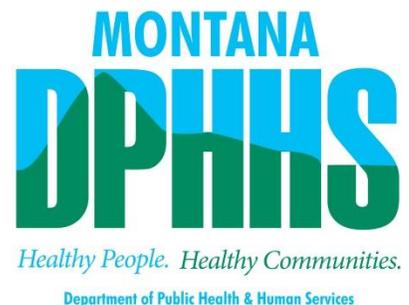


Guidebook
For
Montana
Board of
Health
Members

May 1

2015



Author

Kerry Pride, DVM, MPH, DACVPM
MT DPHHS/PHSD
1400 Broadway, Rm 201B
Helena, MT 59620
406-444-5980
406-444-6943
kpride@mt.gov

Acknowledgements: The author gratefully acknowledges the following people for their critical review and input into the development of this guide: Todd Harwell, MPH, Steve Helgerson, MD, MPH, Randall Nett, MD, MPH, Lindsey Krywaruchka, Ron Paul PhD, Denise Higgins, Jim Murphy, Carol Ballew, PhD, Dale McBride, Katherine Myers, RN, BSN, Jackie Tunis, Tia Hunter and the Montana Public Health System Improvement Task Force.

Contents

- Welcome to the local board of health!1
- What is public health?2
 - How is public health delivered?3
 - What are the core functions and 10 essential public health services?3
 - 10 Essential Public Health Services4
- What is the value of public health?.....5
 - Significant Public Health Achievements in the 20th Century5
- Highlights of the history of public health in Montana 10
- How is public health structured in Montana? 12
 - Chronic Disease Prevention and Health Promotion Bureau 12
 - Family and Community Health Bureau..... 12
 - Laboratory Services Bureau..... 13
 - Communicable Disease Control and Prevention Bureau 13
 - Financial, Operations, and Support Services Bureau 14
 - Office of Epidemiology and Scientific Support 14
 - Office of Public Health System Improvement 14
- How is public health funded? 15
- Local Board of Health roles and responsibilities 16
 - Montana Code Annotated, 2014..... 16
 - Types of local boards of health in Montana:..... 16
 - Purpose of the public health system in Montana as defined in statutes..... 18
 - Powers and duties of a local board of health..... 18
 - Local health officer 19
 - Limits or restrictions on authorities of public health officials..... 20
 - Administrative Rules of Montana..... 20
- Working with your local health department..... 21
- Working with Montana Department of Public Health and Human Services 21
 - Defining the relationship between the local board of health and the Montana Department of Public Health and Human Services 21
- What should your local health department do? 22
- Montana Department of Environmental Quality 23
 - How is DEQ organized and who does what? 23

Director’s Office.....	23
Permitting and Compliance Division	24
Planning, Prevention and Assistance Division	27
Tribal Governance	30
Community health planning	32
National priorities.....	33
Montana priorities.....	34
Public Health Accreditation	36
Glossary	37
Resources	41
Federal Agencies.....	41
State Agencies and Partners.....	41
Professional Associations and Resources.....	42
Standards.....	43
Public Health Acronyms.....	44
Example Board of Health orientation checklist.....	46
Example of a Board of Health — Self Evaluation	47
PHSD Organizational Chart.....	49
References	50

This page is intentionally blank.

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). DPHHS 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.”*¹ 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 areas²:

- 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

Medical Care	Public Health
↓	↓
Patient	Population
↓	↓
Treatment of disease	Prevention and control of disease
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.

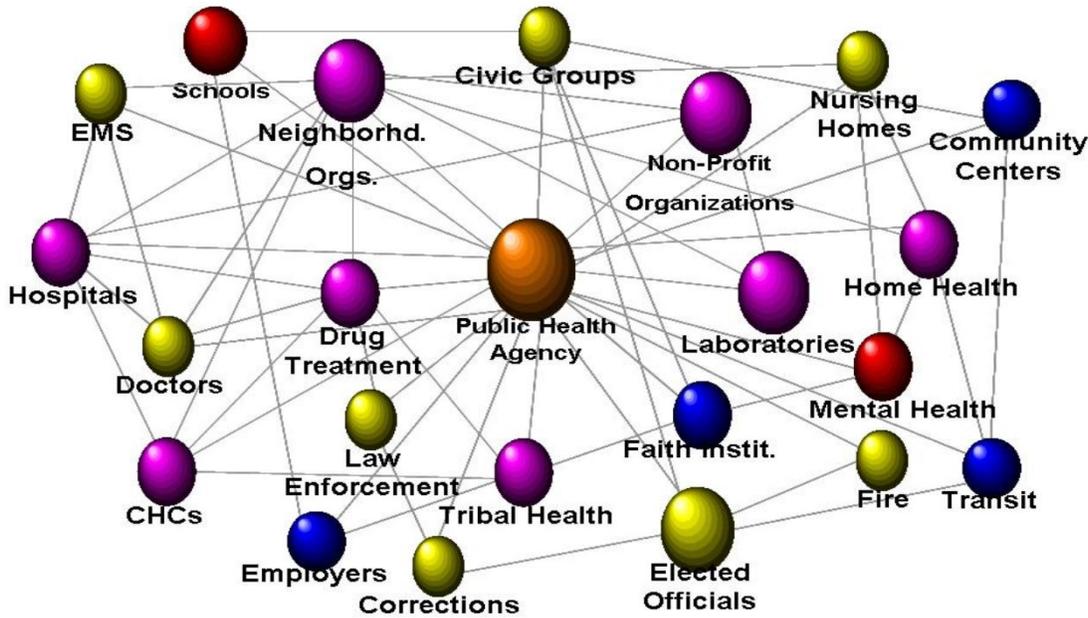
2

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

How is public health delivered?

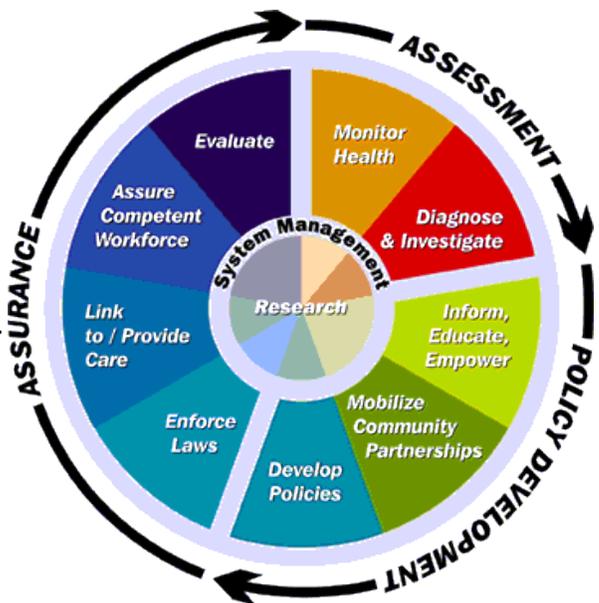
The public health system is made up of both public and private organizations that work together to advance the overall health of the population including local, state, and federal government agencies, and nonprofit community based groups, health care providers, public safety agencies, education and youth 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, it is continually growing³



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 1988⁴ and the Ten Essential Public Health Services developed by the Core Public Health Functions Steering Committee in 1994³ provide a framework for public health services and responsibilities. The core functions of public health are assessment, policy development, and assurance.⁴



10 Essential Public Health Services

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

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 is able to 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?

