Testimony
Health Services Committee
Thursday, July 28, 2011
North Dakota Department of Health

Good morning, Chairperson Lee and members of the Health Services Committee. My name is Kelly Nagel, and I am the public health liaison for the North Dakota Department of Health. I am here to provide information on the Regional Public Health Network Pilot Project Study.

Public Health System Overview

The public health system is decentralized with 28 independent public health units working in partnership with the North Dakota Department of Health. The 28 local public health units are organized into single or multi-county health districts, city/county health departments or city/county health districts. The western part of the state consists of multi-county health districts, whereas the eastern part of the state consists mostly of single county health districts and departments. There are three city health departments in the state: Bismarck, Fargo and Grand Forks.

A regional infrastructure was established for emergency preparedness and response to amass the resources necessary to meet new public health challenges and to provide additional capacity throughout the state, especially in the smaller health units. A lead local public health unit has been identified for emergency preparedness and response in each of the eight regions of the state. Each of these units has employed a public health emergency response coordinator, a public information officer and an environmental health practitioner, all of whom provide services to the region. Funding for these efforts is provided through the federal emergency preparedness and response grant. The North Dakota Department of Health also remotely staffs eight epidemiologists who provide services to the regions regarding disease-related issues and five environmental health practitioners who inspect food and lodging facilities.

Currently, state law requires that all counties be within a health unit jurisdiction and that a health unit have an established board of health and an appointed local health officer who is licensed to practice medicine in the state. There are no state laws establishing minimum core functions or expectations of local public health unit operations. Therefore, there is a large variation in the types of services provided by local public health units. As an example:

- One public health unit has a diverse, multidisciplinary workforce and provides newborn and adult home visits; public health nursing services;

family planning and other clinic services; health promotion and education; health services to inmates; and environmental health services.

- Another public health unit has a staff of one who serves as the administrator, the director of nursing and the office assistant. The main service this health unit provides is public health nursing.

Many local public health units do not provide comprehensive services. With limited funding, local public health units have limited capacity to provide comprehensive public health services and carry out each of the 10 Essential Services of Public Health (attached).

Background

Senate Bill 2333 provided an appropriation of $275,000 to the department to fund a regional public health network pilot project. It required the department to work with the newly created regional public health network task force, the state health council and the local public health units in distributing the funds.

This project provided the opportunity to determine whether we can strengthen the infrastructure, more efficiently use limited funding and staff, and provide more equitable access to quality public health services for people in all counties of the state.

The language in Senate Bill 2333 was modeled after joint powers agreements used in the education system. A regional public health network is defined as a group of local public health units that have entered a joint powers agreement or an existing lead multi-district health unit identified in the emergency preparedness and response region that has been reviewed by the state health officer and verified as in compliance with the following criteria:

- The geographical region corresponds to one of the emergency preparedness and response regions (attached).
- The regional network shares emergency preparedness and response and environmental health services and shares a regional public health network health officer.
- The joint powers agreement:
    - Includes sharing of at least three administrative functions and at least three public health services identified in NDCC 23-35.1-02 subsection 3.b.

    - Provides for the future participation of public health units that were not parties to the original joint powers agreement and an appeal process for any application denials.
    - Provides the structure of the governing body of the network.
- The regional network complies with other requirements adopted by the health council by rule.
- The regional network meets maintenance of effort funding requirements.

The state health officer was required to appoint the regional public health network task force, consisting of at least seven members and including at least three members representing local public health districts, three members representing private health care, and representatives of the North Dakota Department of Health. The members are as follows:

- Theresa Will, director, City-County Health District
- Paula Flanders, administrator, Bismarck-Burleigh Public Health
- Karen Volk, administrator, Wells County District Health Unit
- Bev Voller, administrator, Emmons County Public Health
- James B. Buhr, M.D., MeritCare Clinic, Valley City
- Barbara Sheets-Olson, M.D., Family Medical Clinic, Lisbon
- Guy Tangedahl, M.D., Center for Family Medicine, Bismarck
- Terry Dwelle, M.D., state health officer
- Arvy Smith, deputy state health officer
- Kelly Nagel, public health liaison

The regional network task force met to determine how to incorporate the above criteria in the grant application for the pilot project and a timeline for the project. The project start date was July 1, 2010, and ended June 30, 2011. Consistent with SB 2333 language, local public health units within their identified Emergency Preparedness and Response region could voluntarily form a network and were eligible to apply. An additional requirement was added for the purpose of the pilot project. The network must consist of newly formed relationships within the region in order to be eligible to apply. A multi-county health district whose current jurisdiction comprises the entire EPR region was not eligible.

Proposals were received from two regions; South East Central with Central Valley Health District in Jamestown being the lead health unit and Southwest Central with Bismarck/Burleigh Health Department being the lead health unit.

