

HB1012 Health Statistics and Performance Detail



Our Vision

North Dakota is the healthiest state in the nation.

Our Mission

HHS fosters positive, comprehensive outcomes by promoting economic, behavioral and physical health, ensuring a holistic approach to individual and community well-being.



Health Statistics & Performance

State Epidemiologist

• Section Director of the HSP Section

Deputy State Epidemiologist

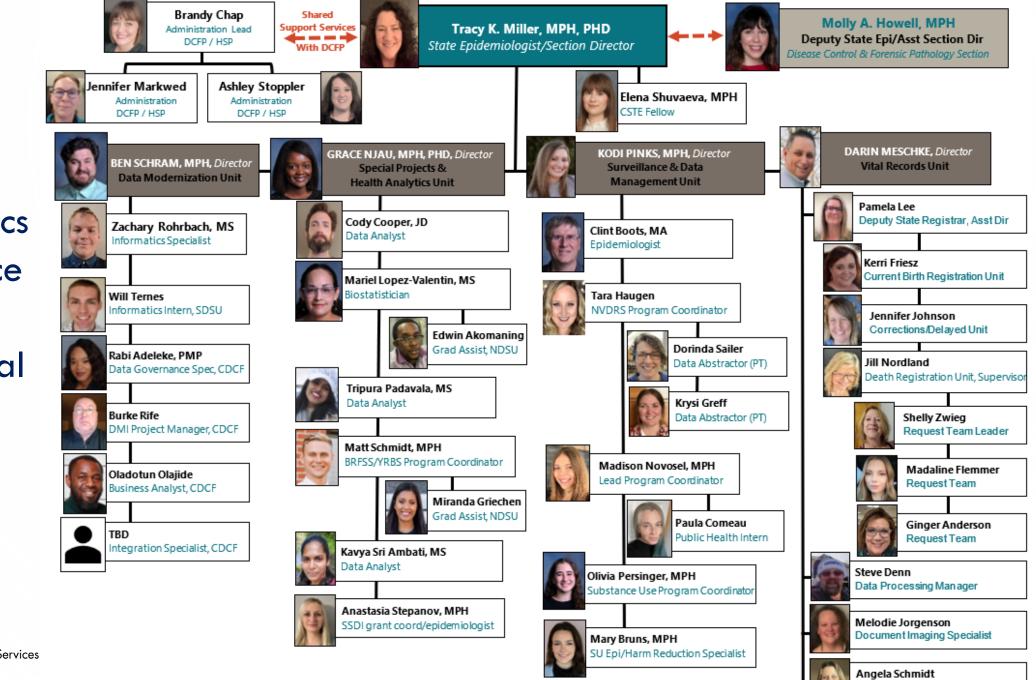
- This position is <u>not</u> a part of the HSP section
- The SE and DSE have extensive ID knowledge and are usually the main points of contact for CDC and CSTE in the event of emergencies which are typically infectious disease-related. Having the DSE in the Disease Control Section ensures collaboration and timely information sharing between the two sections.

Team members in this section include:

- 5 FTE Unit Directors and Section Director
- 19 FTE Program Personnel
- 2 PT Temporary positions
- 2 FT Contract positions
- 1 FT ASTHO placement position
- 3 Shared Administration Personnel
- 1 CSTE Fellow
- 3 CDC Foundation placement positions
- 2 Graduate Assistants
- 2 Public Health Interns
- 1 current vacant position (1 CDC Foundation placement)







Nosologist

Health Statistics & Performance

Organizational Chart

Health Statistics and Performance/Public Health:

Overview

Section Name			
23-25 FTE	25-27 FTE Requested	# of Temporary	# of Vacancies
24	24	3	0

Average Age	44
Avg Years of Service	12
Retirement Risk	4%
Turnover 2023	10%
Turnover 2024	0%



WHO WE ARE AND WHAT WE DO

Data Modernization Office Ben Schram, MPH



WHO WE ARE

- DATA MODERNIZATION OFFICE
- SPECIAL PROJECTS & HEALTH ANALYTICS
- SURVEILLANCE & DATA MANAGEMENT
- VITAL RECORDS

Special Projects & Health Analytics
Grace Njau, MPH, PHD



OUR ROLE

- DATA GOVERNANCE
- DATA ANALYTICS
- SURVEILLANCE AND PREVENTION
- CHRONIC DX/ENVIRON
- BIRTH & DEATHS
- FETAL DEATHS

Surveillance & Data Management Kodi Pinks, MPH



SERVICES

- NEEDS ASSESSMENTS
- PROGRAM EVALUATIONS
- DATA TRAININGS
- STUDENT MENTORING
- INFORMATICS SUPPORT
- BIRTH/DEATH CERTIFICATES
- DATA VISUAL DEVELOPMENT

