



## **Board of Health Agenda**

**Tuesday - January 14, 2020 5:30 PM**

**Community Room, City County Complex, 414 E Callender Street, Livingston, MT**

### **BOH ADMIN**

Call to Order/Roll Call

Conflict of Interest

Minutes from the October 8th 2019 BOH Meeting  
[BOH Meeting October 8th 2019docx.docx](#)

Minutes from the October 23rd 2019 Special BOH meeting.  
[Special Board of Health Meeting 10232019.docx](#)

Minutes from the November 4th 2019 Special BOH meeting.  
[BOH Specialmeeting110419.docx](#)

### **OLD BUSINESS**

### **NEW BUSINESS**

Election of Officers-Chairperson and Vice Chairperson

Discussion/Decision of BOH Regular Meeting day/time/location for 2020

Discussion of BOH Training and strategy moving forward

Discussion of BOH By-Laws and Process for Updating  
[ByLaws.pdf](#)

Sign Cooperative Agreement

### **REPORTS**

Environmental Dept. Report (Kaleb Pearson)



Code Enforcers Report (Judy Roy)

Health Officer Report (Dr. Desnick)  
[Health Officer Authorization letterBOH \(3\).docx](#)

Director of Health Dept. Report (Julie Anderson)  
[LBOH\\_Resource\\_2019.pdf](#)

## **BOH CLOSING**

Public Comment (5 Min)

Adjourn



## Board of Health Meeting

Wednesday-October 8, 2019 5:30 PM

Community Room  
City County Complex  
414 E. Callender St.  
Livingston, MT 59047

Attendance: BOH Members-Peggy O'Neill, Mary Beebe, Marjorie Shinn, Mike Inman, Bill Berg; County Commissioner, Kaleb Pearson; Lead Sanitarian Health Dept. Trish Fievet; Health Dept.

Call to Order: 5:30 PM

Approval of Minutes: Approval of the August 8<sup>th</sup> 2019 BOH minutes. Marj moved to approve the minutes. Bill seconded the motion. Minutes passed.

Old Business: None

New Business: Variance Request for Black Zimmerman. Kaleb went over the variance request with the BOH members as well as all the paper work provided. He recommends the board approve the variance with conditions.

Marge Motioned to approve the variance with these 3 conditions from Kaleb P. Mary seconded the motion. Variance for Blake Zimmerman approved with these 3 conditions.

(1) Water use is limited to design volume (300 gallons per day) and will provide metered use data when requested by the Department, (2) The owner waives his right to protest the creation of a sewer improvement district and centralized sewer services in Cooke City, and (3) The owner will switch to centralized wastewater treatment services when they become available.

### Reports:

Nurse/Director

Julie gave a report on all the department happenings. Also, introduced Ellen Morris a new HD employee.

Sanitarian Report:

Kaleb talked about all the Septic Permits issued as well as how the department is doing on all the County inspections.

Animal Control Enforcers' Report: None Judy not available for meeting.

BOH CLOSING:

Public Comments: None

Adjourn: 6:15



## Special Board of Health Meeting

Wednesday-October 23, 2019 5:30 PM

West Room

City County Complex

414 E. Callender St.

Livingston, MT 59047

**Attendance:** BOH Members-Peggy O'Neill, Mary Beebe, Marjorie Shinn, Mike Inman, Caleb Minnick, Kris Pierson. Bill Berg; County Commissioner, Kaleb Pearson; Lead County Sanitarian, Trish Fievet; Health Dept. Janelle Bowden; WIC Director. Cid Morrison; County Nurse.

**Call to Order:** 5:30 PM

**Public Comments:** Janelle Bowden introduced herself and gave the BOH members some information about our department with the reconstruction that is needed in the HD. She wanted to give them information that will help them make their decision on the hiring of the Health Officer.

### **New Business:**

Peggy and Mike Inman were members of the Hiring committee. They both talked about both the interviews of both Dr. Desnick and Janelle Bowden.

And talked about their scores and why they decided the way they did on the recommendation for the Health Officer.

Members were not able to make a final decision on the Hiring of the Health Officer because of the Agenda not having the proper announcement of the discussion/decision of the Health Officer.

Mike made a motion to post pone the decision of the Hiring of the Health officer due to adverting of the discussion/decision of the health officer position.

Mary seconded the motion. Motion passed and meeting was rescheduled to November 4<sup>th</sup> 2019

Members also suggested we talk about the By-Laws and we should put them on the next normal BOH meeting.

#### Public Comments:

Trish talked about the department and how we need to make some changes among the whole department. Recommending Janelle would be great and has the qualifications to be the Health Officer.

Cid Morrison also commented on the department and how Janelle would make a great Health Officer for our Dept.

Kaleb Pearson also added Janelle would make a great Health Officer for our Department.

Adjourn: 6:10 PM



## Park County Board of Health Special Meeting

Monday November 4<sup>th</sup> 2019

City County Complex/Community Room

414 E. Callender

**Attendance:** BOH members- Peggy O'Neil, Marj Shinn, Mike Inman, Chris Pierson Via phone. Bill Berg; County Commissioner. Kaleb Pearson; Lead County Sanitarian.

**Call to Order:** 5:30 PM

**Public Comments:** None

**Old Business:** BOH went over the recommendation for the Health Officer Position. Bill let the board know he has been in touch with Judy Lapenit Health Office of Richland County. She has a lot of great Ideas for the Health Dept. Bill talked about the structure of the department in the future. Bill Berg motioned to appoint Dr. Desnick to be the new Health Officer. Marj seconded the motion. Motion approved that Dr. Desnick will be the permanent Health Officer.

Mike also suggested all the board members get a copy of the by-laws and go over them for the January meeting. So the BOH can get to line them with the they are doing. He said there is a lot of discrepancy in them.

Peggy said she would notify the applicants of the decision.

**Adjourn:** 5:45 PM

**BY-LAWS FOR THE PARK CITY-COUNTY  
HEALTH DEPARTMENT**

**Amended January 29, 2018**

**ARTICLE I – NAME**

The official name of the organization is “The Park City-County Health Board (Board)”.

**ARTICLE II – OFFICIAL SEAT**

The official seat of the Board is in the City-County Complex of Livingston, Montana, and meetings will be held there except for occasions when the Board, by a majority vote of those present at any regular or special meeting otherwise directs.

**ARTICLE III – STATUTORY POWERS AND DUTIES**

The Board shall operate pursuant to Section 50-2-106, Montana Code Annotated (MCA) and the Interlocal Agreement between the City of Livingston and Park County. The Board has those duties set forth at Section 50-2-116, MCA.

**ARTICLE III – BOARD MEMBERS**

**Section 1. Members**

Board members shall be residents of Park County, Montana. The Board consists of seven (7) members total:

One Commissioner shall be appointed by the Park County Commission;

One Commissioner shall be appointed by the Livingston City Commission;

Three additional members shall be appointed by the Park County Commission; and

Two additional members shall be appointed by the City of Livingston Commission.

**Section 2. Terms**

Terms of appointed members must be staggered and must be for 3 years each, except that the terms of the governing body representatives shall be concurrent with their terms as elected officials.

**Section 3. Absenteeism**



Members with two consecutive absences from regularly scheduled meetings may be replaced by the governing body that appointed the member. With good cause, participation by telephone or Voice Over Internet Protocol (VOIP) is not considered absent.

#### Section 4. Vacancies

Vacancies for voting members shall be filled by the governing body that appointed the former member. The newly appointed member shall serve for the unexpired portion of the term.

### **ARTICLE IV – OFFICERS**

#### Section 1. Officers

The elective officers of the Board include a Chair and a Vice-Chair. The Director of Environmental Health, or appointed staff, will serve as Secretary of the Board.

#### Section 2. Nomination and Election of Officers

Nomination of elective officers will be made from the floor at the annual election meeting which will be held on the first regular meeting of each calendar year. The election will follow immediately thereafter. A nominee receiving a majority vote of those present, either physically, by telephone or VOIP at the election will be deemed elected.

#### Section 3. Terms of Officers

The elective officers take office at the first regular meeting of the calendar year, usually January, and serve for a term of one year.

#### Section 4. Vacancies in Offices

Vacancies in elective offices will be filled immediately at a regular meeting by regular election procedure for the unexpired portion of the term.

#### Section 5. Salary and Compensation

Board members shall serve without salary or compensation, but may be entitled to documented expenses for mileage, per diem and expenses.

#### Section 6. Duties of Officers

##### (a) Chair

The Chair will preside over all meetings and public hearings of the Board and will call special meetings when they deem necessary or required. The Chair shall sign minutes and all official papers and plans involving the authority of the Board which are transmitted to the City of Livingston Commission and the Park County Commission. The Chair may discuss all matters before the Board and make motions on all voting thereon. The Chair may perform all the duties normally conferred by parliamentary usage on such officers and will perform such other duties as may be ordered by the Board except as otherwise provided in these by-laws, in Board resolutions, in city or county ordinances, or state law.

##### (b) Vice Chair

The Vice Chair will assume the duties and powers of the Chair in their absence. If the Chair and Vice Chair are both absent, the remaining Board members may elect a temporary chair by a majority vote of those present at a regular or special meeting. The temporary chair will assume the duties and powers of the Chair and Vice Chair for that meeting.

(c) Secretary

The Secretary will keep the minutes of all regular, special, and committee meetings of the Board, and such minutes will be approved by the Board. All meetings will be recorded with audio equipment. The Secretary will give notice of all regular, special, and committee meetings to Board members, prepare the agenda of regular, special, and committee meetings, serve proper and legal notice of all public hearings, and draft and sign the routine correspondence of the Board. The Secretary will maintain a file of all official records of the Board and perform other duties that are normally carried out by a Secretary and as the Board may direct.

## ARTICLE V – MEETINGS

### Section 1. Regular Meetings: Time and Place

A regular quarterly meeting for administrative, routine, and hearing-type matters will be held on the 2<sup>nd</sup> Tuesday of January, April, July, and October at 5:30 p.m. in the City-County Complex, except as otherwise directed by the Board. Committees of the Board, made up of members totaling less than a quorum of the Board, may meet outside regular Board meetings. The Board may designate a different location or time for a public hearing by majority vote of the Board members physically present at the meeting or participating via telephone or VOIP.

### Section 2. Recessed Meetings

Any meeting may be recessed to a definite time and place by a majority vote of the Board members physically present at the meeting or participating via telephone or VOIP.

### Section 3. Special Meetings

Special meetings may be called by the Chair or by a majority of the Board members at any duly constituted meeting.

### Section 4. Notice of Meetings

The Secretary will give written notice of all regular, special, and committee meetings to the members of the Board at least one week prior to the time of the scheduled meeting. A notice and agenda of all regular, special, and committee meetings will be posted at least forty-eight hours prior to the meeting. The notice and meeting agenda will be posted on the Environmental Health Department page of the Park County website and posted by attachment to the Park County Commission's legislative agenda.

Petitions and communications from the attending audience and matters brought to the meeting by the department and Board members, which are not on the agenda for the meeting, may be received, but not discussed at the meeting. No discussion or official action may be taken on any matter at a Board meeting which is not included on the agenda for such meeting.

### Section 5. Public Nature of Meetings and Records

All regular and special meetings, hearings, records, and accounts shall be open to the public and will meet notification requirements.

#### Section 6. Emails

Emails are subject to public information rights. Board members shall limit email dialog to questions regarding notice and attendance of meetings, dialog to health department staff and education information.

#### Section 7. Order of Business

- (a) Call to Order by Chair
- (b) Approval of Minutes of Preceding Meeting
- (c) Conflict of Interest
- (d) Chair reads public comment guidelines:  
A reasonable time will be allowed each speaker based on the number of speakers wishing to speak about an issue and the Chair may appoint a time keeper.

The Chair may require all speakers to sign a sign-in sheet in order to comment.

Each speaker must state their name, address and nature of interest in matters.

Information presented should be factual, relevant and not merely duplicative of previous speakers.

No personal attacks of any kind will be allowed.

A person cannot assign their time to speak to another speaker and all persons wishing to speak shall speak before a person is allowed to make comments a second time.

If a speaker does not comply with the stated guidelines, the Chair may remind the speaker of the guidelines or terminate the speaker's comments.

- (e) Public Comment Including Comment on Agenda Items not Scheduled for a Public Hearing
- (f) Old Business
- (g) New Business
- (h) Board Committee Reports
- (i) Staff Reports
- (j) Board discussion of next meeting's agenda items
- (k) Adjourn

#### Section 8. Public Hearing Procedures

- (a) Chair summarizes the application orally.
- (b) Department Director or staff presents a staff report.
- (c) The stakeholder, applicant, applicant's representative, or interested stakeholder, if applicable, may make a presentation. The Chair may limit the time of the presentation.
- (d) Board members are permitted to ask questions to the Chair, staff, applicants and their representatives, or other interested stakeholders.

- (e) Public hearing opened – Chair reads public comment guidelines:  
A reasonable time will be allowed each speaker based on the number of speakers wishing to speak about an issue and the Chair may appoint a time keeper.

The Chair may require all speakers to sign a sign-in sheet in order to comment.

Each speaker must state their name, address and nature of interest in matters.

Information presented should be factual, relevant and not merely duplicative of previous speakers.

No personal attacks of any kind will be allowed.

A person cannot assign their time to speak to another speaker and all persons wishing to speak shall speak before a person is allowed to make comments a second time.

