

Montana Environmental Health Association

Missoula County Adopts Drop-in Child Care Regulations

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By Alisha Johnson, R.S.

On May 17, 2012, Missoula County adopted rules into its Health Code for the prevention of communicable disease in drop-in child-care businesses. The rules require that all child-care facilities that offer unscheduled child care either license as a drop-in facility with the state by September 1, 2012, or receive a certification inspection from the county. All drop-in facilities that choose to have a certification inspection will be visited annually by the department in order to assess compliance with basic public health measures written into the Health Code. Those measures include safe water and food service, approved wastewater and solid waste disposal, adequate cleaning and sanitizing, adequate ill child and staff exclusion, CPR and First Aid training, and up-to-date immunizations for both staff and children.

The rules were put forth in an effort to close the gap between regulated and unregulated child care in the state of Montana. As per state law, only facilities that provide regular care need to be regulated; however, the Montana Administrative Rules modified the definition of "regular care" from that in the law to say that a facility must provide care for a least six hours a day, for four days per week, for more than three consecutive weeks in order to be regulated. This creates a loophole that drop-in facilities slip into since drop-in services are not intended to provide this amount of care. This loophole poses a risk to public health since drop-in child-cares facilities deal with a highly susceptible population in an environment with a high amount of client turnover and fluctuation throughout the day. The potential for the spread of communicable disease in such facilities is high. With no public health requirements, these facilities are an outbreak waiting to happen.

Missoula saw the public health concern with these facilities in the summer of 2011 when a drop-in facility admitted a child

who was symptomatic for pertussis. This child exposed about 160 children. When public health nurses attempted to contact parents to inform them of their child's exposure, almost half of the parent contact information was incorrect or not current.

In another situation, a drop-in child care center had a severely leaking roof and structural issues that rendered the building unsafe. There was exposed wiring, ventilation ducts that were just zip tied to the ceiling, plumbing problems, and rain water that would leak down through the ceiling and pool on the top of the stove and refrigerator. There was also what appeared to be mold growth due to the amount of moisture in the building, and children were exhibiting symptoms of mold exposure.

In both of these instances, public health regulations and routine inspections could have either prevented the situation from happening, or pointed out concerns before they became imminent risks to health and safety.

While the current Missoula County rules are not all-inclusive and are only targeted toward communicable disease prevention, the county feels it is a crucial first step in closing the regulatory gap in these high-risk facilities. Missoula also encourages other counties to look at drop-in providers in their jurisdictions and consider similar regulations. One only needs to look at this year's pertussis outbreak statewide (and nationwide!) to see the potential risk that these facilities pose if there are no protective measures in place.

If you would like more information on Missoula County's drop-in child care rules, please contact their Environmental Health Department at 258-4755.

Alisha Johnson is a registered sanitarian with the Missoula Environmental Health Dept.

A Message from MEHA's President

July 20, 2012

Happy Summer Everyone!

First of all, I wanted to let you all know how much I appreciate MEHA members supporting their President and President-elect by sending them to the NEHA conference each year. It really helps to keep our organization connected to NEHA.

Ruth Piccone and I journeyed in June to downtown San Diego where the conference was held at the Marriott Marina. I know -- it was a tough place to be! I promise though, that we did attend sessions and many meetings. As data from the meetings is gathered from NEHA, I will share with you, in particular, the information from the focus group discussions. We spotted Marilyn Tapia of Yellowstone County and also Joe Russell from Kalispell in attendance. If anyone else from Montana went, they were lost in the crowd of

over 1,100 environmental health professionals. I highly recommend that you go to the NEHA conference some year if you can arrange it! In fact, there is an opening every year for a MEHA 1st Vice President, so you can work your way up the leadership ladder and have a chance to attend that way!

The Conference planning committee of myself, Ruth Piccone, Laurel Riek and Mary Lou Gilman is busy working with the MPHA Conference committee to plan an excellent fall conference in Butte. The agenda is finalized and will be posted on the website in August. Registration will be available shortly after. I'll be sure that you all know about the postings and hope that you are saving the date of Oct. 1-3 on your calendars!

