MEETING MINUTES
HUMAN SERVICES SUBCOMMITTEE
JANUARY 6, 1987

(1a:000) The meeting of the human services subcommittee was called to order by Chairman Cal Winslow on January 6, 1987 at 8:05 a.m. in room 108 of the state Capitol building.

ROLL CALL: All members were present.

Chairman Winslow opened the meeting with a discussion of general committee business, and introduced the secretary, Gayle Carpenter, and the Legislative Fiscal Analysts Peter Blouke and Taryn Purdy.

Peter Blouke noted for the new committee members that testimony was typically heard from the agencies and the public, and that during executive session the LFA, executive and agency worked up a summary sheet delineating what executive action will be required.

DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES:

(1a:135) Bill Opitz, deputy director, handed out two (2) organizational charts (exhibits 1a and 1b) of the department. A reorganization was proposed of the Management Services Division and the Financial Management Division into the Centralized Services Division, realizing a net reduction of 2.5 FTE. Other programs have been combined in the Health Services and Medical Facilities Division into the Preventive Health Bureau under Dr. Don Espelin and the Family/Maternal and Child Health Bureau under Dr. Sidney Pratt.

(1a:178) Dr. John Drynan, director of DHES, gave an overview of the department and addressed areas of concern, including the replacement and funding of laboratory equipment, funding of the PKU program, AIDS, the Perinatal Program, environmentalprograms, including the Superfund Program, and the Licensing and Certification Bureau.

(1a:445) Dr. Drynan also addressed the two (2) major federal block grants: the Preventive Health Block Grant and Maternal/Child Health Block Grant. Criterion and stipulations of these grants are as follows:

Preventive Health:

- Only 10% can be used for administrative costs
- Cannot be used to supplant current nonfederal funds.
- Can only be used for objectives outlined in that section of the Omnibus Reconciliation Act.

Maternal/Child Health: -Funds programs serving women of child bearing age and children under 18 years of age
-Requires 3/7 state match for 4/7 federal dollars.

Dr. Drynan then introduced George Fenner, administrator of the Health Services and Medical Facilities Division, who read from his prepared statement (exhibit 2). The division is responsible for services designed to improve and preserve the health of Montanans. Areas covered included an overview of the October 1, 1986 reorganization, administration duties and the present organization.

(1b:156) Maxine Ferguson, chief of the Nursing Bureau, presented an overview, objectives, fact sheets and statistics from prepared statements (exhibit 3).

(1b:490) Dr. Sidney Pratt, chief of the Family/Maternal and Child Health Bureau, presented the programs of this bureau from prepared statements, beginning with the bureau overview, staff, job descriptions and programs (exhibit 4a). This bureau consists of the Supplemental Food Program for Women, Infants, and Children (WIC) (exhibit 4a), Child Nutrition Program - Child Care Food Program (exhibit 4c), Family Planning (exhibit 4d), and Handicapped Children's Services (exhibit 4e).

Don Espelin, chief of the Preventive Health Bureau, began a presentation from written testimony on bureau activities and coordination of its eleven (11) programs (exhibit 5). Programs covered were the Perinatal Program, Dental Program, and the Communicable Disease Control/Epidemiology Program.

The meeting was adjourned at 10:40 a.m.

Cal Winslow, Chairman

cw:gmc:1.6

DAILY ROLL CALL

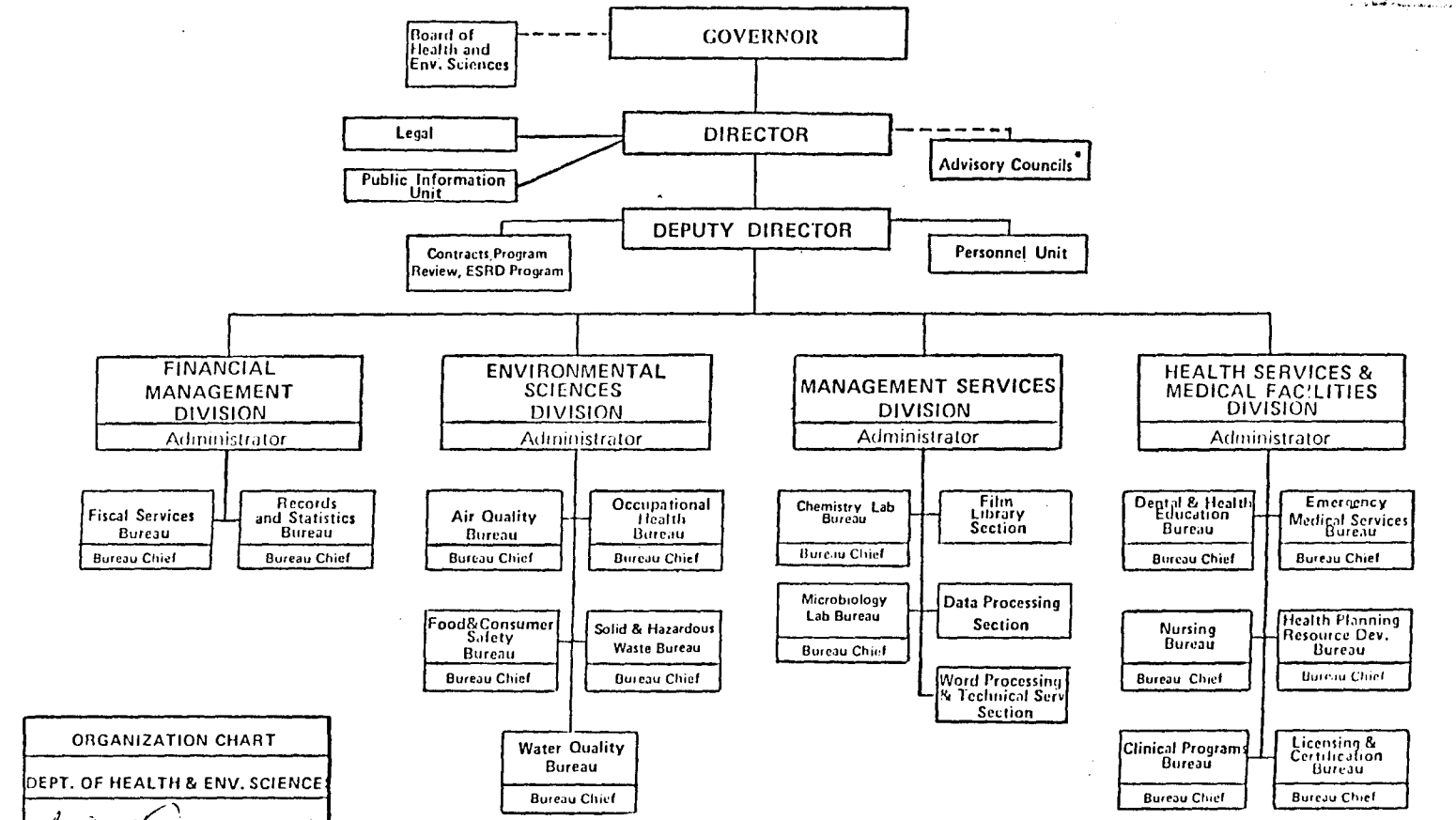
HUMAN SERVICES SUB COMMITTEE

50th LEGISLATIVE SESSION -- 1987

Date Jan 6

NAME	PRESENT	ABSENT	EXCUSED
WINSLOW, CAL, Chairman	XX		
MANNING, RICHARD, Vice Chairman	XX		
CONNELLY, MARY ELLEN	XX		
BRADLEY, DOROTHY	XX		
HARDING, ETHEL	XX		
HIMSL, MATT	XX		
SWITZER, DEAN	XX		

1A
1.6.81



ORGANIZATION CHART

DEPT. OF HEALTH & ENV. SCIENCES

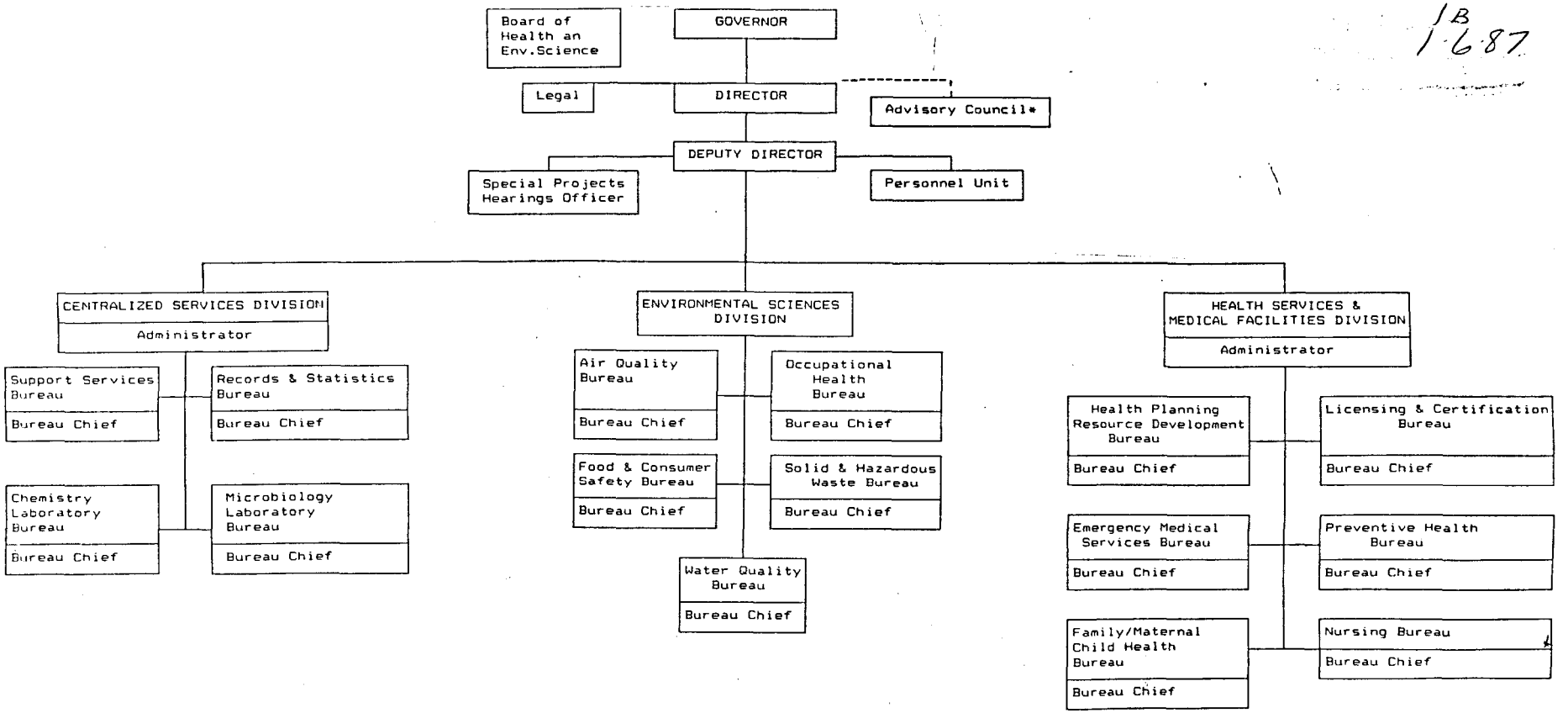
DIRECTOR

GOVERNOR

*Air Pollution Control Advisory Council
Water Pollution Control Advisory Council
Water and Wastewater Operators Advisory Council

January 1985

JB
1-6-87



ORGANIZATION CHART
DEPARTMENT OF HEALTH & ENVIRONMENTAL SCIENCES

DIRECTOR

GOVERNOR

*Air Pollution Control Advisory Council
Water Pollution Control Advisory Council
Water and Wastewater Operators Advisory Council

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HEALTH SERVICES DIVISION

MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

Testimony for the Appropriations Joint Subcommittee on Human Services

Chairman Winslow and Members of the Subcommittee, I am George Fenner, Administrator of the Division of Health Services. The Health Services Division is responsible for services designed to improve and preserve the health of Montanans. As reorganized on October 1, 1986, this Division consists of Division Administration and the following six bureaus:

Family/Maternal and Child Health Bureau

Nursing Bureau

Preventive Health Services Bureau

Emergency Medical Services Bureau

Health Planning

Licensing and Certification Bureau

They consist of 76 FTE's with a budget of $12,800,000.

The reorganization of this Division was accomplished in order to create a more effective realignment of programs and to give medical direction (M.D.'s) to the Family/Maternal and Child Health Bureau and the Preventive Health Services Bureau.

The duties of Division Administration are:

1. To organize and direct the individual program activities of the six bureaus that make up the Health Services Division. The range and diversity of programs are indicated by the bureau names listed above.

2. To assist bureau chiefs in overall fiscal management.

3. Advise and consult with bureau chiefs regarding personnel policy and management.

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4. Review and address incoming communications.

5. Prepare and distribute correspondence regarding policy interpretation, administrative issues or requests for information.

6. Represent the Division at selected agency, local, State and Federal meetings.

7. Assist development and direction of special research projects and information systems that will support needs assessment, evaluation and on-going management of bureau efforts in the major program areas.

8. Direct and be responsible for public relations efforts by the Division. Serve as liaison between the Division and the Legislature.

9. Recommend proper distribution of support staff to maximize product output.

10. Approve and sign correspondence for programs within the Division.

Division Administration budget is currently funded at 1.90 FTE's. This is made up of $10,168 Preventive Health Block; $23,727 Maternal and Child Health Block; and $33,864 General Fund. The Bureau of Health Planning currently funds .25 of Position No. 05001, Division Administrator, and .50 of Position No. 01002, Administrative Officer. With the demise of federal funding for Health Planning, an additional $33,468 for FY 1988 and $33,522 for FY 1989 in General Fund is being requested.

Programs are presented by program to conform to budgets.

Attachment: Organizational Chart

HCH

DIVISION

DIV. FEHNER

ADMINISTRATOR 5001

ASSISTANT ADMINISTRATOR BRASS 1002

ADMIN SECRETARY I LYNCH 5002

SHCC COORDINATOR DOWNS 1012

NURSING BUREAU
BUREAU CHIEF FERGUSON 9701

EMIC I
SWEENEY 9701

FAMILY/MATERNAL & CHILD HEALTH BUREAU
BUREAU CHIEF PRATT, MD 9101

ADMINISTRATIVE AIDE II
PUGH 9104

FAMILY PLANNING
HLTH SERVICE
PROG SUPV
MYERS 9401

PUBLIC HLTH
NURSE CONS I
BOZDOG 9402

ADMINISTRATIVE
OFFICER I
LINDSAY 9405

ADMINISTRATIVE
ASSISTANT II
WOLDTVEDT 9418

HANDICAPPED
CHILDREN
HLTH SERVICE
PROG SUPV
PETTIE 9201

PUBLIC HLTH
NURSE II
SHEMAN 9208

ADMINISTRATIVE
ASSISTANT II
MATZ 9209

ADMINISTRATIVE
AIDE II
O'FALLON 9318

NUTRITION
PUBLIC HLTH
NUTR CONSULTANT
SALO 9501

CHILD NUTRITION
HLTH SERVICE
BARNEY 9504

PUBLIC HLTH
NUTRITIONIST III
DORAN 9505

ADMINISTRATIVE
ASSISTANT III
ATKINS 9507

ADMINISTRATIVE
CLERK III 50%
VACANT 3010

WIC
HLTH SERVICE
PROG SUPV
THOMAS 9502

PUBLIC HLTH
NUTRITIONIST III
MENNESSEY 9513

PUBLIC HLTH
NUTRITIONIST III
SAFAII 9503

ADMINISTRATIVE
OFFICER I
MALSTROM 9506

ADMINISTRATIVE
OFFICER I
WRIGHT 9512

ADMINISTRATIVE
ASSISTANT II
BUCK 9508

ADMINISTRATIVE
ASSISTANT I
WATSON 9509

ADMINISTRATIVE
CLERK II
MOLCOMB 9511

PREVENTIVE HEALTH SERVICES BUREAU
BUREAU CHIEF ESPELIN, MD 9309

MPP
MEDICAL DIRECTOR
ESPELIN, MD 9309

PUBLIC HLTH
NURSE CONS I
JAMES 9307

ADMINISTRATIVE
AIDE II
BOYLE 50% 9308
HOLM 50% 9312
VACANT 9311

DENTAL OFFICER
HAUGBERG DDS 9601

COMMUNICABLE
DISEASE SECTION

STD
HLTH SERVICE
PROG SUPV 50%
PAULSEN 3008

FIELD HEALTH
OFFICER II 30%
LINDER 3007

FIELD HEALTH
OFFICER II 30%
DESONIA 3005

FIELD HEALTH
OFFICER II 30%
NICCOLUCCI 3006

ADMINISTRATIVE
CLERK III
HOLMES 3010

COMMUNITY
VACCINATION
PROGRAM
HLTH SERVICE
PROG SUPV 20%
PAULSEN 3008

FIELD HEALTH
OFFICER II 70%
LINDER 3007

FIELD HEALTH
OFFICER II 70%
DESONIA 3005

FIELD HEALTH
OFFICER II 70%
NICCOLUCCI 3006

ADMINISTRATIVE
CLERK III
MC CLUNG 3012

EPIDEMIOLOGY
PUBLIC HEALTH
NURSE CONS II
GLORCSE 9702

PUBLIC HEALTH
ADVISOR
WEEK

HEALTH EDUCATION AND
RISK REDUCTION

PUBLIC HLTH EDUCATION
SPECIALIST II
MOON 3010

AIDS
HLTH SERVICE
PROG SUPV
CHIOTTI 13003

ADMINISTRATIVE
ASSISTANT II
MITCHELL 13004

ESRD
PUBLIC HLTH
NURSE II
SHEMAN 9208

RAPE CRISIS

GENETICS

HEALTH PLANNING AND
RESOURCE DEVELOPMENT BUREAU
BUREAU CHIEF TALIAFERRO 1006

RESOURCE DEV SUPV
ANGELES 1003

CERTIFICATE OF NEED
ROSE 1007

OFFICE MANAGER
DOWNS 1012

ADMINISTRATIVE
ASSISTANT I
MORRIS 1011

LICENSING AND
CERTIFICATION BUREAU
BUREAU CHIEF MC KNIGHT 5301

FIRE MARSHAL
JOHNSON 5304

BUILDING
CONSTRUCTION
CONSULTANT
BRISL

SURVEYOR SUPV
PERKINS 5302

FACILITY
SURVEYORS II
SWEEMAN 5315
VACANT 5316
BETA 5310
PELTER 5308
VACANT 5305
HUDSON 5309
VACANT 5306
FOSTON 5313
TATCHELL 5307
TOWNE 5311
VACANT 15319
KNUDSON 15320

