Table of Contents

Letter from the Health Director 3
Board of Health 3

Program Highlights
- Communicable Disease 4
- Immunizations 5
- School Nursing 5
- Public Health Emergency Preparedness 6
- Tobacco Use Prevention 6
- Family Planning 7
- WIC (Women, Infants, and Children) 7
- Parents as Teachers & First Years Initiative 8
- Fetal, Infant, Child, Maternity Mortality Review (FICMMR) 8
- Car Seat Safety 8
- Walk-In Services 8
- The Nurturing Tree 9
- Home Health 9

Community Engagement
- Health Promotion 10
- Committees and Coalitions 10
- Public Information 11

Public Health Systems Improvement 12
Public Health Core Functions and Ten Essential Services 12
Funding Overview 13
Montana Code Annotated 50-1-105. Policy—Purpose 14
Letter from the Health Director

To the Residents of Dawson County:

I am pleased to present to you the 2018 annual report of the Dawson County Health Department (DCHD). The Health Department is committed to excellence in protecting, promoting, and enhancing the health and well-being of all people. We provide quality services to people of all ages and work to ensure the health and safety of our community and environment through the promotion of health and prevention of disease. The following pages show the tireless work undertaken daily by Health Department staff to carry out our mission.

The annual report serves as a tool to share information about the activities and achievements of the Health Department. More often than not, the work we do to prevent disease and promote healthy lifestyles is done behind-the-scenes. Because of this and our role as a publicly funded, government entity, it is our responsibility to the taxpayer and community at large to transparently share our work and be held accountable for the work we do. Please continue to read and explore the many facets of public health and our local programming outlined in this annual report. As you look through the pages, don’t hesitate to contact us with any questions or concerns.

Sincerely,

Timber Dempewolf, RN
Health Department Director

Mission
Promote and Protect Public Health

Vision
The Dawson County Health Department is committed to excellence in protecting, promoting, and enhancing the health and well being of all people. We provide quality services to all people and work to ensure the health and safety of our community and environment through the promotion of health

Board of Health

Jill Domek, Glendive Medical Center, Chair
Dr. Joseph Leal, Health Officer
Dennis Zander, Dawson County Commissioner
Jerry Jimison, Glendive Mayor
Stephen Schreibeis, Glendive Public Schools Superintendent
Cindy Heidt, Eastern Montana Mental Health Center
Brett Irigoin- County Attorney
Justin Cross- licensed establishment
Ex Officio Members
Timber Dempewolf, DCHD Director
Kevin Pena, Dawson County Sanitarian, Vice Chair

The Dawson County Board of Health meets quarterly at the Dawson County Courthouse. To contact the Board of Health, contact Timber Dempewolf at 377-5213. Meeting minutes are available online at www.dawsoncountymontana.com/departments/publichealth.
Communicable Disease

In accordance with state law, health care providers in Montana report cases of over 60 different diseases to their local health department. When DCHD’s Communicable Disease (CD) program receives one of these reports, they follow up on and investigate the case by providing patients information, monitoring for symptoms, and sometimes providing treatment recommendations for patients and potentially exposed contacts, all to help limit the spread of the disease.

Surveillance

The CD program conducts weekly surveillance with local health care providers—including Glendive Medical Center, Gabert Clinic, and private providers—GMC’s laboratory, and Glendive Public Schools. Regular surveillance allows DCHD to identify potential communicable disease outbreaks or other issues in a timely manner. Additionally, it facilitates better communication between DCHD and other local entities.

Disease Cases Investigations*

<table>
<thead>
<tr>
<th>Disease</th>
<th>Cases</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia trachomatis</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>Campylobacter</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Coccidiodymycosis</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Hepatitis C (includes chronic and acute cases)</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Human Immunodeficiency Virus (HIV)</td>
<td>3</td>
<td>*</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Lead Poisoning (blood levels &gt;5 micrograms per deciliter)</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Streptococcus pneumoniae</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Syphilis</td>
<td>1</td>
<td>*</td>
</tr>
<tr>
<td>Shiga-toxin producing E. coli (STEC)</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

*Investigations refer to reports that are not lab-confirmed cases, but still require DCHD to investigate and, in some instances, provide treatment or other recommendations.