If a speaker does not comply with the stated guidelines, the Chair may remind the speaker of the guidelines or terminate the speaker's comments.

- (f) Public comment is taken.  
(g) The applicant, representative, or interested stakeholder may make a brief response to public comment at the end of the public comment period. The Chair may request a response from the applicant or their representatives at any time during the public comment. The Chair may set a timeline for the applicant's or interested stakeholder's response comments.  
(h) Public hearing is closed.  
(i) Board Deliberation. Board members may voice other significant considerations; pose any relevant questions through the Chair. The Chair questions proper parties for answers.  
(j) Motion for disposition, continuance, closure, or other.

#### Section 9. Quorum

Four members of the Board will constitute a quorum for the transaction of business and the taking of official action. A quorum will constitute a majority of the total membership of the Board physically present at the Board meeting, or participating via the telephone or VOIP.

#### Section 10. Motions

Motions should be short and concise and may be submitted in writing to the Chair. Motions will be restated by the Chair before a vote is taken. The name of the members making and seconding a motion will be recorded in the minutes of the meeting.

#### Section 11. Voting

Any action taken by a quorum of the Board members at any regular or special meeting of the Board will be deemed and taken as the action of the Board. All matters requiring a public hearing before the Board and all matters referred to the Board by the Livingston City Commission or Park County Commission may be by roll call vote and the vote of each member shall be recorded in the minutes of the meeting.

Section 12. Parliamentary Procedure

Parliamentary procedure in Board meetings may be governed by Roberts Rules of Order, as revised.

**ARTICLE VI – COMMITTEES**

Section 1. Establishment of Committees

The Board may establish such standing or special committees it deems advisable and assigns to each committee specific duties or functions. Each committee will consist of up to three members of the Board and may include up to two members of the public, at the discretion of the Board. No committee may commit the Board to the endorsement of any plan or program. A committee may make recommendations to the Board as the Board can take official action.

Section 2. Appointment and Terms of Committee Members

The Chair shall appoint the members of each standing or special committee, name the Chair of each committee and state the objectives, time of duration and reporting responsibility.

Section 3. Meeting of Committees

All committees will meet at the call of the committee Chair, provided that the Chair of the City-County Health Board may, with adequate notice, call a special meeting of any committee at any time.

Section 4. Quorum and Voting

A majority of the members appointed constitutes a quorum of all committees. The affirmative vote of a majority of the committee membership is required for the adoption of a matter before the committee or to make a recommendation to the Board.

**ARTICLE VII – AMENDMENTS**

These by-laws may be amended at any regular meeting by the affirmative vote of four members of the Board, provided that proposed amendments must have been submitted in writing at a previous meeting.

These by-laws were revised and approved by the Park City-County Health Board on January 29, 2018.

Signed:

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Peggy O’neill, Chair  
Park City-County Board of Health

December 6, 2012

Sanders County Board of Health  
1111 Main ST  
Thompson Falls, MT 59873

Dear Board of Health Chairman and Members,

In order to carry out the purpose of the public health system, in collaboration with federal, state and local partners, I have designated the Sanders County Sanitarian as the authorized representative of the Sanders County Health Officer. As authorized representative, the county sanitarian has the powers and duties to:

1. Make inspections for conditions of public health importance and issue written orders for compliance or for correction, destruction or removal of the condition;
2. Upon the approval of the County Health Officer or the Montana Department of Public Health and Human Services (MDPHHS) in the event of the inability to readily contact the County Health Officer, take steps to limit contact between people and unsanitary conditions in order to protect the public health from imminent threats, including but not limited to ordering the closure of buildings or facilities where people congregate and canceling events;
3. Report environmental disease to the MDPHHS as required by rule;
4. Upon approval of the County Health Officer and as prescribed by the guidelines adopted by the Sanders County Board of Health in collaboration with the Local Emergency Planning Committee (LEPC), establish and maintain quarantine and isolation measures;
5. Upon approval of the County Health Officer, pursue action with the appropriate court if Title 50, Chapter 2 of the Montana Code Annotated (MCA) or rules adopted by the Montana County Board of Health, the MDPHHS or the Montana Department of Environmental Quality (DEQ) under this chapter are violated;
6. Validate state licenses issued by the MDPHHS in accordance with MCA, Title 50, Chapter 50 – Retail Food Establishments; Chapter 51 – Hotels, Motels and Rooming Houses; Chapter 52 – Tourist Campgrounds and Trailer Courts; Chapter 53 – Public Swimming Pools and Swimming Areas; and Chapter 57 – Wholesale Food Establishments.

Sincerely,

Jacob “Jack” Lulack, MD  
Sanders County Health Officer

Guidebook  
For  
Montana  
Board of  
Health  
Members

February 1

2019



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# Welcome to the local board of health!

As a member of the board of health you have been entrusted with many responsibilities and opportunities to improve the health of the residents in your jurisdiction. This guidebook is meant to be a resource to assist you in carrying out your duties as a local board of health member.

Public health constantly changes to address the needs of the population. Public health isn't about the health of one individual, but is about the health of the population as a whole. For example, public health:

- Provides protection from disease by ensuring Montanans receive their vaccinations;
- Prevents environmental illnesses by assuring that laws are enforced to make sure Montanans have safe water to drink and safe food to eat;
- Brings members of a community together to determine health priorities and make plans to address those needs.

As a local board of health member, you will be supported by a variety of local partners and the Montana Department of Public Health and Human Services (DPHHS) Public Health and Safety Division (PHSD). PHSD is prepared to offer you technical assistance in any public health area, including your role as a local board of health member. Thank you for all the work you will be doing on behalf of Montanans.



# What is public health?

The Centers for Disease Control and Prevention (CDC) defines public health as *“the science of protecting and improving the health of families and communities through promotion of healthy lifestyles, research for disease and injury prevention, and detection and control of infectious diseases.”*<sup>1</sup> In other words, public health is the activities that society undertakes to assure the conditions in which people can be healthy.

Public health is a broad field and public health services are largely delivered in six areas<sup>2</sup>:

- Prevention of epidemics and the spread of disease
- Protection against environmental hazards
- Prevention of injuries
- Promotion of healthy behaviors
- Preparing for, responding to, and recovering from public health emergencies.
- Assuring the quality and accessibility of health services

Public health works closely with medical care and social services, but is distinct from them because it focuses on **(Figure 1)**:

- Populations and groups of residents, rather than individual patients
- Prevention of health problems before they occur, rather than treatment of existing diseases or conditions
- All factors that affect health, including social and economic factors, the physical environment, health behaviors, access to health care, and health equity

**Figure 1: Medical care and public health**

<b>Medical Care</b>	<b>Public Health</b>
↓	↓
<b>Patient</b>	<b>Population</b>
↓	↓
<b>Treatment of disease</b>	<b>Prevention and control of disease</b>
Practitioner or specialist	Public health system
↓	↓
Clinical diagnosis	Epidemiological investigation
↓	↓
Treatment plan	Program, policy, service
↓	↓
Follow-up care	Evaluation, monitoring

**What does medicine do? Saves lives one at a time.**

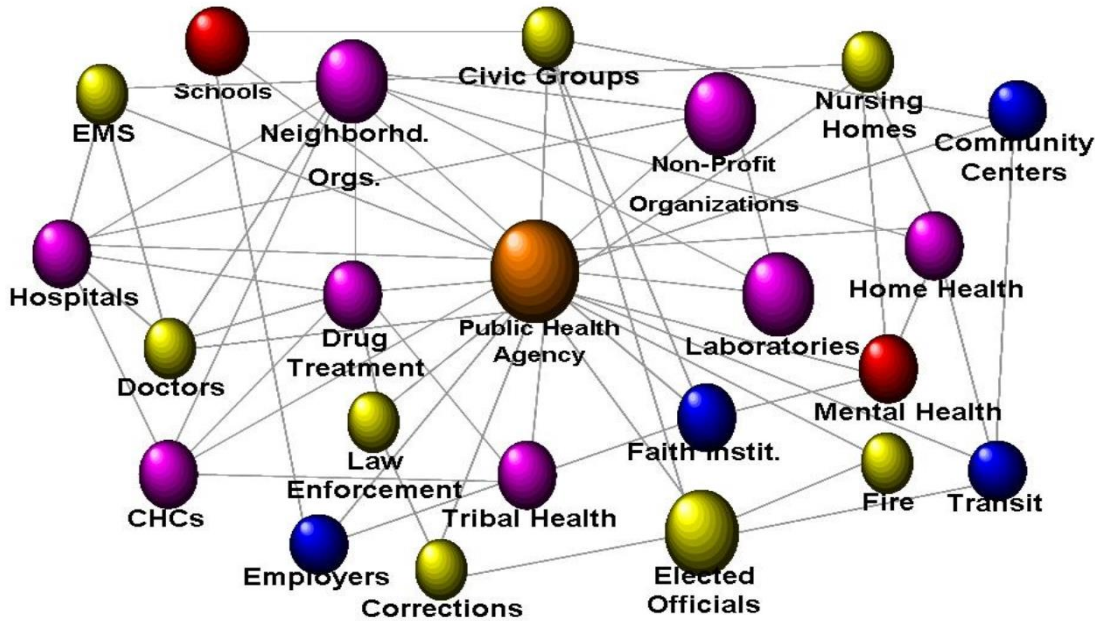
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**What does public health do? Saves lives millions at a time.**

## How is public health delivered?

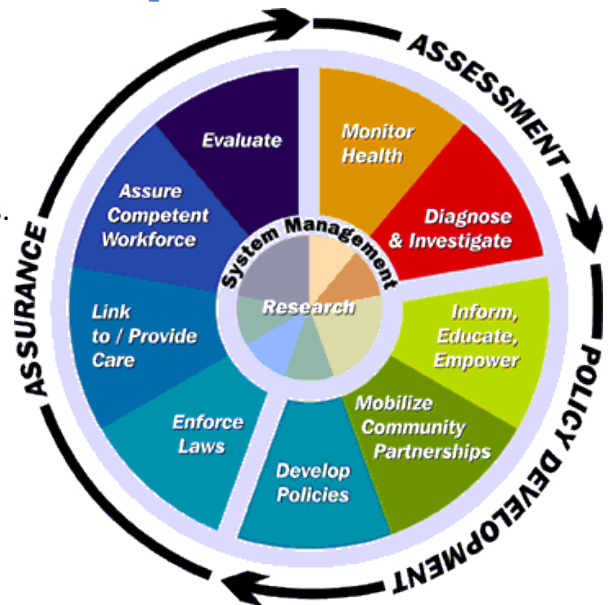
The public health system is made up of both public and private organizations that work together to advance the overall health of the population including local, state, and federal government agencies, and nonprofit community-based groups, health care providers, public safety agencies, education and youth development agencies, recreation and arts-related organizations, economic and philanthropic organizations, and environmental agencies and organizations (Figure 2).

Figure 2: An example of a Public Health system, which is continually growing<sup>3</sup>



## What are the core functions and 10 essential public health services?

The three core functions of public health defined by the Institute of Medicine in 1988<sup>4</sup> and the Ten Essential Public Health Services developed by the Core Public Health Functions Steering Committee in 1994<sup>3</sup> provide a framework for public health services and responsibilities. The core functions of public health are assessment, policy development, and assurance.<sup>4</sup>



## 10 Essential Public Health Services

Below are the 10 Essential Public Health Services and an example of what each one means for health departments.<sup>3</sup>

Number	Service Description	Example
1	Monitor the health status to identify and solve community health problems	Local health department conducts a Community Health Assessment (CHA). A CHA provides a foundation for improving and promoting the health of a community. CHAs bring stakeholders together, use data to describe health status, help public health leaders apply strategic thinking to prioritize public health issues in their jurisdictions, and identify resources to address public health issues.
2	Diagnose and investigate health problems and health hazards in a community	Local health department investigates and stops an outbreak of <i>E. coli</i>
3	Inform, educate, and empower people about health issues	State and local health departments launch a public awareness campaign about the dangers of prescription painkillers
4	Mobilize community partnerships and action to identify and solve health problems	Local health department brings community partners together to address a problem in the community, for instance ways to improve early child care for low-income families
5	Develop policies and plans that support individual and community health efforts	Policy development to make campuses tobacco-free
6	Enforce laws and regulations that protect health and ensure safety	Local health department monitors improvements being made by a restaurant that has been cited for food safety violations
7	Link people to needed personal health services and assure the provision of health care when otherwise unavailable	Home visiting program can help mothers apply for Medicaid
8	Assure a competent public and personal health care workforce	State or CDC trainings on conducting an outbreak investigation, bioterrorism preparedness, or lead abatement
9	Evaluate the effectiveness, accessibility, and quality of personal and population-based health services	A vaccine outreach campaign is assessed to see what impact it has had on improving vaccination rates
10	Research for new insights and innovative solutions to health problems	State and local health departments implement, evaluate, and find ways to improve a health intervention to ensure fiscal responsibility and improved health outcomes.