Christine Hughes has been busy recruiting volunteers for the joint legislative committee of MEHA/AMPHO/MPHA as we work to join forces on legislative issues for the 2012-13 session. We are a little light on volunteers representing the central and eastern counties. Any takers? Please contact Christine (chughes@lakemt.gov) if you have some time to volunteer. I know how busy everyone is, but since we are combining forces, the impact should be greater.

Have a great rest of the summer. I hope you all can take a break from all of the temporary food, septic and pool inspections to enjoy the splendor of Montana!

Karen Solberg



MEHA President Karen Solberg and Vice-president Ruth Piccone at This year's NEHA Conference in San Diego.

Joint Advocacy Legislative Update – MEHA/MPHA/AMPHO

By Christine Hughes, R.S.

Joint Advocacy Committee

As you may recall, MEHA is taking part in a Joint Advocacy Plan in partnership with the Association of Montana Public Health Officials (AMPHO) and the Montana Public Health Association (MPHA). This two year (2012-2014) plan advocates proactively working together and increasing advocacy capabilities among members of each organization with regard to legislative priorities. What does that really mean you may ask?

It may be helpful to define advocacy. Advocacy is the act or process for advancing or defeating a cause, policy or proposal – this involves working for change. The 2012-2014 plan incorporates a variety of items meant to work toward a proactive change. The plan’s components include goals regarding lobbying, relationship building with public policy makers, capacity building and media advocacy. An end goal is to have the voice of local Public Health effectively heard during future legislative sessions.

Why do we need advocacy capability? We don’t have to look back very far to recall events of the last legislative session. There were multiple proposed bills that were detrimental to all aspects of Public Health. Environmental Health faced issues that could have been detrimental to food and water safety as well as funding. Public Health nurses faced many budget cuts for tobacco prevention and other programs. Thus after the session, the three groups discussed some commonalities that we experienced in the last legislative session and concurred that a stronger and unified voice for public health is necessary. The ability to advocate as a whole, combine resources and work toward common legislative priorities contributes to each organization’s ability to retain funding and defend fundamental elements of public health.

The immediate goals of the plan were to

structure and define the responsibilities of a Joint Advocacy Committee and form such a committee. I am happy to report that those items have been accomplished with much assistance from Barbara Schneeman, communication and advocacy public information officer of Riverstone Health Department. The committee members will be responsible for participating in weekly meetings during the legislative session, researching proposed bills, taking action on proposed bills, as well as soliciting support from each organizations members when appropriate. The committee members (to date) are Christine Hughes, Corrine Rose, Deen Pomeroy and Tim Read. Any sanitarian wishing to be on the committee should contact Christine Hughes or another member of the committee.

Lobbyist

The MEHA Board, in conjunction with AMPHO and MPHA, recently voted to hire lobbyist Linda Stoll for the upcoming legislative session. Linda worked for the groups during the last session and was invaluable in tracking bills for Environmental Health. A few of the services Linda will provide are: tracking and status updates on legislation, networking with other lobbyists to gain insight on opposing positions, working with legislators to help them understand our position, alerting us of any necessary actions, and coordinating and/or providing testimony.

A lobbyist does not preclude the need for advocacy efforts to continue within our organization. Our membership will still need to letter write, fax, testify and build relationships with public officials. Linda will, however, be a valuable tool and our “eyes and ears” at the capitol during the 2013 session.

Further updates regarding legislative activities will be discussed at the MEHA membership meeting at the Fall conference. Please contact Christine Hughes at chughes@lakemt.gov with any questions.

Any sanitarian wishing to be on the committee should contact Christine Hughes or another member of the committee.

NEHA Region 3 Report

By Roy Kroeger

Having just lowered the curtains on the 76th NEHA AEC and Exhibition in San Diego I could write pages on all the good things that are happening in our national association. Having said that I also understand that we are all busy people and our state affiliates have lots of their own information to fill your newsletters so I will keep my article short. Some of this newsletter will reflect on the recently completed conference in San Diego and then I will add a few items reflecting NEHA Activities.