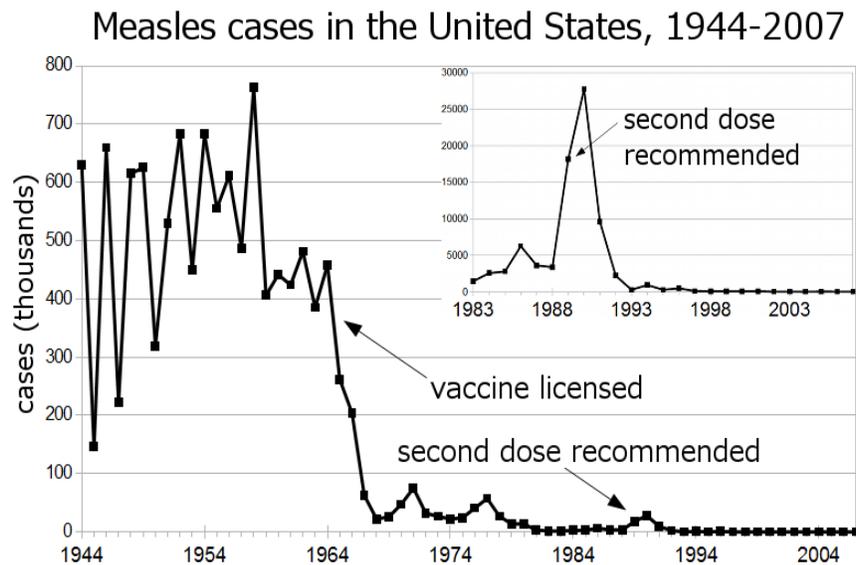
The average life expectancy of a child born in 1900 in the United States was 47.3 years. In 2010 the life average life expectancy had grown to 78.6 years.⁵ Researchers estimate that public health advances were responsible for 25 of the 30 years of life gained in the 20th century.⁵

Significant Public Health Achievements in the 20th Century

Vaccinations⁵

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).

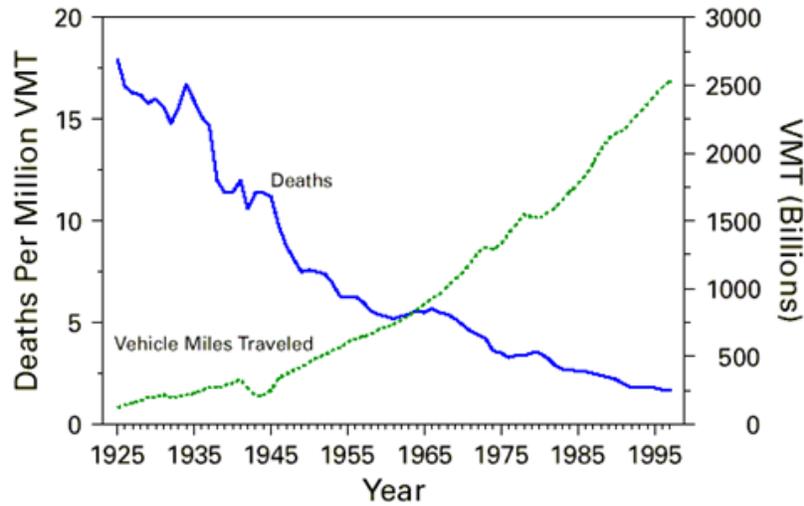
Figure 3: Measles cases in the United States, 1944–2007.⁶



Motor-vehicle safety⁷

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).

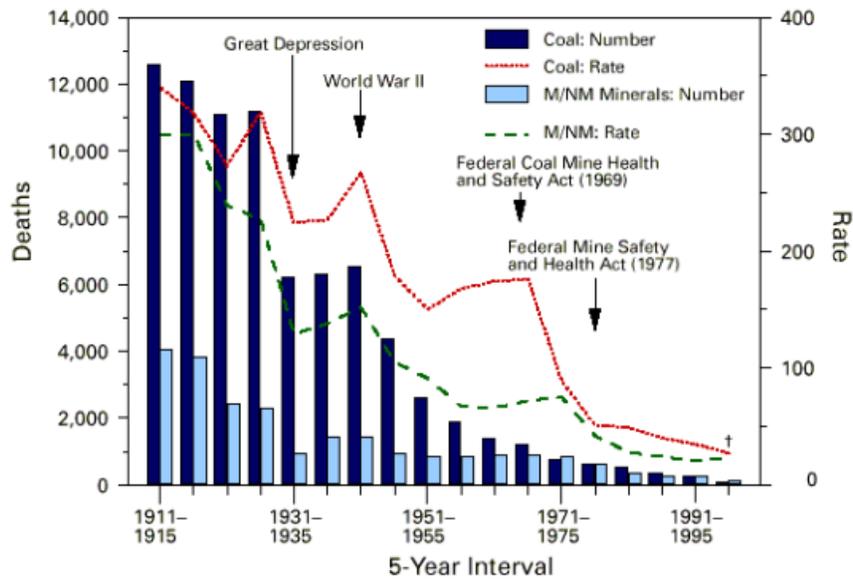
Figure 4: Motor-vehicle-related deaths per million vehicle miles traveled (VMT) and annual VMT, by year — United States, 1925–1997



Workplace safety⁷

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.

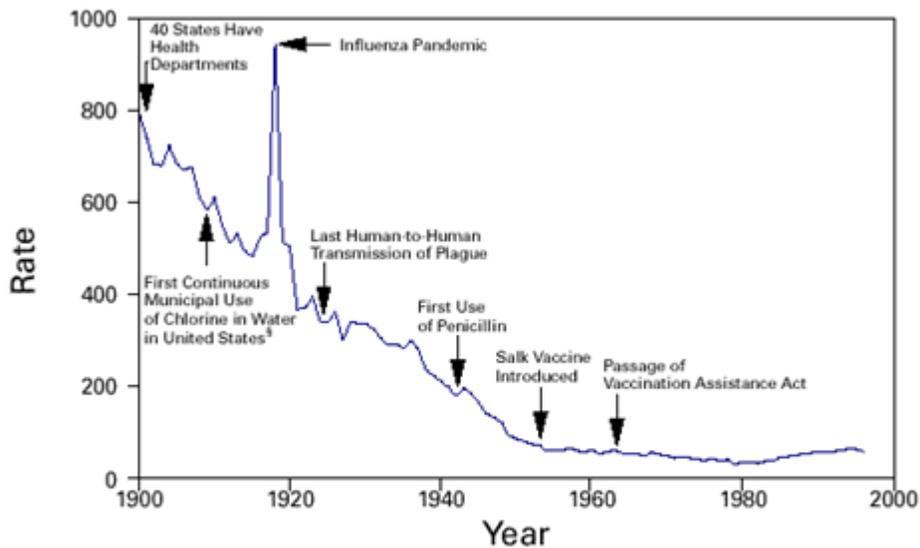


*Per 100,000 workers.
 †Data are for 1996 and 1997.

Control of infectious diseases⁷

Death from infectious diseases in the United States has declined markedly during the 20th 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.

