

LEWIS AND CLARK CITY-COUNTY  
BOARD OF HEALTH MEETING  
LEWIS AND CLARK PUBLIC HEALTH  
CONFERENCE ROOM at 1930 9<sup>th</sup> Ave or ZOOM  
February 22, 2024  
1:00-3:00pm

REGULAR BOARD MEETING AGENDA

1:00      **CALL TO ORDER**

1:00      **REVIEW OF AGENDA**  
1. Review and revision of agenda .....Pg. 1

1:05      **MINUTES**  
2. January 25, 2024.....Pg. 2

1:10      **ACTION ITEMS**  
3. Annual Board of Health Conflict of Interest.....Pg. 5

1:30      **BOARD DISCUSSION**  
4. - Suicide Prevention (Jess)  
    - Variance Summary (Beth)  
    - Air Quality Update (Jay)  
    - Accreditation Update (Drenda) .....Pg. 9

2:15      **BOARD TRAINING**  
5. Health Equity .....Pg. 17

2:45      **PUBLIC COMMENT**  
6. Public comments on matters not mentioned above .....Pg. 23

**Adjourn**

*Our mission is to improve and protect the health of all Lewis and Clark County Residents*

**ADA NOTICE**

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**LEWIS & CLARK CITY/COUNTY BOARD OF HEALTH  
Helena, Montana**

**BOARD AGENDA ITEM**

**Meeting Date**

**February 22, 2024**

**Agenda Item No.**

**1**

Minutes     Board Member Discussion     Staff & Other Reports     Action     Hearing of Delegation

**AGENDA ITEMS:** Review of Agenda

**PERSONNEL INVOLVED:** Board Members

**BACKGROUND:** Time is allowed for board members to review the agenda and to add any new agenda items.

**HEALTH DIRECTOR’S RECOMMENDATION:** Approval

ADDITIONAL INFORMATION ATTACHED

**BOARD ACTION:**

**NOTES:**

	M O T I O N	S E C O N D	A Y E	N A Y	A B S T A I N	O T H E R
Bedell						
Collins						
Harris						
Kaufman						
MacLaurin						
Murgel						
Payne						
Weber						
Weltz						

**LEWIS & CLARK CITY/COUNTY BOARD OF HEALTH**  
**Helena, Montana**

**BOARD AGENDA ITEM**

**Meeting Date**

**February 22, 2024**

**Agenda Item No.**

**2**

Minutes     Board Member Discussion     Staff & Other Reports     Action     Hearing of Delegation

**AGENDA ITEMS** January 25, 2024 Minutes

**PERSONNEL INVOLVED:** Board Members

**BACKGROUND:** Upon approval, the minutes represent official actions of the Board of Health. Every effort is made to have these recommended minutes accurately portray the proceedings and procedures of the board.

**HEALTH DIRECTOR’S RECOMMENDATION:** Approval

**ADDITIONAL INFORMATION ATTACHED**

**BOARD ACTION:**

**NOTES:**

	M O T I O N	S E C O N D	A Y E	N A Y	A B S T A I N	O T H E R
Bedell						
Collins						
Harris						
Kaufman						
MacLaurin						
Murgel						
Payne						
Weber						
Weltz						

**LEWIS AND CLARK CITY-COUNTY  
BOARD OF HEALTH – MINUTES  
1930 9<sup>th</sup> AVE, HELENA, MONTANA 59601  
In-Person/Zoom Meeting, 1:00 p.m.  
January 25, 2024**

Members Present

Brie MacLaurin, chair  
Dr. Mikael Bedell, vice chair  
Commissioner Candace Payne  
Mayor Wilmot Collins  
Mayor Kelly Harris  
Justin Murgel  
Lisa Kaufman  
Katherine Weber

Staff Present

Drenda Niemann  
Jolene Helgerson  
Laurel Riek  
Jennifer McBroom  
Beth Norberg  
Sarah Sandau  
Julie Bir  
Natalie Emerson

Shelly Maag  
Ardis Sullivan  
Nina Heinzinger

Members Absent

Rex Weltz

Guests Present

Representative Mary Anne Dunwell

Brie MacLaurin, chair, called the meeting to order at 1:00 p.m. Board member introduction was given. A quorum was established.

**REVIEW OF AGENDA**

Drenda Niemann, Health Officer, announced that the annual board member conflict of interest discussion will need to be moved to the February board meeting. No public comment was given.

**MINUTES**

Ms. MacLaurin asked if there were any corrections or additions to the December 7, 2023, minutes. There being no changes, the Board approved the minutes as written. No public comment was given.

**INTRODUCTIONS**

New staff introductions of Natalie Emerson, Water Quality Specialist; Julie Bir, Behavioral Health and Chronic Disease Prevention Supervisor were made. Drenda Niemann, Health Officer announced that Ardis Sullivan, Billings Clerk, was awarded the Employee of the Quarter. No public comment was given.

**ACTION ITEMS**

Variance Request, Wilson Rental Properties LLC, Ralene Wilson, 1022 Trails End Road. Helena, MT:  
Lisa Kaufman, Hearing Officer, read the hearing officer recommendation (See Attachment “A”) from the Wilson Rental Properties LLC Variance held on January 22, 2024. She said the request met all the Montana Department of Environmental Quality criteria for granting a variance. Justin Murgel made a motion to ratify the hearing officer recommendation. Commissioner Candace Payne seconded the motion. No public comment was given. The motion carried 8-0.