The 2012 Conference likely will go down as one of the most successful in history, and the best attended since Tucson. The Marriott Marquis and Marina was probably the nicest hotel I have ever had the pleasure of staying in, the weather in San Diego was by far the best I have ever seen during any conference and the location afforded plenty of things to do within close proximity. The speakers and topics this year

were also top notch. Some highlights of the AEC include:

NEHA Award Winners

Snyder Award- Harry Grenawitzke for outstanding achievement in Environmental Health.

Crumbine Award- Salt Lake Valley for the best food safety program.

Neal Lowry Award- Sacramento County Environmental Management for the best pool safety program.

Sustainability Award- Atlanta's Regional Green Communities Program.

Mangold Award- was not awarded because no nominations were submitted.

For more information on any of the awards please contact me and I can be more specific.

AEC Focus Groups

Innovation in Environmental Health was the topic of discussion during this year's AEC. With the recent cuts to the EH workforce and a future that appears dim for both the econ-

omy and a significant shortage of qualified science personnel, our programs need to look toward innovation to best protect public health and the environment. To that end NEHA congregated the State Affiliate Presidents and the NEHA Board of Directors to look at the innovative ideas different EH programs are using to combat the shortages. A report will be issued by NEHA in the near future presenting these ideas to the membership. Please look for it.

AEC Keynote

Thomas Frey, who is the Executive Director and Senior Futurist at the DaVinci Institute and author of the book "Communicating with the future" spoke to the audience about what he sees in the future and how all of us as professionals need to envision the changes that are coming. His presentation focused on new technologies currently being developed and how those technologies will change the workforce in the not-too-distant future. If you have an opportunity to check

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Roy Kroeger was selected to serve on the Environmental Health Accreditation Council which reviews colleges and universities in the U.S. for environmental health programs.

See related story on page 6.

out any of Thomas' works please do so.

As promised, here is a small sampling of other items that NEHA has been working on for the membership.

Environmental Health Stamp

NEHA along with other organizations representing EH are exploring the idea of a commemorative postage stamp or series of stamps representing our profession. NEHA recently adopted a resolution supporting this endeavor and will be asking state affiliates to help in the campaign in the near future. Please watch the NEHA website for future announcements and to see the adopted resolution.

New NEHA Awards

The NEHA Board of Directors adopted resolutions supporting two new awards to be presented in coming years. One award will spotlight an outstanding Environmental Health Innovation and the other will showcase an outstanding Educational Contribution. NEHA will be looking for nominations for both awards so they may be

presented at next year's AEC.

Future AEC's include:
2013 Washington DC. July 9-11, 2013
2014 NEHA will host the World in Las Vegas NV, with the International Federation of Environmental Health (IFEH).

Position on Feral Cats

NEHA has been asked to put together a position paper on feral cat populations in regards to environmental health concerns. The board of directors has adopted the idea of the paper and will be looking at information to include in the future resolution. If anyone has expertise with feral cat populations and wants to contribute please let me know and I will put you in contact with the committee chair on this issue.

Finally, I wanted to let all the professionals in Region 3 know that I recently applied to serve on the Environmental Health Accreditation Council which is responsible for setting and reviewing environmental health criteria for colleges and universities in the United

States that want to have an accredited environmental health program. The Council recently notified me that I had been selected to serve for three years as an EH Practitioner. Some of my duties in this position include reviewing at least one collegiate EH Program on paper each fall and then visiting and verifying in person one program each winter. I am looking forward to this new challenge and would love to share more about EHAC as I learn more about this valuable program in the future.

As always, if you have any questions or concerns about NEHA please feel free to contact me at Roykehs@laramiecounty.com or you can call me at 307-633-4090

Roy Kroeger is a Registered Environmental Health Specialist and supervisor for the Cheyenne/Laramie County, Wyo., Health Department. He currently serves as Regional Vice President for Region 3 of the National Environmental Health Association.