# What is the value of public health?

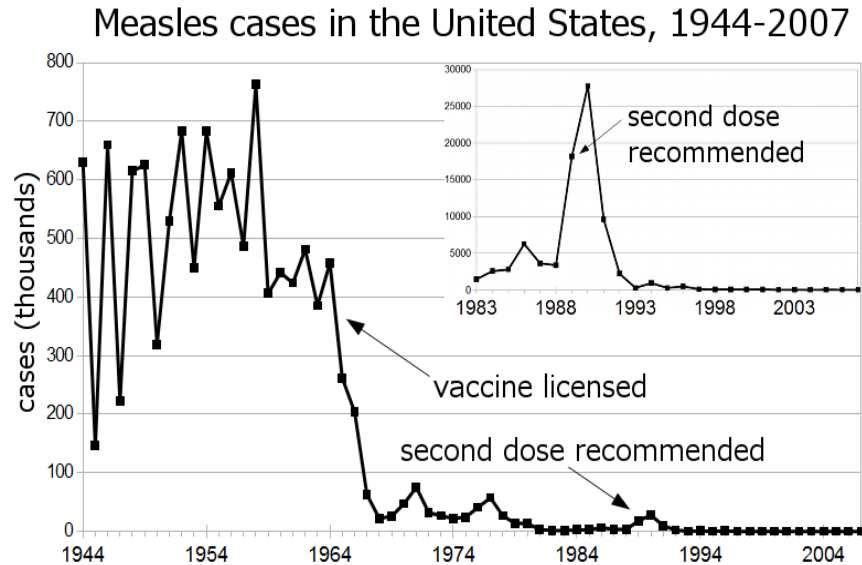
The average life expectancy of a child born in 1900 in the United States was 47.3 years. In 2010 the life average life expectancy had grown to 78.6 years.<sup>5</sup> Researchers estimate that public health advances were responsible for 25 of the 30 years of life gained in the 20<sup>th</sup> century.<sup>5</sup>

## Significant Public Health Achievements in the 20<sup>th</sup> Century

### Vaccinations<sup>5</sup>

Development and distribution of vaccines led to the eradication of smallpox globally, elimination of polio in the Americas, and a vast decrease in the number of children killed by measles, pertussis, and other diseases. Measles is a good example of how the introduction of a vaccine impacted a vaccine-preventable disease (Figure 3).

Figure 3: Measles cases in the United States, 1944–2007.<sup>6</sup>

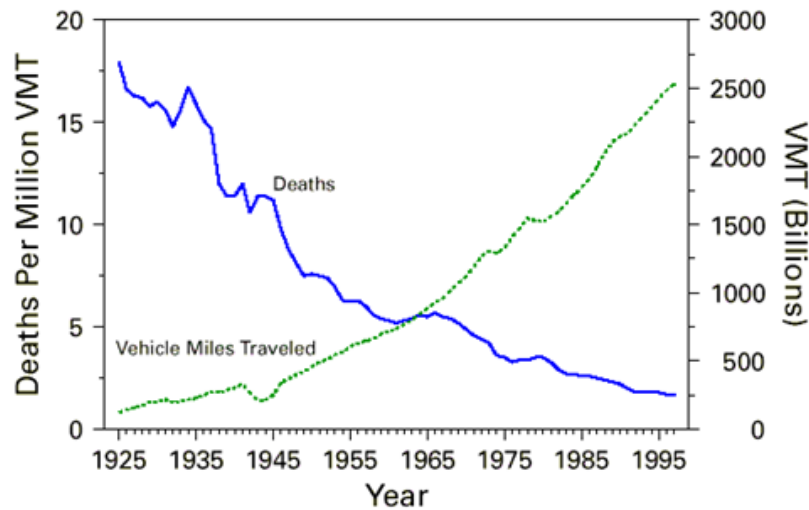


### Motor-vehicle safety<sup>7</sup>

Policy changes to make vehicles and roadways safer (mandatory seat belts and child safety seats, air bags, highway design) and education to change personal behavior (seat belt and motorcycle helmet use, enforcement of laws against drinking and driving and under aged drinking) helped to reduce the annual death rate by 90% (18 per 100 million miles traveled in 1925 to 1.7 per 100 million miles in 1997) (Figure 4).



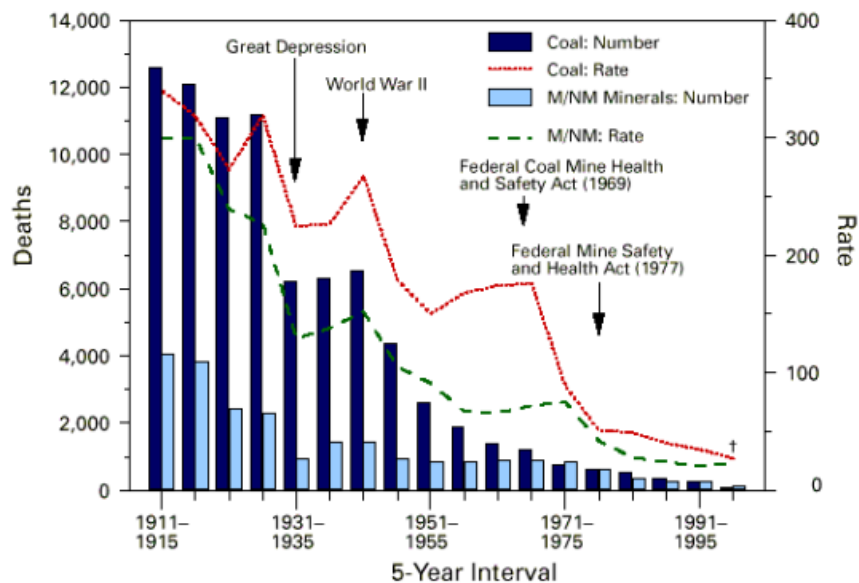
**Figure 4: Motor-vehicle-related deaths per million vehicle miles traveled (VMT) and annual VMT, by year — United States, 1925–1997**



**Workplace safety<sup>7</sup>**

Policy change, research, education, and regulation has led to significant reductions in work-related health problems such as coal miners’ “black lung” and severe injury and death caused by on-the-job accidents (Figure 5).

**Figure 5: Number of deaths and fatality rates\* in mining coal and metal/nonmetallic (M/NM) minerals, by 5-year interval — United States, 1911–1997.**

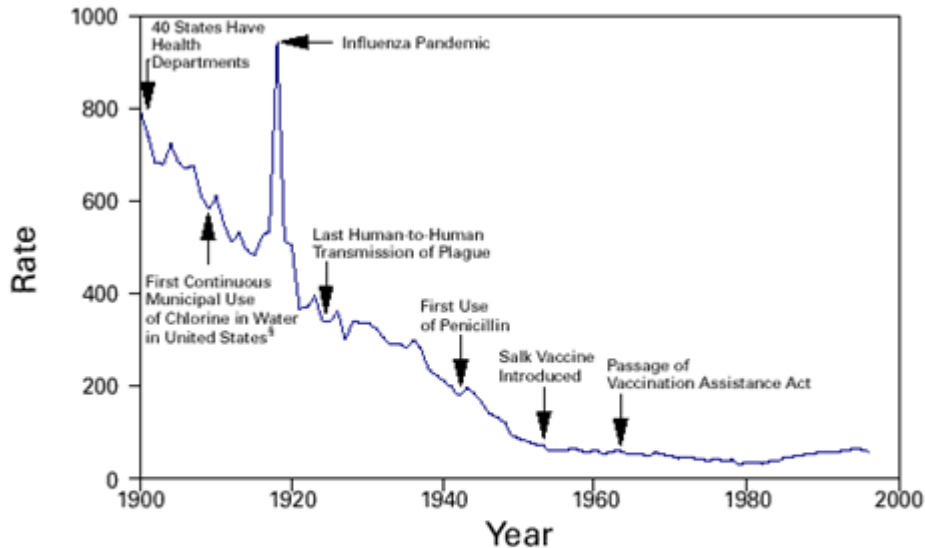


\*Per 100,000 workers.  
 †Data are for 1996 and 1997.

## Control of infectious diseases<sup>7</sup>

Death from infectious diseases in the United States has declined markedly during the 20<sup>th</sup> Century. Improvements in sanitation and clean water reduced deaths from diarrhea, typhoid, and cholera, which were all major causes of infant mortality. The development of antibiotics helped control tuberculosis, sexually transmitted diseases, and other common bacterial causes of death (Figure 6).

**Figure 6: Crude death rate\* for infectious diseases — United States, 1900–1996†**



\*Per 100,000 population per year.

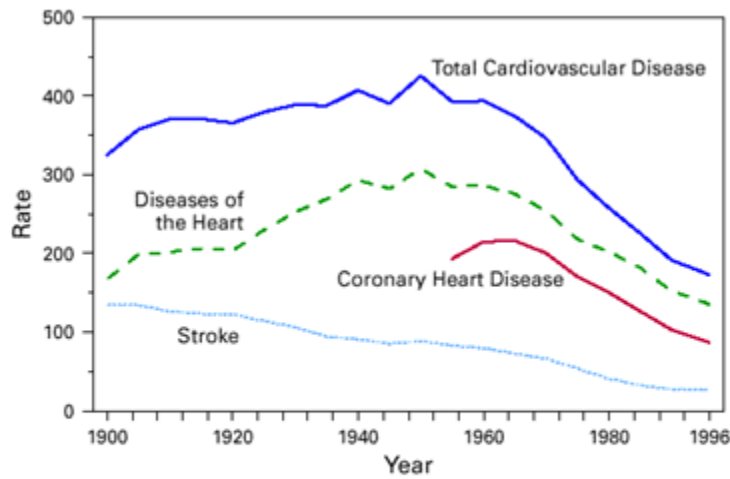
†Adapted from Armstrong GL, Conn LA, Pinner RW. Trends in infectious disease mortality in the United States during the 20th century. *JAMA* 1999;281:61–6.

‡American Water Works Association. Water chlorination principles and practices: AWWA manual M20. Denver, Colorado: American Water Works Association, 1973.

## Declines in deaths from heart disease and stroke<sup>7</sup>

Even though heart disease and stroke have been among the top four causes of death in the United States since the 1920s, public health efforts and medical advances have helped reduce deaths from heart disease by 56% between 1950 and 1996 (Figure 7). Smoking cessation, blood pressure control, and decreased cholesterol levels combined with improved access to early detection and better treatment are largely responsible for these improvements.

**Figure 7: Age-adjusted death rates\* for total cardiovascular disease, diseases of the heart, coronary heart disease, and stroke†, by year — United States, 1900–1996.**

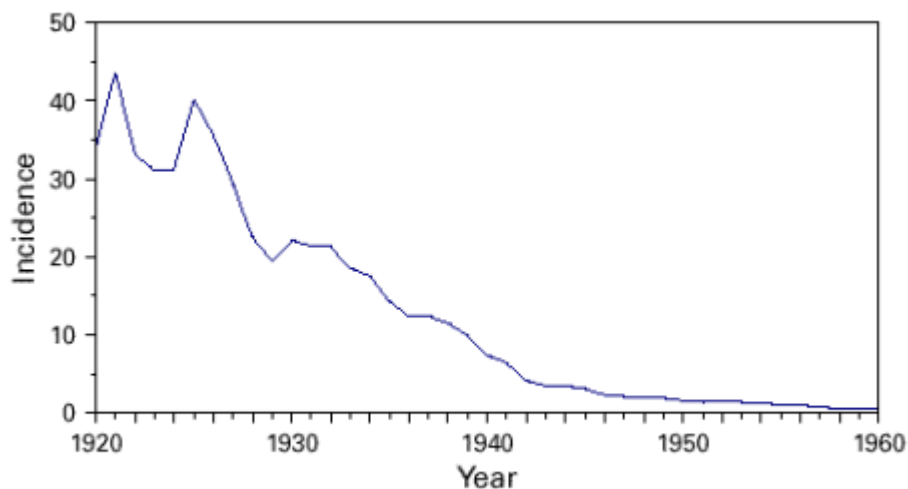


\*Per 100,000 population, standardized to the 1940 U.S. population.  
 †Diseases are classified according to *International Classification of Diseases* (ICD) codes in use when the deaths were reported. ICD classification revisions occurred in 1910, 1921, 1930, 1939, 1949, 1958, 1968, and 1979. Death rates before 1933 do not include all states. Comparability ratios were applied to rates for 1970 and 1975.  
 Source: Adapted from reference 1; data provided by the National Heart, Lung and Blood Institute, National Institutes of Health.

**Safer and healthier foods<sup>7</sup>**

Food inspections, pasteurization, and other food supply measures have greatly decreased the number of food and water-borne diseases such as botulism, typhoid, scarlet fever, and trichinosis (Figure 8). Food fortification requirements have eliminated major nutritional deficiencies such as rickets, goiter, and pellagra.

**Figure 8: Incidence\* of typhoid fever, by year — United States, 1920–1960**



\*Per 100,000 population.

## Healthier mothers and babies<sup>7</sup>

From 1915 through 1997, the United States infant mortality rate declined more than 90%, and from 1900 through 1997, the maternal mortality rate declined almost 99% (Figure 9). These dramatic improvements are due to many factors including clean water and sanitation, improved nutrition, advances in clinical medicine and obstetric care, access to prenatal care, increased education levels, and improved living conditions. Publicly funded family planning services have greatly reduced unintended pregnancies and lengthened spacing between births. These have all helped decrease infant and maternal mortality and improved the social and economic status of women.

**Figure 9: Infant mortality rate,\* by year — 1915–1997**



## Fluoridation of drinking water<sup>7</sup>

Since 1945, fluoridation of water has been used as a cost-effective and effective method for preventing tooth decay and tooth loss in the United States.