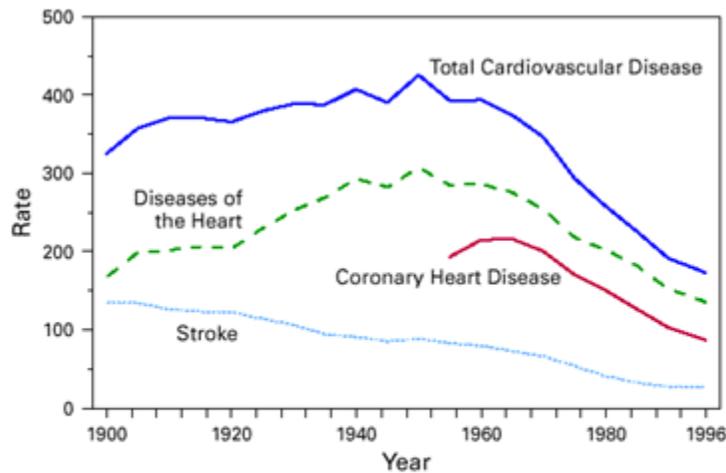
†Adapted from Armstrong GL, Conn LA, Pinner RW. Trends in infectious disease mortality in the United States during the 20th century. *JAMA* 1999;281:61–6.

‡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 stroke⁷

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.

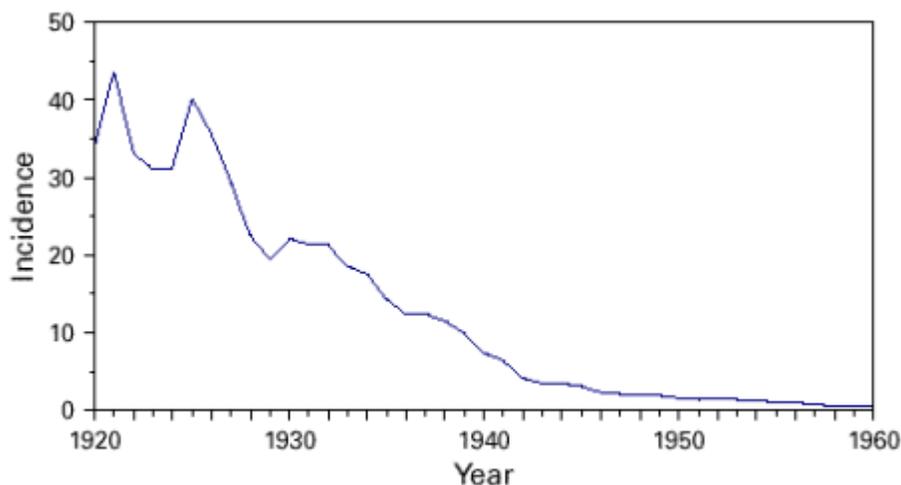


*Per 100,000 population, standardized to the 1940 U.S. population.
 †Diseases are classified according to *International Classification of Diseases* (ICD) codes in use when the deaths were reported. ICD classification revisions occurred in 1910, 1921, 1930, 1939, 1949, 1958, 1968, and 1979. Death rates 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 foods⁷

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 babies⁷

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 water⁷

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 hazard⁷

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, developed A Strategic Plan for Public Health System Improvement in Montana (2000).

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

2012 — Public Health and Safety Division (PHSD) began a 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. Information from focus groups, on-site meetings, surveys, and webinars informed the development of a plan intended to address the health needs identified through the assessment. In June 2013, Governor Bullock released “Big Sky. New Horizons. A Healthier Montana: A Plan to Improve the Health of Montanans”. The state health improvement plan outlines health improvement priorities in five areas and identifies strategies for achieving improvement through (1) public health policies; (2) prevention and health promotion efforts; (3) access to health care, particularly clinical preventive services; and (4) strengthening Montana’s public health and health care system.

Table 1: History of the state structure for public health

<p>STATE BOARD OF HEALTH (SBH)</p> <p>(1901 – 1960)</p>	
<p>DEPARTMENT OF PUBLIC HEALTH (DPH)</p> <p>(1961 – 1971)</p>	
<p>DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES (DHES)</p> <p>(1972-1995)</p>	
<p>DEPARTMENT OF ENVIRONMENTAL QUALITY (DEQ)</p> <p>[includes portions of other former agencies, including DHES]</p> <p>(1995- PRESENT)</p>	<p>DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES (DPHHS)</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 28 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.⁹ A strong relationship exists between local health departments and the Montana Department of Public Health and Human Services (DPHHS). DPHHS manages federal and state grants and provides technical assistance and other resources (state public health laboratory, epidemiology expertise, etc.) to the local health departments. The Director of DPHHS reports directly to the Governor.

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 Office of Public Health System Improvement, and the Office of Epidemiology and Scientific Support. There are 31 programs organized under the bureaus and offices in PHSD.

Chronic Disease Prevention and Health Promotion Bureau

PHSD is charged with preventing chronic disease and promoting health. This is accomplished with activities that promote healthy behaviors including physical activity, seat belt use, fall prevention, healthy eating, abstinence from tobacco, and tobacco cessation and activities that address chronic conditions such as asthma, cardiovascular disease, stroke, diabetes, and arthritis, as well as injury. Preventable risk factors and chronic conditions place a major burden on Montanans due to premature death, reduced quality of life, and high costs of health care.

The Chronic Disease Prevention and Health Promotion Bureau has programs that serve youth and adults statewide. For example, the Cancer Screening Program has served more than 30,810 low-income women and men with breast, cervical, and colorectal cancer screenings. Since its inception in 2004, more than 64,000 Montanans have enrolled in the Montana Tobacco Use Prevention Program Quit Line (866-Quit-Now), and of these approximately 22,400 (35%) have quit using tobacco with this statewide resource. The chronic disease programs collaborate and support health care professionals, health care facilities, local and tribal health departments, and numerous other organizations across the state. The Emergency Medical Services (EMS) Section licenses and regulates more than 150 emergency medical services across Montana, providing education for EMS technicians and works to improve the quality of care provided for trauma patients.

Family and Community Health Bureau

Improving the health of Montana's maternal and child populations is a priority for PHSD. This population encompasses women of childbearing age (15–44 years) pregnant women, infants, children, and youth with special needs and their families. Annually, the Family and Community Health Bureau provides reproductive health services to approximately 27,000 women and men and supports home visiting services for at-risk families in nine communities. The WIC program provides nutrition screening and education, referrals to health and human services and nutritious food to more than 20,000 participants each month. These services are provided at 85 sites, including seven American Indian Reservations.

The Children's Special Health Services Program coordinates clinics staffed by medical specialists and health care professionals that address 20 chronic pediatric conditions. Each year, these clinics serve approximately 5,000 children and youth who have special health care needs. Nearly all babies born in Montana (over 12,000 per year) are screened for hearing impairment and 28 metabolic and genetic conditions as part of the Newborn Hearing and Metabolic Screening Program. In 2011 and the first half of 2012, six babies were identified and treated for conditions that, without treatment, can cause serious disease and life-long effects with significant costs for medical care.

Laboratory Services Bureau

Montana's clinical public health and environmental laboratories provide testing to support disease prevention and control. In 2012, residents and health care providers from 54 counties in Montana submitted samples for laboratory testing services. Staff at the state laboratories performed over 247,000 tests last year. Laboratory tests performed include both medical tests in support of disease control programs (such as for tuberculosis and HIV) and environmental tests in support of clean drinking water (such as for bacterial contamination and heavy metals). In addition, newborn screening for 28 metabolic and genetic tests are done at the laboratory for the 12,000 babies born in Montana each year.