OFFICE MANAGER
LYNCH 5002

ADMIN ASST II
LASKO 5317

SUPPORT STAFF
ADMINISTRATIVE
AIDE II
BOWMAN 5318

ADMINISTRATIVE
AIDE II
BONNIE 10157
15323

EMERGENCY/MEDICAL
SERVICES BUREAU
BUREAU CHIEF DAWSON 5401

BUREAU CHIEF
OFFICE
ADMINISTRATIVE
OFFICER II
NIXON 5404

SECRETARY III
NELSON 5405

TRAINING &
EXAMINATION

EMTC SUPV
VACANT 5302

TRAINING
OFFICER III
MILLER 5403

TRAINING
OFFICER III
PERRIN 5409

PROGRAM
MANAGER III
OLSON 1009

ADMINISTRATIVE
ASSISTANT II
FEE 5406

LB. 9-1

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DATE 1-6-87
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N U R S I N G B U R E A U

January, 1987

Chairman Winslow and members of the sub-committee, I am Maxine Ferguson, Chief of the Nursing Bureau.

DISCUSSION: The majority of local public health programs in Montana are implemented by professional nurses. Under authority of MCA 50-1-202(11), the Nursing Bureau provides "consultation to school and local public health nurses in the performance of their duties. . . " The attached map shows the locations of local community nursing services as of June 30, 1986.

Nursing consultation is provided according to the needs and requests of local nurses, their agencies and their communities.

Nurse consultants provide on-site field visits, group conferences, technical assistance in program development, workshops, and community health and school nursing orientation. "Trouble-shooting" specific client/consumer needs, defining appropriate nursing roles to non-nurse supervisors and others, evaluating local health programs, developing written guidelines and/or manuals, and conducting library research are also part of nursing consultation. Coordination and referral to other programs and agencies, and provision of current information regarding nursing practice round out the more usual demands and requests of the nurse consultant.

In counties or school districts with no nursing services, nurse consultants work with local officials, interested citizens and others in the development of these services. Direct assistance in the hiring process is available upon request.

Assistance in the development of home health services is provided in conjunction with certificate of need approval and prior to licensure and certification.

OBJECTIVES: Objectives of the Bureau continue to be the provision of professional nursing consultation which will:

- o develop and ensure ongoing, viable local programs of community health and school nursing, (in absence of Federal regulation), and in concert with local officials;
- o monitor nursing practice in community settings to ensure to the citizens of the State that quality patient care is provided in such areas as well-child services, and that standards of nursing practice are followed;
- o facilitate the development of quality home health services;
- o promote quality school health services which provide, at least:
  - identification of children with health problems which have the potential for interfering with learning;
  - modification of the school environment to meet the needs of handicapped children;
  - relevant and comprehensive health education.

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STAFFING: During FY '85 and '86, two full-time nursing consultants, one part-time nursing consultant (State epidemiologist), and the Bureau Chief, on a part-time basis, were available to provide consultation to the nearly 400 locally employed school nurses, public health nurses, and home health nurses.

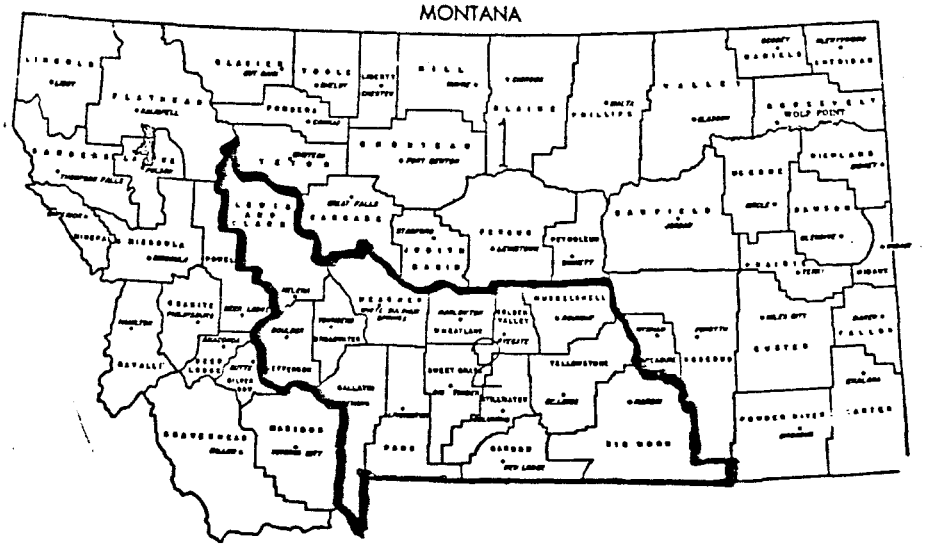
Currently, one nurse consultant and the Bureau Chief are available for a similar local nurse population.

Responsibilities of current staff are as follows:

1.0 FTE - Bureau Chief. The Bureau Chief oversees programs and operations and provides professional nursing consultation to approximately 90 nurses in 14 counties in Southcentral Montana. She is the State School Nurse Consultant, and provides professional nursing supervision for the nurses employed in the Family/MCH, Preventive Health and Nursing Bureaus.

1.0 FTE - Nursing Consultant. The Nursing Consultant is assigned 42 counties and provides professional nursing consultation to approximately 280 nurses. She provides specialty consultation in Maternal/ Child Nursing to other Department programs.

Geographic areas of responsibility are shown on the map below.



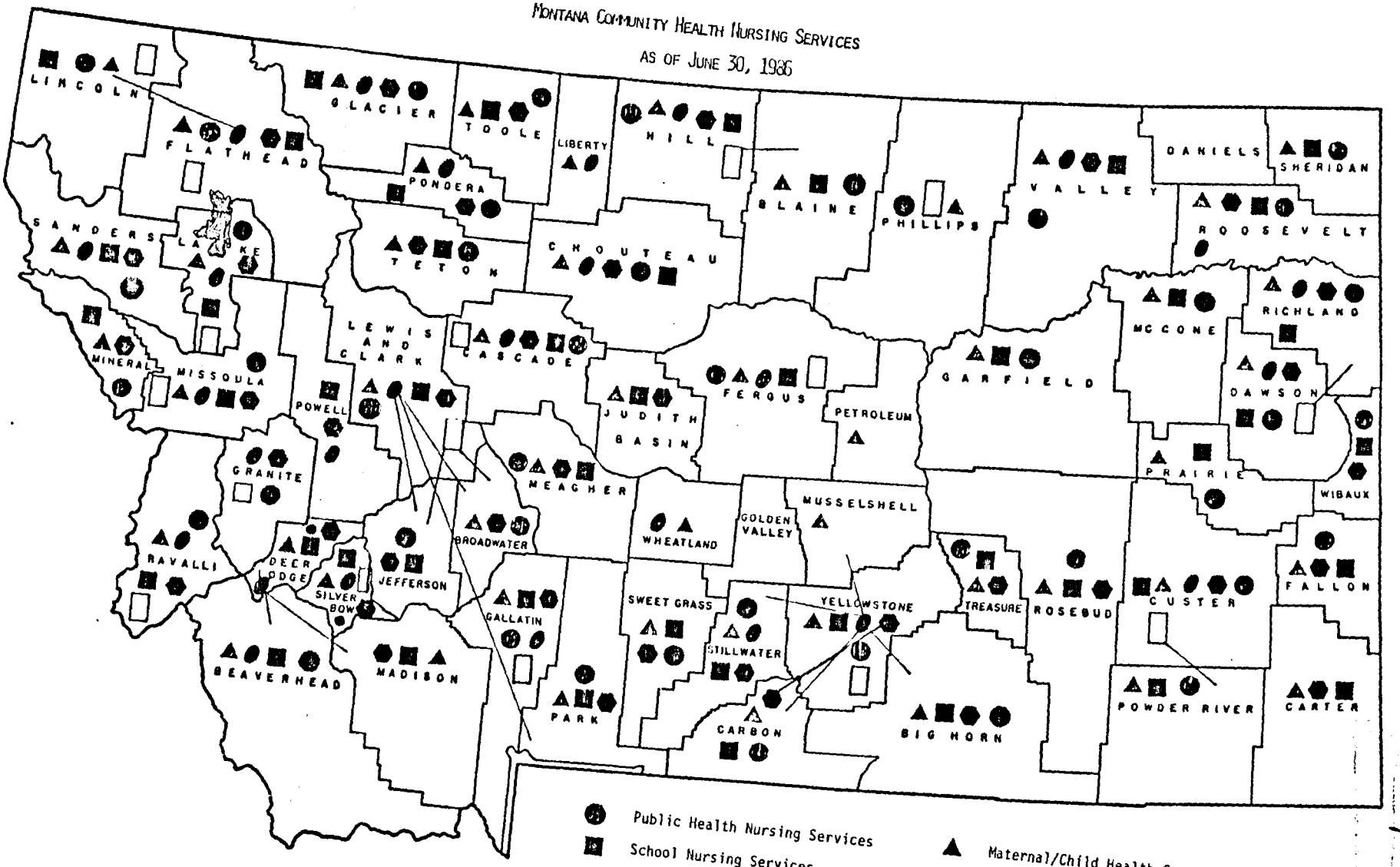
The Bureau assumes Division-wide responsibilities in addition to State-wide nursing consultation. These include the professional nursing component of the MCH Block Grant to Counties, the Inborn Errors of Metabolism program, SIDS (Sudden Infant Death Syndrome) followup program, WIC, the community nurse education program of the Montana Perinatal Program, Healthy Mothers, Healthy Babies, and others.

No direct clerical support is assigned this Bureau.

FACT SHEET: The Nursing Bureau Fact Sheet presents statistics about local public health, school, maternal/child health, and home health services. Consultation services of the Nursing Bureau are also summarized in the Fact Sheet.

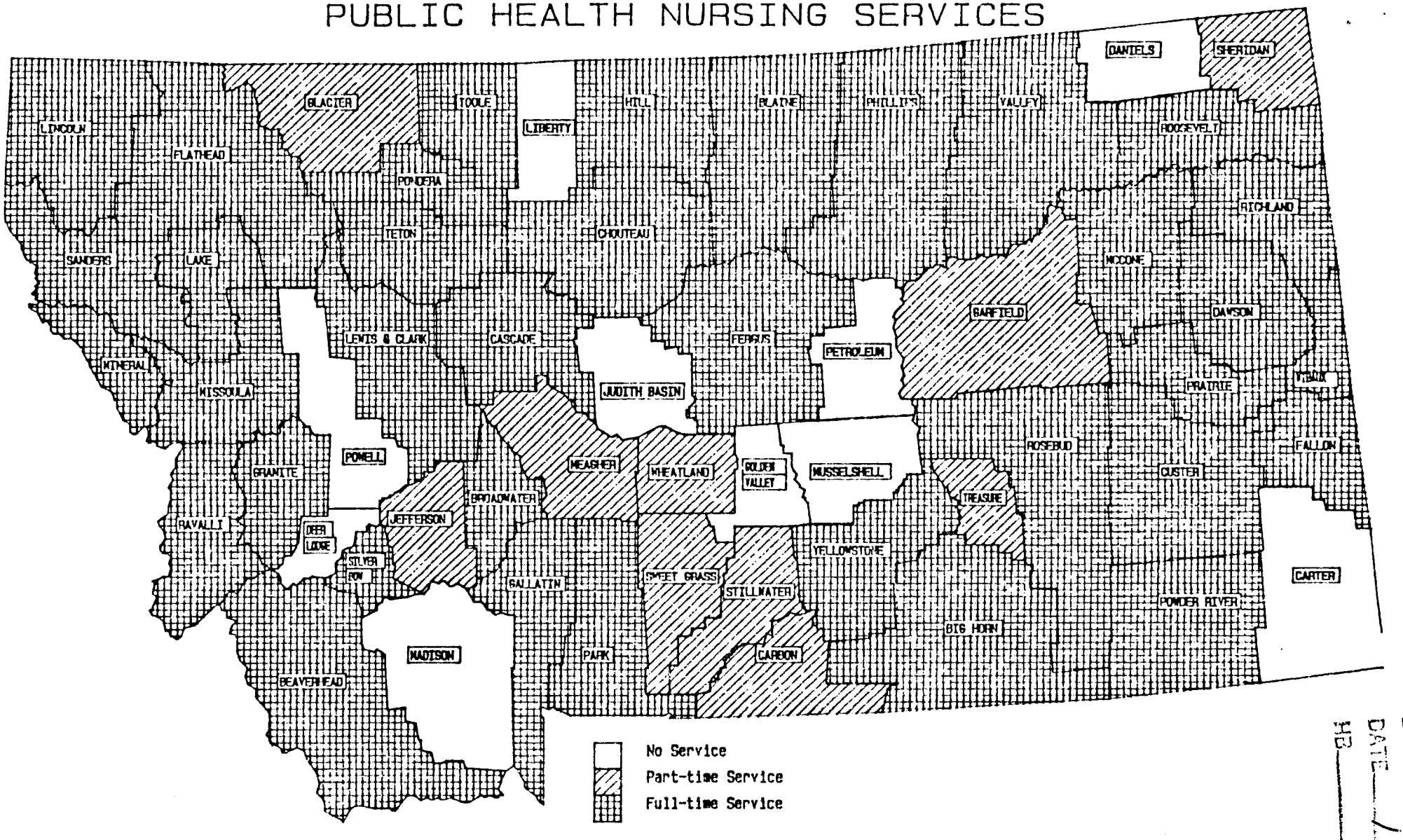
MONTANA COMMUNITY HEALTH NURSING SERVICES

AS OF JUNE 30, 1986



- Public Health Nursing Services
- School Nursing Services
- Home Health Services
- Maternal/Child Health Services
- Well Child Clinics or Screening
- Family Planning Clinics