## **BOARD MEMBER DISCUSSION**

Licensed Establishment Cooperative Agreement: Laurel Riek, Environmental Health & Disease Prevention Division Administrator, presented the Environmental Health and Food Safety Licensing Task Order for board member review (on pages 29-33 of the board packet). Ms. Riek noted that in the past the cooperative agreement for licensed establishments was brought to the Board for approval. The task order is now replacing the Cooperative Agreement between the Montana Department of Public Health and Human Services (MT-DPHHS) and the Board of Health and must be approved by the Board of County Commissioners. In answer to a question from Ms. MacLaurin, Ms. Niemann said regardless of no increase in licensing fees since 2009 to complete the work needed in the task order, current staff will have to continue to do the work to complete minimum inspection requirements without adequate funding. In answer to a question from Mr. Murgel, Ms. Niemann said that other counties are facing the same situation as Lewis and Clark County. In answer to a question from Commissioner Payne, Ms. Niemann said that the Montana Association of Counties (MACO) will be supporting state public health association's efforts to increase licensing fees during the next legislative session.

East Helena Superfund update: Beth Norberg, Environmental Health Supervisor, presented the East Helena Superfund and Lead Education and Assistance Program (LEAP) update (on pages 39-41 of the board packet) in which she provided a brief background on the superfund site, discussed the LEAP services along with past and upcoming activities. Board member discussion was had on the soil repository and lead testing in Helena and East Helena area.

FY24 2<sup>nd</sup> Quarter Finance Report: Ms. Niemann, referenced the FY24 comparison to budget and cash flow for July through December 2023 (on pages 42-43 of the board packet). Ms. Niemann noted that the department is 50% through the fiscal year. Total revenue to date is \$1,703,008 or 55% of the amount budgeted; actual expenditures are \$1,608,035 or 59% of the amount budgeted. Revenues are over expenditures by \$94,972; total ending cash is \$691,960. Current cash reserves are at an 85-days which is below the 90-day recommendation.

No public comment was given.

## **HEALTH OFFICERS REPORT**

Ms. Niemann led board member training on the 10 Essential Public Health Services and the Foundational Public Health Services (on pages 45-63 of the board packet).

No public comment was given.

## **PUBLIC COMMENT**

Representative Mary Ann Dunwell acknowledge the work Ms. Norberg and Mayor Kelly Harris have achieved on the East Helena Superfund site redevelopment along with the work Jess Hegstrom, Suicide Prevention Coordinator, did on House Bill 243.

The meeting adjourned at 3:03 p.m.

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Brie MacLaurin, Chair

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Drenda Niemann, Secretary

**LEWIS & CLARK CITY/COUNTY BOARD OF HEALTH  
Helena, Montana**

**BOARD AGENDA ITEM**

**Meeting Date**

**February 22, 2024**

**Agenda Item No.**

**3**

Minutes     Board Member Discussion     Staff & Other Reports     Action     Hearing of Delegation

**AGENDA ITEMS**    Annual Board of Health Conflict of Interest

**PERSONNEL INVOLVED:**    Drenda Niemann, Health Officer

**BACKGROUND** Ms. Niemann will lead the discussion on a Board of Health conflict of interest.

**HEALTH DIRECTOR’S RECOMMENDATION:**    N/A

**ADDITIONAL INFORMATION**

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**BOARD ACTION:**

**NOTES:**

	M O T I O N	S E C O N D	A Y E	N A Y	A B S T A I N	O T H E R
Bedell						
Collins						
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Weber						
Weltz						

**Conflict of Interest Policy for Boards of Health**  
Montana Code Annotated (MCA) Title 2, Chapter 2

The foregoing consists of excerpts from the standards of conduct statutes under Title 2, Chapter 2 of the Montana Code Annotated. Care should be taken to review these statutes in their entirety.<sup>1</sup> [Section 2-2-201, MCA, states in part that an employee of a governmental entity may not be interested in any contract made by them in their official capacity or by any body, agency, or board of which they are members or employees if they are directly involved with the contract.](#)

[Under section 2-2-105, MCA, a public officer or public employee may not acquire an interest in any business or undertaking that the officer or employee has reason to believe may be directly and substantially affected to its economic benefit by official action to be taken by the officer's or employee's agency. When a public employee who is a member of a quasi-judicial board or commission or of a board, commission, or committee with rulemaking authority is required to take official action on a matter as to which the public employee has a conflict created by a personal or private interest that would directly give rise to an appearance of impropriety as to the public employee's influence, benefit, or detriment in regard to the matter, the public employee shall disclose the interest creating the conflict prior to participating in the official action.](#)

- A. Under section 2-2-104, MCA, a public employee or public official may not accept a gift of substantial value or a substantial economic benefit tantamount to a gift that:
  - 1. would tend improperly to influence a reasonable person in the person's position to depart from the faithful and impartial discharge of the person's public duties; or
  - the person knows or that a reasonable person in that position should know under the circumstances is primarily for the purpose of rewarding the person for official action taken.
  
- B. **Disclosure**—Under section 2-2-105, MCA, when a public employee who is a member of a quasi-judicial board or commission or of a board, commission, or committee with rulemaking authority is required to take official action on a matter as to which the public employee has a conflict created by a personal or private interest that would directly give rise to an appearance of impropriety as to the public employee's influence, benefit, or detriment in regard to the matter, the public employee shall disclose the interest creating the conflict prior to participating in the official action.