UM's master's in public health degree gets national accreditation

(Editor's Note: This article appeared in July 18, 2012 edition of the Missoulian under the following link: http://missoulian.com/news/local/um-s-master-s-in-public-health-degree-gets-national/article_f8f29e96-d08a-11e1-a6d9-001a4bcf887a.html)

It is used with the permission of the Missoulian editor)

By Martin Kidston of the Missoulian

The Council on Education for Public Health gave its nod recently to a nationally accredited master's program in public health at the University of Montana, making the school the first in the state to offer the degree.

Craig Molgaard, professor and chair of the School of Public and Community Health Sciences, announced the accreditation following an intensive site visit by the Council on Education.

"It's the kind of thing that you strive to get," Molgaard said of the accreditation. "We've been working on this for six years to get it done. It's a big deal for a state that's never had this before."

Montana joins roughly 45 states nationally in offering the master's of public health program. The program helps professional public health workers learn to identify community health trends while ensuring that essential services are in place to maintain quality public health.

While the accreditation is new, UM has been offering the program for six years. Launching the program and completing a self review, along with that by the Council on Education, was part of the national accreditation process, Molgaard said.

"They let you start while you're working on accreditation," Molgaard said. "We've been in business for six years now and have 38 graduates to this point. We've

been chugging along for a number of years."

The program also has enrolled a growing number of undergraduate students working for a certification in the program, along with professional public health workers in far-flung communities across the state.

Jane Smiley, public health and safety administrator with the Montana Department of Public Health and Human Services in Helena, called the accreditation good for both the university and the state.

"This provides a wonderful opportunity for Montanans who work in the public health field," said Smiley. "I also believe over time the newly accredited program will significantly enhance and strengthen our current public health work force at both the state and local level."

Disparities between master's of public health programs across the states that offer them have dwindled in recent years, Molgaard said. The accreditation process has streamlined the programs, improving uniformity across intuitions.

At UM, Molgaard said, the program is designed as a campus-wide effort. It includes five core faculty members within the College of Pharmacy, along with many other faculty members from departments working with students pursuing an education in the public health field.

"Faculty, staff, students, alumni and friends of the program from the public health community in Montana – both regionally and nationally – worked extremely hard to achieve this accreditation," Molgaard said. "We expect the people of our state to benefit immensely from our new program."

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Professional Ethics: The Compass of the Registered Sanitarian

Susan K Brueggeman, R.S.

Protecting public health: the reason our profession exists and the reason we enter our offices each day for something that is more like a mission than a job. Within that mission is our professional registration. Not a trophy, not a feather-in-cap, not a title to impress: but a covenant with the people of Montana that we are held to a standard of performance to serve and protect them as we practice the profession of sanitarian.

One responsibility assigned to the Board of Sanitarians, of which I am a member, is to address ethics complaints. This duty caused me to review the state rules on ethics for registered sanitarians. To save you the research, this is how they read:

37-1-316. Unprofessional conduct. (Common to all state professional licenses)

The following is unprofessional conduct for a licensee or license applicant governed by this part:

- (1) conviction, including conviction following a plea of nolo contendere, of a crime relating to or committed during the course of the person's practice or involving violence, use or sale of drugs, fraud, deceit, or theft, whether or not an appeal is pending;
- (2) permitting, aiding, abetting, or conspiring with a person to violate or circumvent a law relating to licensure or certification;
- (3) fraud, misrepresentation, deception, or concealment of a material fact in applying for or assisting in securing a license or license renewal or in taking an examination required for licensure;
- (4) signing or issuing, in the licensee's professional capacity, a document or statement that the licensee knows or reasonably ought to know contains a false or misleading statement;
- (5) a misleading, deceptive, false, or fraudulent advertisement or other representation in the conduct of the profession or occupation;
- (6) offering, giving, or promising anything of value or benefit to a federal, state, or local government employee or official for the purpose of influencing the employee or official to circumvent a federal, state, or local law, rule, or ordinance governing the licensee's profession or occupation;
- (7) denial, suspension, revocation, probation, fine, or other license restriction or discipline against a licensee by a state, province, territory, or Indian tribal government or the federal government if the action is not on appeal, under judicial review, or has been satisfied;
- (8) failure to comply with a term, condition, or limitation of a license by final order of a board;
- (9) revealing confidential information obtained as the result of a professional relationship without the prior consent of the recipient of services, except as authorized or required by law;
- (10) use of alcohol, a habit-forming drug, or a controlled substance as defined in Title 50, chapter 32, to the extent that the use impairs the user physically or mentally in the performance of licensed professional duties;
- (11) having a physical or mental disability that renders the licensee or license applicant unable to practice the profession or occupation with reasonable skill and safety;
- (12) engaging in conduct in the course of one's practice while suffering from a contagious or infectious disease involving serious risk to public health or without taking adequate precautions, including but not limited to informed consent, protective gear, or cessation of practice;
- (13) misappropriating property or funds from a client or workplace or failing to comply with a board rule regarding the accounting and distribution of a client's property or funds;
- (14) interference with an investigation or disciplinary proceeding by willful misrepresentation of facts, by the use of threats or harassment against or inducement to a client or witness to prevent them from providing evidence in a disciplinary proceeding or other legal action, or by