Vital Records

Darin Meschke



PARTNERS

- HOSPITALS/PHYSICIANS
- FUNERAL HOMES AND COUNTY CORONERS
- DPI/DOT
- INTERNAL DIVISIONS/ PROGRAMS
- UNIVERSITIES, SCHOOLS, COMMUNITY ACTION GROUPS



Vital Records





Vital Records

What We Do

- Responsible for three primary functions:
- Registration of Records
- Births, deaths, fetal death, marriages, divorces, abortions
- Certification Provide Certified Copies
- Births, deaths, fetal deaths and fetal losses
- Statistics
- National NCHS, SSA
- State agencies, researchers, media, legislative and public

What's NEW in Vital Records?

- Data Modernization Initiative
 - EVERS Modernization NDIT
 - Originally implemented in 2006
 - HL7 FHIR Data Exchange Altarum
 - Making use of existing department Rhapsody software

Vault Reconstruction

- Fire Suppression System
 - Room had to be redone to be airtight
 - Chance to reorganize vault area for efficiencies
- VR Accreditation coming in 2025.

Vital Records

Top Priorities Now and in the next 18 Months

Now:

- Complete ELC Modernization Phase 1
 - New version of EVERS and HL7 FHIR Implementation

18 Months:

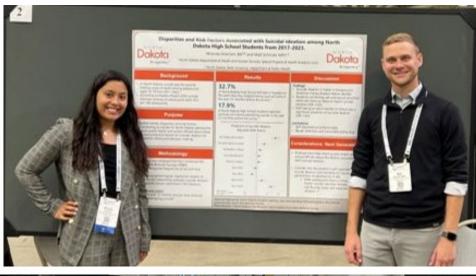
Complete VRHS Accreditation

Special Projects and Health Analytics











Special Projects & Health Analytics

What We Do

- Analytical Support, Program Evaluation and Quality Improvement of Program(s)
- Data analysis and data interpretation of special projects and emerging issues
 - Covid-19 Data Analyses and Modeling Projects
- State Health Assessment & Improvement Plan
- Pregnancy Risk Assessment Monitoring System
- Youth Risk Behavior Survey
- Behavioral Risk Factor Surveillance System
- ND Fatherhood Survey
- Study of Associated Risks of Stillbirth
- MCH, Health Equity, and Other Program Evaluations

What's NEW in SPHA?

North Dakota State Health Improvement Plan

 Published in 2024 alongside the Office of Systems and Performance

Multi-Partner Health Collaborative

Ongoing support of data-driven goals, objectives and outcomes

YRBS

• Since transition from DPI, SPHA has been implementing the Youth Risk Behavior Survey and disseminating data to other agencies, schools and communities.

ND Fatherhood Survey

- Implemented in 2024 to enhance early childhood initiatives
- Responses from 500 dads and counting



Special Projects & Health Analytics

Top Priorities - Now and in the next 18 Months

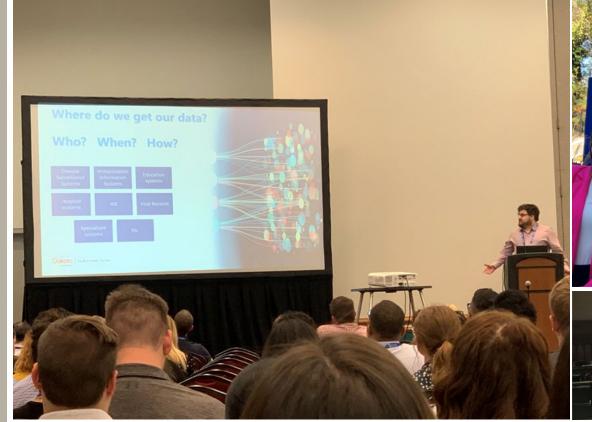
Now:

•Dissemination of data from studies on early childhood, youth and adulthood experiences (ND PRAMS, ND Fatherhood Survey, YRBS, BRFSS), and healthcare workforce

18 Months:

•Whole-person social and health data to inform ongoing State Health Improvement Plan initiatives, Multi-Partner Health Collaborative and the Public Health Strategic Plan

Data Modernization Unit











Data Modernization Unit

What We Do

- Lead the Public Health Division (PHD) in Data Modernization activities to establish a modern public health data ecosystem that is leveraged to equitably protect and improve health for North Dakotans and prepared for emergencies.
- Data Modernization Initiative:
 - Modernize Public Health Ecosystem
 - Advance Interoperability
 - Strengthen Data Governance

What's NEW in DM?