## Recognition of tobacco use as a health hazard<sup>7</sup>

Smoking is the leading cause of preventable death and disability in the United States. Education about the health hazards of tobacco use and secondhand smoke, state and federal excise taxes on cigarettes, smoke free laws, restrictions on advertising and youth access, and increased access to evidence-based tobacco cessation and prevention programs have combined to cut the percentage of adults who smoke from 42% in 1965 to 19% in 2010, preventing millions of smoking-related deaths.

# Highlights of the history of public health in Montana

Included here is a summary of legislation, plans, and reports that have shaped public health in Montana.

1901 — State Board of Health was authorized by the state legislature

1917 — Counties and school boards given authority to employ nurses who were under the direct supervision of the state agency

1929 — Gallatin County developed the first local health department

1960 — The State Board of Health was retired

1979 — Montana Legislature removed statutory authority that local public health nurses were under the direct supervision of the state agency

1995 — With the legislative adoption of the Public Health Improvement Act in 1995, Montana's governor appointed a Public Health Improvement Task Force, consisting of public health professionals, legislators, and policy makers. The task force formulated an improvement plan consisting of 13 recommendations.

1997 — Montana was one of 14 states awarded a Turning Point Initiative Grant from the Robert Wood Johnson Foundation. Through this grant, a Strategic Plan for Public Health System Improvement in Montana was developed (2000).

2007 — Montana Public Health Modernization Act of 2007 updated Title 50 in the Montana Code Annotated

2012 — Public Health and Safety Division (PHSD) completed a state health improvement planning process with partners and key stakeholders.

2016 — Montana passed Medicaid expansion allowing more people to have access to healthcare.

2016 — Public Health and Safety Division (PHSD) became nationally accredited by the Public Health Accreditation Board (PHAB)

2018— Public Health and Safety Division (PHSD) repeated state health improvement planning process with partners and key stakeholders.

**Table 1: History of the state structure for public health**

<p><b>STATE BOARD OF HEALTH (SBH)</b></p> <p>(1901 – 1960)</p>	
<p><b>DEPARTMENT OF PUBLIC HEALTH (DPH)</b></p> <p>(1961 – 1971)</p>	
<p><b>DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES (DHES)</b></p> <p>(1972-1995)</p>	
<p><b>DEPARTMENT OF ENVIRONMENTAL QUALITY (DEQ)</b></p> <p>[includes portions of other former agencies, including DHES]</p> <p>(1995- PRESENT)</p>	<p><b>DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES (DPHHS)</b></p> <p>[includes portions of other former agencies, including DHES]</p> <p>(1995 - PRESENT)</p>

# How is public health structured in Montana?

Montana is one of 27 states with a decentralized public health governance system, meaning that local public health departments are led by local government employees and local government retains authority over many decisions.<sup>9</sup>

The Department of Public Health and Human Services (DPHHS) consists of three branches and one division; the Operations Services Branch, the Medicaid and Health Services Branch, the Economic Security Services Branch and the Public Health and Safety Division (PHSD). PHSD leads public health efforts in Montana and provides state-level coordination for key public health services to local and tribal public health agencies. The PHSD consists of the following bureaus and offices: Financial Operations and Support Bureau, Chronic Disease Prevention and Health Promotion Bureau, Family and Community Health Bureau, Laboratory Services Bureau, Communicable Disease Control and Prevention Bureau, the Public Health System Improvement Office, and the Office of Epidemiology and Scientific Support. There are 40 programs organized into five bureaus and two support offices in PHSD.

## Chronic Disease Prevention and Health Promotion Bureau

Chronic Disease Prevention and Health Promotion Bureau (CDPHPB) protects and improves the health of Montanans by promoting healthy lifestyles through regular physical activity, healthy nutrition, and being free of commercial tobacco/nicotine. The CDPHPB promotes the use of clinical preventive services and community programs to support chronic disease prevention and self-management. CDPHPB also includes the Emergency Medical Services (EMS), Trauma, and Injury Prevention programs. The EMS program licenses EMS services across the state and provides coordination and training to ensure Montana has high-quality EMS services statewide. The Trauma program oversees trauma hospital designation and collaborates with facilities statewide to improve trauma care. The Injury Prevention program works with state and community partners to address leading causes of injury-related morbidity and mortality, such as fall prevention, prescription drug abuse, and poisoning.

CDPHPB has programs that serve youth and adults statewide. The Arthritis Program has served 6,400 Montanans since 2012, by offering exercise and self-management programs that help individuals manage their arthritis pain and joint symptoms. Since its inception in 2004, more than 95,000 Montanans have called the Montana Tobacco Use Prevention Program Quit Line (800-Quit-Now), and approximately 32,300 Montanans (34%) have quit using tobacco with this statewide resource. The Montana Cancer Control Program provides free breast and cervical cancer screenings and diagnostic services to women who are un- or under-insured, and connects them to treatment services if needed. Other programs collaborate with and support health care professionals, health care facilities, local and tribal health departments, and numerous other organizations across the state to address asthma, diabetes, and cardiovascular health. The EMS Program licenses and regulates more than 150 emergency medical services across Montana. By providing education for EMS technicians, they work to improve the quality of care provided for trauma patients.

## Family and Community Health Bureau

The Family and Community Health Bureau (FCHB) provides a variety of programs targeted at improving the lives of women, infants, children, adolescents, and families. Nearly all infants born in Montana are afforded a healthy start in life through universal newborn screenings for genetic and metabolic conditions, hearing impairment, and critical congenital heart disease. Over 16,000 participants enrolled in WIC have access to nutritious food, while

simultaneously receiving nutrition education, breastfeeding support, and referrals to health and other community resources. Families with children with special health care needs have access to online resources, diagnosis and treatment information and services, a statewide parent mentor programs, and financial assistance programs. Six local agencies implemented education programs designed to prevent teen pregnancy and sexually transmitted infections. These programs helped 2,067 middle school and high school aged youth go on to lead healthy, productive lives. Five college campuses implemented sexual violence prevention programming, training 4,013 university students and 1,751 faculty and staff on sexual violence prevention. In addition, college campuses hosted over 24 sexual violence prevention campaigns and events. Reproductive health and clinical preventive services were provided at 26,833 family planning visits to women and men residing in all 56 Montana counties. Parenting resources are available in 28 Montana communities through four evidence-based home visiting curricula. One hundred home visitors served 2,002 children, pregnant women, caregivers, and families in SFY17. Home visitors provided over 45,000 visits to families and caregivers since the program began in 2011.

## **Laboratory Services Bureau**

Montana's clinical public health and environmental laboratories are located in PHSD and provide testing to support disease prevention and control efforts statewide. In 2017, the state laboratories conducted more than 100,000 tests in support of disease control programs (e.g., tuberculosis and HIV), for detection of new or emerging disease threats (Zika virus), and environmental tests in support of clean drinking water (e.g., bacterial contamination and heavy metals). In addition, newborn screening tests for 29 metabolic and genetic diseases are performed for essentially every baby born in Montana (approximately 12,500 per year).

Test results are used by clinicians to aid in diagnosing and treating patients. The state communicable disease epidemiology program, as well as local and tribal public health officials, use these laboratory results to enhance responses to disease outbreak or water contamination and to monitor disease trends.

## **Communicable Disease Control and Prevention Bureau**

The Communicable Disease Control and Prevention Bureau includes five sections: Immunization, Sexually Transmitted Diseases/HIV, Food and Consumer Safety, Communicable Disease Epidemiology, and Public Health Emergency Preparedness. These sections work closely with local and tribal public health agencies and other partners to respond to communicable disease reports/outbreaks and significant public health events, as well to ensure the safe operation of public establishments. In 2017, state and local public health agencies identified and responded to over 8,500 reportable diseases, including 69 outbreaks sickening at least 1,400 people. In addition, the programs supported local efforts to address food and shelter needs for individuals impacted by fire and weather events.

Ensuring the safety of the state's public establishments requires the combined efforts of the state and local public health work force. The Bureau's Food and Consumer Safety Section works with local public health agencies to license and inspect over 12,000 public establishments, including restaurants, hotels, and swimming pools. The section monitors the frequency and quality of mandated inspections and ensures requirements and rules regulating business are reasonable and necessary for public safety.

## **Financial Operations and Support Services Bureau (FOSSB)**

The Financial Operations and Support Bureau (FOSSB) provides financial and contract management for PHSD and, oversees the Office of Vital Records. FOSSB manages a budget of over \$62 million dollars, including general



fund, state special revenue, federal funds, and funding from private foundations (e.g., Montana Health Care Foundation).

The Office of Vital Records (OVR) maintains vital event registration and reporting for all Montana counties. OVR collects information on individuals regarding birth, death, fetal death, adoption, marriage, marital termination, paternity and provides access to birth and death records for individuals to obtain certified copies statewide. OVR also develops and maintains statistical information and provides data and reports for use by State, Federal, and County agencies and a variety of other data users.

## **Office of Epidemiology and Scientific Support**

Office of Epidemiology and Scientific Support (OESS) assesses the health of Montanans by maintaining and utilizing a variety of key data sources including birth and death records, hospital discharge and emergency department utilization data, and the Behavioral Risk Factor Surveillance System survey. OESS maintains and updates the state health assessment and provides epidemiology technical support to PHSD programs and other divisions across the DPHHS, local and tribal health departments, and other organizations.

Beginning in 2017, the OESS established the Montana Environmental Health Education and Assessment (MEHEA) program through a cooperative agreement with the Centers for Disease Control and Prevention's (CDC) Agency for Toxic Substances and Disease Registry (ATSDR). This program aims to assist the reduction, elimination, or prevention of exposures to toxic substances across Montana. To accomplish this goal, the OESS's environmental staff, a toxicologist and public health risk assessor, evaluate hazardous waste sites for hazardous substances to determine whether communities could be harmed.

## **Public Health System Improvement Office (PHSIO)**

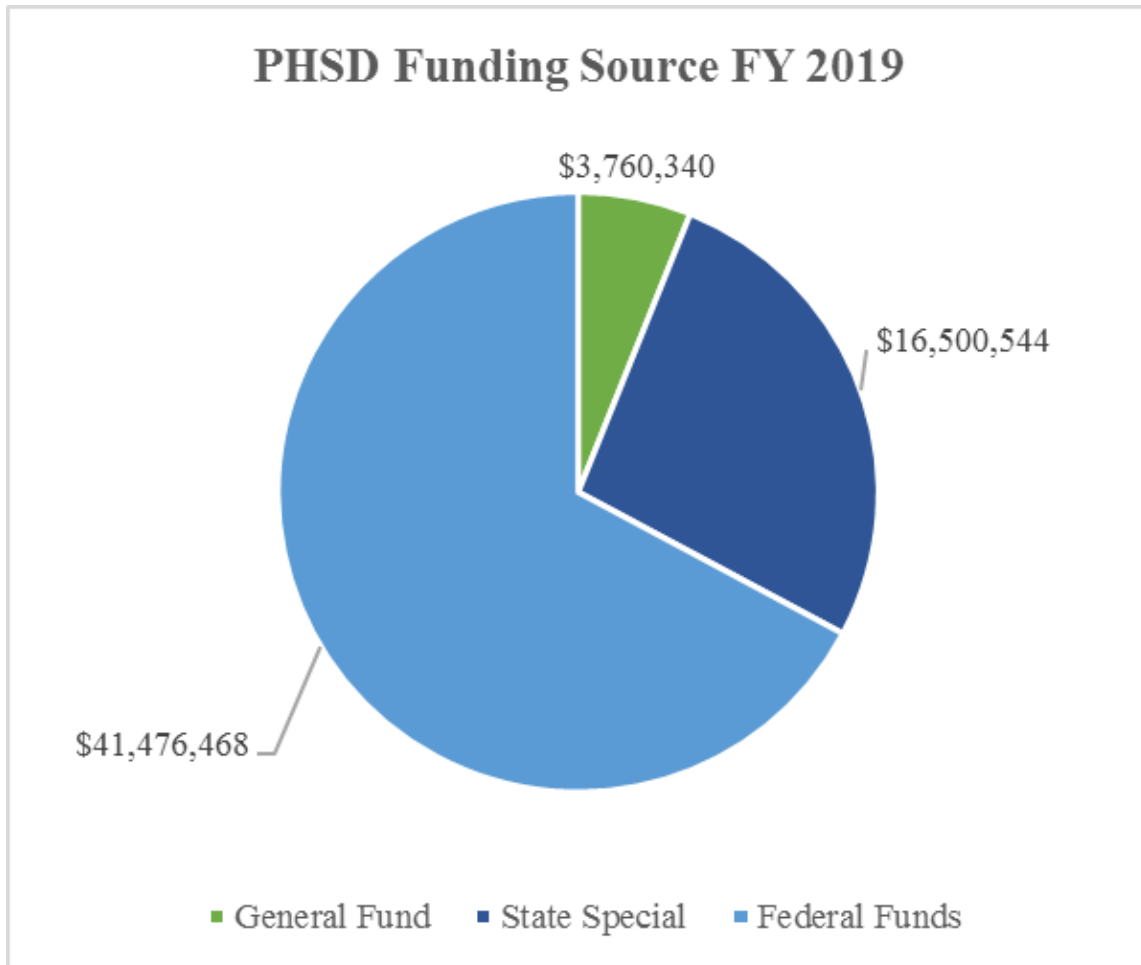
Strengthening our public health system continues to be a focus for the PHSD. The Public Health Accreditation Board has established a national voluntary accreditation program for state, local, and tribal public health agencies. Montana's citizens will benefit from public health departments that deliver contemporary public health services and meet national standards. The PHSIO provides training, technical assistance, and grant funding to local and tribal public health departments to increase their readiness for voluntary national public health accreditation. In addition, PHSIO provides board of health training opportunities.