Test results are used by clinicians to aid in diagnosing and treating patients and by local and tribal public health officials to enhance response to disease outbreaks or water contamination, and to track disease trends. In 2012, Montana experienced the most pertussis cases since 2005. Outbreaks like these cause clinicians, and local and tribal public health agencies to look to the PHSD for needed testing. Timely and accurate testing is also important to track and respond to influenza. During the 2012 influenza season, testing was performed on 1,683 specimens from throughout the state, of which 28% were confirmed positive. Approximately 42% of the positive specimens were further typed and subtyped, providing important information about strains circulating this season and strains to consider for inclusion in next year's vaccine.

Communicable Disease Control and Prevention Bureau

To prevent and control the spread of communicable disease, the PHSD provides services such as disease tracking and control; regulatory activities for public establishments; and the coordination of activities such as immunization and HIV/AIDS treatment programs. These programs are responsible for assisting with the approximately 4,700 cases of communicable diseases reported each year, working with providers and local and tribal public health agencies to ensure that proper treatment and investigation are conducted to prevent additional illnesses. Recent activity including a dramatic increase in pertussis cases statewide and a localized gonorrhea outbreak required significant coordination of state, local and tribal resources.

Additional communicable disease prevention and control activities include providing life-extending therapies and case management to approximately 550 individuals living with HIV in Montana and shipping over 170,000 doses of vaccine to local health care providers for use annually. In addition, the Food and Consumer Safety Section of the Division coordinates with local sanitarians to ensure that 12,000 public establishments that provide food services and lodging in Montana are inspected to protect the public's health and safety. DPHHS and local and tribal public health agencies work together on continuing to develop and test a variety of public health emergency response plans.

Financial, Operations, and Support Services Bureau

The Financial, Operations and Support Services Bureau (FOSB) provides budget and financial support to the Division, including monitoring budgets and expenditures for more than 90 funding sources, and preparing state and federal financial reports. Every year, the Bureau develops more than 450 contracts for services with local and tribal public health agencies, health care providers and facilities and community-based organizations, as well as budget requests for presentation to the legislature. The FOSB staff serve a vital role in coordinating with Department-level support services including financial, facility maintenance and human resource services. Finally, the Office of Vital Records is housed in the FOSB and issues over 16,000 birth and death certificates each year and maintains records of vital events including all marriages and divorces back to 1860.

Office of Epidemiology and Scientific Support

The PHSD is responsible for monitoring and tracking the health of Montanans. This is accomplished using a variety of data sources including birth and death records, hospital discharge data, survey information and disease registries and reports. By managing and analyzing all of these data sources, the Office of Epidemiology and Scientific Support provides technical assistance to all of the PHSD bureaus as well as external programs, helping them to use the best available data to make programmatic and budgetary decisions. Surveys like the Behavioral Risk Factor Surveillance System, a survey that is conducted annually, provide a population level snapshot of the health of all Montanans, allowing the PHSD to determine where to direct resources and how to best improve the health of Montanans.

Office of Public Health System Improvement

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. The people of Montana will benefit from public health departments that deliver contemporary public health services and meet national standards. The PHSD is providing training and technical assistance to local and tribal public health departments to increase their readiness for voluntary national public health accreditation.

Within the Division, the Public Health System Improvement Office 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 2011, 66.6% of Montana PHSD funding came from federal sources with the remaining amount from state sources (Figure 10). Figure 11 shows expenditures for DPHHS in fiscal year 2011.

Figure 10: PHSD sources of funding (FY11)¹⁰

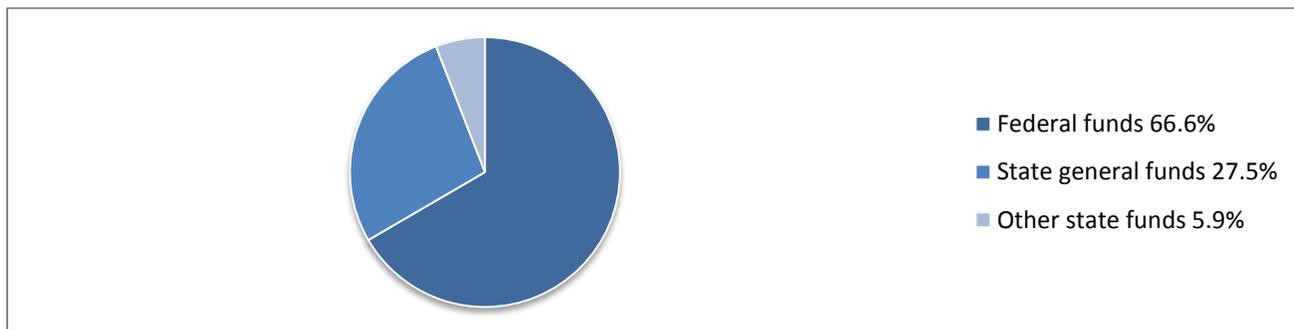


Figure 11: PHSD expenditures (FY11)¹⁰

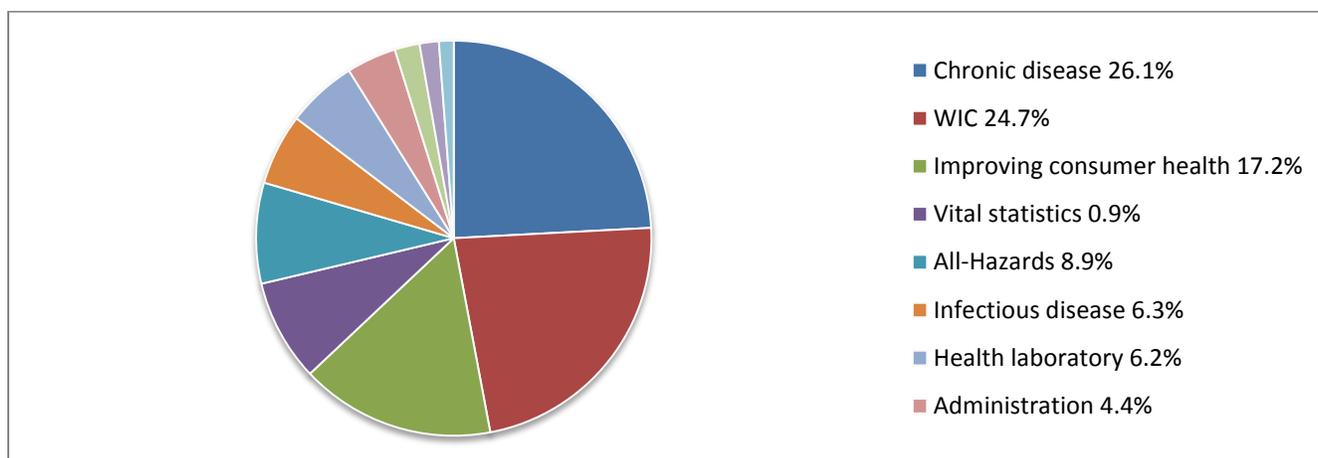


Table 2 shows per capita public health funding for Montana and neighboring states. The public health funding for your county is a combination of federal, state, and local sources.