*Investigations done by state DPHHS.

Rabies Exposures and PEP Recommendations

In 2018, DCHD investigated 24 animal bites. In each of these cases, DCHD is responsible for assessing the circumstances surrounding the incident and determine whether or not post-exposure prophylaxis (PEP), a vaccine series to prevent rabies, is recommended. A number of factors go into determining the necessity of PEP, and DCHD may work with veterinarians and law enforcement, along with the exposed person(s), to make the recommendation. **DCHD did not recommend PEP once in 2018.**

DCHD and Dawson County Sanitarian work together to follow up and investigate all reported animal bites in Dawson County.

Outbreak Response

DCHD also maintains 24/7 availability for outbreak response. Outbreaks of any communicable disease must be investigated and reported to the Montana Department of Public Health and Human Services (DPHHS).
Immunizations
Immunizations are offered at DCHD on a walk-in basis on Thursdays and other times by appointment. Immunizations are provided for children regardless of ability to pay through the Vaccines for Children program, which offers no-cost vaccines to children through age 18 who are uninsured, under-insured, or for other reasons cannot afford the cost of vaccination. The VFC program provided immunizations for 149 Dawson County children in 2018. Additionally, DCHD offers 11 different vaccines for adults. In 2018, DCHD provided 1424 immunizations, including 815 flu shots.

MT TeenVax Challenge
DCHD participated in the MT TeenVax challenge, which entered all adolescents aged 11 to 17 that received specific vaccinations in a drawing for a $50 gift card. To be eligible, teens had to have received at least one dose each of Tdap (tetanus, diphtheria, and pertussis), MCV4 (meningococcal disease), and HPV (human papilloma virus) by October 31. DCHD provided 164 vaccines to adolescents aged 11 to 18 in 2018.

Infant Immunizations
By the age of two, infants and young children should receive four doses of DTaP diphtheria, tetanus, and pertussis), three doses of polio vaccine, one MMR (measles, mumps, and rubella), one varicella (chickenpox), four doses of Hib (Haemophilus influenzae type b), three Hepatitis B, and four doses of PCV pneumococcal).

Vaccinations Provided in 2018

<table>
<thead>
<tr>
<th>Age</th>
<th>Private</th>
<th>Flu Private</th>
<th>VFC</th>
<th>Flu VFC</th>
<th>Totals</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-2</td>
<td>22</td>
<td>18</td>
<td>47</td>
<td>1</td>
<td>88</td>
</tr>
<tr>
<td>3-10</td>
<td>34</td>
<td>69</td>
<td>49</td>
<td>10</td>
<td>162</td>
</tr>
<tr>
<td>11-18</td>
<td>162</td>
<td>42</td>
<td>52</td>
<td>7</td>
<td>263</td>
</tr>
<tr>
<td>19-64</td>
<td>181</td>
<td>325</td>
<td>9</td>
<td>0</td>
<td>515</td>
</tr>
<tr>
<td>65+</td>
<td>51</td>
<td>342</td>
<td>0</td>
<td>0</td>
<td>393</td>
</tr>
</tbody>
</table>

Total Private = 1246
Total VFC = 175

1421

School Nursing
Through a contract with Glendive Public Schools, DCHD provides school nursing services in each school. School nurses provide health screenings, including vision and dental health; medication supervision; immunization record review and maintenance; health promotion; emergency treatment; and referral services. School nurse encounters include any visits to the nurse by students or staff or contacts with parents or other health care providers. Student visits account for the vast majority of encounters. The most common issues are things like headaches, stomach aches, sore throats, or minor injuries. Nurses are also responsible, especially in lower grades, for ensuring students take prescription medication. School nurses handle Health Screenings, student illnesses and dispense prescription medications.