Within the PHSD, the PHSIO is working with each program to develop and implement performance and quality improvement activities, and increase the use of evidence-based interventions. These activities are focused on bringing all public health programs and practices into alignment with national public health standards and measures.

## How is public health funded?

Governmental public health is supported by a complex mix of federal, state, and local funding sources for activities at the state and local levels. In fiscal year 2019, the majority of PHSD funding came from federal sources with the remaining amount from state sources (Figure 10).

Figure 10: PHSD Sources of Funding (FY19)<sup>10</sup>



# Local Board of Health roles and responsibilities

Local boards of health are responsible for assessing the health needs of their communities, developing policies and programs to meet those needs, and assuring personnel and resources are available to meet the community's public health priorities. This raises the question, "What are the legal authorities of a board of health and what do those legal authorities mean to your role as a local board of health member?"

First of all, what are the sources of legal authorities related to public health agencies in Montana?

1. Montana Code Annotated, 2019
2. Administrative Rules of Montana
3. Montana courts
4. Attorney General opinions

## Montana Code Annotated, 2019

Most of the codes pertaining to local boards of health are in Title 50, Health and Safety Chapter 2: Local Boards of Health.<sup>12</sup> However, scattered throughout the statutes, including mandatory duties, are references to both local health boards and health officers. Title 50, Health and Safety Chapter 1: Administration of Public Health Laws provides additional information.<sup>12</sup> Montana law requires that every county or 1<sup>st</sup> or 2<sup>nd</sup> class city shall have a board of health. The law provided for flexibility in the membership and type of local board of health.<sup>12</sup>

## Types of local boards of health in Montana:

1. County boards of health
2. City boards of health
3. City-county boards of health
4. District boards of health

### County boards of health (50-2-104)

1. Required for every county
2. Consist of county commissioners and 2 members appointed by the county commissioners **OR**
3. Minimum of five persons appointed by the county commissioners
4. Appointed members serve 3-year staggered terms
5. County commissioners establish staggered term order and all rules necessary to establish and maintain the board

### City boards of health (50-2-105)

1. Required of every 1<sup>st</sup> or 2<sup>nd</sup> class city
2. Five persons appointed by the governing body of the city
3. Appointed members serve 3-year staggered terms
4. Governing body of the city shall establish staggered term order and all regulations necessary to establish and maintain the board

### **City-county boards of health (50-2-106)**

1. Can be formed by mutual agreement between the county commissioners and the governing body of the city or cities
2. Membership consists of:
  - a. One person appointed by the county commissioners
  - b. One person appointed by the governing body of each city that participates in this type of board of health
  - c. Additional members appointed by mutual agreement between county commissioners and governing body or bodies of each city
3. Minimum of five persons
4. Appointed members serve 3-year staggered terms

### **District boards of health (50-2-017)**

1. By mutual agreement, two or more adjacent counties can unite to create a district board of health
2. 1<sup>st</sup> and 2<sup>nd</sup> class cities located in the district may elect to be included in the district
3. Membership consists of:
  - a. One person appointed by county commissioners in each county in the district
  - b. One person appointed by the governing body of each city that elects to be included in the district
  - c. Additional members appointed by mutual agreement between county commissioners of each county in the district
4. Minimum of five persons
5. Appointed members serve 3-year staggered terms

### **Board funding (50-2-108)**

Local board of health can be funded from the following sources:

1. General fund appropriations
2. Special levy appropriations
3. State and federal funds
4. Contributions from school boards
5. Other official and nonofficial sources

### **Legal Counsel (50-2-115)**

The county attorney serves as legal advisor to local boards of health and represents the board of health in matters relating to the functions, powers, and duties.

## Purpose of the public health system in Montana as defined in statutes

The purpose of the public health system is to provide leadership and to protect and promote the public's health by (50-1-105):

1. Promoting conditions in which people can be healthy
2. Providing or promoting the provision of public health services and functions including the 10 Essential Public Health Services (*See page 7 for the definition of the 10 Essential Public Health Services*)
3. Seeking adequate funding for services
4. Collaborating with private and public partners
5. Using the best science available
6. Ensuring public health services and functions are provided
7. Implementing public health services and functions, health promotion, and preventive health services within the state health care system

### Collaborations and relationships (50-1-106)

1. Variety of agreements that may be formed among federal, state, local and tribal public health agencies to coordinate provisions of public health services
2. Agreements do not have to be with contiguous jurisdictions among:
  - a. Local agencies within Montana
  - b. Local agencies and tribal governments
3. Local agencies whose jurisdiction extends to a state border may form an agreement with an adjoining state
4. Can expand districts of health to allow inclusion of tribal governments

## Powers and duties of a local board of health

The main duties of the local board of health are to (50-2-116):

1. Appoint a local health officer, who must be either:
  - a. A physician;
  - b. A person with a master's degree in public health;
  - c. A person with equivalent education and experience, as determined by DPHHS
  - d. DPHHS may appoint a local health officer if the local board does not
2. Elect a presiding officer and other necessary officers
3. Identify to DPHHS an administrative liaison for public health
  - a. Health officer in jurisdictions with a full-time health officer **OR**
  - b. Highest ranking public health professional employed by the jurisdiction (i.e. lead local public health official)
4. Employ qualified staff
5. Adopt bylaws to govern meetings
6. Hold regular meetings at least quarterly and special meetings as necessary
7. Identify, assess, prevent, and mitigate conditions of public health importance using current public health practices such as:
  - a. Epidemiological tracking and investigation
  - b. Screening and testing
  - c. Isolation and quarantine

- d. Diagnosis, treatment, and case management
  - e. Abatement of public health nuisances
  - f. Inspections
  - g. Collecting and maintaining health information
  - h. Education and training of public health officials
  - i. Other public health measures as allowed by law
8. Protect against the introduction and spread of communicable disease
  9. Supervise inspections of public establishments for sanitary conditions
  10. Pursue legal actions for violations of public health laws, rules, or local regulations
  11. Adopt sewage control regulations for buildings not subject to state review

**Local boards of health may (50-2-116):**

1. Accept and spend funds from federal or state agencies, school districts, or other persons
2. Adopt necessary fees to administer sewage control requirements
3. Adopt rules that do not conflict with state rules:
  - a. To implement public health laws
  - b. Control of communicable disease
  - c. For sanitation and sewage treatment issues that might cause disease or adversely affect public health
  - d. Tattooing and body piercing establishments
  - e. Certain institutional controls
4. Provide other services and functions as necessary

**Local board of health meetings (2-3-203; 2-3-212; 50-2-116)**

Montana is among several states whose constitution and laws unambiguously require that government-decision making process be conducted openly and with reasonable opportunity for residents to participate.

1. Meetings must be open to the public
2. Advance notice of any matters that the board will hear or act upon must be provided to the public
3. Procedures must be in place that allow the public a reasonable opportunity to participate prior to the board making a decision of significant public interest
4. Minutes must be kept of all public meetings and made available for public inspection

**Local health officer**

**Duties of a local health officer or their designee (50-2-118):**

1. Report communicable diseases to DPHHS
2. Pursue legal action for violations of public health laws
3. Make inspections of public health importance
4. Issue orders for correction, destruction, or removal of the condition
5. Limit contact between people to control disease, including closure of buildings and canceling of events

**Other legal considerations for health officers or their designees:**

1. Entitled to assistance from law enforcement (50-2-120)
2. Can issue orders to compel compliance with laws/rules (50-2-123)
3. Can order removal of prisoners from jail if a risk to the health of others (50-2-121)
4. Must maintain confidentiality of health care information (50-16-603)

**Limits or restrictions on authorities of public health officials**

1. Constitutional protections including individual rights and liberties
2. Must balance individual rights and liberties with need to protect the public when coercive interventions are contemplated
3. Due process as required by both federal and Montana constitutions
4. Constitutionally sound procedures must be in place when legal actions take place

**Administrative Rules of Montana**

Administrative rules of Montana (ARMs) are agency regulations that have the force and effect of law and generally elaborate the requirement of a law or policy. ARMs can be found at this website: <http://mtrules.org/>

An example of an ARM is **37.114.203** REPORTABLE DISEASES AND CONDITIONS. The local health department must report any of the diseases or conditions on that list if they occur within their jurisdiction to DPHHS.

# Working with your local health department

Your local health department delivers public health services as outlined in Montana Statutes and Administrative Rules. A good working relationship with your health department is needed to be able to improve the health of the residents in your jurisdiction. Important partners in your health department include the health officer, lead local public health official, sanitarian, public health nurses, and other public health staff.

As a board member what can you do to help your local public health department?

- Ensure board of health meetings occur at least quarterly
- Attend and actively participate at the meetings
- Work with your local public health department on important public health issues such as policy development and implementation of programs
- Participate and be the champion for community health improvement and strategic planning
- Support securing funding for your local health department
- Access and use data to identify health priorities
- Review and be aware of the health status of your community
- Support your health department in their process of becoming accredited

## Working with the Public Health and Safety Division (PHSD)

### Defining the relationship between the local board of health and PHSD

PHSD provides oversight and guidance of public health in Montana. The DPHHS PHSD and the local boards of health have a statutory (outlined in law) relationship. Montana law authorizes local boards of health and defines their responsibilities. The Montana Constitution demands that county powers be construed liberally, which means that local boards of health are largely autonomous and exercise a broad range of authority. So ultimately, local boards of health bear a great responsibility for public health in their communities.

PHSD provides technical assistance, consultation, and funding opportunities, as described below:

- Provides oversight and guidance of the public health system in Montana
- Provides information, consultation, and support to local boards of health regarding board of health roles and responsibilities, essential public health services, and significant public health issues
- Provides technical assistance to local boards of health as they complete or update community health assessments and community health improvement plans
- Provides technical assistance as needed or requested for communicable disease issues, food safety, public health preparedness, chronic disease programs, maternal child health programs, vital statistics, laboratory services, and other public health issues as they arise.
- Provides data as requested



## **What should your local health department do?**

As described earlier in this document certain statutory and administrative rules exist for your local health department. PHSD is working on defining foundational standards for local public health departments in Montana. To gain an understanding of what your local health department currently does, get to know the key personnel in your health department and attend the local board of health meetings. Also, the National Public Health Accreditation Standards are a good reference for looking at standards for health departments. The standards can be used to help guide your health department.

# Montana Department of Environmental Quality

The Department of Environmental Quality was formed with a mission to protect, sustain, and improve a clean and healthful environment to benefit present and future generations. DEQ is comprised of four divisions, and an office of Enforcement, all with oversight from the Director's office.

## Director's Office

The **DEQ Director's Office** carries out the department's mission and statutory responsibilities by administering, managing, planning and evaluating total agency performance. Shaun McGrath was appointed as Director of the Montana Department of Environmental Quality by Governor Steve Bullock in November of 2018. The Director's Office includes the director's staff and a centralized Legal Services Unit. The Financial Services Office is housed under the Centralized Services Division and is an extension of the director's responsibility and ability to provide budgeting, accounting, procurement, and contract management.

DEQ's **Enforcement Program** manages Department enforcement activities. This involves investigating spills and citizen complaints that allege impacts to human health or the environment; managing enforcement cases; and monitoring compliance. Enforcement consists of the Enforcement Program and administrative support services. Enforcement is organized under the Director's Office.

## Centralized Services Division

The **Centralized Services Division** encompasses: the Financial Services Bureau; the Information Technology Bureau; Safety and Emergency Management; Records Management; Operations Project Management; and the Human Resources Offices.

## Air, Energy, and Mining Division

The **Air, Energy & Mining Division** reviews and assesses permit and license applications to determine whether Montana environmental laws and rules have been met to protect the quality of the state's air, water, and land. The Air and Mining Bureaus work with other programs to prepare appropriate environmental review documents to comply with the Montana Environmental Policy Act. This work may include coordination and preparation of environmental assessments and environmental impact statements. The Energy Bureau offers information to citizens, schools, businesses and local and state government to conserve energy, promote renewable and alternative energy forms, while compiling statistics on the full spectrum of energy production, generation, and consumption in Montana.

## Water Quality Division

The **Water Quality Division** protects, maintains, and works to improve water quality. Protecting Montana's rivers, lakes, streams and groundwater quality keeps these waters safe for a multitude of beneficial uses such as drinking water, fish habitat, recreation and irrigation. This is accomplished by developing and implementing water standards and clean water restoration plans, regulating sewage and industrial dischargers, collecting and evaluating water quality data, providing grants, low-interest loans and technical assistance.

The Water Quality Division, also administers and enforces drinking water quality standards for public water systems in Montana. The emphasizes its place on prevention of contamination through source water protection,

providing technical assistance to water systems and providing operator certification training. Funding opportunities are available to communities for infrastructure repairs and building of treatment plants.

### **Waste Management and Remediation Division**

The **Waste Management and Remediation Division** programs focus on integrated waste management from recycling to disposal, issuance of permits, accreditations, certifications and licenses, asbestos abatement, methamphetamine clean-up, and underground storage tank leak prevention oversight. Several remediation programs within the division address risks to human health and the environment from unpermitted and historical releases of waste to the environment and return contaminated land and water to beneficial uses. These programs include Federal Superfund, State Superfund, Abandoned Mine Lands, Leaking Underground Storage Tanks, Brownfields, and Groundwater Remediation.