PUBLIC HEALTH NURSING SERVICES

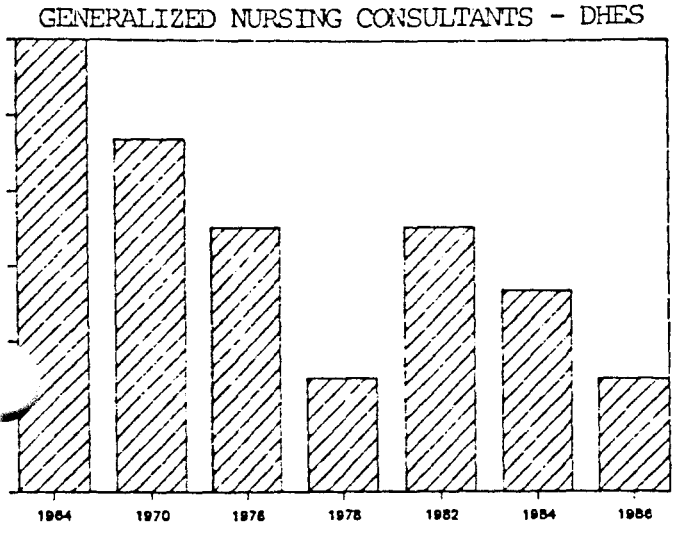


AVAILABILITY OF GENERAL PUBLIC HEALTH NURSING SERVICES IN MONTANA
AS OF JUNE 30, 1986

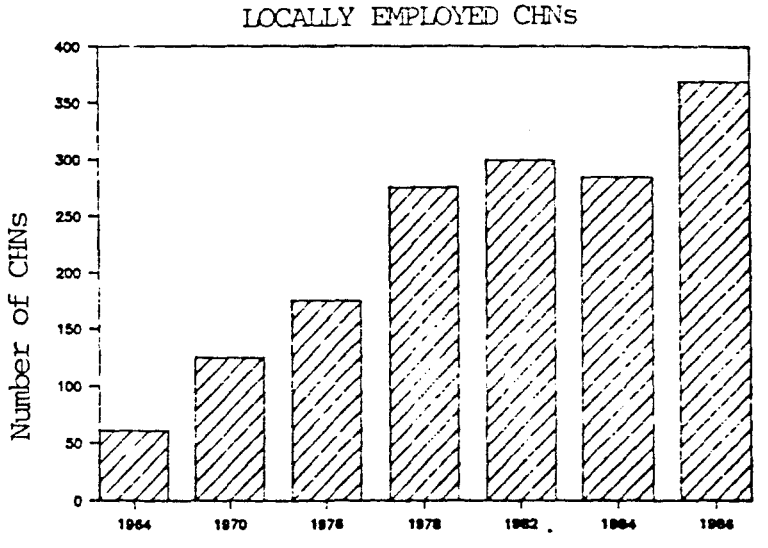
EXHIBIT 3
DATE 1-26-87
HB

3
1-6-87

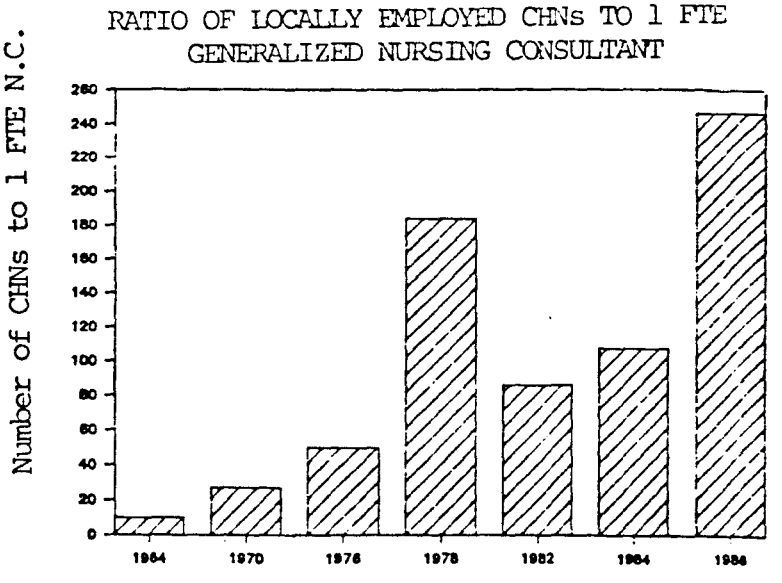
Graphs 1 and 2 below depict the professional nursing consultation capabilities of the Department and the numbers of locally employed nurses for representative years beginning with 1964. The ratio of FTE nursing consultants to locally employed nurses has been computed for years for which this information is available, and is shown in the third graph. This ratio is currently 1:246.



Graph 1



Graph 2



Graph 3

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N U R S I N G B U R E A U

FACT SHEET

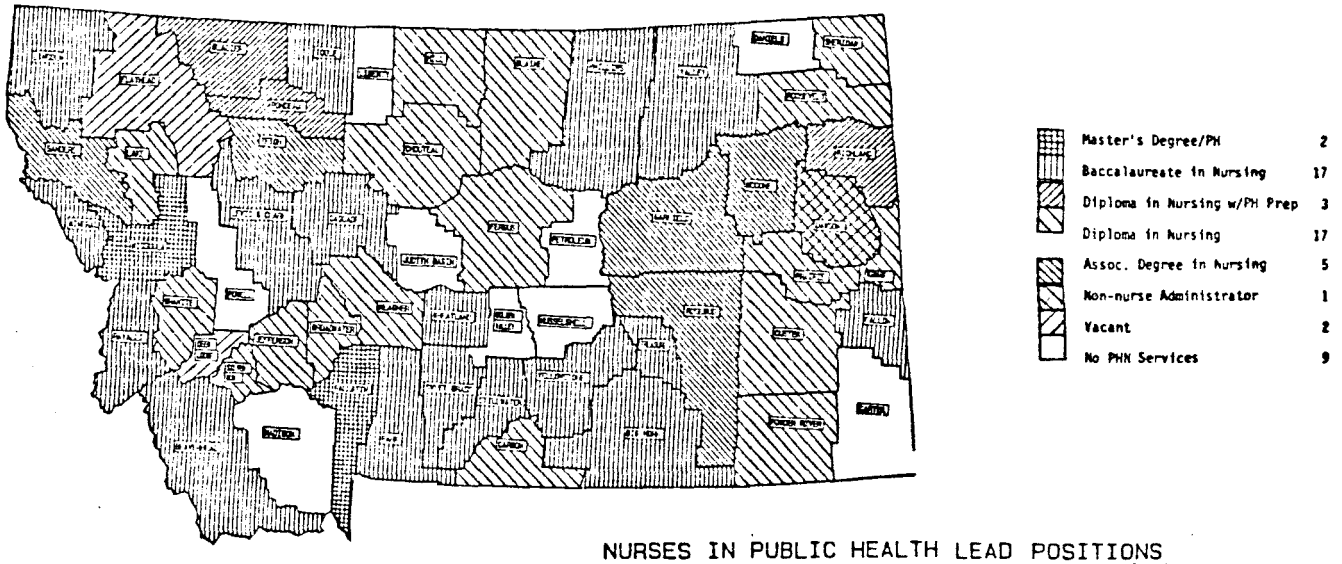
January, 1987

PUBLIC HEALTH NURSING services are available in 47 counties. Approximately one-half of the 174 locally employed nurses provide school nursing services in addition to public health nursing. Public health nursing includes activities which promote wellness or provide intermittent professional nursing care, counseling, and education to clients in their homes, places of employment, and other community settings such as Senior Citizen Centers and schools.

During FY '86, the following services were among those reported to the Nursing Bureau:

Home visits/office visits	27,185	(22 counties)
Blood pressure services	25,957	(24 counties)
Nutrition services	1,956	(14 counties)
Immunizations, including flu	24,376	(35 counties)

Less than 50% of Montana's public health nurses are academically prepared in public health nursing. In the 47 counties with public health nurses, 2 of the lead nurses (administrators/managers/supervisors) have Master's preparation in public health; 17 have baccalaureate degrees in nursing; and three have diplomas in nursing with additional preparation in public health nursing. These twenty-two nurse managers are considered "prepared" in public health nursing. (See map below.)



NURSES IN PUBLIC HEALTH LEAD POSITIONS
BY TYPE OF PREPARATION IN NURSING

December, 1986

While hospitals and nursing homes employ nursing directors and other professional staff, nearly two-thirds of the locally employed school and public health nurses work in professional isolation, with non-health oriented supervisors. The remaining one-third nurses are members of staffs with nurse supervisors.

SCHOOL NURSING services are available in 358 (65%) of Montana's public school districts. Private schools are serviced in some counties. As with public health nursing, staffing ranges from full-time to 1-2 hours per week/month/year.

115,319 students had access to school nursing services during FY '86. Reported services include the following:

Vision screening	32,797	(30 counties)
Scoliosis screening	24,190	(26 counties)
Preschool screening	1,870	(13 counties)
Health education	7,191	(9 counties)

The Department recommends (A.R.M. 16.10.1117(7)) that students receive screening for health problems which have the potential for interfering with learning, and that this screening be accomplished by registered professional nurses or other qualified health professionals.

Forty-four per cent (44%) of Montana's school nurses have academic preparation for providing school nursing services.

MATERNAL- CHILD HEALTH SERVICES include home or office visits to women and children, perinatal education classes, well-child services, payment for health services for qualified high risk mothers and children, parenting classes, and other classes and services which assist eligible women and children in meeting health care needs. These services are provided by public health nurses, school nurses and other health professionals, generally funded by MCH Block Grant monies.

Reported services include the following:

Perinatal education	4,272	(35 counties)
Parenting education	1,594	(13 counties)
Home/office visits	27,805	(36 counties)
Well-child services	8,149	(37 counties)

HOME HEALTH SERVICES provide skilled nursing care and at least one other service to clients in their homes. These services are provided by registered professional nurses, licensed practical nurses and others. Nearly forty (40) licensed and certified home health agencies exist in Montana, almost half of which were new during the biennium.

Approximately 110 nurses provide home health services state-wide. Over 7,700 Montanans received home health services during calendar year 1985. This number is expected to increase for calendar year 1986.

NURSING BUREAU SERVICES: The Nursing Bureau provided or assisted in the provision of the following services during the biennium (data for 2 FTE consultants and the Bureau Chief).

Phone calls made	3,217	
Phone calls received (estimated)	4,850	
Field consultations, group and individual	89	
Instate miles travelled	15,281	
Continuing education provided	184.2	hours
CE participants (estimated)	710	
Manuals/technical guides produced	8	(571 pages)
Preprinted patient/clinic record forms provided local agencies	174,338	(FY '86)

EXHIBIT 4A
DATE 1-6-87
HB

FAMILY/MATERNAL AND CHILD HEALTH BUREAU - January, 1987

Chairman Winslow and members of the Joint Appropriations Subcommittee on Human Services;

I am Dr. Sidney Pratt, Chief, Family/Maternal & Child Health Bureau, Health Services Division of the Department of Health and Environmental Sciences. I am here to present the resumés of the programs within this bureau and to discuss briefly the budget requests.

1) The Bureau Administration consists of three FTE's, one Public Health Nutrition Consultant, one Administrative Aide and the Bureau Chief.

The Public Health Nutrition Consultant is responsible for statewide nutrition consultation which includes integration of nutrition services into all other Division programs; liaison and consultation to non-state agency organizations, the State Nutritional Council and Montana Dietetics Association as well as supervision of those other nutritionists assigned to WIC and Child Nutrition.

The Administrative Aide has, in addition to those support duties to the Bureau Chief, the clerical functions relating to the Inborn Errors of Metabolism program, a key role in the follow-up of all tests performed on the newborns.

The Bureau Chief has, in addition to exercising the administrative responsibilities over the various Bureau programs, the medical directorship for the Handicapped Children Services Program (including Cleft Lip/Palate Program), the Family Planning Program and the WIC and Child Nutrition Programs. One major specific program activity is the full medical responsibility for the Inborn Errors of Metabolism Program, a statutorily mandated newborn testing program screening for phenylketonuria (PKU), congenital hypothyroidism and galactosemia. These three hereditary metabolic disorders, if not detected early, lead to severe irreversible mental retardation - thus the need for screening all newborn babies. If detected and treated early these infants can develop normally.

EXHIBIT 4B
DATE 1-6-87
HB

SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS AND CHILDREN (WIC)

The Department's nutrition programs seek to improve the nutritional status of pregnant women, infants, children, adolescents, and adults through provision of comprehensive nutrition services to local agencies and communities, and nutrition consultation provided to community health nurses, Handicapped Children's Services, Family Planning, Dental, and Health Promotion/Education Programs.

WIC is a major component of the nutrition programs, serving about 12,648 clients per month in Fiscal Year 1986. Approximately 13,264 clients were served in October, 1986, which continues to follow historical patterns of participation. WIC provides low income, pregnant, post-partum, and lactating women, infants and children up to age 5, at nutritional risk, with:

1. Nutrition assessment, education and counseling to improve eating behaviors and reduce nutritional problems;

2. Selected foods to supplement diets lacking in nutrients needed during this critical time of growth and development; and

3. Access to preventive health programs and referral to private and public health providers.

WIC is 100% federally funded.

EXHIBIT 4B
DATE 1-6-89
HB

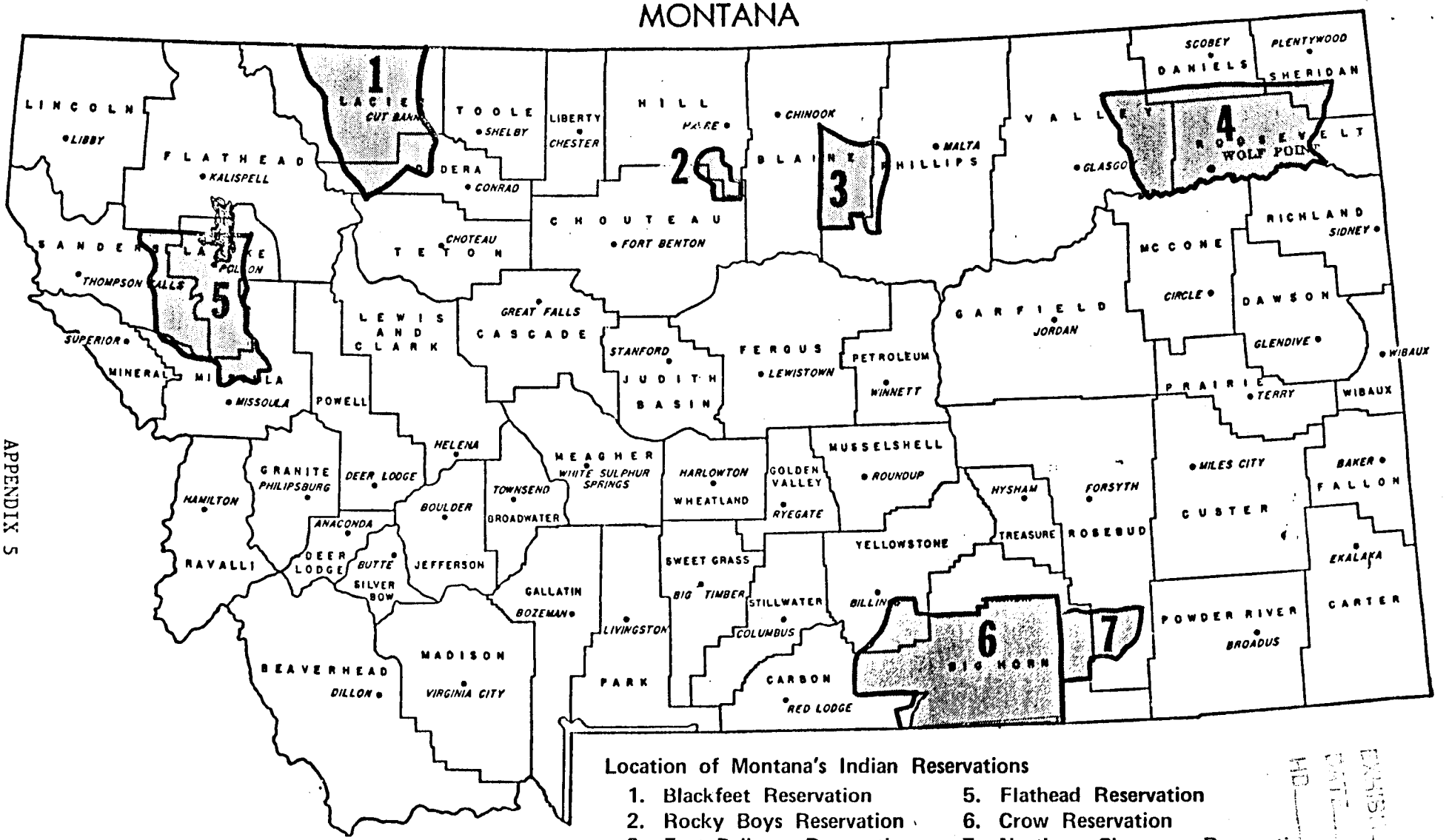
BUDGET MODIFICATION

A budget modification is requested for the WIC Program for the purpose of adding 1.0 FTE. This position would provide implementation of on-line data entry for the WIC Program and operating costs associated with the position. In addition, equipment purchases of $85,100 are budgeted in FY 89.

By adding 1.0 FTE for dedicated data entry, the WIC Program can decrease current operational data entry costs about $50,000. The net savings anticipated by implementation of this budget modification are in the range of $14,000 per year. Further benefits of providing in-house data entry include more timeliness of reports, and more timely correction of data errors.

The equipment included in the budget modification addresses the future goal of automating local WIC agencies' data entry. The cost estimate is based upon placing terminals in each local agency for entering data for transmittal to the mainframe computer in Helena. Accurate estimates of equipment costs are based upon 1984 information and may significantly decrease due to the volatile technical developments in this field.