use of threats or harassment against or inducement to a person to prevent or attempt to prevent a disciplinary proceeding or other legal action from being filed, prosecuted, or completed;

(15) assisting in the unlicensed practice of a profession or occupation or allowing another person or organization to practice or offer to practice by use of the licensee's license;

(16) failing to report the institution of or final action on a malpractice action, including a final decision on appeal, against the licensee or of an action against the licensee by a:

- (a) peer review committee;
- (b) professional association; or
- (c) local, state, federal, territorial, provincial, or Indian tribal government;

(17) failure of a health care provider, as defined in [27-6-103](#), to comply with a policy or practice implementing [28-10-103\(3\)\(a\)](#);

(18) conduct that does not meet the generally accepted standards of practice. A certified copy of a malpractice judgment against the licensee or license applicant or of a tort judgment in an action involving an act or omission occurring during the scope and course of the practice is conclusive evidence of but is not needed to prove conduct that does not meet generally accepted standards.

(19) the sole use of any electronic means, including teleconferencing, to obtain the information required for the written certification and accompanying statements used to apply for a registry identification card pursuant to Title 50, chapter 46, part 3.

24.216.2301 UNPROFESSIONAL CONDUCT (Specific to Sanitarian Licenses)

(1) For the purpose of implementing the provisions of [37-1-307](#), MCA, and in addition to the provisions of [37-1-316](#), MCA, the following is defined as unprofessional conduct:

- (a) failure to comply with the provisions of Title 37, chapter 40, MCA, or any rule promulgated thereunder; (statute/rules specific to sanitarian licensing)
- (b) failure to uphold Montana laws, rules and regulations pertaining to environmental and public health;
- (c) obtaining other financial compensation for professional services than the compensation provided by the employment contract;
- (d) failure to properly supervise a sanitarian-in-training in accordance with the board-approved plan;
- (e) failure to provide proof of licensure upon request;
- (f) failure to display current sanitarian license in a conspicuous place.

Some of these standards are no-brainers, nothing any of us would think of doing. But, consider our responsibility to uphold state regulations pertaining to environmental and public health and sometimes things can turn a little gray. We all know the pressure, and sometimes the wisdom, to use "professional discretion". We know how easy it would be at times to just approve or ignore something because we are tired of the hassle. Forces come to us from many angles: politics, personal relationships, fatigue, etc. Next time this happens, consider your professional license. Consider that there is a professional standard to uphold. And, feel strengthened by the fact that you are a part of something larger than yourself. You are part of the licensed professional public health community.

The next time you append the initials R.S. to your signature, feel the responsibility and pride that comes from knowing you are in a special position to uphold the public trust, represent the profession, and, most importantly, to protect public health.

Tri-County Environmental Health: Personal Hygiene and Employee Health Intervention Project

By Karen Solberg, R.S.

Last year, Tri-County Environmental Health was looking to undertake a manageable project as part of the Food and Drug Administration's Retail Food Voluntary Standards program.