# Tribal Governance

There are many federally recognized Indian tribes that exist in Montana. There are seven Indian reservations. There is one tribe currently seeking federal recognition and is recognized by the State of Montana. Overall, there are eight tribal governing bodies.

As sovereign nations, tribes have an inherent right to self-govern. This tribal government structure is accomplished through tribal governing bodies, often referred to as Tribal Councils. Technically, they can be an Executive Board, a Business Committee, or a Community Council. There are protocols that should be followed when working with tribal governments.

A tribe's form of government is generally guided by a set of governing documents, e.g. constitutions, articles of incorporation, tribal resolutions, etc. Tribal leadership is elected and terms of service often vary between tribes. Leadership positions within a tribal council itself often differ as well. For example, a tribal chair may be voted in by membership or they could be chosen by the members of the tribal council.

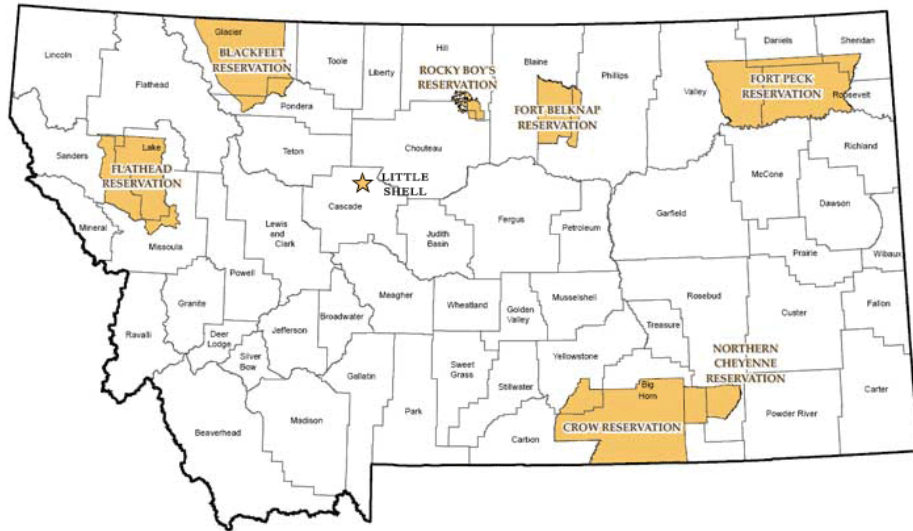
Due to longstanding treaties, agreements and executive orders, Indian tribes have a unique relationship with the federal government. As a state government, the Department of Public Health and Human Services (DPHHS) is committed to having solid relationships with the tribal governments in Montana. Our approach is to work in a manner that is respectful and genuine and honors the government to government relationship that exists between the State of Montana and each of the tribal governing bodies.

A Tribal Relations Manager position exists within the DPHHS Director's Office. This person is responsible for helping to guide the department's work with Tribes and Indian people and to continually build and foster meaningful relationships with leaders of each of the Tribal governments on behalf of the Director and department.

On the following page is a map of the Indian Reservations in Montana and the tribes that a part of each of them.

More information is available about each specific tribe by following the link to the Montana Governor's Office of Indian Affairs at <http://tribalnations.mt.gov/>. Most tribes also have their own website which can be a valuable resource.

## Indian Reservations in Montana



### BLACKFEET RESERVATION

Home of the Blackfeet Nation headquartered in Browning, Montana

### CROW RESERVATION

Home of the Crow Nation headquartered in Crow Agency, Montana

### FLATHEAD RESERVATION

Home of the Confederated Salish, Pend d'Oreille & Kootenai Tribes headquartered in Pablo, Montana

### FORT BELKNAP RESERVATION

Home of the Gros Ventre & Assiniboine Tribes headquartered in Fort Belknap Agency, Montana

### FORT PECK RESERVATION

Home of the Assiniboine & Sioux Tribes headquartered in Poplar, Montana

### NORTHERN CHEYENNE RESERVATION

Home of the Northern Cheyenne Tribe headquartered in Lama Deer, Montana

### ROCKY BOY'S RESERVATION

Home of the Chippewa Cree Tribe headquartered in Rocky Boy Agency, Montana

### LITTLE SHELL CHIPPEWA TRIBE

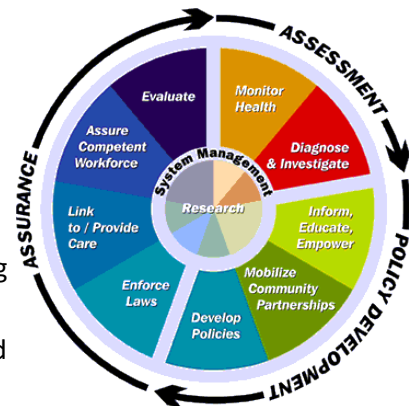
State recognized, headquartered in Great Falls, Montana

# Community health planning

A community health assessment (CHA) provides a foundation for improving and promoting the health of a community. CHAs bring stakeholders together, help public health leaders apply strategic thinking to prioritize public health issues in their jurisdiction, and identify resources to address public health issues. CHAs are part of a broader community health improvement planning (CHIP) which provides a long-term and systematic plans to address the health issues identified in the CHA.

Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning process for improving community health that includes four assessments:<sup>16</sup>

- The *Community Themes and Strengths Assessment* provides a deep understanding of the issues that residents feel are important by answering the questions: “What is important to our community?”, “How is quality of life perceived in our community?”, and “What available assets can be used to improve community health?”
- The *Local Public Health System Assessment* focuses on the organizations that contribute to the public’s health. This assessment answers the questions: “What are the components, activities, competencies, and capabilities of our local public health system?” and “How are the Essential Services being provided to our community?”
- The *Community Health Status Assessment* identifies priority community health and quality of life issues. Questions answered include: “How healthy are our residents?” and “What does the health status of our community look like?”
- The *Forces of Change Assessment* focuses on identifying forces such as legislation, technology, and other changes that affect how the public health system operates. This assessment answers the questions: “What is occurring or might occur that affects the health of our community or local public health system?” and “What specific threats or opportunities are generated by these occurrences?”



The purpose of a CHIP is to describe how the health department and the community it serves will collaborate to improve the health of the community. A CHIP is more comprehensive than the roles and responsibilities of the health department alone, and the plan’s development must include participation of a broad set of stakeholders and partners. CHIP is an action-oriented plan outlining the priority community health issues and how these issues will be addressed, including strategies and measures, to ultimately improve the health of the community.

Both processes are part of the core public health functions of assessment, policy development and assurance. Not only are a CHA and a CHIP a foundation for improving health, but also they are both prerequisites for applying for public health accreditation.

For more detailed information go to: <http://www.naccho.org/programs/public-health-infrastructure/community-health-assessment/resources>

# National priorities

There are three existing national frameworks highlighting current public health priorities and each have targets for assessing public progress in improving health. Healthy people 2020 is the most comprehensive framework, serving as a general compendium of national benchmarks, while the National Prevention Strategy and CDC's Winnable Battles pinpoint more specific set of goals and recommendations for reaching them.

## **Healthy People 2020<sup>17</sup>**

Healthy People 2020 was developed by the Department of Health and Human Services in collaboration with several other federal agencies and public health stakeholders. Healthy People 2020 provides science-based, 10-year national objectives for improving the health of all Americans and contains nearly 600 objectives and 1,200 specific measures. A smaller set of objectives are the Leading Health Indicators that highlight 26 top-priority health indicators and actions that can be taken to address them.

For more information, visit: <http://www.healthypeople.gov/2020/default.aspx>

## **National Prevention Strategy<sup>18</sup>**

The National Prevention Strategy lays out strategic directions to reduce the leading causes of preventable death and major illness in the United States. There are seven priority areas including: tobacco free living; preventing drug abuse and excessive alcohol use; healthy eating; active living; injury and violence free living; reproductive and sexual health; and mental and emotional well-being. The strategy includes a set of measurable indicators and targets that cross-reference with Healthy People 2020.

For more information visit: <http://www.surgeongeneral.gov/priorities/prevention/strategy/index.html>

## **CDC's Winnable Battles<sup>19</sup>**

CDC has identified 6 “winnable battles” — a list of major threats to health in the United States for which public health already has proven effective strategies and there is potential for a large scale impact. Winnable Battles include reduce tobacco use; improve nutrition, physical activity, and obesity; ensure food safety; prevent healthcare-associated infections; improve motor vehicle safety; reduce teen pregnancy; and reduce new HIV infections.

For more information visit: <http://www.cdc.gov/winnablebattles/index.html>

# Montana priorities

In 2017, the Public Health and Safety Division (PHSD) of the Montana Department of Public Health and Human Services (DPHHS) repeated the state health improvement planning process. PHSD compiled information on the health status and needs of Montanans and presented the results to key stakeholder groups and the public. The State Health Assessment details information on Montanans access to health care, causes of death, chronic diseases, communicable diseases, maternal and child health, unintentional injury, mental health and substance abuse, and environmental health. In 2019, PHSD released the state health improvement plan using a coalition of partners to drive the process.

The State Health Improvement Coalition operates under the following mission and guiding principles:

**Mission:** to protect and improve the health of every Montanan through evidence-based action and community engagement.

**Guiding Principles:**

- Use evidence-based strategies to address health priorities
- Use strategies and actions that encourage connections across our communities
- Promote health equity, value differences in cultures, attitudes and beliefs
- Strengthen our public health system to deliver results

The State Health Improvement Coalition worked together to determine the top health priorities based on available data from the 2017 State Health Assessment, input from stakeholders, and a prioritization matrix.

**State Health Improvement Coalition Members:**

- Frontier County Health Department
- Small County Health Department
- Medium County Health Department
- Large County Health Department
- Tribal Health Departments (2 members)
- Urban Indian Center
- Association of Montana Public Health Officials
- Montana Public Health Association
- Montana Environmental Health Association
- Montana Association of Counties
- Montana Medical Association
- Montana Health Care Foundation
- Montana Hospital Association
- Montana State University, Office of Rural Health
- University of Montana, School of Public and Community Health Sciences
- Montana Department of Environmental Quality
- DPHHS Public Health and Safety Division
- DPHHS Addictive and Mental Disorders Division



- DPHHS Developmental Services Division, Children’s Mental Health Bureau
- DPHHS, Health Resources Division
- DPHHS, State Medical Officer
- Office of Public Instruction

**Leading Health Concerns Identified in 52 Community Health Assessments and Community Health Needs Assessments, 2017**

- Substance Use Disorders
- Overweight and Obesity
- Mental Health
- Cancer

**Leading Causes of Death, Montana 2017**

1. Cancer
2. Heart disease
3. Unintentional Injuries
4. Chronic Lower Respiratory Diseases
5. Stroke
6. Suicide
7. Diabetes
8. Alzheimer’s Diseases
9. Influenza and Pneumonia
10. Chronic Liver Disease and Cirrhosis

The State Health Assessment outlines multiple opportunities to improve the health of Montanans.

For a complete report on the health of Montanans see: <https://dphhs.mt.gov/ahealthiermontana>

The State Health Improvement Coalition with input from stakeholders worked to identify key health priority areas for targeted improvement and how Montana organizations will collaborate to improve health. The health priority areas identified to address over the next five years are:

- Behavioral health, including substance use disorders, mental health, suicide prevention, and opioid misuse
- Chronic disease prevention and self-management
- Healthy mothers, babies, and youth
- Motor vehicle crashes
- Adverse childhood experiences

**2019–2023 SHIP  
Key Issues:**

**Behavioral Health**



*This section highlights mental health, substance use disorders, opioid misuse, and suicide prevention.*

**Prevent and Manage Chronic Disease**



*This section highlights risk factors like tobacco use and obesity, and the need for cancer screening.*

**Motor Vehicle Crashes**



*This section highlights motor vehicle crashes to prevent deaths and serious injuries.*

**Healthy Mothers, Babies, and Youth**



*This section highlights planned pregnancies, teen pregnancies, healthy babies, breastfeeding, and immunizations.*

**Adverse Childhood Experiences (ACEs)**



*This section describes how ACEs affect health at every stage of life.*

**How were the priority areas chosen?**



Members of State Health Improvement Coalition ranked 54 issues that cause illness, prevent people from taking steps to stay healthy, and affect the health of where we live, work, and play.

Rankings were based on impact on Montanans, how well we can prevent or control the issue using methods shown to work, and how ready Montana's health system is to address the issue.

The Coalition used the rankings to name five key areas for Montanans to focus on over the next five years.



**Join our mailing list to receive updates on the SHIP!**

- <https://dphhs.mt.gov/healthiermontana>
- Scroll to the "Join the State Health Improvement Listserv" comment box and enter your information.

*To learn more, contact Anna Bradley at ABradley@mt.gov or (406) 444-5968*

This brochure was made by:



Last reviewed: 1/22/2019

**The 2019–2023 State Health Improvement Plan, or SHIP,** names key issues where Montanans can work together to improve health.



**Learn:**

- What are the key health issues?
- Why do they matter?
- How can you stay informed?



### Prevent Chronic Disease: Tobacco Use and Cancer

People who use tobacco products are more at risk for some causes of death and illness, like cancer.