**The statistics for this report come from multiple school years—the final two quarters of school year 2017-2018 and the first two of 2018-2019.
Public Health Emergency Preparedness

DCHD’s Public Health Emergency Preparedness (PHEP) program maintains plans to prevent and mitigate disasters such as communicable disease outbreaks, food and water contaminations, malicious attacks, severe weather, and situations that require medical countermeasures. The PHEP program is responsible for the development and continuing maintenance of 16 different incident-specific plans and protocols.

Flu Immunization Clinics

DCHD held 9 off-site flu immunization clinics in 2018, providing a total of 815 flu shots. Two of these were mass clinics utilized as an opportunity to practice emergency response and medical countermeasure dispensing. A walk-in clinic at Glendive Senior Center provided flu vaccinations for 117 persons. DCHD vaccinated 81 for influenza at the drive thru flu shot clinic in October, where they partnered with the BlueCross BlueShield Care Van.

HAN Messages

The Health Alert Network (HAN) is an information-sharing program DCHD belongs to. HAN is the Centers for Disease Control and Prevention’s (CDC) method for sharing information with state and local health departments. DCHD receives information through the HAN to disseminate to local partners. DCHD forwarded 8 HAN messages to local partners in 2018.

Tobacco Use Prevention

The Montana Tobacco Use Prevention Program (MTUPP) works to eliminate tobacco use, especially among young people, through statewide programs and policies. DCHD is responsible for MTUPP activities in Dawson, Prairie, and Wibaux counties. MTUPP promotes the Montana QuitLine, which provides free help for quitting tobacco use. Twenty nine QuitLine calls were made from Dawson, Prairie, and Wibaux Counties in 2018.

Days of Action

In 2018, the DCHD Tobacco Prevention Specialist (TPS) organized activities for four different “Days of Action,” including Red Ribbon Week, the Great American Smokeout, Through with Chew Week, and Kick Butts Day. The goal of these days’ activities is to raise community awareness on the dangers of tobacco use. Youth involvement is an important component of these activities. Prairie County’s junior high FCCLA students, Wibaux County’s BPA students, and Dawson County’s Trading Cards Kids and TIP kids help organize activities and deliver information to their fellow students and community.

Trading Card Kids

DCHD’s Tobacco Use Prevention Program handles mentorship and organization of the Trading Card Kids group. By the end of 2018, the nineteen students involved in the program have each paid a total of 20 visits to Glendive schools to discuss reasons to stay drug, alcohol, and tobacco free with the younger students. The Trading Card Kids take an hour to give a presentation and participate in an activity with each class they visit.
Family Planning

DCHD’s Family Planning clinic provides comprehensive reproductive health services to both women and men. Along with the main clinic in Glendive, DCHD provides oversight for satellite clinics in Richland, Fallon, Roosevelt, and Valley counties. Some services in Dawson County are provided through a partnership with a Glendive Medical Center healthcare provider. Family Planning’s client population is primarily female; DCHD recorded 334 total Family Planning visits in 2018. Most of the client population is also uninsured. Family Planning offers services regardless of insurance status and ability to pay; services are provided on a sliding fee scale based on income.

Family Planning services provide:
- Birth control supplies for men, women, and teens
- Emergency contraception
- Pregnancy testing and counseling
- Tests and treatment for sexually transmitted diseases
- Free and confidential HIV testing
- Hepatitis C testing (not provided on sliding fee scale)
- Breast and cervical cancer screening
- Sterilization counseling and information
- Reproductive health education and counseling
- Referrals for advanced cancer screening services, such as colonoscopies
- Referrals for information regarding pregnancy options

*These numbers are from Dawson County’s Family Clinic only and do not include satellite clinics.