This office is new to the section. Established in November 2023

- Informatics Leadership and Support:
 - Provide leadership to drive the strategic goals of the Division.
 - Offer comprehensive support for informatics initiatives.
- Collaboration and Coordination:
 - Foster collaboration among internal teams and external partners.
 - Act as a liaison between the Public Health Division and relevant entities, including the North Dakota Information Technology (NDIT) and the HHS Executive Office.
 - Cultivate strong relationships with external stakeholders.
- Data Enablement and Governance Leadership:
 - Lead establishment and maintenance of robust data enablement and governance practices to ensure integrity, confidentiality, and availability of public health data.
 - Develop and enforce policies and procedures that support effective data management across the organization.

Data Modernization Unit

Top Priorities - Now and in the next 18 Months

Now:

- •Collaborate with NDIT on Statewide Data Strategy Working Groups and HHS Data Strategy implementation efforts.
- •Implement data literacy training program and resources for North Dakota's state, local, and tribal public health workforce

18 Months:

•Development and implementation of a modern data platform to make data more accessible, usable, and secure, improve data sharing and integration, ensure privacy and security control, and support evidence-based decisionmaking

Surveillance and Data Management











Surveillance and Data Management

What We Do

- Responsible for data analysis and interpretation of non-infectious disease/conditions and injury/violence data
- Emergency room, hospital discharge and EMS data
- Health equity
- Lead Reporting Program
- Medical Marijuana
- Overdoses, suicides, homicides and other violent deaths
- Oral health, diabetes, stroke, MCH
- Trauma, stroke, and cardiac registry
- Tobacco

What's NEW in SDM?

Data Modernization Initiative

- Utilizing ADT feeds to provide electronic reportable chronic disease cases to Maven. These include autism, birth defects, NAS, FAS, non-fatal OD and suicides
- Collaboration with HIN, Rhapsody coder, Data Modernization Office, and NDIT

Lead Reporting Program

- Took on program in July 2023
- No Funding; ND one of 3 states; Current personnel funded through ASTHO. NOFO for CDC lead grant will be available summer 2026
- Currently, collaborating with ND Medicaid, Health Tracks, Refugee Health and WIC program.

Surveillance and Data Management

Top Priorities - Now and in the next 18 Months

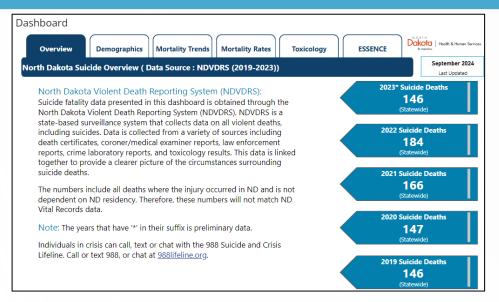
Now:

 Establish an occupation/injury surveillance program which includes data collection and analysis, and data dissemination (e.g., fact sheets, reports, and data dashboard).

18 Months:

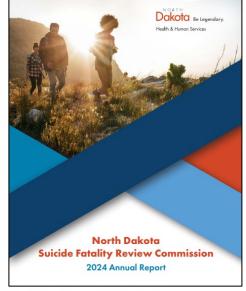
 Apply for funding to support the occupational/injury surveillance program (NIOSH's State Occupational Safety and Health Surveillance Program grant) and lead reporting program (CDC's Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children grant).

ND VIOLENT DEATH REPORTING SYSTEM (NDVDRS)



The NDVDRS links data on violent deaths (e.g., homicides, suicides, drug overdose deaths, etc.) from multiple sources into usable data.