MONTANA



Location of Montana's Indian Reservations

1. Blackfeet Reservation
2. Rocky Boys Reservation
3. Fort Belknap Reservation
4. Fort Peck Reservation
5. Flathead Reservation
6. Crow Reservation
7. Northern Cheyenne Reservation

SOURCE: Montana Department of Health and Environmental Sciences.

MONTANA WIC PROGRAM

PARTICIPATING FOOD VENDORS

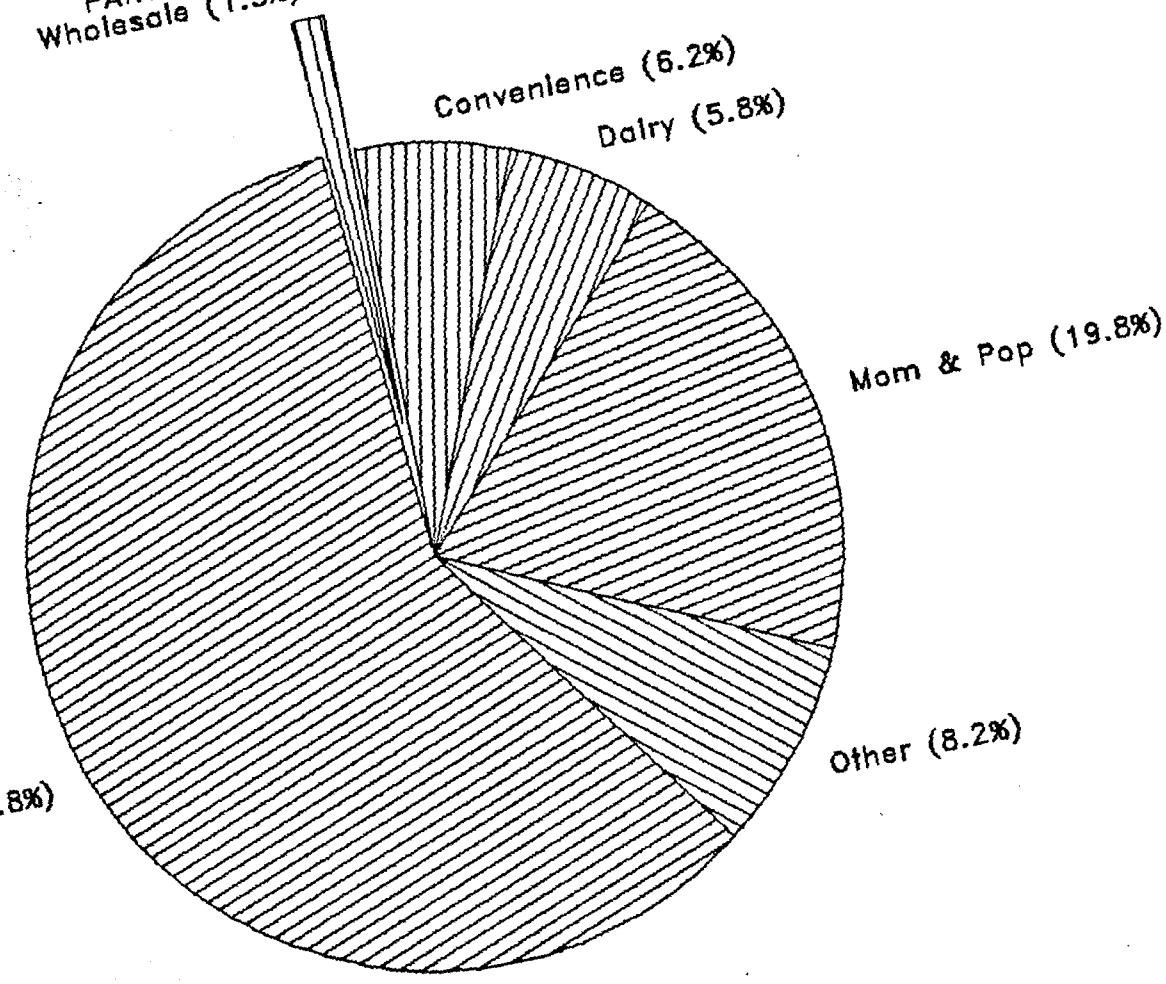


EXHIBIT 4B
DATE 1-16-85
HB

Montana WIC Program

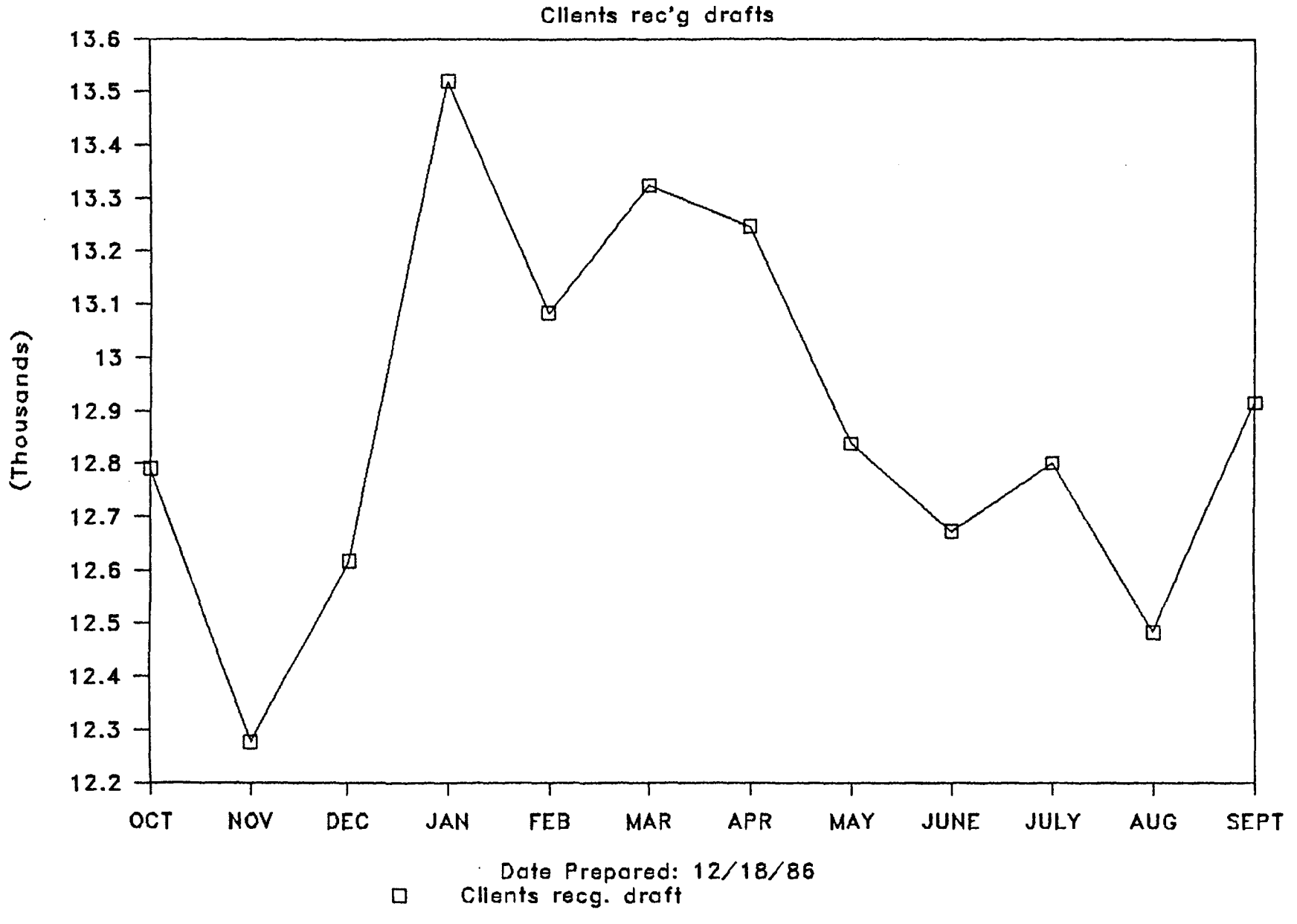


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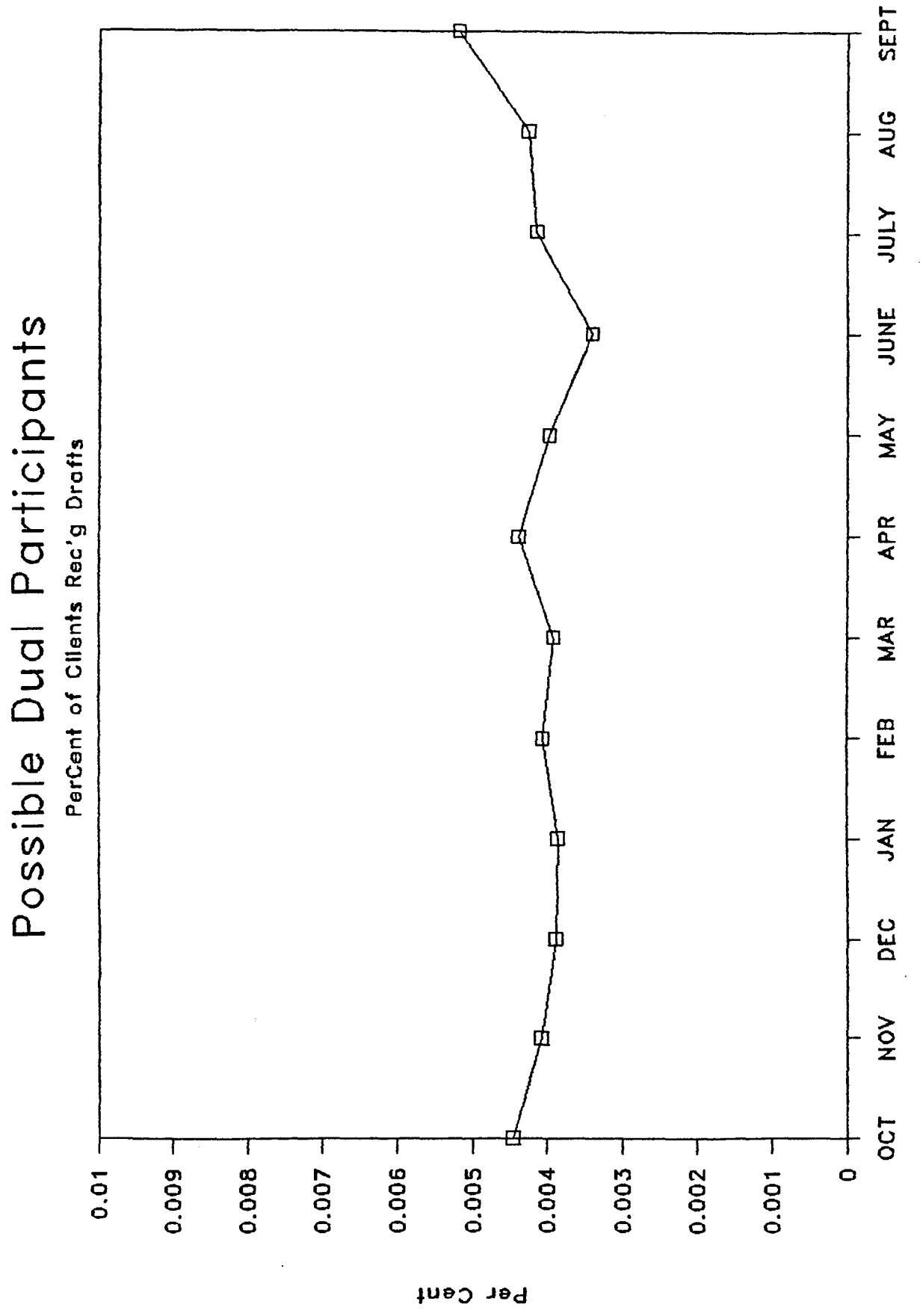
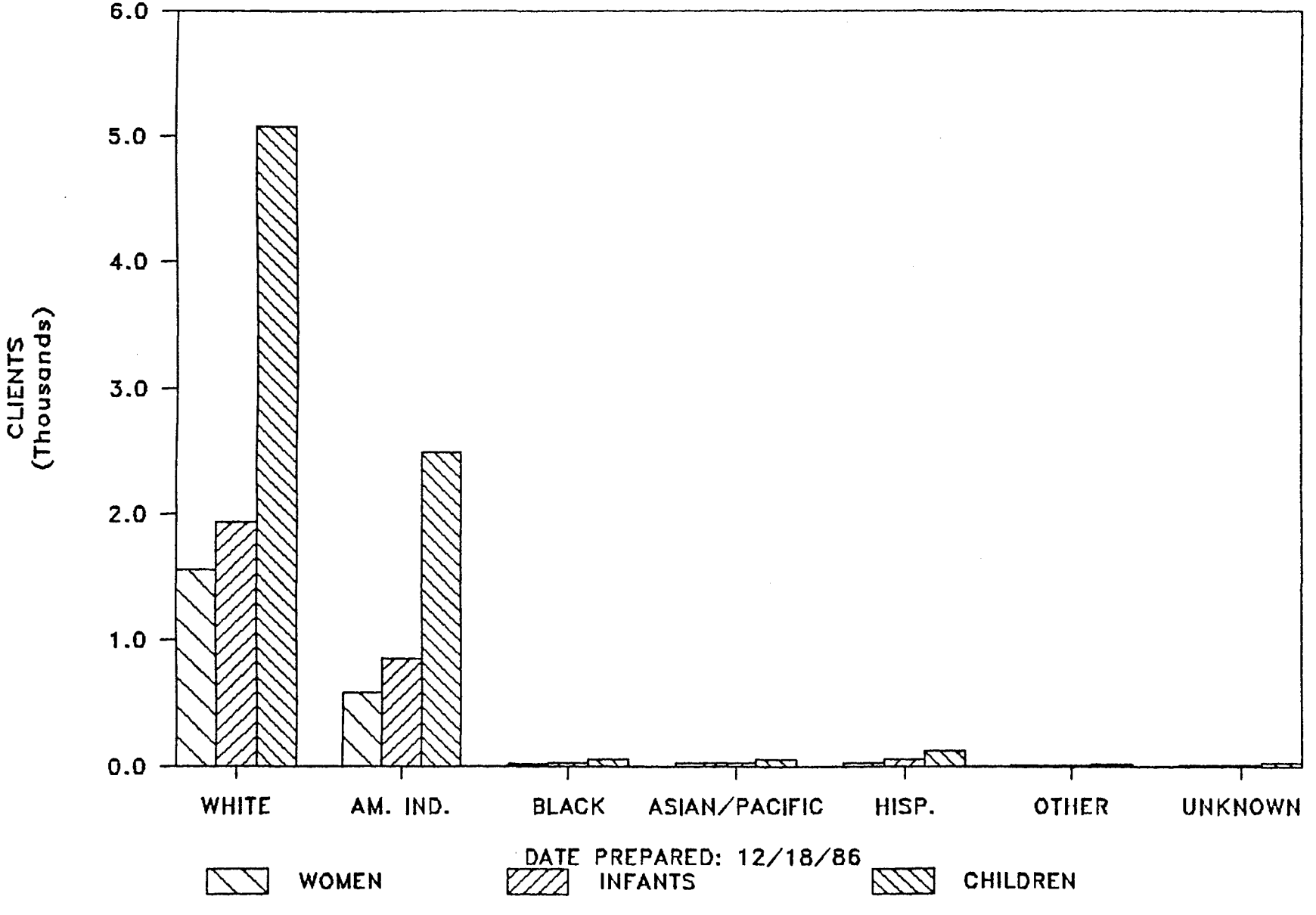
EXHIBIT 4B
DATE 1-6-87
HB