Table 2: Public Health Funding per Capita, 2012¹¹

	CDC funding per capita 2012		HRSA funding per capita 2012		State public health budget funding per capita 2012	
	Per capita \$	Rank	Per capita \$	Rank	Per capita \$	Rank
Wyoming	\$27.23	10	\$17.52	43	\$58.73	9
South Dakota	\$29.28	9	\$29.25	15	\$28.48	25
Montana	\$29.67	8	\$54.90	2	\$19.45	32
North Dakota	\$30.09	6	\$24.10	24	\$48.62	12
Idaho	\$21.87	21	\$27.59	18	\$90.17	3
US Median	\$19.54	-	\$23.18	-	\$27.40	-

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, 2013
2. Administrative Rules of Montana
3. Montana courts
4. Attorney General opinions

Montana Code Annotated, 2014

Most of the codes pertaining to local boards of health are in Title 50, Health and Safety Chapter 2: Local Boards of Health.¹² 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.¹² Montana law requires that every county or 1st or 2nd class city shall have a board of health. The law provided for flexibility in the membership and type of local board of health.¹²

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 1st or 2nd 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. 1st and 2nd 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, and public health nurses.

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 Montana Department of Public Health and Human Services

Defining the relationship between the local board of health and the Montana Department of Public Health and Human Services

DPHHS provides oversight and guidance of public health in Montana. The department 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.

MT DPHHS 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.

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

How is DEQ organized and who does what?

Montana law describes the agencies formed, their responsibilities, and, in general, how they are to be operated. DEQ follows the general framework with:

- Four Divisions, headed by an Administrator (Permitting and Compliance, Planning Prevention and Assistance, Remediation, and Enforcement)
- Five supporting units, two headed by a Chief Officer (Office of Financial Services and Office of Information technology), the legal unit headed by a Chief Legal Counsel, the Human Resource Office and Montana Environmental Policy Unit
- Director's Office, headed by the Agency Director and a Deputy
- Petroleum Tank Release Compensation Board is administratively attached to the department
- Board of Environmental Review is administratively attached to the department

While these units are based mostly on functional roles within DEQ, there are numerous opportunities and requirements for organizational units to cross-over for shared duties. Fundamentally, each unit is described below. An important resource for anyone wanting to conduct business with DEQ is the set of process charts found on the DEQ website: <http://deq.mt.gov/about/businessProcesses/default.mcp>

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.

The director oversees the development of appropriate policies and procedures throughout all organizational units of the agency and makes sure the structure supports optimum efficiency, consistency and capability for planning, consultation, and decision-making.

The Director's Office includes the director's staff, a centralized Legal Services Unit, and a centralized Personnel Office. The Financial Services Office is an extension of the director's responsibility and ability to provide budgeting, accounting, procurement, and contract management. The Office of Information Technology provides agency-wide services and support for network administration, applications and website development, and customer services.

Office of Financial Services

The Office of Financial Services provides services to the department in the following areas: accounting, budget and financial management, fiscal reporting, payroll, internal auditing, procurements including contracts for services, and the purchasing of supplies and equipment.

This office is responsible for responding to and working with other state agencies, the Governor's office, the Legislative Branch, federal agencies, legislative groups, and the public with activities relative to the fiscal management of the department.

The office is organized by service area: Accounting Services, Budget Services and Contracts Management.

Office of Information Technology

The Office of Information Technology provides central coordination and support of information technology services for the Department of Environmental Quality.

The function of this office is to provide systems administration, applications development and support services to the department and its regional offices. The office is responsible for the planning, development, implementation and maintenance of comprehensive statewide information technology solutions to better provide services to the department's employees, vendors and the general public. Responsibilities include short term and long range planning, management reporting, budgetary planning, resource allocation, and development of policies and procedures.

The Office of Information Technology is also responsible for administration of the department's web sites.

Permitting and Compliance Division

The Permitting and Compliance Division (PCD) reviews and assesses all environmental permit and license applications to determine the correct control measures and requirements needed to meet the laws and rules that have been enacted to protect the quality of the state's air, water, and land.

The division prepares the appropriate environmental review documents to comply with the Montana Environmental Policy Act. This work includes coordination and preparation of environmental impact statements, ensuring methods and standards are consistent with department policy, and coordination with regulatory programs in the division, the department and other state and federal agencies.

The division conducts all facility inspections and reviews reports to determine compliance with permit conditions and the laws and regulations. If violations are discovered, the division provides the technical assistance needed to bring the facility back into compliance or prepares an enforcement request for further action by the Enforcement Division.

Bureaus within the Permitting and Compliance Division perform duties as shown below.

Air Resources Management Bureau

The Air Resources Management Bureau regulates air emissions, through permitting and compliance activities. Bureau responsibilities include:

- Issuing air quality pre-construction and operating permits
- Inspecting and providing compliance assistance for air emission sources
- Issuing permits for open burning activities
- Coordinating operation of the Montana Smoke Management Program with the major open burning entities.

Environmental Management Bureau

The Environmental Management Bureau (EMB) regulates activities governed by the Montana Metal Mine Reclamation Act and the Major Facility Siting Act (MFSA). The EMB coordinates the permitting process for proposed "hard rock" mines and quarries, issues permits when appropriate, inspects permitted mining operations and ensures that disturbed areas are properly reclaimed after mining

ends. It also performs environmental reviews for large power lines, and pipelines or geothermal facilities proposed under the MFSA.

Bureau responsibilities include:

- Regulation of Small Miner activities
- Regulation of exploration for "hard rock" minerals
- Permit review for proposed gold, silver, copper and other metal mines, including interaction with federal and other state agencies
- Inspections and compliance assistance at operating "hard rock" mines and quarries
- Calculation, periodic review and maintenance of reclamation bonds, and ensuring that reclamation is carried out properly after mining operations cease
- Oversight of large pipelines and large electrical transmission lines
- Regulation of geothermal resources for the creation, use, or conversion of energy

Industrial and Energy Minerals Bureau

Coal and Uranium Program

Issues timely and complete permit and permit modification decisions for mining and reclamation of coal and uranium minerals to ensure that mineral development which occurs does so with adequate protection of environmental resources.

Opencut Program

Issues timely and complete permit and permit modification decisions for mining and reclamation of Opencut minerals (bentonite, clay, scoria, soil materials, peat, sand or gravel) to ensure that mineral development which occurs does so with adequate protection of environmental resources.

Conducts compliance evaluations to assess conformity with Opencut requirements, and provides compliance assistance to the regulated community.

Public Water & Subdivisions Bureau

The Public Water & Subdivisions Bureau regulates public drinking water and subdivision facilities in Montana. The Bureau's Public Water Supply Section assures that public health is maintained through a safe and adequate supply of drinking water. These functions are achieved by technical reviews, licensing, certifications, compliance monitoring, training, and technical assistance. The Section also licenses operators of certain public drinking water and wastewater treatment facilities. The Bureau's Subdivision Review Section reviews applications for proposed subdivisions to ensure compliance with the Sanitation in Subdivisions Act. In general, this includes reviewing the adequacy of water supply, wastewater treatment and disposal, solid waste disposal, and storm water control systems for parcels of land smaller than 20 acres, and for condominiums and recreational vehicle and mobile home parks, regardless of their size. Included in this review is the evaluation of water quality impacts from wastewater disposal systems in accordance with Montana's non-degradation and mixing zone rules.

Visit our topic pages to find the detailed information on how these programs are administered.