- Data is collected from death certificates, as well as reports from coroner/medical examiner, law enforcement, crime laboratory, and toxicology results. Recently added reports from EMS and NDHIN.
- Violent deaths are mandatory reportable conditions
 - North Dakota Administrative Code 33-06-01, North Dakota Century Code 23-07-01
- Data collection started on January 1, 2019. Years with completed data are 2019-2022.
- Each year ND has ranked high for data quality and completeness. Across all 14 performance indicators, North Dakota scored an excellent with each indicator.
- Besides our first year, in which ND ranked 11th, ND has ranked in the top 5 of the nation for data quality and completeness.
- Data collected by this program is widely requested by various agencies because of the credibility of the data.
 - Recovery Reinvented
 - Suicide Fatality Review Commission
 - Military (VA, National Guard, ND Cares, etc.)
 - NDSLIC, LPH, HIDTA, etc.
- Partner with HHS's Division of Behavioral Health to help provide data for action.





Health & Human Services

SUCCESSES IN THE LAST YEAR

OUR GOLD STARS!!

- **★**SPHA:
 - ★ SHA/SHIP/MPHC SUPPORT
 - ★ 500 DADS AND COUNTING (NDFS)
- **★ DMO NEW NOV 2023**
 - ★ AWARDED 4 FTES THROUGH CDC FOUNDATION WORKFORCE ACCELERATION INITIATIVE (WAI)
 - ★ HOSTED DATA STRATEGY AND ENABLEMENT WORKSHOP WITH PH DATA STEWARDS

★SDM

- ★ NVDRS 5TH IN NATION ON DATA COMPLETENESS AND TIMELINESS
- ★ LEAD PROGRAM DASHBOARD INDICATED TO BE THE GOLD STANDARD
- **★VITAL RECORDS**
 - ★ COMPLETED NEW FIREPROOF VAULT
 - ★ BEGAN ACCREDITATION







AREAS FOR IMPROVEMENT

- INCREASE VISIBILITY OF AVAILABLE DATA
- IMPROVE PROCESS FOR DASHBOARD REVIEW
- IMPROVE DATA EXCHANGE WITH TRIBES
- INCREASE/IMPROVE INTERACTIONS
 WITH NON-PH PROGRAMS IN HHS
- ENSURING WORKFORCE IS GETTING THE NEEDED TRAINING





SMART STRATEGIES TO IMPROVE SECTION OUTPUT AND DRIVE BUDGET

BUILD COMMUNITY SUPPORT

- SHIP/MPHC
- SUICIDE PREVENTION COALITION
- TRIBAL DATA USE AGREEMENTS
- LOCAL PUBLIC HEALTH COMMUNITY HEALTH ASSESSMENT DASHBOARD

INCREASE ACCESS POINTS

- AUTOMATED DATA OPTIONS
- INTEROPERABILITY
- PUBLIC USE DATA SETS
- TRAININGS



BUDGET REVIEW



COMPARISON OF BUDGETS AND FUNDING

BY MAJOR EXPENSE

Description	20)23-25 BASE BUDGET	INCREASE/ (DECREASE)		2025-27 EXECUTIVE BUDGET RECOMMENDATION
Salaries and Benefits	\$	5,000,983	\$ 1,546,547	\$	6,547,530
Operating		2,541,105	 3,405,690		5,946,795
IT Services		3,138,204	 782,772		3,920,976
Capital Asset Expense		-	 -		-
Capital Assets		60,980	(60,980)		-
Grants		1,456,000	2,138,353		3,594,353
Total	\$	12,197,272	\$ 7,812,382	\$	20,009,654
GENERAL FUND	\$	807,958	\$ 364,835	\$	1,172,793
FEDERAL FUND		8,311,108	7,069,273		15,380,381
OTHER FUND		3,078,206	378,274		3,456,480
GRAND TOTAL	\$	12,197,272	\$ 7,812,382	\$	20,009,654