MONTANA WIC PROGRAM

RACIAL/ETHNICITY PARTICIPATION



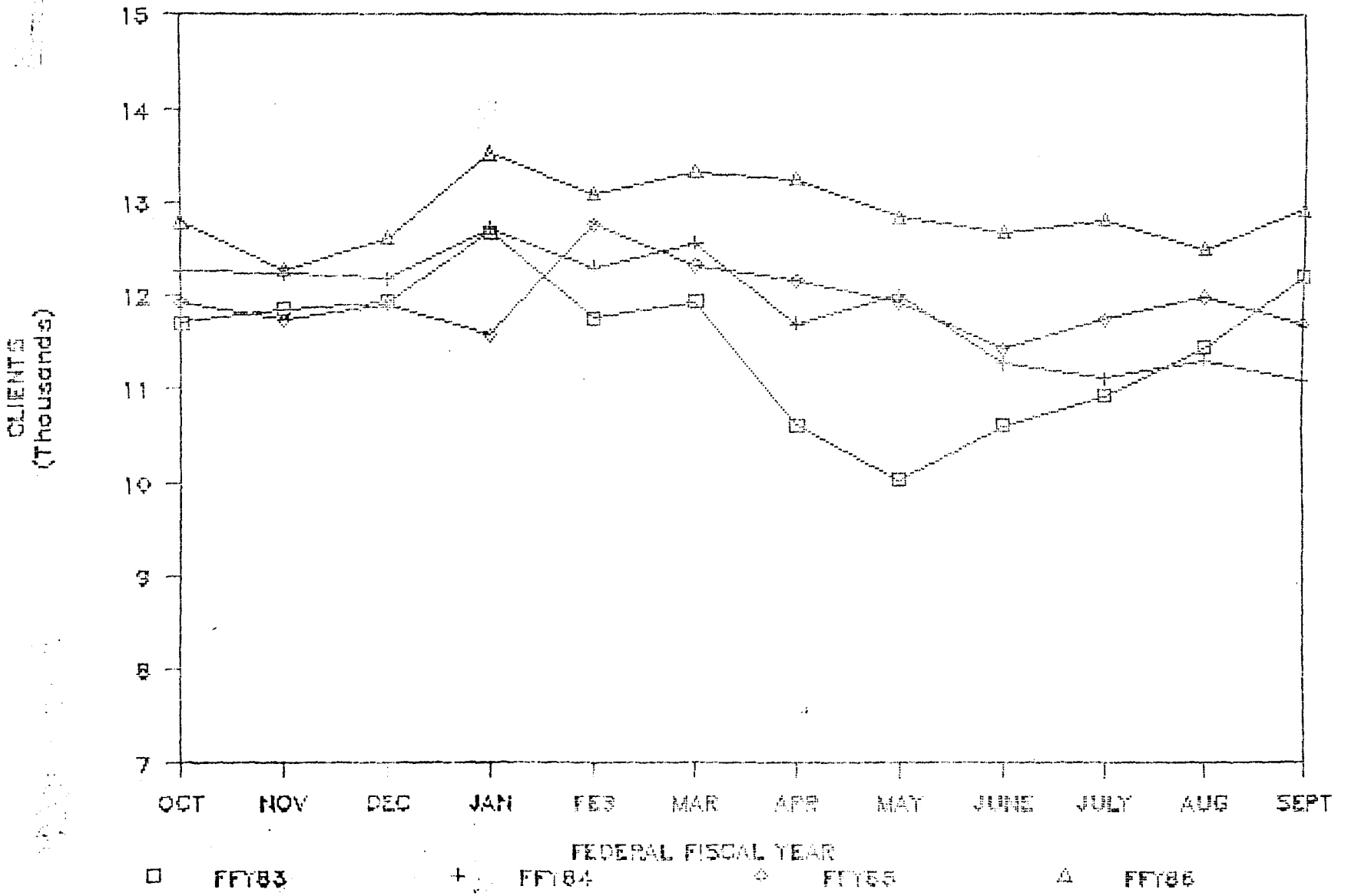
DATE PREPARED: 12/18/86

28-9-87

HB 1-6-87

MONTANA WIC PROGRAM

PARTICIPATION



CHILD NUTRITION PROGRAM -- CHILD CARE FOOD PROGRAM
Family/Maternal and Child Health Bureau
Health Services Division
Department of Health and Environmental Sciences

EXHIBIT 4c
DATE 1-6-87
SB

GOAL: To improve the nutritional status of Montana's children by enabling institutions participating in the Child Care Food Program to serve wholesome, attractive meals that meet children's nutritional needs, to make a mealtime a pleasant and sociable experience and to teach children to make wise food choices.

The Child Nutrition Program was created by Congress in response to the need to provide good nutrition to children in needy areas where there were large numbers of working mothers. The Child Nutrition Program is a USDA program and is 100% federal funded.

The Child Nutrition Program provides cash reimbursement for meals (breakfast, lunch, supper and snacks) meeting specific nutritional requirements which are served to children enrolled in non-profit licensed or approved child care centers, Head Start programs, day care homes, and outside-school-hours programs who participate in the Child Care Food Program. The Program also reimburses local non-profit sponsoring organizations for administrative expenses associated with the administration of the Child Nutrition Program in local day care homes.

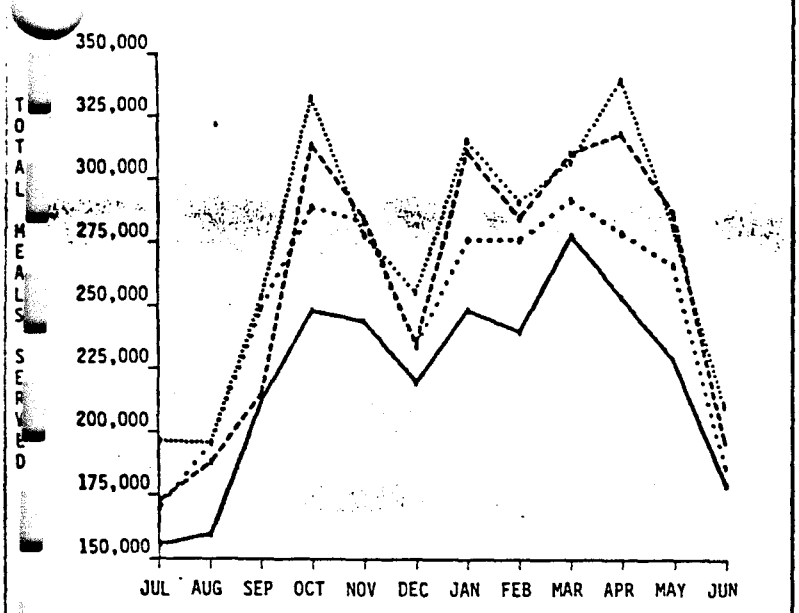
In addition, the Program provides technical assistance in the areas of Program operations, menu planning, food service, meal service, nutrition and nutrition education to participating institutions, their staff and enrolled children.

In SFY 86, 3,259,637 meals were served to the 10,000 enrolled children. Payments to daycare providers, which totaled $2,270,164 in fiscal 1986, were previously made via grants. The payments will be made from a non-appropriated agency fund in the 1989 biennium.

CHILD NUTRITION PROGRAM COMPARISON SFY 83 THRU SFY86

EXHIBIT 4c
DATE 2-6-87
HB

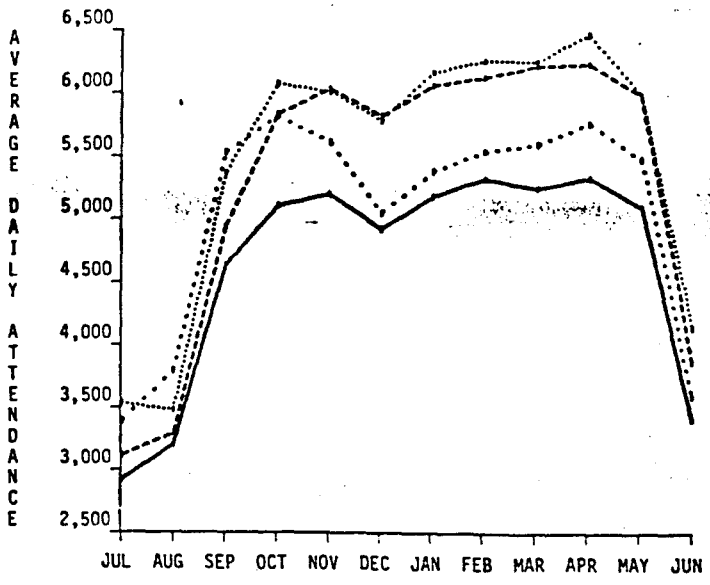
TOTAL MEALS SERVED



TOTAL:	FY 83	FY 84	FY 85	FY 86
	2,669,543	2,999,473	3,119,642	3,259,637

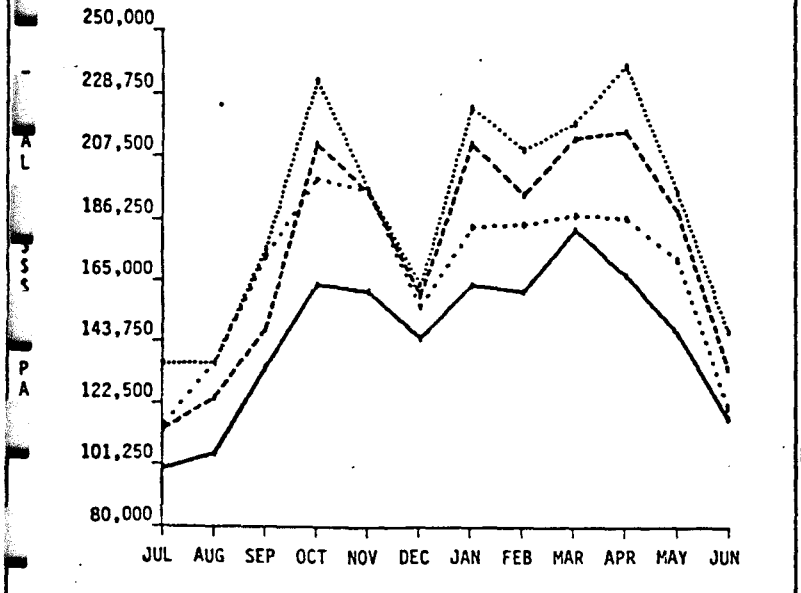
FY 1983
FY 1984
FY 1985
FY 1986

AVERAGE DAILY ATTENDANCE



FY 1983
FY 1984
FY 1985
FY 1886

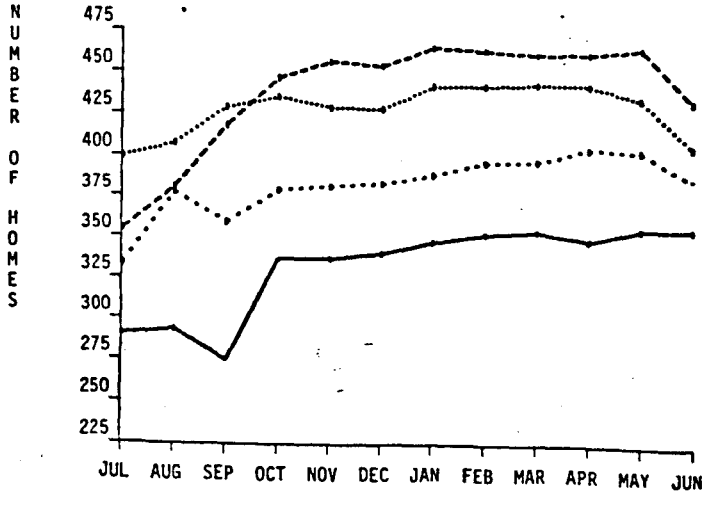
TOTAL $$$$$$$ PAID



TOTAL:	FY 83	FY 84	FY 85	FY 86
	1,746,324	2,011,941	2,110,909	2,274,174

FY 1983
FY 1984
FY 1985
FY 1986

NUMBER OF HOMES



FY 1983
FY 1984
FY 1985
FY 1986

4C
1-6-87

MEMORANDUM

TO:

FROM: Peggy Baraby, Program Supervisor
Child Nutrition Program

DATE:

SUBJECT: Participation in the Child Nutrition Program -- Child Care Food Program

Thank you for your inquiry regarding participation in the Child Care Food Program.

The Child Care Food Program is a USDA program which is administered in Montana by the Department of Health and Environmental Sciences. The Program provides reimbursement for meals which meet certain requirements that are served to enrolled children.

Day care centers which participate in the Child Care Food Program must be licensed and have tax exempt status from the Internal Revenue or be under the sponsorship of a tax exempt institution, or be in the process of applying for tax exempt status (IRS Form 1023 -- Application for Recognition of Exemption).

Centers are required to keep records on enrollment, attendance, menus, types and amounts of food prepared, number of meals served, food costs, and administrative costs which are directly related to the Child Care Food Program.

Parents of enrolled children will be asked to fill out Family Size and Income Information forms. These forms will be kept at the center and will be kept confidential. The family size and income information on these forms will determine the rates on which the center is reimbursed for meals served.

Child Nutrition Program staff will provide materials and technical assistance in record keeping, menu planning, meal service, nutrition and nutrition education so that your program can comply with the federal regulations and the intent of Montana's Child Nutrition Program.

The Montana Child Care Food Program feels that nutrition education is a basic function of this Program and we encourage participants to provide appropriate nutrition education to their children, staff and parents.

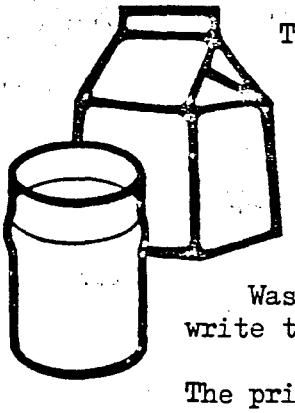
If you participate in the Child Care Food Program, you are also eligible to receive Bonus Commodities which are distributed through Social and Rehabilitation Services. If we can be of further help to you in explaining the program or in the application process, please contact us at 444-4740.

As you requested, we are sending you:

___ Application Packet for Independent Center ___
Sponsored Center ___

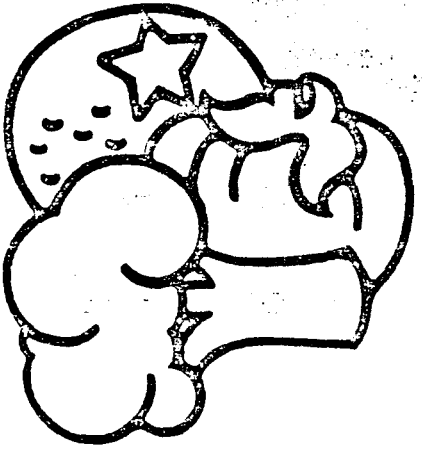
The Child Care Food Program

4C
1-6-87



This day care home or child care center is a participant in the Child Care Food Program (CCFP), a Federal program of the Food and Nutrition Service (FNS), U.S. Department of Agriculture (USDA). It is operated in accordance with USDA policy, which does not permit discrimination because of race, color, national origin, sex, or handicap. If you believe that your child has been treated unfairly in receiving food services for any of these reasons, write immediately to the Secretary of Agriculture, Washington, D.C. 20250. For more information on civil rights, write to the Office of Equal Opportunity, USDA, Washington, D.C. 20250.

The primary goal of the CCFP is to improve the diet of children 12 years of age or younger. (Children 15 and under from families of migrant workers are also eligible, and certain handicapped people regardless of age may receive CCFP meals if they are enrolled in a center or home that serves mostly persons 18 years of age or younger.)



Nutrition is an important part of good health. Proper nutrition is also an important part of a good child care program. Children need well-balanced meals in order to meet their daily energy needs and to help them build strong bodies and minds. Through the CCFP, you can be assured that your child is getting balanced, nutritious meals. As participants in the CCFP, child care organizations may serve up to three meals a day to each child. If three meals are served, at least one of them must be a snack. All of the meals must follow patterns set by USDA.

There are two groups of meal patterns. The first group is for infants up to 12 months. Foods in these patterns vary according to the infant's age. Infants from 4 to 8 months old receive some, but not all, of the foods in the meal pattern below. Infants under 4 months of age are not served solid foods. The second group of patterns is for children over 1 year of age.

Foods for Babies (8 to 12 months old)

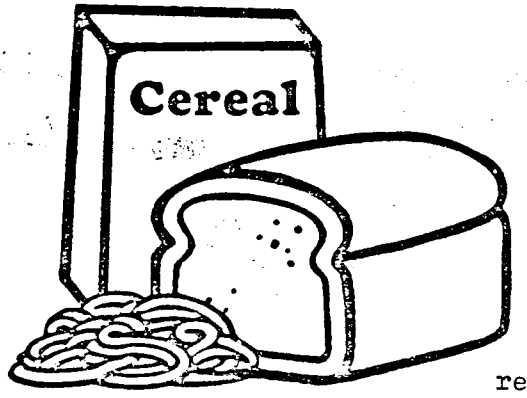
Breakfast	Snack	Lunch and Supper
Infant formula (iron fortified) or whole fluid milk and full-strength fruit juice	Infant formula (iron fortified) or full-strength fruit juice or milk	Infant formula (iron fortified) or whole fluid milk and full-strength fruit juice
Infant cereal (iron fortified)	Enriched or whole-grain bread or cracker-type product (suitable for infants)	Infant cereal (iron fortified) or strained fruit and/or vegetable
		Strained meat, fish, poultry, or egg yolk or cheese or cottage cheese, cheese food, or cheese spread

U.S. Department of Agriculture
Food and Nutrition Service
Program Aid Number 1299

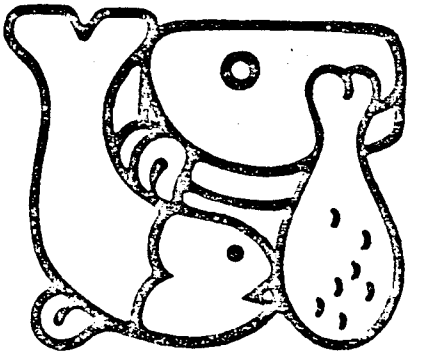
EXHIBIT 4C

Foods for Children

Breakfast	Lunch or Supper	Snack
Milk Juice, fruit, or vegetable Bread or bread alternate	Milk Meat or meat alternate Vegetables and/or fruits Bread or bread alternate	(Serve two of the following four foods. Juice may not be served when milk is served as the only other food.) Milk Meat or meat alternate Fruit, vegetable, or juice Bread or bread alternate



The CCFP gives financial assistance to public and private nonprofit organizations providing licensed or approved nonresidential day care service throughout the country. Organizations participating in the CCFP include, but are not limited to, day care centers, day care homes, and institutions providing day care services for handicapped children. Also, private for-profit centers that receive compensation under Title XX of the Social Security Act for at least 25 percent of the children who are receiving nonresidential day care may qualify as eligible child care institutions. Sponsoring organizations can operate the CCFP in child care centers, outside-school-hours care centers, and family day care homes.



