meet those needs for Montana citizens. Lack of attention to the rural health care needs of Montana will ultimately result in increased cost for the care of the chronically ill and reduced health status and quality of life for all Montana.

References:

BRTF (Blue Ribbon Task Force). 2002. Competing for Quality Care: Findings and Proposals for Montana's Health Care Workforce. Office of the Governor.

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USDHHS (U.S. Department of Health and Human Services). (2000) *Healthy People 2010*. 2nd ed. With Understanding and Improving Health and Objectives for Improving Health. 2 vols. Washington, DC: U.S. Government Printing Office.

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