Under section 2-2-131, MCA, a public officer or public employee shall, prior to acting in a manner that may impinge on public duty, including the award of a permit, contract, or license, disclose the nature of the private interest that creates the conflict. The public officer or public employee shall make the disclosure in writing to the commissioner of political practices, listing the amount of private interest, if any, the purpose and duration of the person's services rendered, if any, and the compensation received for the services or other information that is necessary to describe the interest. If the public officer or public employee then performs the official act involved, the officer or employee shall state for the record the fact and summary nature of the interest disclosed at the time of performing the act.

\_\_\_\_\_  
County

\_\_\_\_\_  
Signature of Board of Health Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Board of Health Chair or Commissioner

\_\_\_\_\_  
Date

<sup>1</sup> The statutes are accessible at [https://leg.mt.gov/bills/mca/title\\_0020/chapter\\_0020/parts\\_index.html](https://leg.mt.gov/bills/mca/title_0020/chapter_0020/parts_index.html).







**LEWIS & CLARK CITY/COUNTY BOARD OF HEALTH  
Helena, Montana**

**BOARD AGENDA ITEM**

**Meeting Date**

**February 22, 2024**

**Agenda Item No.**

**4**

Minutes     Board Member Discussion     Staff & Other Reports     Action     Hearing of Delegation

**AGENDA ITEMS:** Board Member Discussion

**PERSONNEL INVOLVED:** Board Members/Staff

**BACKGROUND** Suicide Prevention; Variance Summary; Air Quality; Reaccreditation Updates

**HEALTH DIRECTOR'S RECOMMENDATION:** N/A

ADDITIONAL INFORMATION ATTACHED

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**BOARD ACTION:**

**NOTES:**

	M O T I O N	S E C O N D	A Y E	N A Y	A B S T A I N	O T H E R
Bedell						
Collins						
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Kaufman						
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Murgel						
Payne						
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Weltz						

# Variances to the Lewis and Clark County Onsite Wastewater Regulations

Environmental Division

Beth Norberg, RS  
February 22, 2024









# 50-2-116 (1)(j) - MCA

- Subject to the provisions of 50-2-130, propose for adoption by the local governing body necessary regulations that are not less stringent than state standards for the control and disposal of sewage from private and public buildings and facilities that are not regulated by Title 75, chapter 6, or Title 76, chapter 4.
- The regulations must describe standards for granting variances from the minimum requirements that are identical to standards promulgated by the Department of Environmental Quality and,
- Must provide for appeal of variance decisions to the Department of Environmental Quality as required by 75-5-305.



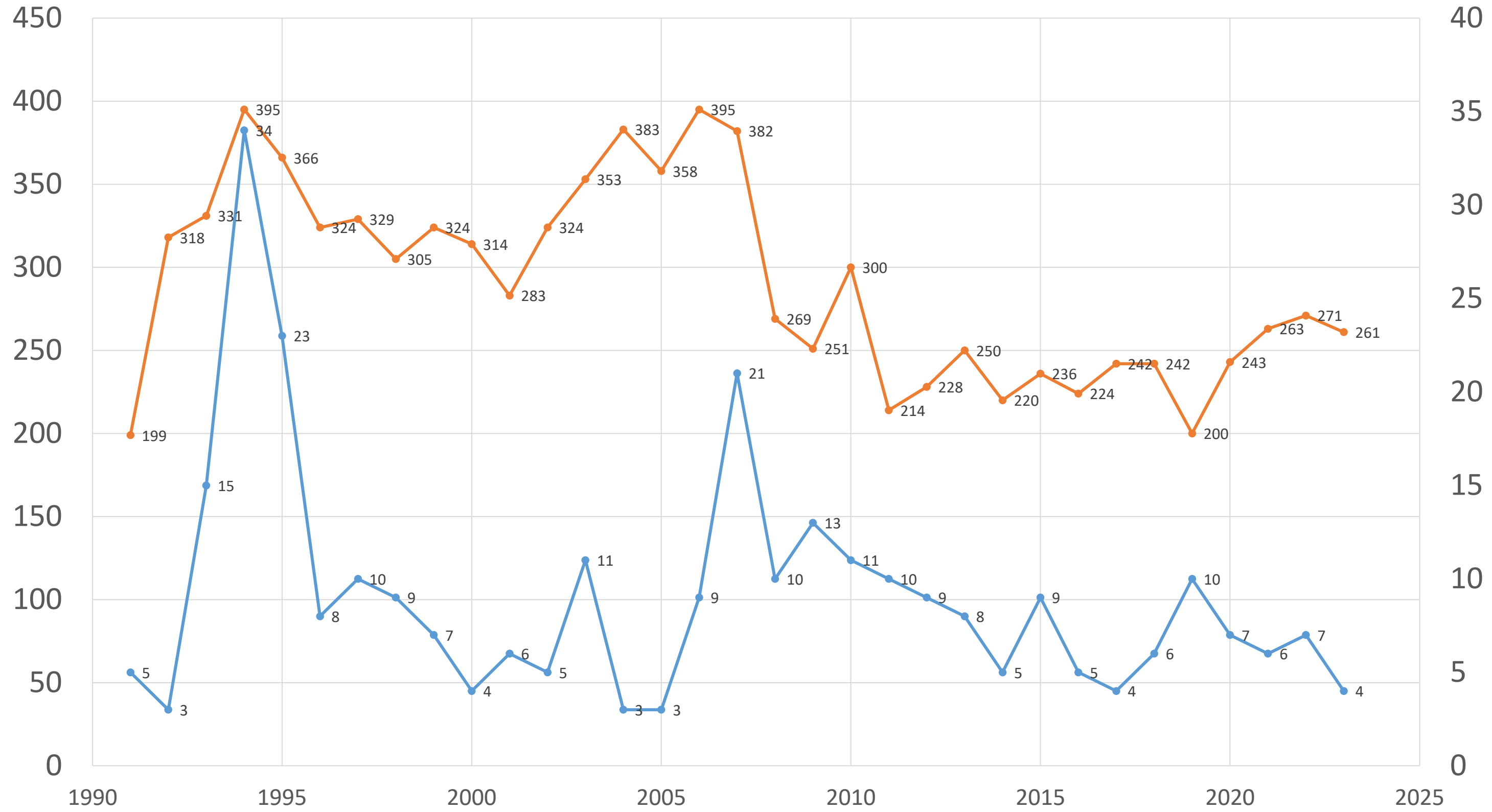
# Why An Annual Review?