Centers can operate in the program either independently or under the auspices of a sponsoring organization. The sponsoring organization must accept final administrative and financial responsibility for centers and homes under its auspices. Day care homes must participate under a sponsoring organization; they cannot enter the CCFP directly. In most States, the CCFP is administered by the State department of education. In States that do not administer the program, FNS regional offices operate it directly.

Issued October 1981
Slightly revised October 1982

U.S. GOVERNMENT PRINTING OFFICE : 1982 O - 389-210

To the Families of Day Care Children:

4C

Your children are enrolled in a day care center which participates in the Child Care Food Program of the U.S. Department of Agriculture. Through the Program, USDA gives financial assistance to this day care center to serve nutritious meals and snacks.

1-6-87

The Program requires centers to collect family size and income information once a year from their families. The law requires the centers to treat this information confidentially and to protect your right to privacy.

We urge you to cooperate with this request for information so you can benefit from lower child care costs.

Child Nutrition Program
Montana Department of Health
& Environmental Sciences
Cogswell Building
Helena, Montana 59620
Phone (406) 444-4740

The day care center your child attends should provide the types and amounts of food listed below for the meals and snacks they serve your child.

The center's menus should be posted in the center for your information.

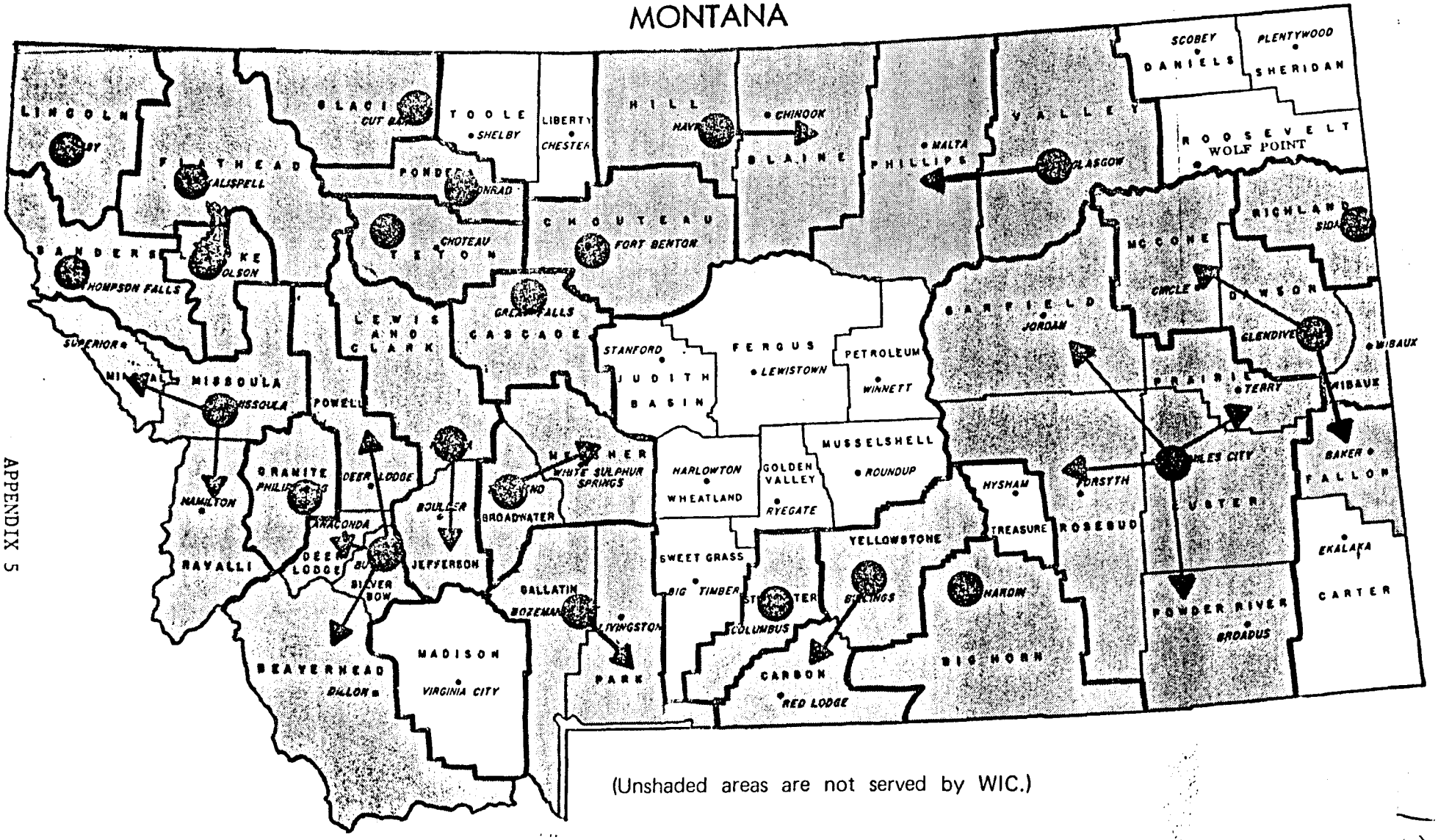
FOOD CHART Child Care Food Program

	For required serving amounts for infants up to age 1 year, refer to your handbooks or to program regulations	AGE 1 up to 3	AGE 3 up to 6	AGE 6 up to 12
BREAKFAST	Fluid Milk	½ cup	¾ cup	1 cup
	Juice or Fruit or Vegetable	¼ cup	½ cup	½ cup
	Bread or Bread Alternate	½ slice*	½ slice*	1 slice*
SNACK (Supplement) Select 2 out of 4 components	Fluid Milk	½ cup	½ cup	1 cup
	Juice or Fruit or Vegetable	½ cup	½ cup	¾ cup
	Meat or Meat Alternate	½ ounce	½ ounce	1 ounce
	Bread or Bread Alternate	½ slice*	½ slice*	1 slice*
LUNCH/ SUPPER	Fluid Milk	½ cup	¾ cup	1 cup
	Meat or Poultry or Fish or	1 ounce	1½ ounces	2 ounces
	Cheese or	1 ounce	1½ ounces	2 ounces
	Egg or	1	1	1
	Cooked Dry Beans and Peas or	¼ cup	⅜ cup	½ cup
	Peanut Butter	2 Tablespoons	3 Tablespoons	4 Tablespoons
	Vegetables and/or Fruits (2 or more)	¼ cup total	½ cup total	¾ cup total
	Bread or Bread Alternate	½ slice*	½ slice*	1 slice*

* or an equivalent serving of an acceptable bread alternate such as cornbread, biscuits, rolls, muffins, etc., made of whole-grain or enriched meal or flour, or a serving of whole-grain or enriched cereal, or a serving of cooked enriched or whole-grain rice or macaroni or other pasta product

The Child Care Food Program is open to all eligible children regardless of race, age, sex, handicap, color or national origin. If you believe you have been treated unfairly in receiving food services because of race, age, sex, handicap, color or national origin, write immediately to the Secretary of Agriculture, Washington, D.C. 20250

WIC AGENCIES AND SERVICE AREAS – MONTANA 1986



(Unshaded areas are not served by WIC.)

SOURCE: Montana Department of Health and Environmental Sciences.

EXHIBIT 4D
DATE 1-6-87
HB

TESTIMONY

STATEWIDE FAMILY PLANNING PROGRAM

January 7, 1987

The Statewide Family Planning Program is a preventive health program whose goal is to improve the overall reproductive health of Montanans. Services are directed toward the accomplishment of the following major health goals:

- Improve and maintain the emotional and physical health of men, women and children, particularly through the detection and prevention of cancer and venereal disease with women.
- Reduce the incidence of abortion by preventing unplanned pregnancies.
- Decrease maternal and infant mortality and morbidity.
- Assist couples who want to have children but cannot.
- Prevent unplanned pregnancies (particularly in child abuse and poverty situations).
- Prevent birth defects and mental retardation.
- Assure that more children are "wellborn" by decreasing the incidence of prematurity and birth defects.
- Improve pregnancy outcome by correction of health problems between pregnancies and by proper spacing and timing of pregnancy.
- Assist couples in having the number of children they desire so that every child is intended and loved.

The Department of Health and Environmental Sciences (DHES) contracts with 15 family planning programs in the state to provide services. Each program functions under the medical supervision of a licensed physician. Some of the services offered are: health education, counseling, physical examinations, cervical cancer screening, breast self-exams, pregnancy testing, blood pressure recordings, blood testing, dispensing of contraceptives, screening and treatment for gonorrhea, and referral for other problems.

In 1985, 22,148 persons from every county in the state were served by the program, a 469% increase in caseload since the program's inception in 1972. Eighty-two percent of all persons served were from low income families. In 1985, it is estimated the 15 family planning programs prevented 6,599 unplanned pregnancies. These pregnancies would have resulted in 4,494 births, 897 abortions, and 1,208 miscarriages. This would have included approximately 135 cases of congenital abnormalities, 135 cases of hypoxic brain damage, 22 cases of chromosomal abnormalities and 301 high-risk premature deliveries.

In 1985, the programs detected and referred for treatment: 783 positive Pap smears for cervical cancer; 1,283 cases of anemia; 44 cases of gonorrhea; 1,023 cases of breast diseases or other physical findings (heart, thyroid, etc.); 2,570 cases of vaginal infections; and 332 cases of high blood pressure.

It is widely documented that (1) many low income people do not have equal access to family planning services, and (2) repeated, closely spaced childbearing—or childbearing that occurs very early or late in

EXHIBIT 4D
DATE 1-6-87
HB

. .e—often has adverse health, social and economic consequences for mothers and their children and for society. Therefore, a national goal of the program is to assist in making comprehensive voluntary family planning services available to all persons desiring such services with priority on serving persons from low income families.

The objectives of the program are to provide educational, social, and comprehensive medical services necessary to enable individuals to freely determine the number and spacing of their children and to promote the health of mothers and children.

According to the Alan Guttmacher Institute, a corporation for research, policy analysis and public education, family planning has the highest documented benefit/cost ratios of any federally funded health program in the nation. It meets the needs of those who otherwise cannot afford services and could eventually become dependent on government agencies.

- The cost to the government for a mother on welfare and an unplanned child averages $3,348 per year plus food stamps and Medicaid.
- The short-term benefits (savings) to federal, state and local governments are estimated to be $2 for each dollar invested in family planning.
- The long-term benefits are estimated to be $26 for each dollar invested.

The Family Planning Program is funded with Federal Title X grant funds, Maternal and Child Health and Preventive Health block grants funds. The block grant funds are directly allocated to the 15 local programs in the state to provide services; no administrative dollars are retained at the state office.

EXHIBIT 4e
DATE 1-6-87
HB

LEGISLATIVE TESTIMONY

The Handicapped Children's Services (HCS) Program is concerned with the early detection, diagnosis, treatment, rehabilitation and prevention of handicapping conditions in children from before birth ~~through~~ to age 18. The Program is funded entirely by Maternal and Child Health Block Grant funds.

Services are provided to low income families who are not covered by Medicaid or private insurance. Eligibility for the Program includes gross family income, family size and the handicapping condition involved. All other possible payment resources are explored and utilized before HCS payments are made.

Evaluation and diagnostic services are arranged through regional centers or teams composed of private health care providers. In fiscal year 1986, 739 children with cardiac conditions attended heart diagnostic clinics and 150 children with cleft lip/palate were evaluated by regional cleft teams.

Treatment services, such as surgery and related hospitalizations, special medications and formulas, braces, ambulance transports and other therapies are purchased as needed from private health care practitioners. In fiscal year 86, HCS paid for 358 children's medical or surgical care.

HCS provides financial help for a very limited number of diagnostic categories, primarily those that have good potential for rehabilitation, thus maximizing the individual's potential for a productive life. In many circumstances, early identification of a risk situation and prompt intervention can prevent additional and long term handicapping consequences. HCS limits coverage of handicapping conditions for another relevant reason: lack of funds. In fiscal year 1985, HCS turned down the requests for help from 871 families. Some of these families were denied because their incomes were too high or they were covered by Medicaid. But 481 of these requests could have been covered by HCS, if the funds had been available.

4e
1-6-87

Bill payment is only a portion of HCS Program activities. HCS acts as a family advocate, helping families with complicated arrangements for care out of state when necessary and with cumbersome and lengthly insurance procedures. HCS is interested also in the long term management of children referred to the Program. HCS coordinates all referrals with local community health nurses and other resources available in the children's home towns. In addition, in July 1986, HCS assumed the activities associated with Sudden Infant Death Syndrome (SIDS). HCS refers families experiencing a SIDS death to local resources for prompt information and follow up.

The four HCS staff members carry out the daily management of Program activities. Medical questions and concerns are referred to the physicians in the Health Services Division and, when necessary, to the panel of physicians who serve as the HCS Advisory Committee.

EXHIBIT 5
DATE 1-6-87
HB

January, 1987

PREVENTIVE HEALTH SERVICES BUREAU
MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

TESTIMONY FOR THE APPROPRIATIONS JOINT SUBCOMMITTEE ON HUMAN SERVICES

Mr. Chairman and Members of the Subcommittee, my name is Don Espelin, a pediatrician in Helena and currently on staff at the State Department of Health and Environmental Sciences. I am Bureau Chief of the Preventive Health Services Bureau (PHSB). This is a new bureau created within the Department of Health and Environmental Sciences on October 1, 1986 by reorganization within the Department. The PHSB has 11 programs that carry out the Department responsibilities in the areas of prevention, education, monitoring health, health-related services, and administration of public health services.

These programs are funded with a blend of Preventive Health Block Grant, Maternal and Child Health Block Grant, General Fund monies, and special grants from Centers for Disease Control (CDC) Atlanta. The Bureau has 13 current level FTE's and 2 FTE's requested on a modified to carry out its mission. Under the reorganization, the PHSB supervises the program managers and coordinates the activities of:

- Montana Perinatal Program (MPP)
- Dental
- Communicable Disease
- Rabies Vaccine
- Health Promotion and Education
- Behavioral Risk Surveillance (BRS)
- Sexually Transmitted Disease (STD)
- Immunization (IZ)
- AIDS Project HTLV-III/LAV (HIV)
- Rape Crisis
- End Stage Renal Disease (ESRD)

EXHIBIT 5
DATE 1-6-87
HB

JANUARY, 1987

MONTANA PERINATAL PROGRAM
PREVENTIVE HEALTH SERVICES BUREAU
MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

TESTIMONY FOR THE APPROPRIATIONS JOINT SUBCOMMITTEE ON HUMAN SERVICES

Prepared by Lynn James, R.N., M.S.N., Nurse Coordinator of the Montana Perinatal Program.

The focus of the Montana Perinatal Program (MPP) is prevention. The Virginia Outreach Program (VOP) and the South Carolina Program (SCP) have been introduced to all hospitals providing obstetrical services in Montana. Over 1,000 health care providers participated in these programs. Evaluation of the VOP by means of chart reviews is in progress.

MPP is funding four Low Birthweight Prevention projects. The four sites are: Billings, Bozeman, Dillon and Missoula.

We have expanded the Fetal Alcohol Snydrome prevention effort to include prevention of all substance abuse in pregnancy. We are targeting these areas because substance abuse-related birth defects are totally preventable. We have sponsored billboards, posters, and PSA's on television and radio to raise the level of consciousness of the public regarding these bad habits that often lead to bad babies.