**1,600** Deaths are caused by tobacco use in Montana each year.

Data source: Centers for Disease Control and Prevention



About **1 in 5 MT adults** are current smokers, and **1 in 5 MT youth** use e-cigarettes.

Data source: MT Behavioral Risk Factor Surveillance System, 2016 and MT Youth Risk Behavior Survey, 2017

**5,600** Montanans are diagnosed with cancer yearly.

Data source: MT Central Tumor Registry, 2011-2015

More Montanans can reduce their risk of cancer by being up-to-date with cancer screening guidelines.



Data source: MT Behavioral Risk Factor Surveillance System, 2016



### Adverse Childhood Experiences (ACEs)



**3 in 5 MT adults** had an ACE score of one or higher in 2011.

Data source: MT Behavioral Risk Factor Surveillance System, 2011

People with high ACE scores are more likely to develop some chronic diseases and act in risky ways that can lead to poor health, such as smoking and using drugs.



### Behavioral Health: Mental Health & Substance Use Disorder (SUD)

Montana communities said poor mental health and SUD are some of their top health concerns.

**84,000** Montana adults report frequent mental distress.

Data source: MT Behavioral Risk Factor Surveillance System, 2016

**60,000** Montanans needed but did not receive treatment for SUD.

Data source: DPHHS internal analysis, 2017

"Over the next five years, we will emphasize creative collaborations with community partners across Montana to achieve our objectives in the **State Health Improvement Plan**. We also call on the citizens of Montana to **take action to maintain and improve their own health and that of their families.**"

Sheila Hogan, Director  
Dept of Public Health and Human Services



### Motor Vehicle Crashes (MVCs)

MVCs cause most deaths from unintentional injuries in Montana. American Indians and people living in rural places are affected by MVCs more than other Montanans.

**200** Deaths are caused by MVCs every year.

Data source: MT Office of Vital Statistics, 2011-2015



Use your seatbelt. Ask a sober person to drive. Don't text and drive.



### Prevent Chronic Disease: Overweight and Obesity

People who are obese are more at risk for heart disease, stroke, arthritis, diabetes, some cancers, mental illness, and more.

**1 in 4 MT adults** are obese.

**American Indian adults** and people living with a disability are much more likely to live with obesity.

Data source: MT Behavioral Risk Factor Surveillance System, 2016

#### Prevent

Lose weight

Eat healthy

Be active

#### Control

Seek help from health professionals

Eat healthy

Stay active



**3 in 4 MT adults** do not get as much exercise as they need.

Data source: MT Behavioral Risk Factor Surveillance System, 2016



### Healthy Mothers, Babies, and Youth

Unplanned pregnancies can cause premature birth, low birth weight, and poor mental health. Women with unplanned pregnancies are more likely to delay prenatal care, smoke, and/or drink alcohol while pregnant.

Among American Indian women and young adult women (aged 18 to 24), **1 in 3** say their pregnancy was planned.



Data source: Health Survey of Montana's Mothers and Babies, 2015

For more information on the health improvement plan, visit: <https://dphhs.mt.gov/healthiermontana>

## Public Health and Safety Division's Strategic Plan

The strategic plan developed by PHSD is a commitment to improve and protect the health and safety of Montanans by creating conditions for healthy living.

### **PHSD MISSION: IMPROVE AND PROTECT THE HEALTH OF MONTANANS BY ADVANCING CONDITIONS FOR HEALTHY LIVING.**

The plan outlines key result areas that align with the vision and mission of PHSD. Metrics are tracked over time to determine if PHSD has met the targets, thereby holding PHSD accountable for achieving measurable health improvements in Montana's population.

### **PHSD VISION: HEALTHY PEOPLE IN HEALTHY COMMUNITIES.**

The strategic plan is organized into six priority areas with corresponding goals, strategies, objectives and metrics. The priority areas include: 1) policy development and enforcement 2) disease and injury prevention and control, and health promotion, 3) health services, particularly clinical preventive services, 4) assessment and surveillance, 5) the public health system capacity, and 6) internal operations and financial systems.

For more information on the strategic plan, visit:

<http://dphhs.mt.gov/Portals/85/publichealth/documents/PHSDStrategicPlan.pdf>

# Public Health Accreditation

The goal of the voluntary national accreditation program is to improve and protect the health of the public by advancing the quality and performance of Tribal, local, state, and territorial public health departments.<sup>21</sup> PHAB's public health department accreditation process seeks to advance quality and performance within public health departments.<sup>21</sup> Accreditation standards define the expectations for all public health departments that seek to become accredited. National public health department accreditation has been developed because of the desire to improve service, value, and accountability to stakeholders.<sup>21</sup>

What is public health department accreditation?<sup>21</sup>

- The measurement of health department performance against a set of nationally recognized, practice-focused and evidenced-based standards.
- The issuance of recognition of achievement of accreditation within a specified time frame by a nationally recognized entity.
- The continual development, revision, and distribution of public health standards.

In Montana there are already local health departments that have been accredited by PHAB. PHSD and many other local health departments in Montana are in the process of pursuing accreditation. There are many state and local resources available to help you in working towards accreditation for your health department.

For more Montana specific resources and information see:

<http://dphhs.mt.gov/publichealth/Accreditation.aspx>

For more on PHAB information: <http://www.phaboard.org/>

# Glossary

**Accreditation:** The development of a set of standards and a process to measure health department performance against those standards.

**Assessment:** One of the three core functions in public health. The regular collection, analysis, and sharing of information about health conditions, risks, and resources in a community. Assessment is needed to identify health problems and priorities and resources available to address the priorities.

**Assurance:** One of the three core functions in public health. Making sure that all populations have access to appropriate and cost effective care, including health promotion and disease prevention services. The services are assured by encouraging actions by others, by collaboration with other organizations, by requiring action through regulation, or by direct provision of services.

**Bioterrorism:** The intentional use of any microorganism, virus, infectious substance, or biological product that may be engineered as a result of biotechnology, or any naturally occurring or bio-engineered component of any such microorganism, virus, infectious substance, or biological product, to cause death, disease, or other biological malfunction in a human, an animal, a plant, or another living organism in order to influence the conduct of government or to intimidate or coerce a civilian population.

**Capacity:** The ability to perform the core public health functions of assessment, policy development, and assurance on a continuous, consistent basis, made possible by maintenance of the basic infrastructure of the public health system, including human capital and technology resources

**Chronic disease:** A disease that has one or more of the following characteristics: it is permanent, leaves residual disability, is caused by nonreversible pathological alteration, requires special training of a patient for rehabilitation, or may be expected to require a long period of supervision, observation, or care. Examples include heart disease, stroke, cancer, diabetes, arthritis, respiratory diseases, mental illness, drug and alcohol addiction, and some dental conditions.

**Communicable disease:** Diseases that can be transmitted from one person or animal to another, also known as infectious diseases.

**Clinical services/medical services:** Care administered to an individual to treat an illness or injury.

**Determinants of health:** The range of personal, social, economic, and environmental factors that determine the health status of individuals or populations.

**Disease:** A state of dysfunction of organs or organ systems that can result in a diminished quality of life.

**Disease management:** To assist an individual to reach his or her optimum level of wellness and functional capability as a way to improve quality of health and lower health care costs

**Epidemic:** The occurrence of more cases of a disease than expected in a given area or among a specific group of people over a particular time period.

**Epidemiology:** The study of the distribution and determinants of health-related states or events in specified populations, and the application of this study to the control of health problems.

**Foodborne illness:** Illness caused by the transfer of disease organisms or toxins from food to humans.

**Health:** The state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.

**Health disparities:** Differences in morbidity and mortality due to various causes experienced by specific sub-populations.

**Health education:** Any combination of learning opportunities designed to facilitate voluntary adaptations of behavior (in individuals, groups, or communities) conducive to health

**Health equity:** Equal opportunity for members of all populations to disease prevention, healthy outcomes, or access to health care, regardless of race gender, nationality, age, ethnicity, religion, sexual orientation, immigrant status, language skills, health status, or socioeconomic status.

**Health promotion:** Any combination of health education and related organizational, political and economic interventions designed to facilitate behavioral and environmental adaptations that will improve or protect health.

**Health status indicators:** Measurements of the state of health of a specific group or population

**Incidence:** The number of new cases of a disease in a defined time period. It is often expressed as a rate.

**Infant mortality rate:** The number of live-born infants who die before their first birthday per 1,000 live births

**Infectious:** Capable of causing infection or disease by entrance of organisms (e.g., bacteria, viruses, protozoan, fungi) into the body, which then grow and multiply. Often used synonymously with “communicable”.

**Intervention:** A term used in public health to describe a program or policy designed to have an effect on a health problem. Health interventions include health promotion, specific protection, early case finding and prompt treatment, disability limitation and rehabilitation.

**Infrastructure:** The human, organizational, information and fiscal resources of the public health system that provide the capacity for the system to carry out its functions.

**Isolation:** The separation of known infected people in such places and under such conditions as to prevent or limit the transmission of the infectious agent.

**Morbidity:** The state of being diseased or unhealthy within a population, often expressed as a rate.

**Mortality:** The number of deaths in a given population, often expressed as a rate

**Non-infectious:** Not spread by infectious agents, often used synonymously with non-communicable.

**Outbreak:** The occurrence of more cases of a disease than normally expected within a specific place or group of people over a given period of time.

**Outcomes:** These are the indicators of health status, risk reduction, and quality of life enhancement.

**Pandemic:** An epidemic occurring over a very wide area (several countries or continents) and usually affecting a large proportion of the population.

**Pathogen:** An agent (e.g., bacteria, virus, fungi, protozoan) that causes disease.

**Population based:** Pertaining to the entire population in a particular area. Population-based public health services extend beyond medical treatment by targeting underlying risks, such as tobacco use, drug and alcohol use, diet and sedentary lifestyles, and environmental factors.

**Prevalence:** The proportion of a population found to have a condition typically a disease or a risk factor. It is often expressed as a rate.

**Prevention:** A systematic process that promotes healthy behaviors and reduces the likelihood or frequency of an incident, condition, or illness. Actions taken to reduce susceptibility or exposure to health problems (primary prevention), detect and treat disease in early stages (secondary prevention), or alleviate the effects of disease and injury (tertiary prevention).

**Public health:** Activities that society does collectively to assure the conditions in which people can be healthy. This includes organized community efforts to prevent, identify, preempt and counter threats to the public's health. Public health organizations include government agencies at the federal, state, and local levels, as well as nongovernmental organizations that are working to promote health and prevent disease and injury within entire communities or population groups.

**Public health department:** Local (county, combined city-county, or multi-county) health agency, operated by local government, with oversight and direction from a local board of health, which provides public health services throughout a defined geographic area.

**Public health practice:** Organizational practices or processes that are necessary and sufficient to assure that the core functions of public health are being carried out effectively.

**Quality assurance:** Monitoring and maintaining the quality of public health services

**Quarantine:** The restriction of the activities of healthy people who have been exposed to a communicable disease, during its period of communicability, to prevent disease transmission

**Rate:** The measure of the intensity of the occurrence of an event. They are usually expressed using a standard denominator such as 1,000 or 100,000 people

**Risk assessment:** Identifying and measuring the presence of direct causes and risk factors that, based on scientific evidence or theory, are thought to directly influence the level of a specific health problem.

**Risk factor:** A variable associated with an increased risk of disease or infection.

**Screening:** The use of technology and procedures to differentiate those individuals with signs or symptoms of a disease from those less likely to have the disease

**Standards:** Accepted measures of comparison that have quantitative or qualitative value

**Surveillance:** Systematic monitoring of the health status of a population.

**Vital statistics:** Systematically tabulated information about births, marriages, divorces, and deaths, based on registration of these vital events.



# Resources

## Federal Agencies

### **Centers for Disease Control and Prevention (CDC)**

[www.cdc.gov](http://www.cdc.gov)

A wealth of information can be accessed at this web site including data and statistics; information about funding opportunities; health topic fact sheets; current health news; publications, software, and other products; subscription services to CDC publications; and links to many other public health partners across the country

### **Food and Drug Administration (FDA)**

[www.fda.gov](http://www.fda.gov)

This site contains information on assuring the safety, efficacy, and security of human and veterinary drugs, biologic products, medical devices, the nation's food supply, cosmetics, and products that emit radiation

### **US. Department of Health and Human Services (DHHS)**

[www.dhhs.gov](http://www.dhhs.gov)

This site contains links to various DHHS agencies including Administration for Children and Families, Administration on Aging, Centers for Disease Control and Prevention, Food and Drug Administration, Health Care Financing Administration, Health Resources and Services Administration, National Institutes of Health, and Substance Abuse and Mental Health Services Administration.

### **Health Resources and Services Administration (HRSA)**

[www.hrsa.gov](http://www.hrsa.gov)

This site contains information and links about a variety of federally supported programs including maternal and child health, rural health, women's health, and many others. This site also features an information center with publications, resources and referrals on health care services for low-income, uninsured individuals and those with special health care needs.

### **United States Department of Agriculture**

[www.usda.gov](http://www.usda.gov)

This site contains information and links for nutritional assistance (including Food Stamps and the WIC Program), initiatives to reduce hunger and food insecurity, 2010 dietary guidelines, and information about the U.S. food supply and nutrition survey data.