- Evaluate trends
- Are we appropriately granting variances?
- Opportunities for collaboration
- Evaluate regulations

# What is a Variance?

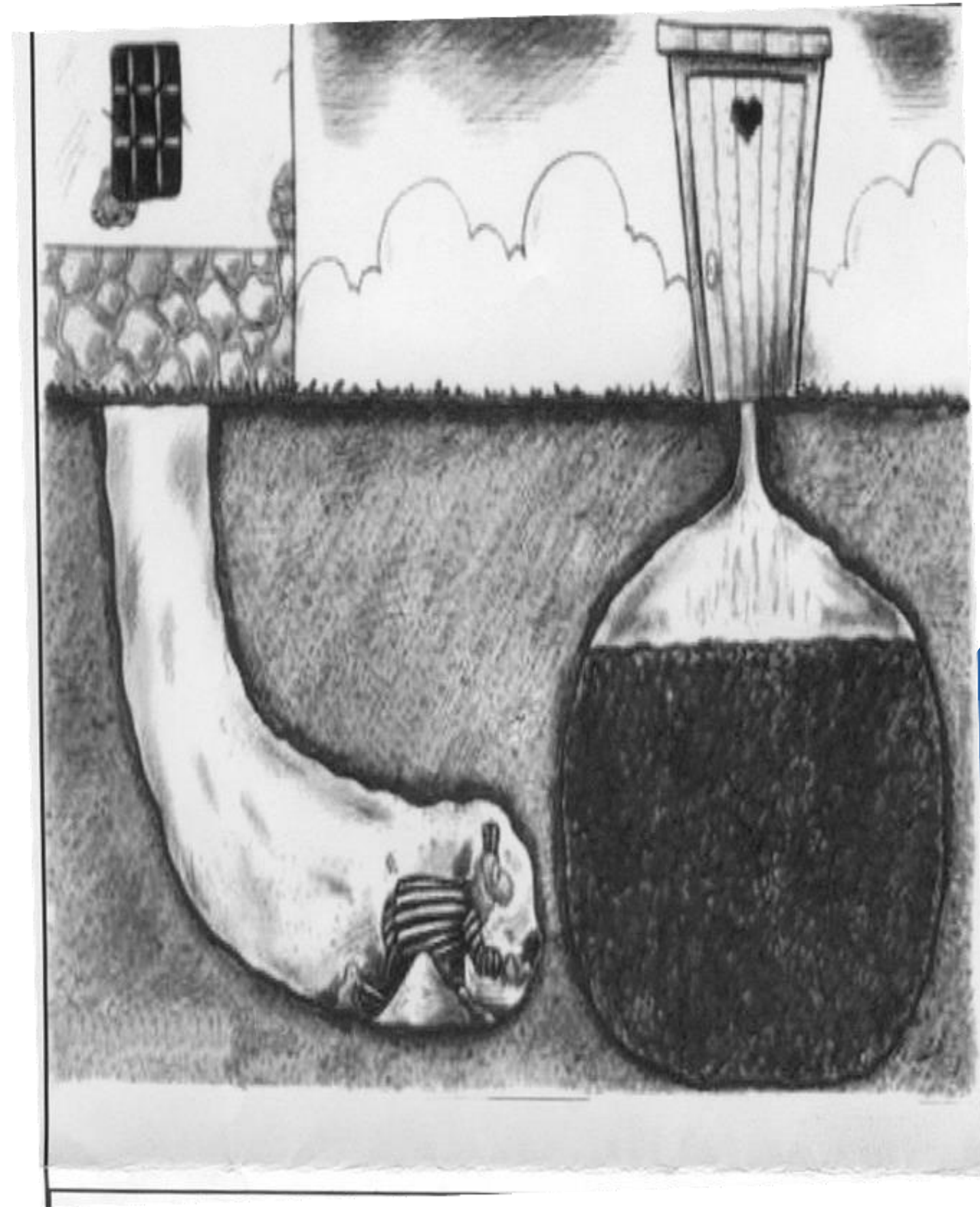
- An exception to the minimum requirements
  - Lewis and Clark County On-Site Wastewater Treatment Regulations, Section 3.4
  - State minimum standards for wastewater treatment
    - ARM Title 17, Chapter 36, Subchapter 900
    - Circular DEQ 4
- A quasi-judicial action by the Board of Health; that is, a procedure to objectively determine facts and draw conclusions from them to provide a basis for an official action.