Southeast Central (the Jamestown region) was selected as the pilot site. The health units participating in the network are Central Valley Health District, Jamestown; City-County Health District, Valley City; Lamoure County Public Health Department, Lamoure; and Wells County District Health Unit, Fessenden. The overall goals of the regional public health network pilot project are (1) to determine whether it is possible to create an effective joint powers agreement [JPA] within the network and (2) to determine whether a JPA has the potential to produce cost savings and more efficient and effective service delivery systems.

The pilot network was required to select and share at least three administrative functions and at least three public health services, as well as environmental health and emergency preparedness and response services. The pilot network established a JPA on July 21, 2010, in which the health units agreed to share family planning services, sexual assault response and chronic disease management services. The shared administrative functions are billing and accounts receivable, policy standardization for public health services and completion of a community health assessment report.

The network recently submitted a final written report describing the progress of their work plan, challenges and benefits of participating in a network, potential costs to sustain the network, and any laws that may need to be changed to continue a network. According to reports I have received to date, project efforts have focused on the billing system, community assessment and environmental health tracking system. Southeast Central Network has expended the $275,000 appropriated. Seventy-Six (76) percent of total funding was expended on personnel time.

Tami Dillman, project coordinator for the Southeast Central Network may have additional information to share regarding the results of the project.

This concludes my prepared comments. I am happy to answer any questions you may have.

Purpose and Practices of Public Health

Ten Essential Services

What Public Health Does (The *Purpose* of Public Health)

The fundamental obligation of agencies responsible for population-based health is to:

- Prevent epidemics and the spread of disease
- Protect against environmental hazards
- Prevent injuries
- Promote and encourage healthy behaviors and mental health
- Respond to disasters and assist communities in recovery
- Assure the quality and accessibility of health services

These responsibilities describe and define the function of public health in assuring the availability of quality health services. Both distinct from and encompassing clinical services, public health's role is to assure the conditions necessary for people to live healthy lives, through community-wide prevention and protection programs.

How Public Health Serves (The *Practice* of Public Health)

Public health serves communities and individuals within them by providing an array of essential services. Many of these services are invisible to the public. Typically, the public only becomes aware of the need for public health services when a problem develops (e.g., an epidemic occurs). The *practice* of public health becomes the following ten "essential services":

1. ***Monitor health status to identify and solve community health problems***: This service includes accurate diagnosis of the community's health status; identification of threats to health and assessment of health service needs; timely collection, analysis, and publication of information on access, utilization, costs, and outcomes of personal health services; attention to the vital statistics and health status of specific-groups that are at higher risk than the total population; and collaboration to manage integrated information systems with private providers and health benefit plans.

2. ***Diagnose and investigate health problems and health hazards in the community***: This service includes epidemiologic identification of emerging health threats; public health laboratory capability using modern technology to conduct rapid screening and high volume testing; active infections disease epidemiology programs; and technical capacity for epidemiologic investigation of disease outbreaks and patterns of chronic disease and injury.

3. ***Inform, educate, and empower people about health issues***: This service involves social marketing and targeted media public communication; providing accessible health information resources at community levels; active collaboration with personal health care providers to reinforce health promotion messages and programs; and join health education programs with schools, churches, and worksites.

4. ***Mobilize community partnerships and action to identify and solve health problems***: This service involves convening and facilitating community groups and associations, including those not typically considered to be health-related, in undertaking defined preventive, screening, rehabilitation, and support programs; and support programs; and skilled coalition-building ability in order to draw upon the full range of potential human and material resources in the cause of community health.

5. ***Develop policies and plans that support individual and community health efforts***: This services requires leadership development at all levels of public health; systematic community-level and

state-level planning for health improvement in all jurisdictions; development and tracking of measurable health objectives as a part of continuous quality improvement strategies; join evaluation with the medical health care system to define consistent poly regarding prevention and treatment services; and development of codes, regulations and legislation to guide the practice of public health.

. ***Enforce laws and regulations that protect health insurance and safety***: This service involves full enforcement of sanitary codes, especially in the food industry; full protection of drinking water supplies; enforcement of clean air standards; timely follow-up of hazards, preventable injuries, and exposure=related diseases identified in occupational and community settings; monitoring quality of medical services (e.g. laboratory, nursing homes, and home health care); and timely review of new drug, biologic, and medical device applications.

. ***Link people to needed personal health services and assure the provision of health care when otherwise unavailable***: This service (often referred to as "outreach" or "enabling" services) includes assuring effective entry for socially disadvantaged people into a coordinated system of clinical care; culturally and linguistically appropriate materials and staff to assure linkage to services for special population groups; ongoing "care management"; transportation services; targeted health information to high risk population groups; and technical assistance for effective worksite health promotion/ disease prevention programs.