### **Environmental Protection Agency**

[www.epa.gov](http://www.epa.gov)

This website contains information and links on protecting human health and the environment

## State Agencies and Partners

### Montana Department of Public Health and Human Services

<http://www.dphhs.mt.gov/>

This website provides information and access to resources such as news and advisories, PHSD's strategic plan, links to the bureaus and offices, frequently asked questions, links to the programs, and online resources including health resources and data.

### Montana Department of Environmental Quality

<http://deg.mt.gov/>

This website contains information about programs addressing air quality, water quality, recycling, and permits.

### Montana Department of Livestock

<http://liv.mt.gov/default.mcp.x>

This website contains information about animal health.

### Montana Department of Agriculture

<http://agr.mt.gov/>

This website contains information for businesses, producers and consumers. There is information about pesticide use, crops, organically produced food, noxious weeds, farmers markets, and much more.

### Montana Department of Fish, Wildlife and Parks

<http://fwp.mt.gov/>

This website contains information about Montana's wildlife and fish.

### State of Montana

<http://mt.gov/>

Go to this site to find links to the branch of state government or state agency that has the information you need.

## Professional Associations and Resources

### Association of State and Territorial Health Officials

[www.astho.org](http://www.astho.org)

This website contains information on current issues, training opportunities, publications and resources, and public health policy.

### American Public Health Association

<http://www.apha.org/>

This website provides information about priorities for public health, conferences, and links to state public health associations, the World Federation of Public Health Associations, publications, public health policy issues, and many other resources.

### Montana Environmental Health Association

<http://www.mehaweb.org/>

This website provides valuable resources on environmental issues.

### Montana Public Health Association

<http://www.mtpha.com/>

This website included information on public health issues in Montana, annual conference information, and other news and hot topics.

### Mobilizing for Action through Planning and Partnerships (MAPP)

[www.naccho.org](http://www.naccho.org)

This community-driven strategic planning process is available from the National Association of County and City Health Officials (NACCHO).

### National Association of County and City Health Officials (NACCHO)

[www.naccho.org](http://www.naccho.org)

This website provides information about local boards of health resources, training opportunities, projects, and affiliated organizations.

### National Environmental Health (NEHA)

[www.neha.org](http://www.neha.org)

This website contains information on environmental credentialing and certification, upcoming training opportunities, publications, and related links.

### Association of Montana Public Health Officials (AMPHO)

[www.ampho.org](http://www.ampho.org)

This website contains links and news about public health in Montana.

### Northwest Center for Public Health Practice

<http://www.nwcphp.org/>

This website contains training opportunities, research, evaluation, news and links.

### National Association of Local Boards of Health (NALBOH)

[www.nalboh.org](http://www.nalboh.org)

This website contains information about local board of health resources, training opportunities, projects and affiliated organizations.

## Standards

### Public Health Accreditation

[www.phaboard.org](http://www.phaboard.org)

This website contains information regarding a national voluntary accreditation program for state, local, territorial, and tribal public health departments.

# Public Health Acronyms

<b>ACA</b>	Affordable Care Act
<b>AMPHO</b>	Association of Montana Public Health Officers
<b>APHA</b>	American Public Health Association
<b>APHIS</b>	Animal Plant Health Inspection Service
<b>BOH</b>	Board of Health
<b>BRFSS</b>	Behavioral Risk Factor Surveillance System
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CDCPB</b>	Communicable Disease Control and Prevention Bureau
<b>CDPHPB</b>	Chronic Disease Prevention and Health Promotion Bureau
<b>DEQ</b>	Department of Environmental Quality
<b>DLI</b>	Department of Labor and Industry
<b>DOL</b>	Department of Livestock
<b>DPHHS</b>	Department of Public Health and Human Services
<b>EPA</b>	Environmental Protection Agency
<b>FCHB</b>	Family and Community Health Bureau
<b>FDA</b>	Food and Drug Administration
<b>FOSSB</b>	Financial, Operations, and Support Services Bureau
<b>FSIS</b>	Food Safety Inspection Service
<b>FWP</b>	Fish, Wildlife and Parks
<b>HHS</b>	Health and Human Services
<b>HO</b>	Health Officer
<b>HRSA</b>	Health Resources and Services Administration
<b>IHS</b>	Indian Health Services
<b>IOM</b>	Institute of Medicine
<b>LSB</b>	Laboratory Services Bureau

<b>MEHA</b>	Montana Environmental Health Association
<b>MIDIS</b>	Montana Infectious Disease
<b>MPHA</b>	Montana Public Health Association
<b>NACCHO</b>	National Association of County and City Health Officials
<b>NALBO</b>	National Association of Local Boards of Health
<b>NCHS</b>	National Center for Health Statistics
<b>NCI</b>	National Cancer Institute
<b>NIH</b>	National Institutes of Health
<b>OESS</b>	Office of Epidemiology and Scientific Support
<b>OPHSI</b>	Office of Public Health System Improvement
<b>PHAB</b>	Public Health Accreditation Board
<b>PHSD</b>	Public Health Safety Division
<b>PHN</b>	Public Health Nursing
<b>RMTEC</b>	Rocky Mountain Tribal Epidemiology Center
<b>TLC</b>	Tribal Leaders Council
<b>USDA</b>	United States Department of Agriculture
<b>USPHS</b>	United States Public Health Service
<b>WHO</b>	World Health Organization
<b>WIC</b>	Special Supplemental Nutrition Program for Women, Infants, and Children

## Example Board of Health orientation checklist

Topic	By Whom	Date
BOH responsibilities including Montana Code Chapter 50 and Montana Administrative Code Chapter		
Member responsibilities		
Meeting schedule and location		
Local Board of Health Guidebook		
Core public health functions		
Ten essential public health services		
DPHHS Strategic Plan		
Public health services provided by local health department		
Funding of public health for the jurisdiction		
Review of policies and budget for local health department		
If applicable: county community health assessment and health improvement plan		

*\*Adopted from the Guidebook for Iowa Boards of Health, 2011.*

# Example of a Board of Health — Self Evaluation

As a BOARD OF HEALTH MEMBER.....

1. Do you know under what legal authority you operate as a board? YES or NO

Comments:

2. Are you familiar with Montana Code Annotated chapter 50 and Montana Administrative Rules Chapter X? YES or NO

Comments:

3. Do you know what legal counsel is available and appropriate for different legal issues? YES or NO

Comments:

4. Do you know who your constituents are? YES or NO

Comments:

5. Do you know and work with your community partners? (Others in the community who are also concerned about the health of residents) YES or NO

Comments:

6. Do you understand the Core Public Health Functions and the Ten Essential Public Health Services as they relate to the board? YES or NO

Comments:

7. Do you understand the Core Public Health Functions and the Ten Essential Public Health Services as they relate to your partners and community? YES or NO

Comments:

8. Do you ask for and receive information that will assist you to perform you board duties? YES or NO

Comments:

9. Do you have an adequate orientation for your board members? YES or NO

Comments:

10. Do you routinely receive fiscal information that helps you oversee public health in your jurisdiction? YES or NO

Comments:



11. Do you regularly monitor the impact of public health programs in your jurisdiction? Do you expect time limited and measurable objectives related to you public health programs? YES or NO

Comments:

12. Do you use appropriate, scientific, and community-driven data and information to make decisions, develop strategic planning and fulfil your role of assessment, assurance, and policy development? YES OR NO

Comments:

13. Do you have a special system to annually review the public health programs in your jurisdiction? Does this evaluation system include use of sound data and reasonable and measurable agency and program objectives? YES or NO

Comments:

14. Do you fulfill the requirements as a reliable board of health member through your commitment to regular attendance and participation at the board of health meeting? YES or NO

Comments:

15. Do you feel the work of the board, and your work on the board, makes an important difference? YES or NO

Comments:

*\*Adopted from the Guidebook for Iowa Boards of Health, 2011.*

# National Association of Local Boards of Health (NALBOH) Resources

Six Functions of Public Health Governance: [https://cdn.ymaws.com/nalboh.site-ym.com/resource/resmgr/Docs/Governance\\_Functions.pdf](https://cdn.ymaws.com/nalboh.site-ym.com/resource/resmgr/Docs/Governance_Functions.pdf)

Board of Health Evaluation Checklist: [https://cdn.ymaws.com/nalboh.site-ym.com/resource/resmgr/docs/Orientation\\_CheckList.pdf](https://cdn.ymaws.com/nalboh.site-ym.com/resource/resmgr/docs/Orientation_CheckList.pdf)

## NALBOH Self-Evaluation & Enhancement Tool

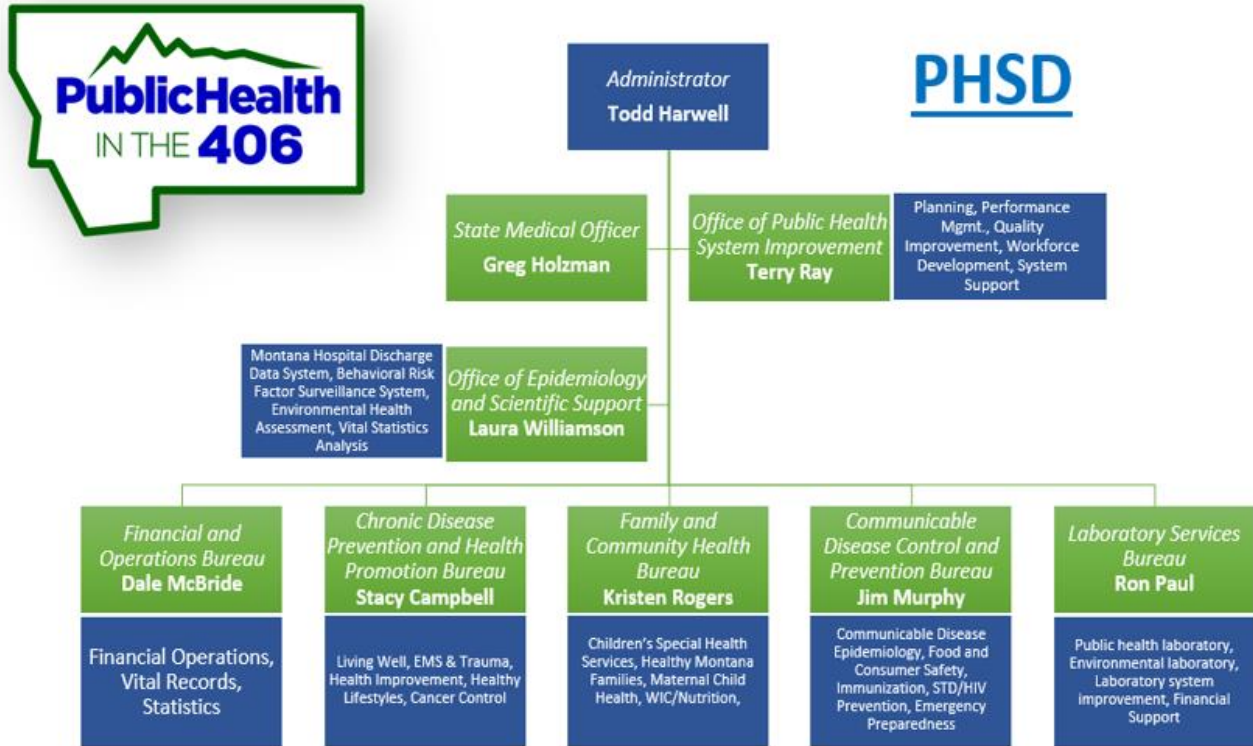
Indicator	Grade (A+ to F)	What can we do better? How can we improve? Comments?
1 – The frequency & duration of our board of director meetings are appropriate to effectively carry out your roles & responsibilities.		
2 – I effectively represent the interests and concerns of board of health members across the nation during board discussions.		
3 – The expectations of what each NALBOH board member should do, get, and give, are clearly defined.		
4 – As a NALBOH board member, I feel valued, engaged, and properly utilized.		

<b>Indicator</b>	<b>Grade (A+ to F)</b>	<b>What can we do better? How can we improve? Comments?</b>
5 – NALBOH board member and staff roles are clearly defined, respected, and complement each other.		
6 – I am confident that my colleagues’ intentions are trustworthy and there is no reason to be protective or careful when interacting with the board.		
7 – Our board holds its members accountable. Poor performers sense pressure to improve and potentially problematic actions are identified quickly. Mediocrity is unacceptable.		
8 – I actively participate in identifying individuals to recommend as potential directors and/or committee members.		
9 – The current board structure and composition supports and advances NALBOH’s mission and strategic goals.		
10 – There is a long list of qualified volunteers ready and		

willing to serve in committee and board leadership positions.		
<b>Indicator</b>	<b>Grade (A+ to F)</b>	<b>What can we do better? How can we improve? Comments?</b>
11 – Rate the overall effectiveness of the NALBOH Board of Directors.		
12 – Serving on the NALBOH board of directors is productive and I am engaged and involved as a director on the board.		
13 – The current NALBOH committee structure and activities support and contribute to the board’s productivity to advance NALBOH’s mission and goals.		
14 – All committees have a well defined purpose and a stated annual plan of work.		
15 – My participation on NALBOH committees is productive and I am engaged		

and involved in my committee work and responsibilities.		
16 – What is the one thing NALBOH board members are doing now that you think we should CONTINUE doing?		
17 – What is the one thing NALBOH board members are doing now that you think we should STOP doing?		
18 – What is the one thing NALBOH board members are NOT doing that you think we should START doing?		
19 - Additional comments and suggestions		

# PHSD Organizational Chart



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