# Permits and Variances by Year





**THANK YOU**





Lewis & Clark  
**Public  
Health**

Environmental Services Division

316 North Park Ave., Room 230  
Helena, MT 59623  
406-447-8351  
Fax: 406-447-8398  
publichealth@lccountymt.gov  
www.LewisAndClarkHealth.org

February 14, 2024

RE: 2023-2024 Winter Air Quality Monitoring Season Technical Report

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During the 2023/24 winter air quality monitoring season, Lewis and Clark County conducted PM-2.5 sampling at one site in Helena, Montana. The station at Rossiter School contained one PM-2.5 BGI sampler that operates on a six-day basis. The Rossiter station also contains two F.E.M. PM-2.5 B.A.M. samplers that run on an hourly basis.

Filters for the PM-2.5 samplers are changed by staff on a weekly basis.

There were four (4) Poor air quality days during the season. One “Poor” episode occurred in November and three in January. There were four (4) days in which a “Watch” stage was called. These occurred in January. The air quality hotline and website were updated as necessary.

During the 2023/24 winter air quality monitoring season, as of 2/14/24, Lewis and Clark Public Health did not send any warning or violation letters to residents for burning during a “Poor” air quality episode. The “Poor” episodes were short lived, and enforcement was not necessary.

We received four (4) complaints regarding excessive smoke emissions from a residential wood stoves. The complaint stated that the smoke had been causing respiratory issues. The complaints were investigated by Public Health staff. Violations have not yet been observed. A warning letter was sent to the property owners. The complaints are still active.

We received two (2) complaints of open burning during the season. Wildfire activity was nonexistent, and our office received zero (0) complaints regarding wildfire smoke.

The Board of Health heard zero (0) variance requests during the 2023/24 winter air quality monitoring season.

There was one (1) application for an exemption to the Lewis and Clark City-County Air Quality Regulations. This request was approved due to the low-income exemption.

Environmental Health staff conducted interviews and released articles regarding air quality

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regulations and tips for cleaner burning with local news stations and pamphlets with burning tips were distributed to local businesses that sell wood stoves. These are for distribution to customers.

The radio station KGR FM 93.1 and AM 680, began broadcasting 30 second public service announcements for Lewis and Clark Public Health in November. The announcements began airing in mid-November and ran 3-4 times per day throughout the air monitoring season. These announcements focused on clean burning and utilizing the county resources and the state DEQ's Today's air site.

KXLH TV also broadcast public service announcements for three weeks in November. The announcements ran twice daily for a three-week period.

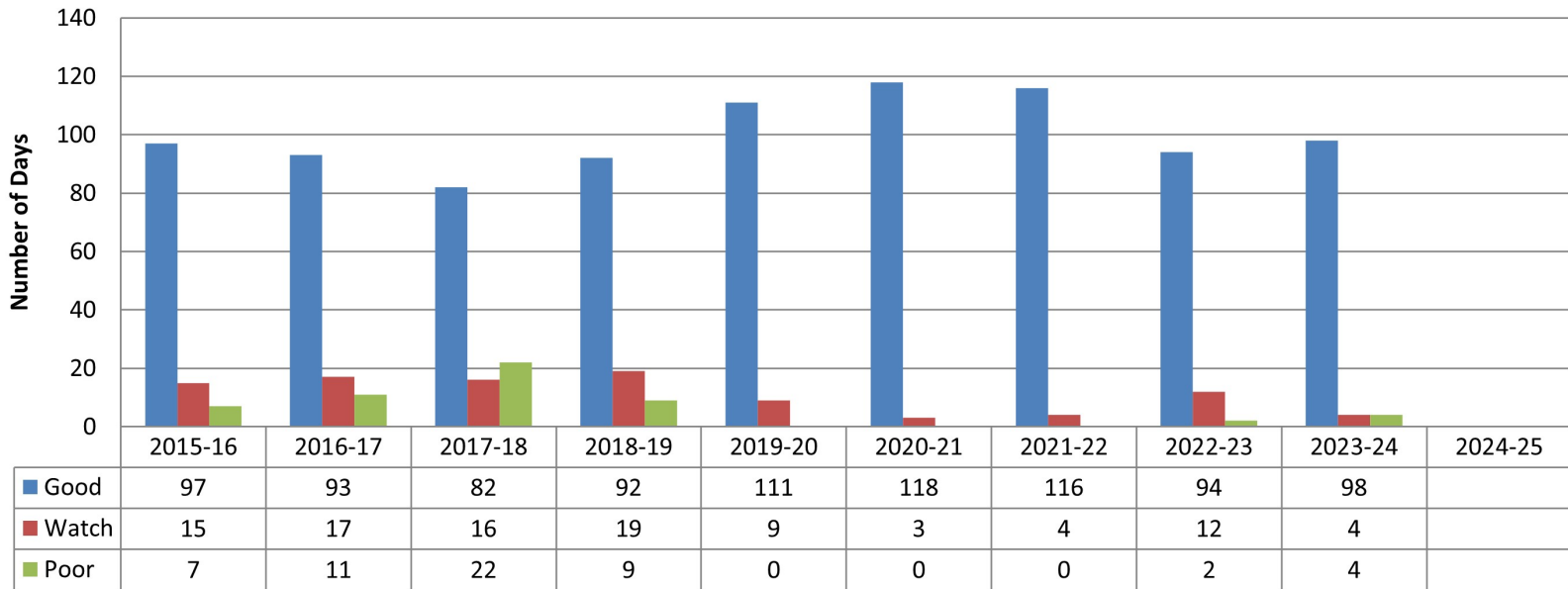
For the 2023/24 air monitoring season, Valerie Stacey created a mobile and desktop application for real time air quality PM-2.5 updates. The applications show hourly PM-2.5 readings, 8-hour PM-2.5 averages and 24-hour PM-2.5 averages.