Bureau Responsibilities include:

- Provide technical review and approval of public drinking water and wastewater system design and operational plans
- Conduct sanitary surveys of public drinking water systems and provide technical assistance to help systems maintain compliance
- Monitor and oversee required public drinking water system sampling to assure the delivery of safe water to the users of the system
- Maintain a comprehensive record system for public drinking water sampling results and design and maintenance activities
- Provide training and certification for operators of drinking water and wastewater systems;
- Verify adequacy of water supplies for proposed subdivisions
- Review and approve technical designs for water supply systems and subsurface wastewater treatment systems for proposed subdivisions
- Review and approve storm water drainage plans for proposed subdivisions
- Conduct water quality nondegradation analyses for nitrate and phosphorous discharged from subsurface wastewater treatment systems at proposed subdivisions

Waste & Underground Tank Management Bureau

The Waste and Underground Tank Management Bureau (WUTMB) regulates asbestos abatement control, hazardous waste generators, motor vehicle wrecking facilities, clandestine methamphetamine lab cleanup, septic pumpers, non-hazardous solid waste management facilities and underground storage tanks.

The bureau assures that the environment is adequately protected from the hazards of waste disposal and improper storage and distribution of petroleum fuels. Technical reviews, licensing, certifications, inspections, compliance monitoring, training and technical assistance achieve these functions. Waste management facilities include: noncommercial hazardous waste sites, municipal landfills, construction demolition waste landfills and septic tank land application sites. The bureau licenses and regulates motor vehicle wrecking facilities and administers a state junk vehicle collection program that recycles automotive scrap metal as well as protect the scenic beauty of Montana's landscape. WUTMB prevents pollution by ensuring proper installation, operation and maintenance of underground storage tanks containing regulated substances. WUTMB also works with property owners, certified contractors and other public agencies to clean up clandestine methamphetamine labs.

Bureau Responsibilities include:

- Permitting and compliance of asbestos abatement projects where asbestos containing materials are removed, transported, or disposed and licensing of persons who perform asbestos-related work such as asbestos abatement, inspection, project designing and management planning.
- Oversee the approval and auditing of asbestos training course providers who train persons who conduct asbestos-related work.
- Administer EPA's asbestos National Emission Standard for Hazardous Air Pollutants (NESHAP) which governs asbestos emission sources including building renovation and demolition activities and asbestos landfills.
- Conduct inspections at businesses that generate hazardous waste and used oil to ensure compliance with management standards. Provide technical assistance for those businesses to promote compliance.

- Issue permits to facilities that treat, store or dispose of hazardous waste, including requirements to clean up past waste management practices.
- Review and license motor wrecking facilities and junk vehicle graveyards.
- Conduct inspections at motor vehicle wrecking facilities and junk vehicle graveyards and provide technical assistance to assure compliance.
- Oversee county junk vehicle collection programs and administer a grant to fund the activities of the county programs.
- Provide training and assistance for county junk vehicle program directors.
- Post known meth lab locations on a web site and work with property owners, contractors and local health officials to administer decontamination standards and procedures for the cleanup of indoor property contaminated by the clandestine manufacture of methamphetamine (meth).
- Train and certify contractors and their employees to conduct methamphetamine lab assessment and/or remediation activities.
- License septic tank pumpers and inspect disposal sites for septic tank and sump wastes.
- Provide training for owners and operators of solid waste disposal facilities.
- Conduct inspection of solid waste management facilities and provide technical assistance to maintain compliance.
- Ensure that active underground storage tanks are properly operated and monitored for releases, conduct design reviews of underground storage tank installations.
- Train and license compliance inspectors, installers and removers.

Water Protection Bureau

The Water Protection Bureau was formed to prevent surface and ground water pollution by review of the potential sources of pollution and issuance of Montana Pollutant Discharge Elimination System Permits. The Water Protection Bureau also is responsible for determinations of non-degradation.

The department has compiled **A GUIDE TO WATER QUALITY INFORMATION** which is designed to provide access to organizational information, laws, rules, permitting information, standards, and bulletins related to water quality in Montana. It also describes the water quality related programs and activities of the DEQ.

Please refer to this web site for the most current information relating to water quality.

Planning, Prevention and Assistance Division

The Planning, Prevention, and Assistance Division develops integrated energy, waste management and water plans to protect Montana's environmental resources. The division encourages businesses, local governments and citizens to adopt new products, technologies and practices that avoid environmental damage to the public's resources. We provide financial and technical assistance to overcome market and institutional barriers hindering the implementation of cleaner business, energy utilization and public works practices and the installation of better equipment.

Energy and Pollution Prevention Bureau

The Energy and Pollution Prevention Bureau works to improve energy efficiency in buildings; increase the use of renewable energy; provide analysis of energy trends and issues; prepare for energy emergencies; prevent pollution of air, water, and land; and reduce the volume and toxicity of solid

wastes through source reduction, recycling, and composting in order to sustain and improve a clean and healthful environment.

Key Initiatives

- Energy Efficiency in Public Buildings — lead by example with financing program for cost effective energy savings in state-owned buildings and encourage energy efficiency in local governments.
- Energy Efficiency in Residential and Commercial Buildings — offer training on applications of 2009 building energy code, radon detection and mitigation, and high performance buildings.
- Renewable Energy for Homes and Small Businesses — finance small scale renewable energy systems through a revolving loan program.
- Energy Policy and Energy Emergency Preparedness — collect and publish energy data, review applications for tax incentives, develop energy emergency plan, analyze energy policy options.
- Transportation Efficiency and New Fuels — promote the use of bio-diesel and other alternative liquid fuels and encourage idle reduction for energy efficiency and air quality benefits.
- Recycling — educate citizens, develop and assist local initiatives, and develop new markets for goods that can be recycled to reduce the amount of waste disposed of in Montana landfills.
- Environmental Compliance for Small Businesses — assist small business to better understand and comply with air, water, and waste regulations and serve as ombudsman for the small business community.
- Energy Efficiency in Manufacturing and Business Development — encourage energy efficiency in small manufacturing and the development of new and renewable energy businesses.

The Small Business Environmental Assistance Program

The mission of the Small Business Environmental Assistance Program (SBEAP) is to assist Montana businesses to understand and comply with environmental regulations and to go beyond the regulations to prevent pollution and improve environmental quality. The Small Business Environmental Assistance Program (SBEAP) assists small businesses achieve and maintain compliance with new and existing environmental requirements, and act as an advocate for small businesses. Assistance from the SBEAP is free, and imposes no obligation on Montana businesses.

Compliance Assistance SBEAP Hotline 800-433-8773

- Advocacy on behalf of small businesses.
- Assistance with communication between DEQ and businesses
- Permitting assistance
- Pollution prevention assistance
- Workshops and trainings
- Informative printings and mailers

Mission Statement

Designed as a separate non-regulatory program within the DEQ, the Small Business Environmental Assistance Program serves to assist Montana businesses to understand and comply with applicable environmental regulations.

Recycling and Waste Reduction

1. SMART Schools Challenge: <http://governor.mt.gov/SmartSchools>
2. Recycle Bin Loan Program: <http://deq.mt.gov/Recycle/binloan.mcp>
3. 2012 Recycling Report: http://deq.mt.gov/Recycle/recycling_statistics_Page.mcp
4. Recycling Collection Facility License Application - FREE:
<http://www.deq.mt.gov/solidwaste/recyclingfacility.mcp>

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.