We continue to be very active with the award winning state Healthy Mothers, Healthy Babies Coalition. Through the Coalition, we have been involved in 14 projects, the most noteworthy being an adolescent pregnancy prevention initiative, the Pregnancy RiskLine, and the completion of a women's health care survey.

Level II nursery site visits are conducted at four hospitals by two medical teams yearly.

Additional activities include support of workshops and seminars that educate health care providers on a variety of perinatal topics. In the spring we will be sponsoring the third annual series of continuing education workshops for community health nurses at six sites across the state.

A High Risk Followup manual has been written and is now being reviewed for printing.

The Risk Registry is being implemented in cooperation with OPI and SRS.

EXHIBIT 5
1-6-87

MONTANA PERINATAL PROGRAM

FACT SHEET

October, 1986

According to the March of Dimes, low birthweight is the number one birth defect in the United States.

The number of low weight births in Montana for the past four years was as follows:

1982 - 818
1983 - 788
1984 - 828
1985 - 770

In 1970, 10 percent of 3# 8oz. babies survived.

In 1986, 90 percent of 3# 8oz. babies survived.

Ten percent of 3# 8oz. babies have severe disabilities.

Ten to fifteen percent of 3# 8oz. babies have mild to moderate disabilities.

Twenty-five percent of 2# 3oz. babies have severe disabilities.

The survivability of infants with low birthweight as of 1979 was as follows:

1# 2oz. to 1# 10oz. - 93 percent die
2# 4oz. - 64 percent die
2# 12oz. - 29 percent die
3# 8oz. - 10 percent die
5# 8oz. - most survive

A baby that is six weeks premature and weighs 4# 8oz. costs $900.00.

A baby that is 12 weeks premature and weighs 3# 3oz. costs $36,000.00.

In 1986, a two month stay in the neonatal intensive care unit at Primary Children's Hospital in Salt Lake City for a 900 gram (about 2#) Montanan cost $107,000.00.

The number of low weight births in the United States attributable to maternal smoking was 25,309.

The number of neonatal intensive care admissions attributable to maternal smoking was 5,315.

EXHIBIT 5
DATE 1-6-87
HB

In 1985, 1,334 adolescent girls had babies in Montana.

Of those, 49 were born to 15 year olds, and 134 were born to 16 year olds.

Of babies born to adolescents in Montana, 7.1 percent were low weight births compared to 5.5 percent of babies born to nonadolescents.

In the United States, teenagers are significantly more likely to get pregnant, give birth, and have abortions than their counterparts in England and Wales, France, Canada, Sweden, and the Netherlands.

Teenagers begin prenatal care later and make fewer medical visits than older women.

Among teenagers who had their first birth at age 14 or younger, 71 percent did not complete high school.

Among teenagers who had their first birth at age 15-17 years, half did not complete school.

Among teenagers who had their first birth at 18 or 19, one-third did not finish high school.

Teenage childbearing cost the nation $16.6 billion last year, one-third of which could have been saved if teen mothers had waited until age 20 to deliver their first baby.

The 16.6 billion estimate includes payments for AFDC, Medicaid, and food stamps. It does not include other services, such as housing, special education, child protection services, foster care and day care.

It is estimated that between 1,800 and 4,000 children born in the United States each year have fetal alcohol syndrome.

It is estimated that between 6,550 and 11,000 children born in the United States each year have fetal alcohol effects.

Fetal Alcohol Syndrome and Fetal Tobacco Syndrome are totally preventable.

1-6-87

MONTANA PERINATAL PROGRAM

DEFINITIONS

ABORTION - A legal act or operation intended to terminate a pregnancy without live birth, which is reported to the Department.

FETAL DEATH - the birth of a fetus after 20 weeks of gestation which shows no evidence of life after complete birth (this is, no action of the heart, breathing, or movement of voluntary muscles).

INFANT DEATH - the death of a person under one year of age.

LIVE BIRTH - birth of a child who shows evidence of life after complete birth. Evidence of life includes heart action, breathing, or movement of voluntary muscles.

NEONATAL DEATH - the death of an infant under 28 days of age.

PERINATAL DEATHS - are those occurring around the time of birth. They are made up of the sum of registered fetal deaths and neonatal deaths.

PERINATAL MORTALITY RATE - relates the number of fetal deaths plus neonatal deaths to the number of deliveries (fetal deaths plus live births). It is calculated as follows:

$$\text{Perinatal mortality rate} = \frac{\text{Annual number of fetal deaths plus neonatal deaths}}{\text{Annual number of fetal deaths plus live births}} \times 1{,}000$$

PREMATURE (IMMATURE) INFANT - a live-born infant with a birth weight of five pounds eight ounces (2,500 grams) or less.

RESIDENCE - for deaths, this refers to the usual residence of the decedent. For births and fetal deaths, it refers to the usual residence of the mother.

Source: Records and Statistics, SDHES, 1983

5
1-6-87

A fence — or an ambulance?

By JOSEPH MALINS

This selection appeared in "The Best Loved Poems of the American People," selected by Hazel Felleman, published in 1936 by the Garden City Publishing Co., Garden City, New Jersey.

It remains one of the most unique methods of telling the public health message.

'TWAS A DANGEROUS cliff, as they freely confessed
Though to walk near its crest was so pleasant;
But over its terrible edge there had slipped
A duke and full many a peasant.
So the people said something would have to be done,
But their projects did not at all tally;
Some said, "Put a fence around the edge of the cliff,"
Some, "An ambulance down in the valley."

But the cry for the ambulance carried the day,
For it spread through the neighboring city;
A fence may be useful or not, it is true,
But each heart became brimful of pity
For those who slipped over that dangerous cliff;
And the dwellers in highway and alley
Gave pounds or gave pence, not to put up a fence,
But an ambulance down in the valley.

"For the cliff is all right, if you're careful," they said,
"And, if folks even slip and are dropping,
It isn't the slipping that hurts them so much,
As the shock down below when they're stopping."
So day after day, as these mishaps occurred,
Quick forth would these rescuers sally
To pick up the victims who fell off the cliff,
With their ambulance down in the valley.

Then an old sage remarked: "It's a marvel to me
That people give far more attention
To repairing results than to stopping the cause,
When they'd much better aim at prevention.
Let us stop at its source all this mischief," cried he,
"Come, neighbors and friends, let us rally;
If the cliff we will fence we might almost dispense
With the ambulance down in the valley."

"Oh, he's a fanatic," the others rejoined,
"Dispense with the ambulance? Never!
He'd dispense with all charities, too, if he could;
No! No! We'll support them forever.
Aren't we picking up folks just as fast as they fall?
And shall this man dictate to us? Shall he?
Why should people of sense stop to put up a fence,
While the ambulance works in the valley?"

But a sensible few, who are practical too,
Will not bear with such nonsense much longer;
They believe that prevention is better than cure,
And their party will soon be the stronger.
Encourage them then, with your purse, voice and pen
And while other philanthropists dally,
They will scorn all pretense and put up a stout fence
On the cliff that hangs over the valley.

Better guide well the young than reclaim them when old,
For the voice of true wisdom is calling,
"To rescue the fallen is good, but 'tis best
To prevent other people from falling."
Better close up the source of temptation and crime
Than deliver from dungeon or galley;
Better put a strong fence 'round the top of the cliff
Than an ambulance down in the valley.

EXHIBIT 5
DATE 1-6-87

January, 1987

DENTAL PROGRAM
PREVENTIVE HEALTH SERVICES BUREAU
MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

TESTIMONY FOR THE APPROPRIATIONS JOINT SUBCOMMITTEE ON HUMAN SERVICES

Mr. Chairman and Members of the Subcommittee, as Chief of the Preventive Health Services Bureau I submit this testimony prepared by William Haggberg, D.D.S., State Dental Officer.

The goal of the Dental Program is to improve the oral health status of Montana's citizens. This is addressed by several objectives:

Objective #1: To provide a school-based program reducing decay by 35% annually.

Results: For every dollar spent the program saved $36 for a total of $1,368,000 per year.

Objective #2: To screen 25,000 elementary school children yearly.

Results: Children in emergent need are immediately referred to the dentist. School absences are reduced by 1/3.

Objective #3: To provide a comprehensive school-based dental education curriculum to 25,000 children emphasizing proper oral hygiene.

Objective #4: To provide an aging dental prevention program for long-term nursing care facilities and congregate senior citizen centers and nutrition sites statewide.

Results: 87 long-term nursing care facilities have an advisory dentist who provides a yearly in-service to nursing staff personnel on how to care for the dental hygiene needs of the elderly nursing home patients. The state Dental Program has been presented at 8-10 senior health fairs statewide and 2,000 oral exams have been provided yearly.

Objective #5: To provide continuing dental education to dental professionals and allied health professionals targeted at the needs of the consumers they service at the local level.

Results: A cost effective cooperative mechanism has been developed.

There are three areas of unmet need which should be addressed for Montana:

1. 30% of the male students 9-17 years old have used or are using smokeless tobacco.

2. Increased education of dental health workers about the ramifications of head/neck injuries due to child abuse.

3. Encourage the elderly population to practice preventive hygiene.

WGH/war-1

5
1-6-87

January, 1987

COMMUNICABLE DISEASE CONTROL/EPIDEMIOLOGY

PREVENTIVE HEALTH SERVICES BUREAU

MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

TESTIMONY FOR THE APPROPRIATIONS JOINT SUBCOMMITTEE ON HUMAN SERVICES

Mr. Chairman and Members of the Subcommittee, as Chief of the Preventive Health Services Bureau I submit this testimony prepared by Judith Gedrose, State Epidemiologist.

The program is funded by general fund. The general communicable disease control program maintains continual surveillance of 70 diseases, syndromes, and categories of disease. Investigation of outbreaks and cases is performed to prevent spread of disease in the population. Tuberculosis control comprises approximately one half the program's activities. Rabies prevention in humans is a top priority of the program. The rabies control program provides immunizing biologicals at cost to health care providers treating Montana citizens. The funding for the biologicals is via a special ear-marked revenue fund. The Rabies Vaccine Program provides pre and post exposure vaccine for 229 Montanans in 1985. The most important part of the program is the consultation provided to health care providers concerning the need for and use of the biologicals.

The uniqueness of general communicable disease control makes the public, public health direct service providers and the private medical community turn to MSDHES for assistance. During one four-month period in 1986 at least 340 requests came to the State Epidemiologist. 230 requests were from health departments and private medical care providers. An additional 110 requests for information or assistance came directly from private citizens and the media.

Many of the program activities are carried out with the cooperation of other department programs, for example MSDHES Microbiology Laboratory, Food and Consumer Safety Bureau, Air and Water Quality Bureaus.

JG/vg-0131a

EXHIBIT 5
DATE 1-6-87
HB

January, 1987

HEALTH PROMOTION AND EDUCATION
BEHAVIORAL RISK SURVEILLANCE
PREVENTIVE HEALTH SERVICES BUREAU
MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

TESTIMONY FOR THE APPROPRIATIONS JOINT SUBCOMMITTEE OF HUMAN SERVICES

Mr. Chairman and Members of the Subcommittee, as Chief of the Preventive Health Services Bureau I submit this testimony prepared by Robert W. Moon, Program Manager.

Montanans are suffering needless, preventable death due to destructive life-styles which include smoking, alcohol abuse, overeating, lack of exercise, stress and hypertension. The yearly costs of these, destructive lifestyles total millions of dollars. Clearly, people have a choice. They can ignore the risk factors by perpetuating undesirable health habits. The increased risk will exact itself in a high toll in chronic disease and premature death.

The Health Education and Risk Reduction Program (HERR) provides a statewide focal point for educational programs which assist Montanans in voluntarily replacing undesirable lifestyle behaviors with those which enhance health.

The HERR is actively involved in specific activities:

-- Behavioral Risk Surveillance -- In cooperation with Centers for Disease Control and thirty other states, manages the monthly surveillance of 99 Montanans to provide state specific prevalence on health behavior.
-- Health Risk Appraisal -- Serves as the state focal point for the Centers for Disease Control to assure effective use of a health promotion tool, utilized by 5,000 consumers annually.
-- Wellness at Work -- Serves as a catalyst and consultant for Montana small businesses who wish to promote the health and well-being of their employees.
-- School Health -- Provides schools, in cooperation with the Office of Public Instruction, with a health education curriculum planning guide and annual statewide conference.
-- Healthy Montanans/Action Plan -- Responsible for the implementation of a state health policy which represents specific objectives aimed at promoting health and preventing disease among Montana's young, preconception through five years.
-- Media -- Utilizes the electronic and print media to share information which promotes healthy behavior change.
-- Health Information Clearinghouse -- Provides information and education to consumers statewide on health issues.

The Project is in business to make Montana citizens healthy.

RWM/war-021b

1-6-87

4 Leading Causes of Death, 1985

Heart Disease	2,201	32.7 %
Cancer	1,445	21.5 %
Stroke	509	7.6 %
Accidents	417	6.2 %

(Basically Chronic, Degenerative Diseases)

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Contributing Factors, Years of Life Lost

Lifestyles	51.4 %
Human Biology	19.6 %
Environment	19.0 %
Health Care Systems	10.0 %

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

1985 Behavioral Risk, Montana

Smoking	24.5 %
Sedentary Lifestyle	45.0 %
Seat Belt Non-use	68.7 %
Obesity	20.3 %
High Blood Pressure	20.1 %
Heavier Drinking	5.9 %
Drinking & Driving	5.5 %

1-6-87

MONTANA SEXUALLY TRANSMITTED DISEASE PROGRAM
PREVENTIVE HEALTH SERVICES BUREAU
MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

TESTIMONY FOR THE APPROPRIATIONS JOINT SUBCOMMITTEE ON HUMAN SERVICES

Mr. Chairman and Members of the Subcommittee, as Chief of the Preventive Health Services Bureau I submit this testimony as prepared by Richard Paulsen, Montana Sexually Transmitted Disease (STD) Program Manager.

The proposed budget for the STD Program consists of federal grant funds from the Centers for Disease Control with 20% general fund support in the categories in-state travel and personal services. These funds support 100% of 1 full time equivalent (FTE) and 30% of 4 FTE positions and provide comprehensive STD control services in Montana.

The principal focus of the program is to control and prevent the transmission of STD's in Montana, primarily gonorrhea and syphilis. This is accomplished by following grant guidelines for STD surveillance, intervention through case interviewing and contact follow-up, coordinating STD activity between local in-state and out-of-state programs, education and training.

DP/war-63a-1

EXHIBIT 5
DATE 1-6-87
HB

FACT SHEET

MONTANA SEXUALLY TRANSMITTED DISEASE PROGRAM

-- Some sexually transmitted diseases (STD's) are: gonorrhea, chlamydia, syphilis, genital herpes, AIDS and Hepatitis B.

-- The reduced occurrence of gonorrhea and syphilis in the nation and Montana has been directly related to the funding of STD projects.

-- Cases of gonorrhea today are 38% of what they were in 1975.

-- There are five (5) public STD clinics located throughout the state.

-- Annual direct and indirect costs of pelvic inflammatory disease (PID), a complication of gonorrhea and chlamydia that causes sterility and tubal pregnancies in women, exceeds $1.25 billion nationally.

-- While PID due to gonorrhea may be decreasing, PID due to chlamydia may be increasing. Reports of chlamydia in Montana have increased:
1984 -- 29 cases
1985 -- 62 cases
1986 -- 670 cases

NOTE: Chlamydia is not a reportable disease in Montana to date.

-- In 1985, 19,973 Montana females were cultured for gonorrhea of which 380 were positive.

RP/war-64a-2

1-6-87

MONTANA IMMUNIZATION PROGRAM
PREVENTIVE HEALTH SERVICES BUREAU
MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

TESTIMONY FOR THE APPROPRIATIONS JOINT SUBCOMMITTEE ON HUMAN SERVICES

Mr. Chairman and Members of the Subcommittee, as Chief of the Preventive Health Services Bureau I submit this testimony as prepared by Richard Paulsen, Montana Immunization Program Manager.

The proposed budget for the Immunization Program consists of federal grant funds from the Centers for Disease Control with 20% general fund support in the categories of in-state travel and personal services. These funds support 100% of 1 fill time equivalent (FTE) and 70% of 4 FTE positions and provide comprehensive disease control services in Montana.

The principle focus of the program is to prevent the occurrence and transmission of childhood vaccine-preventable diseases in Montana. This is accomplished by following grant guidelines for disease surveillance and control, increasing immunization levels, education and providing vaccine at no cost to public health providers.

RP/war-63a-2

5
1-6-87

FACT SHEET

MONTANA IMMUNIZATION PROGRAM

-- The reduced occurrence of vaccine-preventable diseases in Montana and the nation has been directly related to the funding of Immunization projects.

-- The Immunization program is the sole provider of the following vaccines to all local health departments and Indian Health Service units in Montana:

Measles	Diphtheria	Polio
Mumps	Tetanus	
Rubella	Pertussis	

-- 97% of children attending Montana schools (K-12) are fully immunized.