Our Risk Assessment, completed in 2010, identified personal hygiene and employee health as the most frequent risk factors. No big surprise!

Since Chad Lanes and I are the only two sanitarians covering our 4,000 square mile jurisdiction, we sought a pro-

ject that would reach the entire jurisdiction without

us having to travel it all! Good old snail mail to the rescue! The first step in the project was to get copies of the FDA Employee Health and Personal Hygiene booklet into all of the food establishments. Then we sweetened the pot by purchasing two signs for each establishment.

We used part of the \$2,500 grant awarded to us by the FDA Retail Food Voluntary Stan-

dards to mail the items. Step two of the project is being conducted as we inspect each es-

tablishment. We have stickers to put on a separate page of our inspection form to indicate if the signs were hung, the materials reviewed, if additional training is requested and current contact information, whether phone, text, email or mail.

If requested, we provide individual training or group classes on Personal Hygiene and Employee Health.

Employees Must Wash Hands Before Returning To Work



***We're on the
Web
mehaweb.org***

Recognition for Environmental Health Contributions

It is time once again to think about those people around you who are deserving of recognition in the field of environmental health. The MEHA awards committee is seeking nominations for each prestigious award listed below. The nomination form is attached. Take a moment and nominate someone; it means so much to be recognized for efforts in environmental public health. In order to allow the committee time to give thoughtful consideration to each nominee, please submit your nomination by September 4, 2012.

Please submit your nomination by September 4, 2012.

Donald E. Pizzini Outstanding Achievement Award *Awarded to a Montana Sanitarian who has contributed for several years to the field of environmental health and was a member in good standing with MEHA for the period referred to, but may or may not be a current member.*

William G. Walter Outstanding Sanitarian Award *Awarded to a MEHA member who has shown outstanding job performance in the past year.*

Vernon E. Sloulin, R.S., Rookie of the Year Award *Awarded to a MEHA member who is new to the field of environmental health having less than eighteen months of service in the field as of July 1, 2012, and is currently a registered Sanitarian.*

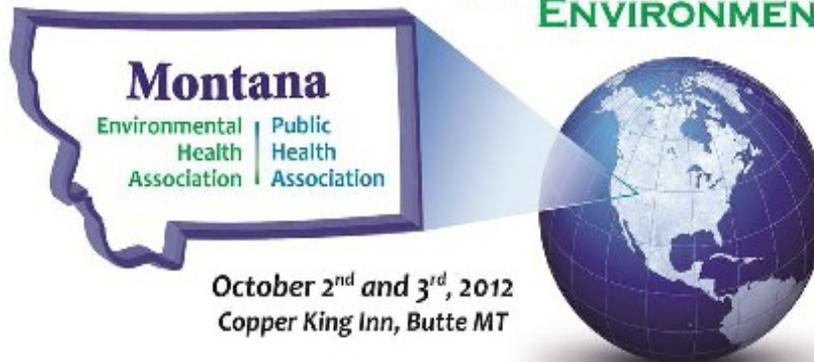
Excellence Award *Awarded to a MEHA member for making a notable and important contribution to the field of environmental health through excellence of leadership and motivational skills.*

Distinguished Service Award *Awarded to an individual or organization outside of MEHA who has made an outstanding contribution to the field of environmental health in Montana.*

Certificate of Recognition *Awarded to any individual or organization deserving of recognition for a special achievement in environmental health or special effort that promotes or supports the work of environmental health*

Save the Date

HEALTHIER PEOPLE *in a* HEALTHIER ENVIRONMENT



The Montana Environmental Health Association (MEHA) is a nonprofit group of professionals who work to protect public health in ways that are related to our everyday environment. Many of our members work in the fields of food safety, public accommodations, drinking water protection, wastewater treatment, air quality, solid waste disposal and public health complaints.

Our membership is comprised of a variety of professions including registered sanitarians also known as environmental health specialists. We are an affiliate of the [National Environmental Health Association \(NEHA\)](#)

Our mission is to maintain and improve the standards of performance of professionals in the field of Environmental Health in Montana through education and outreach.