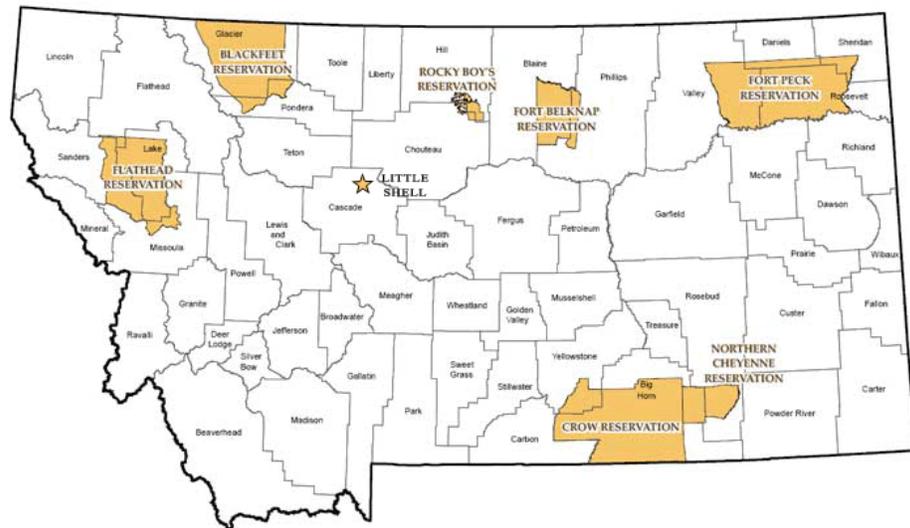
Due to longstanding treaties, agreements and executive orders, Indian tribes have a unique relationship with the federal government. As a state government, the Department of Public Health and Human Services (DPHHS) is committed to having solid relationships with the tribal governments in Montana. Our 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

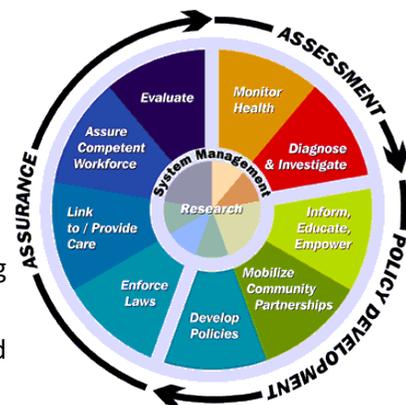
State recognized, headquartered in Great Falls, Montana

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:¹⁶

- 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/topics/infrastructure/CHAIP/>

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 2020¹⁷

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 Strategy¹⁸

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/initiatives/prevention/strategy/index.html>

CDC's Winnable Battles¹⁹

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 2012, the Public Health and Safety Division (PHSD) of the Montana Department of Public Health and Human Services (DPHHS) began a 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 of the State's Health, A Report on the Health of Montanans*, the report 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. More than half of all Montana residents die from two broad categories of chronic diseases, cardiovascular disease (heart disease and stroke) and cancer.

Leading causes of death for the entire population, 2011²⁰

Cardiovascular disease.....	28%
Cancer.....	22%
Respiratory disease.....	7%
Unintentional injury.....	6%

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

Opportunities to Improve Health

WOMEN OF CHILDBEARING AGE Health Risks Lead to Poor Pregnancy Outcomes

No regular provider	30%
Smoke	23%
Overweight or obese	44%
No physical activity	18%
Smoke in pregnancy	16%
Late or no prenatal care	20%

CHILDREN AND ADOLESCENTS Too Few Are Immunized and Too Many Smoke

Toddlers not fully immunized	40%
Teens not immunized for meningitis	60%
Teen smoking	17%

ADOLESCENTS AND ADULTS High Prevalence of Alcohol Abuse and Poor Mental Health

Adults: poor mental health reported in the last 30 days	34%
Teens: depression lasting 2 weeks or more	25%
Adults binge drink	21%
Teen Drinking	38%

ADULT MONTANANS Unhealthy Lifestyles Are Too Common

Smoke	22%
Overweight or obese	60%
No physical activity	24%
No breast cancer screening	29%

ACCESS TO CARE Many Montanans Lack Health Care Coverage and Medical Homes

No health care coverage	20%
No usual health care provider	34%
Had to forgo care because of cost	15%

To achieve a Healthier Montana, we encourage Montanans to:

Stay active and eat well



Live tobacco-free



Get age-appropriate immunizations



Take simple steps to prevent injuries



See a health care provider regularly



Contribute to and enjoy a healthy environment



Our Pledge

We pledge ourselves to:

- ✓ Pursue the goals and strategies described in this state health improvement plan
- ✓ Build a public health and health care system that supports these goals
- ✓ Facilitate partnerships that support these goals



Healthy People. Healthy Communities.
Partnership for Health & Well-being

For a complete report on the health of Montanans see:

<http://www.dphhs.mt.gov/Portals/85/publichealth/documents/Epidemiology/StateOfTheStatesHealth.pdf>

Once opportunities to improve health were identified, PHSD along with stakeholders, developed a plan to improve the health of Montanans. In June 2013, Governor Bullock released “*Big Sky. New Horizons. A Healthier Montana: A Plan to Improve the Health of Montanans*”. The state health improvement plan outlines health improvement priorities in five areas: prevent, identify, and manage chronic conditions; promote the health of mothers, infants, and children; prevent, identify, and control communicable disease; prevent injuries and reduce exposure to environmental health hazards; and improve mental health and reduce substance abuse. For each of these health improvement priorities, strategies for achieving improvement are included through (1) public health policies; (2) prevention and health promotion efforts; (3) access to health care, particularly clinical preventive services; and (4) strengthening Montana’s public health and health care system. The plan has 78 strategies for health improvement and established 27 health indicators to track progress. To help track progress, PHSD created a health improvement dashboard that contains data on each indicator for Montana and for the U.S. and related national Healthy People 2020 targets when available.

For more information on the health improvement plan, visit:

<http://ahealthiermontana.mt.gov/Portals/2/Documents/Big%20Sky%20New%20Horizons%20final%2009.2013.pdf>

To access the dashboard, visit: <http://ahealthiermontana.mt.gov/dashboard.aspx>

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 CREATING 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 seven “Key Result Areas” (KRAs) with corresponding goals, strategies, objectives and metrics. The KRAs 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 and health care system, 6) internal operations and workforce development, and 7) financial systems and relationships with governing entities.