-- 81% of preschool children attending licensed day care centers are fully immunized.

REPORTING OF VACCINE-PREVENTABLE DISEASES BY CALENDAR YEAR -- 1975-1985

Morbidity

	Diphtheria	Pertussis	Tetanus	Measles	Rubella	Polio	Mumps
1975	6	18	0	50	253	0	44
1976	0	1	0	537	236	0	27
1977	0	2	1	1081	15	0	13
1978	0	9	0	88	22	0	140
1979	0	14	0	56	73	0	14
1980	0	3	0	2	44	0	42
1981	1	12	0	0	3	0	13
1982	0	1	0	0	7	0	8
1983	0	2	0	4	4	0	5
1984	0	20	0	0	0	0	11
1985	0	10	0	137	0	0	12

A pertussis death occurred in November 1985 in a 4 week old male. This represents the first death due to any vaccine-preventable diseases in Montana in over seven years.

DP/war-64a-1

EXHIBIT 15
DATE 1-6-87
BILL

Montana AIDS Project
Preventive Health Services Bureau
Montana Department of Health and Environmental Sciences

Testimony for the Appropriations Joint Subcommittee on Human Services

Mr. Chairman and Members of the Subcommittee, as Chief of the Preventive Health Services Bureau I submit this testimony prepared by Richard Chiotti, Program Manager of the Montana AIDS Project.

The proposed budget for the Montana AIDS Project consists of 100% federal funds from the Centers for Disease Control. These funds support 2 full time equivalent (FTE) positions, and provide for services in community education and in testing and counseling.

Portions of these federal grant funds are used to support local agency activities in accordance with CDC-MDHES guidelines for AIDS projects.

The principle focus of the Montana AIDS Project is to reduce the transmission of AIDS virus infection thereby reducing the incidence of AIDS itself. This main focus is accomplished through community education, testing and counseling services, monitoring blood supplies, and surveillance and reporting of AIDS and potential AIDS.

RC/war-11a

EXHIBIT 5
1-6-87

MONTANA AIDS PROJECT

-- There is NO cure or preventive vaccine for AIDS. The only preventive measure currently available is education.

-- If AIDS cases continue to double every 10-12 months, Montana could have 160 diagnosed AIDS cases within 5 years.

-- The cost of treatment for a single AIDS case exceeds $150,000 (in 1986).

-- The potential health care dollar impact for AIDS treatment in Montana could reach $24,000,000 within 5 years.

-- With community education and testing/counseling efforts, the transmission of the AIDS virus and the incidence of AIDS itself can be reduced.

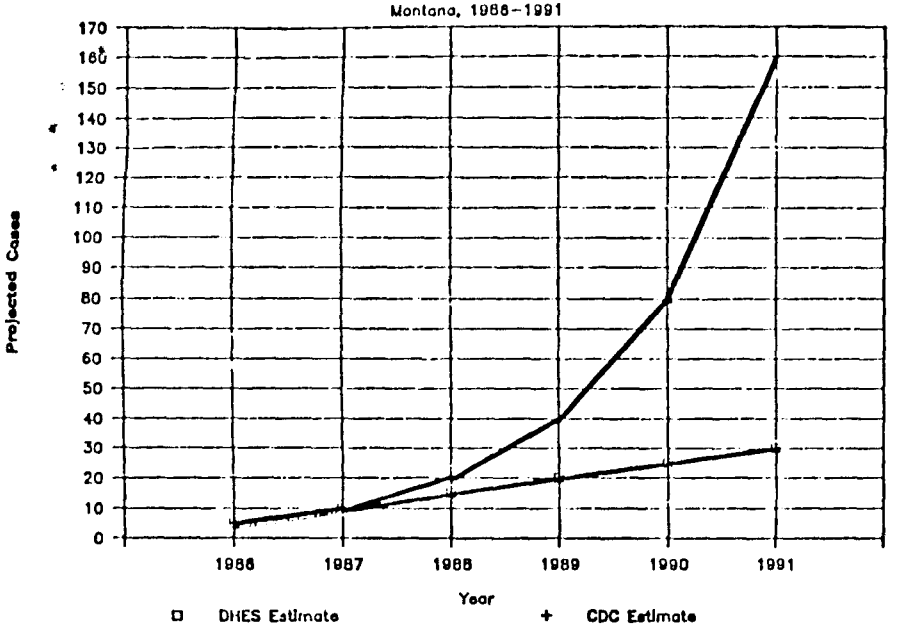
-- The Montana AIDS Project has responsibility in:

1. Education
2. Administration of alternate test sites
3. Monitoring of the state's blood supply
4. Surveillance and reporting of AIDS and potential AIDS

RC/vg-7a-1

PROJECTED CUMULATIVE AIDS CASES

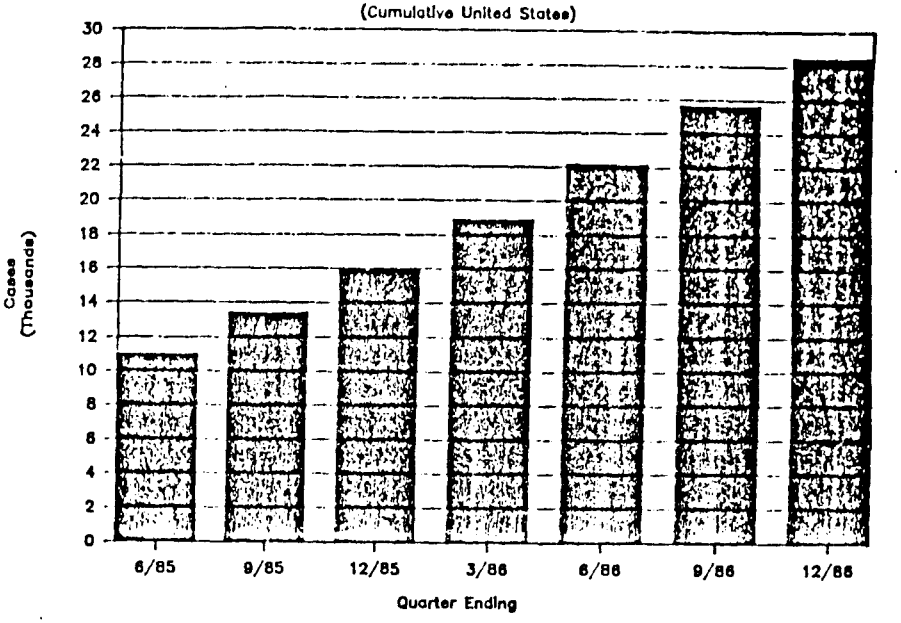
Montana, 1986–1991



Source: Montana AIDS Project

REPORTED AIDS CASES

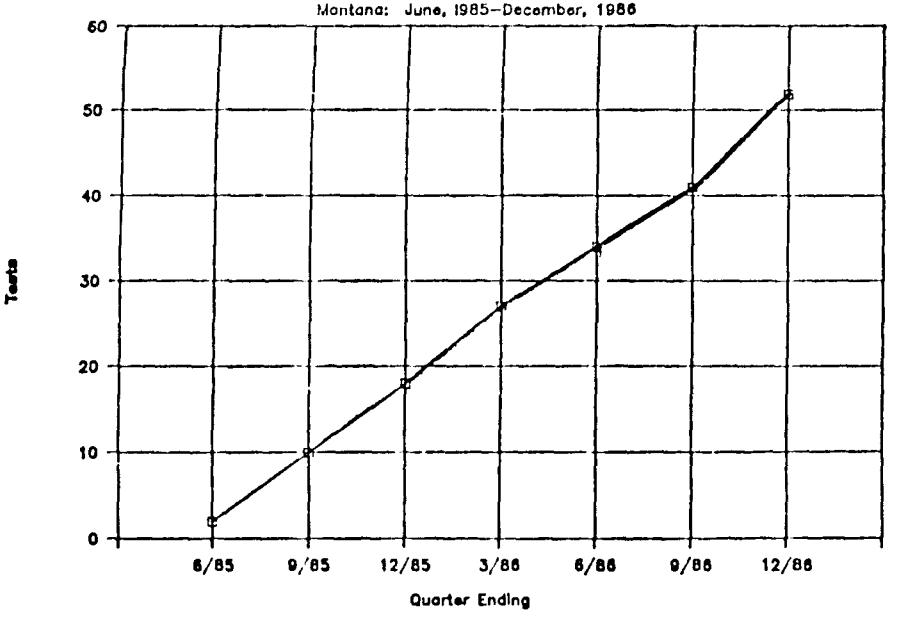
(Cumulative United States)



Source: Centers for Disease Control

CUMULATIVE REACTIVE HIV TESTS

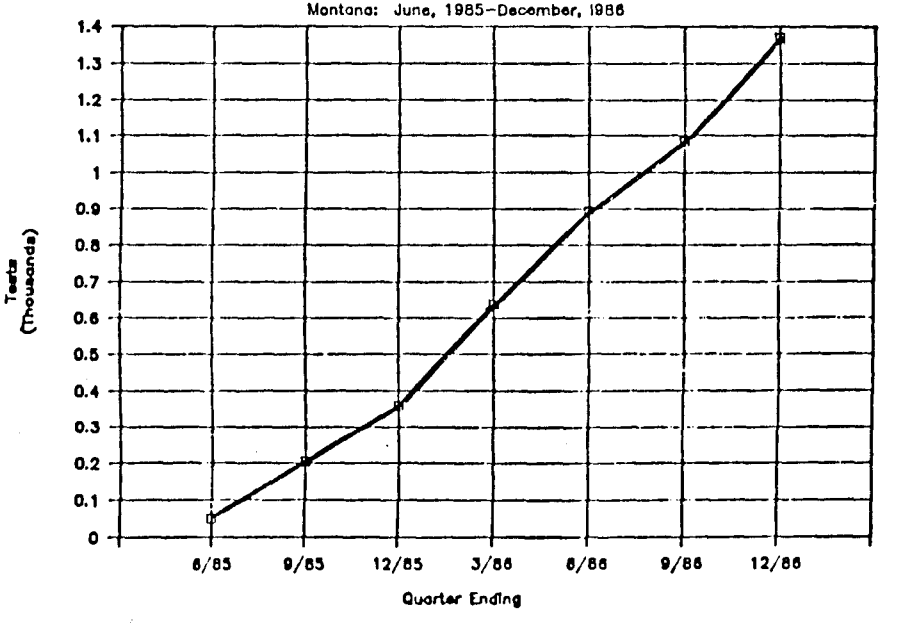
Montana: June, 1985–December, 1986



Source: Montana AIDS Project

CUMULATIVE HIV TESTING

Montana: June, 1985–December, 1986



Source: Montana AIDS Project

5
1-6-87

January, 1987

RAPE/CRISIS
PREVENTIVE HEALTH SERVICES BUREAU
MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

TESTIMONY FOR THE APPROPRIATIONS JOINT SUBCOMMITTEE OF HUMAN SERVICES

The Rape/Crisis program activity is not unlike that in many other states, as pointed out in the study conducted by the State of Louisiana. (A Report on the Preventive Health and Health Services Block Grant Set-Aside for Rape Crisis Services, 1984, Shirley C. Kirkconnell, MSW, MPH, Louisiana Department of Health and Human Resources). Limited funding and lack of state agency programming has necessitated the awarding of small contracts for local-level intervention and education activities. Substantial impact has been evidence by this approach.

Programs awarded contracts for 1987 are the following:

1. $3500 -- Montana Department of Justice's Forensic Sciences Division for its continuing statewide effort educating law enforcement and health agencies in assisting one another in rape and sexual abuse incidents.

2. $2500 -- Human Resources Development Council, Havre, for education activities for prevention of rape and sexual abuse of children.

3. $1500 -- Women's Place, Missoula, to continue a program aimed at "date" and "acquaintance" rape.

4. $1405 -- Aid to People, Roundup, for rape prevention programs in that community and surrounding rural communities.

5. $3065 -- Lincoln County Women's Help Line, Libby, for general assistance to their program of a crisis line, support group for victims of sexual assault, and educational programs for prevention of violence in a part of the state showing high incidences of rape and child sexual abuse.

DEE/war-061a

1-26-87

January, 1987

END STAGE RENAL DISEASE
PREVENTIVE HEALTH SERVICES BUREAU
MONTANA DEPARTMENT OF HEALTH AND ENVIRONMENTAL SCIENCES

TESTIMONY FOR THE APPROPRIATIONS JOINT SUBCOMMITTEE OF HUMAN SERVICES

The End Stage Renal Disease (ESRD) Program assists those Montana patients who have chronic end stage renal disease as verified by a nephrologist. The program assists with medicare co-insurance amounts and medicare disallows for eligible services as defined by program rules. As of June 9, 1986, 201 dialysis patients were eligible for assistance and 26 kidney transplant patients were eligible for assistance. Since April of 1983, 422 patients have been referred through the program. The program is funded with $125,000 from general fund. All funds are used for patient care/services; reimbursement is made directly to providers, rather than patients. No funds are used for administration. There has been a 318% increase in eligible patients since April of 1983 with funding remaining the same.

DLL/war-062a

EXHIBIT 6
DATE 1-6-87
HB

MATERNAL AND CHILD HEALTH AND PREVENTIVE HEALTH BLOCK GRANTS

PREVENTIVE HEALTH BLOCK

PROGRAM	GOV 88	LFA 88	DIF	GOV89	LFA 89	DIF
Director						
Admin	$48,645	$44,000	$4,645	$48,645	$45,000	$3,645
Support Services						
Micro Lab	$54,655	$34,000	$20,655	$55,834	$34,000	$21,834
Hlth Serv Med Facs						
Admin	$10,168	$10,500	($332)	$10,168	$10,500	($332)
Risk Reduc	$46,715	$48,053	($1,338)	$46,692	$48,004	($1,312)
Fam Plan	$201,961	$181,145	$20,816	$201,961	$181,439	$20,522
Dental	$18,318	$19,850	($1,532)	$18,455	$19,850	($1,395)
Perinatal	$55,592	$68,457	($12,865)	$54,436	$66,615	($12,179)
EMS	$184,163	$166,131	$18,032	$184,026	$170,435	$13,591
Rape Crisis	$11,970	$11,970	$0	$11,970	$11,970	$0
Total	$632,187	$584,106	$48,081	$632,187	$587,813	$44,374
Remainder to be Allocated	$0	$48,081	($48,081)	$0	$44,374	($44,374)

EXHIBIT 6
DATE 1-6-87
HB

MATERNAL AND CHILD HEALTH

PROGRAM	Gov 88	LFA 88	DIF	Gov 89	LFA 89	DIF
Director						
Admin	$30,000	$30,000	$0	$30,000	$31,000	($1,000)
Hlth Serv Med Facs						
Admin	$23,727	$24,000	($273)	$23,727	$24,000	($273)
Fam Plan	$29,000	$29,000	$0	$29,000	$29,000	$0
Clin Admin	$65,787	$105,000	($39,213)	$65,975	$105,000	($39,025)
Hand. Children	$893,017	$805,956	$87,061	$891,297	$806,228	$85,069
Dental	$43,000	$41,282	$1,718	$43,000	$41,479	$1,521
Grants to Counties	$662,587	$685,417	($22,830)	$667,245	$685,417	($18,172)
Perinatal	$150,303	$139,106	$11,197	$147,177	$135,851	$11,326
Total	$1,897,421	$1,859,761	$37,660	$1,897,421	$1,857,975	$39,446
Remainder to be Allocated	$0	$37,660	($37,660)	$0	$39,446	($39,446)

VISITOR'S REGISTER

HUMAN SERVICES SUBCOMMITTEE

AGENCY(S) _____ DATE Jan 6, 1987

DEPARTMENT Health

NAME	REPRESENTING	SUPPORT	OPPOSE
Lois Steinbeck	OBPP		
Mary LaFond	OBPP		
S. Pratt	MCH		
Jora Gallagher	WLF		
Geo M Fenner	DHES		
Dave Sands	Women's Lobbyist Fund		
Bill Opitz	DHES	X	
Mary D. Munger	Montana Nurses Assn.	X	
Barbara Booher	Mont. Nurses' Assoc	X	
Connie Koenig	PFP - DD PAC		
Chris Volinkaty	DD Lobbyist		
Jim Smith	HRDC assoc/ MAR.		
Marlene Ferguson	DHES - Nursing		
Dr. John J. Drynan	DHES	X	
Donald E Espelin MD	DHES	X	

IF YOU CARE TO WRITE COMMENTS, ASK SECRETARY FOR WITNESS STATEMENT.
IF YOU HAVE WRITTEN COMMENTS, PLEASE GIVE A COPY TO THE SECRETARY.

FORM CS-33A
Rev. 1985