Family Planning had 334 visits in 2018

WIC

WIC is a Special Supplemental Nutrition Program for Women, Infants, and Children that provides valuable health information and nutrition benefits. The program is designed to improve health outcomes and influence lifetime nutrition and health behaviors in a targeted, at-risk population. WIC is available for pregnant, breastfeeding, or new mothers and infants and children up to age 5 that meet income guidelines. Nutrition education and benefits are the cornerstone of the WIC program. There were 616 visits to DCHD’s WIC office in 2018.

Once each quarter, WIC staff from DCHD travel to four different satellite clinics to provide services. Satellite clinics are located in Wibaux, Prairie County (Terry), McCona County (Circle), and Garfield County (Jordan).
Parents as Teachers
Parents as Teachers (PAT) is a home visiting program that promotes early development, learning, and health by supporting and engaging caregivers. Certified parent educators can provide referrals to other programs and services. DCHD added two new certified parent educators to their staff in 2018.

Research shows that PAT can help children become healthier, score higher on kindergarten readiness tests, become better problem solvers, and grow more advanced in language and social development. Parents in the program also benefit. Increased involvement in their child’s education and play leads to higher confidence in their parenting abilities. Additionally, PAT helps parents learn to manage stressors in an effort to reduce levels of child abuse and neglect.

In 2018, DCHD expanded services to include First Years Initiative. The First Years Initiative will focus on providing targeted resources, education, and services during the early critical period in the lives of children and their parents—pregnancy, the weeks and months after birth, and extending through the first years of a child’s life. The focused goal of the First Years Initiative is to reduce child abuse, neglect and child deaths in Montana through issue specific early education, prevention, and services. A Home Visitor is exclusively dedicated to CFSD referrals.

Well Child Screenings
DCHD helps provide height, weight, vision, and developmental screenings each fall and spring for preschool age children.

Blood pressure and Lab on Demand clinics take place weekly. Lab on Demand is offered every Wednesday. You may request the following labs: CMP, TSH, Thyroid Panel, PSA, CBC, Lipid Panel, Hemoglobin A1C, Vitamin D, Hepatitis C Antibody, Hepatitis B Surface Antigen, Varicella Titer, Uric Acid, Iron and MMR Panel at discounted prices.

DCHD also offers a variety of walk-in services. You may request a nurse to assess health concerns, such as, ear flush, DNA testing, rashes, staple/suture removal and allergy shots.

DCHD provided nine car seats for infants and young children.

Fetal, Infant, Child, Maternal Mortality Review (FICMMR)
FICMMR is a statewide effort to reduce preventable fetal, infant, child, and maternal deaths. The program is driven locally by multi-disciplinary teams; DCHD is a part of Dawson County’s team. The local team’s responsibility is to review all fetal deaths and the deaths of children up to age 18 to determine preventability and develop projects that may prevent future deaths.

Car Seat Safety
The Car Seat Safety program provides car seat installation, education, and seat belt awareness. Car seats are available for eligible parents or caregivers. DCHD hopes to get at least one staff member trained as a certified car seat technician. Currently, DCHD provides car seats on request and refers clients to a certified car seat technician in the community.

Walk-In Services

DCHD provided 1140 walk-in services were provided in 2018.
The Nurturing Tree

The Nurturing Tree (TNT) helps to nurture healthy families by providing parenting resources, classes, and other activities. Each Tuesday, TNT staff hold Mommy/Daddy and Me groups for young children and their caregivers in the basement of the library following Storytime. The group focuses on preschool readiness and includes Crafty Tuesday, Kindergarten Readiness, Awareness Tuesday, Mix and Measure, and Power Play activities. Mommy/Daddy and Me is a great social time for children and caregivers.

In 2018, TNT held 58
Parent/Child Activities for 336 parents, 560 children. Love and Logic classes were held for 24 parents, 34 children.

TNT also boasts a parent resource library with free resources on issues such as parenting, grandparenting, teen issues, birth, newborns, breastfeeding, toddlers, and nutrition. Parenting education classes are offered periodically for parents or caregivers of children ages 0-18. TNT also held Safe Sitter classes in May and December.

