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Chairperson Weisz and members of the House Human Services Committee.

My name is Barbara Frydenlund. I am the Nurse Administrator of Rolette County Public Health District. Our service area comprises Rolette County which includes the Turtle Mountain Band of Chippewa Nation. I am also serving as the 2021 ND SACCHO President.

I find SB 2303 a very sensitive subject for Rolette County Public Health District. It has been and will always be my goal to enhance working relationships with tribal and non-tribal health entities for the delivery of preventive health services to Rolette County residents regardless of place of residence. Rolette County Public Health District is committed to preventing disease, promoting healthy lifestyles and protecting the environment with the goal of minimizing the health disparities of our residents.

The 1999 ND Legislature, through ND Century Code 23-35-02 ensured all land in the state be in a public health unit by 2001. As a result of this forwarding thinking, all North Dakota residents, including those individuals residing on tribal lands, have the privilege of having the opportunity to receive comprehensive preventive and sometimes clinical health services provided by local public health districts/departments.

To create a new public health district/department within an area where services are already being provided would be a disservice to the citizens of the new jurisdiction, as well as those still relying on service by the pre-established public health agencies, not to mention the potential duplication of services. Statewide, local public health districts/departments have a long history of forming partnerships with each other and with local service providers to assure comprehensive health services are in place.

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During the summer of 2020 I was aware of frustration for Tribal Health in not being recognized as a Public Health Authority on Tribal Land which procedurally delayed Tribal Health from obtaining COVID test results for individuals receiving covid testing at tribal sponsored testing events and a delay in setting up Tribal contact tracing. Again, these issues emerged as *procedural* between tribal health and NDDOH. It is my opinion that administrative rules relating to this barrier should be addressed rather than establishment of another health district within the county of an existing health district.

As an example of a high level of public health response, Rolette County Public Health District (RCPHD) works diligently with all health entities, including Turtle Mountain Tribal Health and Indian Health Service, within Rolette County to deliver a comprehensive COVID 19 response. RCPHD provided the leadership to Tribal Health on logistics, communication and staffing for COVID 19 testing within the boundaries of the Turtle Mountain Reservation. RCPHD staff has continued to provide technical support to tribal COVID 19 contact tracers and has been instrumental acting as a COVID 19 health liaison for the Belcourt school system. The vaccine delivery within Rolette County has been coordinated through RCPHD, Indian Health Service, private clinics, FQHC and extended care facilities.

The “silver lining” of COVID 19 for Rolette County has been the increase in collaborative efforts between the for-mentioned agencies. We have seized the moment to work to break down barriers in delivery of services to ALL Rolette County residents. I view the development of an additional public health district within Rolette County or any North Dakota County as an increase in potential segregation of services.

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Emergency preparedness and response services are critically important. With that said, comprehensive public health services go much deeper than COVID 19 response. Local health districts/departments have in place a multitude of programs that citizens seek and utilize. Immunizations, maternal child health, school health services, tobacco and substance abuse prevention, injury prevention, jail health, foot care, oral health care and home visits to the elderly are some of them. Environmental health services are also a critical need that is being met by local public health through collaboration of local health districts/departments within 6 regions of the state. Highly trained and educated specialists are in place within our largest health districts/departments and charged with assisting surrounding counties through formal agreements and funding structures to deliver essential services. These activities include, but are not limited to, investigation of nuisance complaints, septic evaluations, and development and implementation of plans relating to response to public health emergencies.

Adding an additional public health district within a county that has an established health district will further increase overhead costs while available dollars to serve the population in each jurisdiction would be reduced.

Local public health districts/departments are dependent upon an array of funding sources to provide essential services. The funding streams to each existing public health district/department are variable.

Rolette County is considered one of the poorest counties in the nation and struggles to make ends meet at the county, city and tribal levels. The local public health mill levy maximum is limited to 5 mills by North Dakota Law. The following is a breakdown of our funding stream for fiscal year 2020 **excluding** CARES Act, one-time grant funding.

Source	Dollar Value	% of Budget	
Local Mill Levy	\$ 93,000.00	8%	<i>Just shy of 5 mills</i>
State Aid	\$ 43,753.00	4%	
Grants (Fed, State, Local)	\$ 699,071.00	62%	
Fee for Service	\$ 291,199.00	26%	
Misc.	\$ 7,994.00	<1%	
TOTAL 2020 Budget <i>Excluding COVID One Time Funding</i>	\$1,135,075.00	100%	

Speaking as a public health Nurse Administrator who has spent the past 18 years working to decrease segregation and silos of public health care within Rolette County, I genuinely want to see continued collaboration and services for all residents of Rolette County.

If additional culturally competent services for tribal residents are being sought, RCPHD would welcome the invitation to provide services directly on tribal lands. RCPHD continues to place a huge amount of effort in expanding our services. Health Disparities within Rolette County are huge and spread across the life span. RCPHD staff make extensive efforts to go to the people to provide preventive services, many of our services are performed outside of the wall of our public health clinic. Through Cares Act Funding, RCPHD has purchased a refurbished Mobile Clinic to allow us to provide public health services in areas of the county that lack infrastructure for us to provide services. RCPHD has expanded our outreach to provide comprehensive public health

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services by standing up a satellite public health clinic in Dunseith, thus serving a population for which transportation is a barrier to seeking preventive health services. We collaborate with the WIC program to provide one stop shop for WIC services, immunizations, health tracks and fluoride varnish services. As I mentioned earlier, RCPHD has worked extensively with Tribal Health and Indian Health Service to establish COVID 19 testing sites and to coordinate vaccine administration to ALL residents of Rolette County.

Passing a bill to potentially create additional health district within Rolette County would increase the segregation and silos of service, escalate the demands placed on the limited fiscal resources available at local and state level for public health delivery and potentially negatively impact with services currently available to ALL Rolette County residents including our tribal communities.

The goal of RCPHD is to continue to increase our reach of services and would value to the opportunity to enhance the relationship with tribal health to provide a greater level of services on tribal lands, to avoid duplication of services, to utilize fiscal resources in the most efficient way and not to segregate services within Rolette County.

Local public health district/departments operate efficiently through careful use of resources, fiscal accountability, avoidance of duplication of service and assessment of local needs.

RCPHD values relationships with our local, tribal, regional, and state partners. We appreciate the support of our state legislators and the North Dakota Department of Health.

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With the above said, I am opposed to SB 2303 with the intent to establish an additional public health district within Rolette County, and would prefer to that the procedures of communication and collaboration between the NDDOH and Tribal Nations be explored.

Sincerely,

Barbara Frydenlund