For more information on the strategic plan, visit: <http://www.dphhs.mt.gov/publichealth/StrategicPlan2013-2014.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.²¹ PHAB's public health department accreditation process seeks to advance quality and performance within public health departments.²¹ 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.²¹

What is public health department accreditation?²¹

- 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://www.dphhs.mt.gov/publichealth/PublicHealthAccreditation.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

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

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

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

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

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

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://www.deq.mt.gov/default.mcpx>

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

Montana Department of Livestock

<http://liv.mt.gov/default.mcpx>

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

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

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

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

National Environmental Health (NEHA)

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

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

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

Standards

Public Health Accreditation

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

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

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

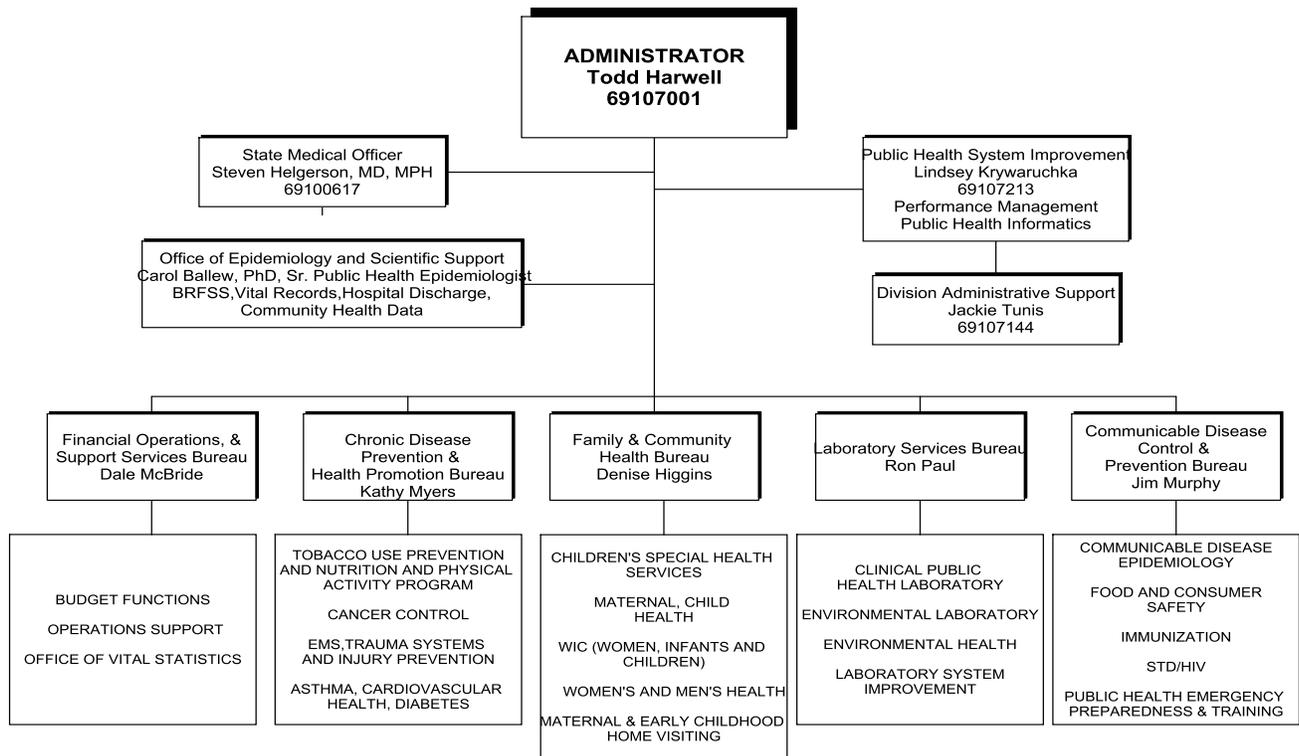
15. Do you feel the work of the board, and your work on the board, makes an important difference? YES or NO

Comments:

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

PHSD Organizational Chart

Department Of Public Health and Human Services
Public Health & Safety Division
 "To Improve & Protect the Health & Safety of Montanans"



Updated 10/01/2014

References

1. CDC Foundation, "What is public health?", 2014. Accessed December 22, 2014. Available at: <http://www.cdcfoundation.org/content/what-public-health>
2. Centers for Disease Control and Prevention, "National Public Health Performance Standards Program: Orientation to the Essential Public Health Services presentation", Undated. Accessed December 23, 2014. Website for Program: <http://www.cdc.gov/nphsp/documents/essential-phs.pdf>
3. Centers for Disease Control and Prevention, "The Public Health System and the Ten Essential Public Health Services", 2014. Accessed December 22, 2014. Available at: <http://www.cdc.gov/nphsp/essentialservices.html>
4. Institute of Medicine, "For the Public's Health", 1988. Accessed December 22, 2104. Available at: <http://iom.edu/Reports/1988/The-Future-of-Public-Health.aspx>
5. Centers for Disease Control and Prevention, "Ten Great Public Health Achievements US, 1900-1999", 1999. Accessed December 22, 2014. Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/00056796.htm>
6. Centers for Disease Control and Prevention. Epidemiology and Prevention Vaccine-Preventable Diseases. 12th Edition. 2011, Accessed December 22, 2014. Available at: <http://www.cdc.gov/vaccines/pubs/pinkbook/meas.html>
7. Centers for Disease Control and Prevention, "Ten Great Public Health Achievements in the 20th Century", 2013. Accessed December 22, 2014. Available at: <http://www.cdc.gov/about/history/tengpha.htm>
8. Montana Public Health Nurses Manual www.phnurse.org/docs/PHN_Manual_-_Montana.doc
9. Association of State and Territorial Health Officers, "ASTHO Profiles of State Public Health", 2014. Accessed December 22, 2014. Available at: <http://www.astho.org/Profile/Volume-Three/>
10. Association of State and Territorial Health Officers, "Profile of Montana", 2014. Accessed December 22, 2014. Available at: <http://www.astho.org/Profile/Volume-Three/State-Profiles/Montana/>
11. Trust for America's Health. "Investing in America's Health: A State-by-State Look at Public Health", 2013. Accessed December 22, 2014 Available at: <http://healthyamericans.org/assets/files/TFAH2013InvstgAmrcsHlth05%20FINAL.pdf>
12. State of Montana, "Montana Code Annotated 2014, Title 50. Health and Safety", 2014. Accessed December 22, 2014. Available at: http://leg.mt.gov/bills/MCA_toc/50.htm
13. Montana Office of Public instruction. "Indian Education for All. Montana Indians. Their history and location", 2009. Accessed December 22, 2014. Available at: <http://www.opi.mt.gov/pdf/IndianEd/Resources/MTIndiansHistorylocation.pdf>
14. Montana Governor's Office of Indian Affairs. Accessed December 22, 2104. Available at: <http://tribalnations.mt.gov/>
15. Indian Law Montana. Accessed December 22, 2014. Available at: <http://www.indianlaw.mt.gov/default.mcp>
16. National Association of City County Health Officials, "Community health planning", 2014. Accessed December 22, 2014. Available at: <http://www.naccho.org/topics/infrastructure/CHAIP/>
17. Healthy People, "Healthy People 2020", 2014. Accessed December 22, 2014. Available at: <http://www.healthypeople.gov/2020/default.aspx>
18. US Department of Health and Human Services, "National Prevention Strategy", No date, Accessed December 22, 2014. Available at: <http://www.surgeongeneral.gov/initiatives/prevention/strategy/index.html>
19. Center for Disease Control and Prevention, "Winnable Battles", 2014. Accessed December 22, 2014. Available at: <http://www.cdc.gov/winnablebattles/index.html>

20. Montana Department of Public Health and Human Services, "State the State's Health", 2013. Accessed December 22, 2014. Available at:
<http://www.dphhs.mt.gov/Portals/85/publichealth/documents/Epidemiology/StateOfTheStatesHealth.pdf>
21. Public Health Accreditation Board. Accessed December 22, 2014. Available at:
<http://www.phaboard.org/>
22. Guidebook Iowa Local Boards of Health, 2011. Accessed December 22, 2014. Available at:
<https://www.idph.state.ia.us/hpcdp/common/pdf/lbohguidebook.pdf>