The website and the 24-hour hotline for the Lewis and Clark City-County Health Department report air quality conditions and are updated as necessary. The 24-hour air quality forecast email notifications are sent to the media and interested persons daily and updated as necessary.

Jay Plant, R.S.  
Lewis and Clark County  
jplant@lccountymt.gov  
Environmental Health Specialist  
406-447-8358

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# Winter AQ Season



**LEWIS & CLARK CITY/COUNTY BOARD OF HEALTH**  
**Helena, Montana**

**BOARD AGENDA ITEM**

**Meeting Date**

**February 22, 2024**

**Agenda Item No.**

**5**

Minutes     Board Member Discussion     Staff & Other Reports     Action     Hearing of Delegation

**AGENDA ITEMS** Health Equity

**PERSONNEL INVOLVED:** Board of Health members

**BACKGROUND** The Board will participate in Health Equity training.

**HEALTH DIRECTOR’S RECOMMENDATION:** N/A

ADDITIONAL INFORMATION ATTACHED

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**BOARD ACTION:**

**NOTES:**

	M O T I O N	S E C O N D	A Y E	N A Y	A B S T A I N	O T H E R
Bedell						
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# Creating The Healthiest Nation: Advancing Health Equity

**Health disparities contribute high economic costs to the U.S. every year. The avoidable costs of health disparities include medical costs related to preventable chronic diseases and the overutilization of health care resources. Also, health impacts employment potential and work-place efficiency; health disparities result in a large loss of productivity every year.<sup>16</sup>**

**T**he American Public Health Association’s mission is to improve the health of the public and achieve equity in health status for all Americans. Health equity can be defined in many ways. All definitions include a focus on ensuring opportunities for everyone to attain their highest level of health.<sup>1-6</sup> To achieve health equity, “Obstacles to health must be removed such as poverty, discrimination, and their consequences, such as powerlessness and lack of access to quality education.”<sup>1</sup> Failing to make progress harms us all. The United States ranks 43rd in the world on the health indicator of average life expectancy at birth. Up to a seven year difference in life expectancy exists within the U.S. between racial and ethnic populations.<sup>7,8</sup> In order for the U.S. to become the healthiest nation, we must advance equity.

## THE CONSEQUENCES OF HEALTH INEQUITIES

Health inequity refers to the uneven distribution of social and economic resources that impact an individual’s health.<sup>9</sup> Inequities often stem from structural racism or the historical disenfranchisement and discrimination of particular marginalized groups, including racial and ethnic minorities, low-income populations, and members of the LGBTQ community.<sup>10</sup> These groups have historically been withheld from obtaining resources that are needed to be healthy, and are disproportionately exposed to a combination of health risks such as poverty, violence, poor neighborhood conditions, and environmental health hazards.

Inequities in health often result in disparities in health outcomes between populations within the United States. A health disparity refers to “a difference in health that is closely linked with social, economic, and/or environmental disadvantage.”<sup>10,11</sup> It is important to note that not all differences in health are disparities.<sup>11,12</sup> A health difference is considered a health disparity if it is the result of unjust or unfair exposure to detrimental health and social factors.<sup>12,13</sup> For example, differences in health outcomes between the U.S. aging population and younger populations are not a consequence of unjust or avoidable exposures to detrimental health factors but instead a result of unavoidable aging.<sup>12,13</sup> Therefore, differences in health between the U.S. aging population and younger population are not health disparities. Yet differences in health between white mothers and black mothers, who experience more than triple the rates of death in childbirth and are less likely to receive adequate prenatal care<sup>14</sup>, are a health disparity rooted in racism.<sup>15</sup>



Health disparities contribute high economic costs to the U.S. every year. The avoidable costs of health disparities include medical costs related to preventable chronic diseases and the overutilization of health care resources. Also, health impacts employment potential and work-place efficiency; health disparities result in a large loss of productivity every year.<sup>16</sup> According to a study by the National Urban League Policy Institute, in 2009, health disparities costs the U.S. an estimated \$60 billion in excess medical costs and \$22 billion in lost productivity. That burden in excess medical costs is expected to increase to \$126 billion in 2020 and \$363 billion by 2050.<sup>17</sup>