Home Health

Home Health services are provided for people age 60 and older or those with special health needs. Home Health provides the following services on a fee or donation basis based upon eligibility.

- **Skilled Nursing**: RN visits to the client’s home made on order of a physician. Care provided may include medication setup, health assessment, dressing changes, blood draws, and other skilled nursing functions.
- **Home Health Aide**: Certified Nursing Assistants provide care in the home under the supervision of an RN. Services may include assistance with personal care, bathing, dressing, and ambulation.
- **Homemaker**: Homemakers provide light housekeeping and assistance with laundry and shopping. This service is available in both Glendive and Richey.
- **Meals on Wheels (MOW)**: Meals are delivered to homebound participants at noon Mondays thru Fridays with a sack lunch option for Saturdays.
- **Mom’s Meals**: A meal option for those who are homebound and live outside the urban transportation district.
- **Respite**: Home Health Aides provide care to individuals in their own homes to allow caregivers time away.

Homemakers and Home Health Aides may make multiple visits per month to each client. Additionally, Home Health also offers periodic toenail clinics in Glendive and Richey and Stepping On classes, which teach fall prevention strategies.

2018 Home Health Clients by Service*

*Numbers represent the percentage clients receiving the specific service out of the total number of individual Home Health encounters.

<table>
<thead>
<tr>
<th>Meals Delivered for MOW</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>441</td>
<td>340</td>
<td>437</td>
<td>434</td>
<td>482</td>
<td>496</td>
<td>497</td>
<td>650</td>
<td>479</td>
<td>542</td>
<td>457</td>
<td>457</td>
<td>5712</td>
</tr>
</tbody>
</table>

*TNT provided 45 parent/child activities.*
Community Engagement

Health Promotion
As part of the vision to protect, promote, and enhance the health and well-being of all people, DCHD offers regular services to help community members learn more about their own health status and take control of their health.

DCHD coordinates the annual Dawson County Health Fair. DCHD continued last year’s blood draws at the DC Courthouse. By setting up appointment times for blood draws, DCHD shortened client waits significantly, and switching labs allowed clients to get their results more quickly and directly; this way, clients could deliver results themselves to a doctor of choice and play a more active role in their own health maintenance. Labs offered include a Lipid Panel, Complete Blood Count, Comprehensive Metabolic Panel including Thyroid Stimulating Hormone (TSH) testing. In addition, participants had their choice of having a Prostate Specific Antigen (PSA) and a Hemoglobin A1C and Vitamin D.

Community Coalition and Advisory Board Membership
DCHD staff members belong to a wide variety of coalitions, committees, and advisory boards. In this capacity, DCHD is able to work collaboratively with an extensive variety of community agencies and organizations to work for the enhancement of health and well-being in Dawson County.

- Dawson County Healthy Communities Coalition
- Building Active Glendive
- Dawson County Tobacco Use Prevention Coalition
- React—Youth Tobacco Coalition
- Local Emergency Planning Committee
- Unified Health Command
- Child and Family Services Advisory Board
- Sexual Assault Response Team

DCHD staff members hold memberships in the following professional associations:
- Association of Montana Public Health Officials
- Montana Public Health Association—Health Director Timber Dempewolf currently serves as the Region 1 Vice President
- Montana Association of WIC Agencies
- Montana Family Planning Administrators
- National Association of County and City Health Officials (NACCHO)
- National Association of Local Boards of Health

DCHD staff sit on the following advisory boards:
- Board of Health
- County Council on Aging
- Child Protection Team
- Adult Protection Team
- Dawson County Safety Committee
- Foster Care Review Committee
- Best Beginnings Council

DCHD staff belong to 21 different coalitions, boards, and professional associations, which work collaboratively with other local agencies or under guidance from state and national authorities to improve the health and well-being of Dawson County residents.
Public Information
DCHD works to provide the community with timely, accurate information on current health issues and events. Outreach efforts include interviews and responses to media inquiries, press releases, regular news articles, advertisements, and social media posts.