DECISION PACKAGE DETAILBY ONGOING, ONE-TIME AND FUNDING SOURCE

- Executive Compensation Package
 - \$259,786 General Fund



COMPARISON OF BUDGETS AND FUNDING

BY BUDGET ACCOUNT CODE

DESCRIPTION	202	2023-25 BASE BUDGET		2023-25 BASE BUDGET		INCREASE/ (DECREASE)	20	25-27 EXECUTIVE BUDGET RECOMMENDATION
511x Salaries - Regular	\$	2,709,856	\$	299,584	\$	3,009,440		
513x Salaries Temp		903,609		1,051,891		1,955,499		
516x Salaries Benefits		1,387,519		195,072		1,582,591		
Total Salaries & Benefits	\$	5,000,983	\$	1,546,547	\$	6,547,530		
52x Travel		88,538		9,062		97,600		
53x Supply		85,837		-		85,837		
54x Postage & Printing		266,048		-		266,048		
55x Equipment under \$5,000		30,800		-		30,800		
58x Rent/Leases - Bldg/Equip		151,418		18,000		169,418		
59x Repairs		13,119		867		13,986		
61x Professional Development		55,371		143,400		198,771		
62x Fees - Operating & Professional		1,849,974		3,234,361		5,084,335		
53x Supplies		549,066		-		549,066		
60x IT Expenses		2,589,138		782,772		3,371,910		
69x Capital Assets Over \$5,000		60,980		(60,980)		-		
71x Grants, Benefits, & Claims		1,456,000		2,138,353		3,594,353		
Total Operating	\$	7,196,289	\$	6,265,835	\$	13,462,124		
Total	\$	12,197,272	\$	7,812,382	\$	20,009,654		

OPERATING SCHEDULE

DESCRIPTION	2023-	25 BASE BUDGET	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE/ (DECREASE)
Vital Records				
Public Health Stats and Info National Assoc	\$	26,000	\$ 35,000	\$ 9,000
Accreditation		29,749	26,500	(3,249)
Office of State Epidemiologists				
Shredding		1,082	-	(1,082)
Statistical Package for Social Sciences (SPSS)		-	2,500	2,500
Coroner Surveys		10,000	12,500	2,500
ArcGIS		-	3,000	3,000
Other		7,763	3,345	(4,418)
Behavorial Risk Factor Surveilliance System (BRFSS)		991,430	1,287,540	296,110
Pregnancy Risk Assesment Monitoring System (PRAMS)		100,000	100,000	-
NatioInal Violent Death Reporting System (NVDRS)		60,000	60,000	-
National Insutitute for Occupational Safety and Health (NIOSH)		210,000	210,000	-

OPERATING SCHEDULE (CONTINUED)

		2025-27 EXECUTIVE BUDGET	INCREASE/
DESCRIPTION	2023-25 BASE BUDGET	RECOMMENDATION	(DECREASE)
Office of State Epidemiologists (Continued)			
Other	22,450	22,450	-
North Dakota Health Information Network (NDHIN)	369,000	369,000	-
Youth Risk Behavioral Surveillance System (YRBS)	-	120,000	120,000
Injury	-	100,000	100,000
MoxielT	-	310,000	310,000
Nexus Innovations	-	300,000	300,000
Large Project Oversight	-	100,000	100,000
Public Health Infrastructure Grant Projects	-	2,000,000	2,000,000
Medical Examiner Supplies	22,500	22,500	- -

GENERAL FUND	\$ - \$	- \$	-
FEDERAL FUND	1,794,225	5,022,835	3,228,610
OTHER FUND	55,749	61,500	5,751
GRAND TOTAL	\$ 1,849,974 \$	5,084,335 \$	3,234,361

GRANTS NOT ON WALKTHROUGH

			202	25-27 EXECUTIVE BUDGET	INCREASE/
DESCRIPTION	2023-2	25 BASE BUDGET	REC	OMMENDATION	(DECREASE)
Office of State Epidemiologists			·		
Pregnancy Risk Assessment Monitoring System (PRAMS)-Survey	\$	325,000	\$	364,353	\$ 39,353
PRAMS-Tribal Nations Research Group/Tribal		20,000		25,000	5,000
PRAMS-Survey Supplement		50,000		55,000	5,000
Youth Risk Behavorial Health Survelliance System (YRBS) - Survey		200,000		225,000	25,000
National Violent Death Reporting System (NVDRS)		30,000		30,000	-
Health Disparities		700,000		595,000	(105,000)
Enhanced Capacities		131,000		-	(131,000)
National Insutitute for Occupational Safety and Health (NIOSH)		-		100,000	100,000
Blood Lead Program		-		100,000	100,000
Injury		-		100,000	100,000
Public Health Infrastructure Grant Projects		-		2,000,000	2,000,000

GENERAL FUND	\$ - \$	- \$	-
FEDERAL FUND	1,456,000	3,594,353	2,138,353
OTHER FUND			
GRAND TOTAL	\$ 1,456,000 \$	3,594,353 \$	2,138,353

THANK YOU

We "Woody" be happy to answer any questions.

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