## KEY PRINCIPLES FOR ADVANCING HEALTH EQUITY

- Be Explicit!** In order for the United States to become the healthiest nation, organizations and agencies must be explicit when advancing health equity. That means naming the groups impacted by equity initiatives and identifying the steps required to eliminate disparities in health. Being explicit is key to ensuring vulnerable populations receive the social and economic resources needed to be as healthy as possible. It is also crucial to be explicit in order to ensure that disparities in health are not worsened as a result of ambiguity.
- Identify and Effectively Address Racism and Racial Implicit Biases.** Public health and health care professionals must name racism as a determinant of health, recognize their own racial implicit bias, and address both through effective education and training. Health agencies at all levels must also explicitly acknowledge and address the racially discriminatory policies that are responsible for the existence and perpetuation of health inequities. (See: APHA webinar series “The Impact of Racism on the Health and Well-Being of the Nation”)
- Adopt a “Health in all Policies” Approach.** County, city, state, and federal agencies should identify multi-sectorial opportunities for advancing equity and addressing determinants of health in all areas of social, economic, and health policies. This involves improving vulnerable



### THE SOCIAL DETERMINANTS OF HEALTH AND EQUITY

In order to advance health equity public health must work with other sectors to address the social determinants of health. Social determinants of health refer to “nonmedical factors such as employment, income, housing, transportation, child care, education, discrimination, and the quality of the places where people live, work, learn, and play, which influence health.”<sup>1</sup> Social determinants include:



**Racism and discrimination:** Racism and discrimination result in U.S. minorities’ limited access to economic and social resources that have a substantial influence on their health outcomes. Additionally, racism results in minorities’ increased exposure to health-related risk factors, unhealthy stress levels, and feelings of powerlessness that greatly impact the quality of their physical and mental health.<sup>18-20</sup>



**Education:** Education level is the strongest indicator of lifelong health. Education impacts the type of employment and income potential, which then impacts the level of financial stress and health risk factors.<sup>21,22</sup> Additionally, educational attainment is associated with health literacy, which impacts a person’s ability to navigate the health care system, use preventive health services, and manage chronic conditions.<sup>23-25</sup>



**Income:** Income influences where people live, their access to social and health resources, access to adequate and timely health care services, and their ability to afford to participate in healthy behaviors.



**Housing:** Housing access, affordability, and quality all have a significant impact on health. Exposure to poor housing conditions such as lead pipes or paint, water leaks, mold, dust mites, pest infestation, and carcinogenic air pollutants, and poor structural in-home features can result in an increased risk for physical injuries and diseases.<sup>26</sup>



**Neighborhood conditions:** Neighborhood conditions encompasses factors such as crime rates, availability of safe parks, access to healthy food options, neighborhood appearance, and the quality and safety of streets and sidewalks. All of these factors influence the types of healthy behaviors individuals have the ability to engage in within their own communities.<sup>26</sup>

populations' access to healthy foods, safe housing, reliable transportation, quality education, equitable employment, safe green spaces, and opportunities for economic development. (See: "Health in All Policies: A Guide for State and Local Governments")

- **Create an Internal Organization-Wide Culture of Equity.** All agencies and organizations should build internal capacity to advance health equity and identify their organization's role in improving the health of vulnerable populations. Organizations can fulfill this principle by including equity goals in their organization's mission, enforcing racially equitable hiring practices, providing cultural competency training to staff, conducting racial healing circles, aligning funding decisions with equity goals, and investing in school-to-work pipelines for youth in disadvantaged communities. (See: "Better Health Through Equity: Case Studies in Reframing Public Health Work")
- **Respect and Involve Communities in Health Equity Initiatives.** In order to advance health equity, vulnerable communities should be provided with meaningful opportunities to participate in the planning process of programs, interventions, and policies aimed at advancing equity. Their involvement in all stages of equity-related decisions must be valued and active. Community members must be key informants in identifying needs, health assets, and the resources needed to improve their community's health.
- **Measure and Evaluate Progress in Reducing Health Disparities.** Progress toward advancing health equity is measured by the reduction of various health disparities. It is important to identify and measure health-related outcome indicators in order to assess our progress in reducing social and economic barriers to health, closing gaps in health outcomes, and increasing equitable opportunities to be healthy.

## REFERENCES

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# Talking about Health Equity



To solve the public health problems before us, we need to eliminate persistent inequities and prioritize the perspectives of people most affected by a problem.

Within public health circles, many use the term *health equity* to express such beliefs and commitments. But there are good reasons to take care when using this phrase more widely.

Different audiences have different levels of comfort and familiarity with the concept.

Among the general public, the term *equity* isn't widely understood. FrameWorks researchers have found that most people associate the term with financial topics, as in *home equity* or *equity* in a business. For communicators, this means that if you're using the term, it's vital to pair it with a clear explanation.

In some states, the term has been politicized and singled out in legislation as a word to avoid. This makes it important to be equipped to talk about the concept, even if you need to avoid the label.

Here are three sample definitions that use the phrases "fair and full" or "fair and just," which can complement or replace the word *equity*:

Equity means fairness and justice. It involves ensuring that every individual and group gets what they need to thrive and participate fully in society. Achieving equity often asks us to rethink uniform, one-size-fits-all treatment. It sometimes involves devoting more resources or different resources in communities that face injustice, to correct imbalances caused by unfair or unequal treatment.

Health equity means that all people have a fair and just opportunity to be as healthy as possible. Achieving health equity requires:

- Valuing every person and their health fairly
- Addressing unfair practices and unjust conditions that can harm the health of specific groups in society
- Working with different groups in specific, sensitive ways to address health issues that affect them.