Media Inquiries, Interviews, and Articles
Eighty-six DCHD-related news stories ran in local newspapers in 2018. Most of these were submitted to local papers by DCHD staff; others were the result of media inquiries into current topics or events. DCHD provides at least one article a month to the Glendive Ranger Review as part of a partnership with the Dawson County Health Communities Coalition; these are included in the total. Local papers also printed eight large, captioned photos to report on events sponsored by DCHD. In addition to the print stories, DCHD ran 50 ads in local newspapers to promote programs and activities.

Social Media
DCHD maintains an active presence on its Facebook page to promote programs and events and to share general health information from other reputable sources.

<table>
<thead>
<tr>
<th>Month</th>
<th>Number of Posts*</th>
<th>Post with Highest Reach</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>44</td>
<td>Health Fair Blood Draw (2971)</td>
</tr>
<tr>
<td>February</td>
<td>41</td>
<td>Health Fair Blood Draw (2313)</td>
</tr>
<tr>
<td>March</td>
<td>37</td>
<td>Health Fair Thank You (1661)</td>
</tr>
<tr>
<td>April</td>
<td>36</td>
<td>National Public Health Week (719)</td>
</tr>
<tr>
<td>May</td>
<td>37</td>
<td>Safe Sitter Class (2734)</td>
</tr>
<tr>
<td>June</td>
<td>32</td>
<td>CNA Week (435)</td>
</tr>
<tr>
<td>July</td>
<td>37</td>
<td>Kids in Hot Cars (1604)</td>
</tr>
<tr>
<td>August</td>
<td>42</td>
<td>Love and Logic (2294)</td>
</tr>
<tr>
<td>September</td>
<td>32</td>
<td>Flu Clinic Announcement (2538)</td>
</tr>
<tr>
<td>October</td>
<td>37</td>
<td>5 Reasons to Get a Flu Shot (642)</td>
</tr>
<tr>
<td>November</td>
<td>51</td>
<td>Cookie Walk Announcement (1910)</td>
</tr>
<tr>
<td>December</td>
<td>27</td>
<td>Safe Sitter Class (2454)</td>
</tr>
</tbody>
</table>

Total Posts = 453
In 2015, DCHD received their first Public Health Systems Improvement (PHSI) grant. The PHSI grant allows DCHD to move forward in their mission of promoting and protecting public health through improved workforce development, including staff training; strategic planning; and quality improvement. By addressing each of these issues, DCHD has already identified strengths and areas for improvement, addressed and prioritized long-standing concerns, and improved management processes. Through this, DCHD is able to continue and improve the means of providing high-quality services to our community. Additionally, implementing these plans and policies helps DCHD fulfill the 10 Essential Services (below) and is an important step in preparing DCHD for accreditation through the Public Health Accreditation Board, the recognized national standard for public health performance.

DCHD has completed a Workforce Development Plan, an agency Strategic Plan and a Quality Improvement Plan. Employees are encouraged to work on Quality Improvement Projects. In 2018, three Quality Improvement Projects were completed including Health Fair Blood Draws, Animal Bite Reporting and Immunization Recall Procedure.

Core Functions and Essential Services

Public health is guided by the ten essential public health services, which are applied to every facet of public health and mirror the statutes guiding public health outlined in Montana Code Annotated 50-1-105. The foundation for public health and the ten essential services lies within the following four core functions.