. ***Assure a competent public and personal health care workforce***: This service includes education and training for personnel to meet the needs for public and personal health service; efficient processes for licensure of professionals and certification of facilities with regular verification and inspection follow-up; adoption of continuous quality improvement and life-long learning within all licensure and certification programs; active partnerships with professional training programs to assure community-relevant learning experiences for all students; and continuing education in management and leadership development programs for those charged with administrative/executive roles.

. ***Evaluate effectiveness, accessibility, and quality of personal and population-based health services***: This service calls for ongoing evaluation of health programs, based on analysis of health status and service utilization data, to assess program effectiveness and to provide information necessary for allocating resources and shaping programs.

0. ***Research for new insights and innovative solutions to health problems***: This service includes continuous linkage with appropriate institutions of higher learning and research and an internal capacity to mount timely epidemiologic and economic analyses and conduct needed health services outreach.

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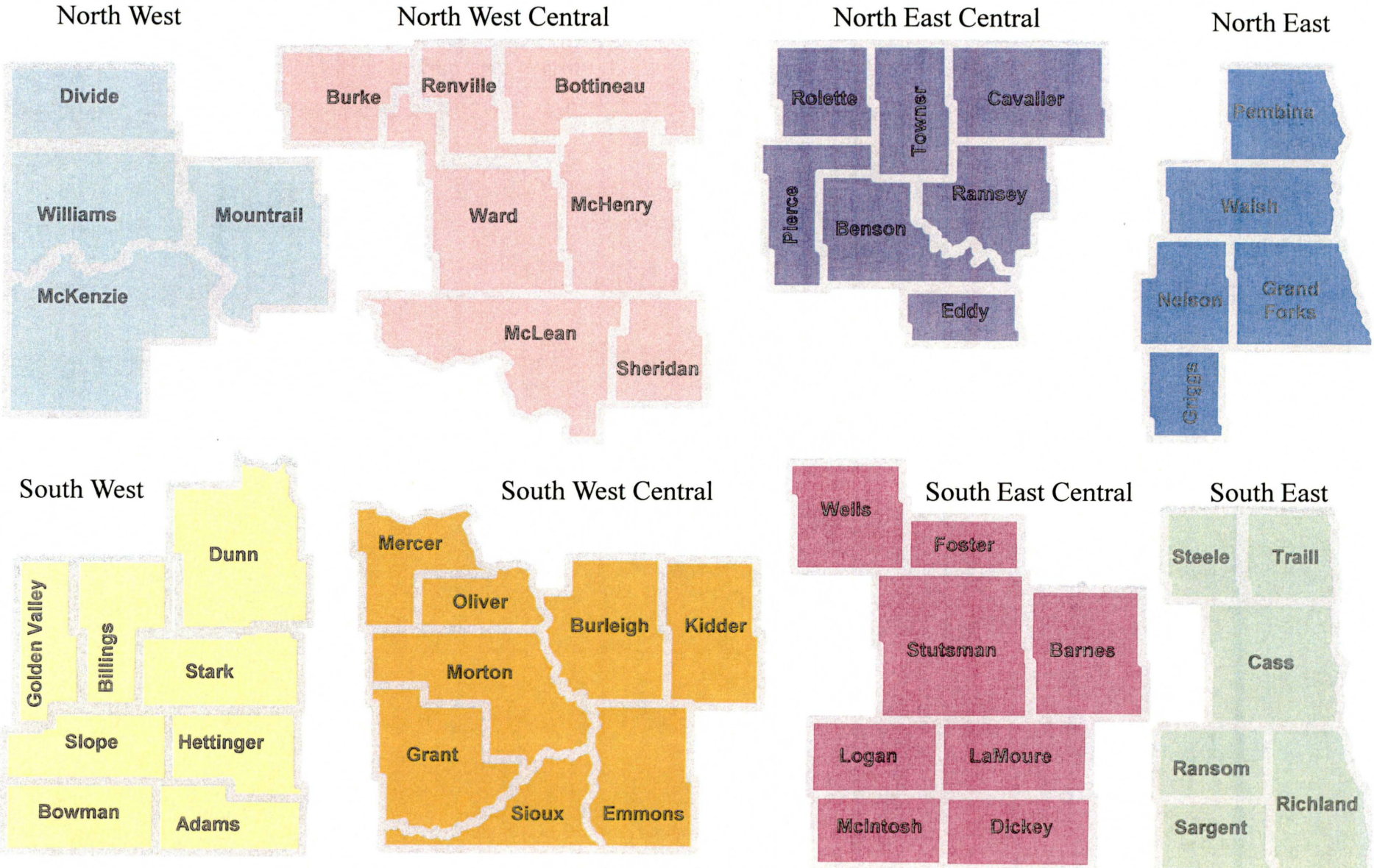
EPR Regional Planning Areas



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