We want to ensure that everyone has a fair and full opportunity to be as healthy as possible, which requires:

- Valuing every person and their health
- Improving social conditions that can harm people's health
- Working with different groups in specific, sensitive ways to address health issues that affect them.

Feel free to cut and paste the above definitions into your own communications, or adapt for your context and audience.

When crafting your own explanations, make sure you include two parts: the goal (everybody has what they need) and the way to get there (different supports to meet different needs).

**Pro Tip:** Keep in mind that for most purposes, it makes more sense to define *equity* on its own, rather than relying on a contrast with *equality*. Equality is a cherished cultural ideal, so we may confuse or lose people if we leave the impression that we think it's a bad thing. The distinction between *equity* and *equality* is important for program and policy design, but less important for external messaging. The important point to get across to the public is that uniform treatment may not always be the best or right way to reach a goal related to fairness.

For more guidance on navigating the challenges of framing racial equity issues, see [Talking About Racism in Child and Family Advocacy](#).

**LEWIS & CLARK CITY/COUNTY BOARD OF HEALTH**  
**Helena, Montana**

**BOARD AGENDA ITEM**

**Meeting Date**

**February 22, 2024**

**Agenda Item No.**

**6**

Minutes     Board Member Discussion     Staff & Other Reports     Action     Hearing of Delegation

**AGENDA ITEMS:** Public Comment

**PERSONNEL INVOLVED:** Public and Board Members

**BACKGROUND:** Time is allowed for public comment on matters not mentioned in the agenda within the Board of Health’s jurisdiction.

**HEALTH DIRECTOR’S RECOMMENDATION:** n/a

ADDITIONAL INFORMATION ATTACHED

**BOARD ACTION:**

**NOTES:**

	M O T I O N	S E C O N D	A Y E	N A Y	A B S T A I N	O T H E R
Bedell						
Collins						
Harris						
Kaufman						
MacLaurin						
Murgel						
Payne						
Weber						
Weltz						

**Attendance Record for the  
Lewis & Clark City-County Board of Health**

**FY 2024**

	Jul	Aug	Sept	Oct	Nov/ Dec	Jan	Feb	Mar	Apr	May	Jun
Bedell	X	X	*	O	X	X					
Collins	O	X	*	X	X	X					
Harris	X	X	*	X	X	X					
Kaufman	X	X	*	X	O	X					
MacLaurin	O	X	*	X	X	X					
Murgel	O	X	*	X	X	X					
Payne	---	---	---	---	---	X					
Rolfe	X	X	*	X	X	---	---	---	---	---	---
Weber	X	X	*	X	O	X					
Weltz	O	X	*	O	X	O					

**Legend:**

X = Present

X<sub>p</sub> = Present by phone

--- = Not a member of the board at that time.

O = Absent

\* = No meeting held

P = Strategic Planning Session

T = Training



# Lewis & Clark Public Health

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Fax: 406.457.8990

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E-mail: [cpayne@lccountymt.gov](mailto:cpayne@lccountymt.gov)

(1)  
Pleasure of L & C County Commission

Mayor Wilmot Collins  
City Commissioner  
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Helena, Montana 59623  
447-8410 (W)  
E-mail: [wcollins@helenamt.gov](mailto:wcollins@helenamt.gov)

(2)  
Pleasure of City of Helena Commission

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Superintendent, Helena School Dist. No. 1  
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E-mail: [rweltz@helenaschools.org](mailto:rweltz@helenaschools.org)

(3,a)  
Superintendent of Schools

Dr. Mikael Bedell -vice chair  
710 Madison Ave  
Helena, MT 59601  
208-630-3848 (C)  
E-mail [mbedell@sphealth.org](mailto:mbedell@sphealth.org)

(3,b)  
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(3,c)  
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Mayor Kelly Harris  
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438-1031(C)  
E-mail: [kharris@easthelenamt.us](mailto:kharris@easthelenamt.us)

(3,d)  
Pleasure of East Helena City Council

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(3,e)  
Term expires - June 30, 2025

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Term expires - June 30, 2024

Justin Murgel  
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(3,g)  
Term expires - June 30, 2024

Updated May 2023

*"To Improve and Protect the Health of all Lewis and Clark County Residents."*



# LEWIS AND CLARK CITY-COUNTY BOARD OF HEALTH

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## MEMBERS

Katherine Weber	Term expires - June 30, 2024	First Term
Justin Murgel	Term expires - June 30, 2024	Second Term
Mikael Bedell	Term expires - June 30, 2025	Second Term
Brie MacLaurin	Term expires - June 30, 2025	Second Term
Lisa Kaufman	Term expires - June 30, 2024	First Term
Rex Weltz	Superintendent of Schools	
Candace Payne	Pleasure of Lewis & Clark County Commission	
Mayor Wilmot Collins	Pleasure of Helena City Commission	
Mayor Kelly Harris	Pleasure of East Helena City Council	

## MEETING DATES FOR FISCAL YEAR 2024

Scheduled for 1:00 p.m. in the Public Health Conference Room of the Murray Building or by Zoom.

July 27, 2023

August 24, 2023

September 28, 2023

October 26, 2023

December 7, 2023

January 25, 2024

February 22, 2024

March 28, 2024

April 25, 2024

May 23, 2024

June 27, 2024

July 2023