Core Function 1—Assessment
Essential Service 1—Monitor health status to identify and solve community health problems
Essential Service 2—Diagnose and investigate health problems and hazards in the community

Core Function 2—Policy Development
Essential Service 3—Inform, educate, and empower people about health issues
Essential Service 4—Mobilize community partnerships and actions to identify and solve health problems
Essential Service 5—Develop policies and plans that support individual and community health efforts

Core Function 3—Assurance
Essential Service 6—Enforce laws and regulations that protect health and ensure safety
Essential Service 7—Link people to needed personal health services and assure the provision of health care when otherwise unavailable
Essential Service 8—Assure competent public and personal healthcare workforce
Essential Service 9—Evaluate effectiveness, accessibility, and quality of personal and population-based health services

Core Function 4—System Management
Essential Service 10—Research for new insights and innovative solutions to health problems
Funding Overview

A common misconception about DCHD is that its programs are primarily funded through local taxes. Rather, the majority of DCHD’s programs are funded, in whole or part, through grant funds and fee-for-service revenues. The general fund is comprised of funds from the County general fund and DCHD fees-for-service. It supports administrative costs and programs that do not receive grant funding or do not receive enough to cover the entire cost of the program. Most DCHD programs receive some grant funding. The use of grant funds is restricted to uses that meet specific deliverables, activities, and guidelines for that grant and may not be used to make up for shortfalls in other areas (e.g. general fund or other grant area). Many grants do allow DCHD to roll over unused funds to the next grant year. In this way, DCHD is often able to cover unexpected program costs that exceed that year’s grant award without dipping into the general fund.

**Funding Sources for Expenditures**

- **42%** Grant Revenue
- **41%** Other Revenue
- **17%** General County Funds

**Grant and Other Revenue Sources**

- **Grants, 51%**
  - Medicaid, 4%
  - Private Insurance, 12%
  - Contract Services, 9%
  - Fees, 15%
- **Donations, 6%**
- **Medicare, 3%**

Grant funds are used to support the following services:

- Home Visiting
- Home Health
- The Nurturing Tree
- Maternal Child Health
- Family Planning
- WIC
- Immunizations
- Public Health Emergency Preparedness
- Tobacco Use Prevention

Contract services include:

- DNA Testing
- School Nursing

Donations, fees, private insurance, Medicaid, and Medicare revenues are generated through services provided by:

- Family Planning
- Immunization
- Home Health
- Montana Children’s Trust Fund (The Nurturing Tree)
- Health Screenings and Maintenance Services
Montana Code Annotated 50-1-105. Policy—Purpose

1) It is the policy of the state of Montana that the health of the public be protected and promoted to the extent practicable through the public health system while respecting individual rights to dignity, privacy, and nondiscrimination.

2) The purpose of Montana’s public health system is to provide leadership and to protect and promote the public’s health by:
   a) Promoting conditions in which people can be healthy;
   b) Providing or promoting the provision of the public health services and functions, including:
      i) monitoring health status to identify and recommend solutions to community health problems;
      ii) investigating and diagnosing health problems and health hazards in the community;
      iii) informing and educating individuals about health issues;
      iv) coordinating public and private sector collaboration and action to identify and solve health problems;
      v) developing policies, plans, and programs that support individual and community health efforts;
      vi) implementing and enforcing laws and regulations that protect health and ensure safety;
      vii) linking individuals to needed personal health services and assisting with needed health care when otherwise unavailable;
      viii) to the extent practicable, providing a competent public health workforce;
      ix) evaluating effectiveness, accessibility, and quality of personal and population-based health services; and
      x) to the extent that resources are available, conducting research for new insights on and innovative solutions to health problems;
   c) encouraging collaboration among public and private sector partners in the public health system;
   d) seeking adequate funding and other resources to provide public health services and functions or accomplish public health system goals through public or private sources;
   e) striving to ensure that public health services and functions are provided and public health powers are used based upon the best available scientific evidence; and
   f) implementing the role of public health services and functions, health promotion, and preventive health services within the state health care system.

3) Title 50, chapter 2, and this chapter may not be construed to require an individual or agency within the public health system to provide specific health services or to mandate state public health agencies and local public health agencies to implement unfunded programs.

History: En. Sec. 1, Ch. 150, L. 2007.