

HB 1012
3-7-25

Testimony
House Bill 1012
Senate Appropriations—Human Resources Division
March 17, 2025
Southwestern District Health Unit

Good morning, Chairman Deverand and members of the Committee. My name is Sherry Adams and I am the Executive Officer for Southwestern District Health Unit (SWDHU). My health unit covers the eight counties of the Southwest which includes Adams, Billings, Golden Valley, Bowman, Slope, Dunn, Hettinger and Stark. I am writing to increase Local Public Health State Aid by two million dollars, which would bring the eight million dollars in the Governor's Budget to ten million dollars. We had submitted the ten-million-dollar request through the HHS budget process, but it was not brought over within the Governor's budget or from House Human Services.

Local and state governmental public health agencies are recognized nationally as having the primary responsibility for promoting and protecting the public's health. We are the "boots on the ground" and serve as the foundation to the local public health system in a public health emergency. Local Public Health units work with numerous community partners to address community needs. Our local community health needs continue to grow and have become more complex, and increases in state aid funding is needed to ensure we are able to continue to support those needs. State aid is one of the few flexible streams of funding that local public health unit have and fills gaps not covered by other funding sources. (See attached Handouts)

Southwestern District Health Unit relies on State Aid Funding for a multitude of services. Some of those specific to our health unit are for Suicide Screening and referral, supplemental funds for communicable disease response (such as TB), environmental health services to outlying counties etc. We are also very concerned about having a Measles outbreak, with possibly limited Federal funding for response. Every Health Unit is able to use the funds for whatever gaps in their community that they have.

Local Public Health continues to struggle to fill vacant positions, primarily as we can not compete with private industry or sign-on bonuses. Much of our workforce has retired or will retire and we no longer see the longevity of new hires.

Another concern that is the uncertainty of future federal grants, whether or not we can get any increases of mill levy with property tax reform, and increased demands on local public health without additional funding.

Local Public Health is very passionate to be able to help meet the needs of our communities, but unfortunately without additional increases somewhere---like State Aid, we will either have to look at decreasing staff and or programs or both.

Thank you for the opportunity to provide comments. I would be happy to answer any questions you may have.

State Aid Support for Local Public Health Units

Why should state aid be increased from \$8M to \$10M for this biennium? (increase based on lost revenue (federal), retirement and insurance increases over the biennium)

Readiness and response

- Local public health works with local (school, city, county), state and tribal partners and leaders to coordinate efficient response to local emergencies.
- Ensure ability to respond to emergent public health needs across the state including but not limited to floods, tornadoes, winter storms, formula shortages, drug abuse/misuse response, food and housing insecurity response, etc.
- Need to build capacity to have the ability to respond to local needs and adapt to situations as they arise.

Attracting and retaining local public health professional workforce

- Retention of local public health professionals and qualified workforce has increased in cost due to economic factors, like inflation, and competition within the segment due to shortages. As with many agencies, the increase in insurance and retirement costs have added a fiscal burden. These benefits continue to be critically important for recruitment and retention of the workforce.
- Turnover in local public health workforce due to non-competitive salaries compared to private companies.
- Salary and fringe for staff needs to further increase provide a living wage that is competitive with private industry to retain the needed workforce. The cost of living has increased in the 2024 first quarter by 3.25%.
- Emphasizing and offering healthy living is helpful in attracting businesses and people to ND which increases the State's workforce. Efforts to cultivate wellness also help to "achieve the overarching goal of making North Dakota the healthiest state in the nation."
(hhs.nd.gov/SHIP, page 2)

Addressing public health challenges

- Local public health units reported that the top health issue identified in their community health assessments are mental health, behavioral health and obesity.
- Local public health continues to see public health challenges of obesity, diabetes, substance use, lack of preventive screenings, etc.
- The state of North Dakota has been investing in growing the economy and attracting businesses to the state. Local public health serves a critical role in supporting growth in these communities. Local public health often fills gaps in our communities and increases access to services for those in need in our communities, e.g., helping senior citizens remain in their homes.

- Funding is essential to provide the level of fundamental public health services and programs that are needed. More outreach and services are required to meet the community's needs.
- North Dakota has seen an increase in state population through births and immigration. The staff available to serve communities needs to be retained both for community response and work in areas of prevention and screening.
- Many local public health units serve as regional hubs for many public health services. This highlights the importance of strong staffing levels, not only for emergency response, but also to rebuild the many other health department and community health priorities that have been impacted in recent years.

How will local public health use these funds?

- State aid funds are used to address community health priorities and community-based services not typically funded through grant sources or community partners.
- State aid dollars are used for grant matches.
- State aid funds are used largely for activities to reach disadvantaged, marginalized and disparate populations. These activities are not reimbursed through other mechanisms and require more staff time and travel, along with personal care and other practical assistance for children, young people and adults who need extra support: local public health focuses on meeting the client where they are at.
- State aid funds help decrease the cost burden of city/county governments as these entities are covering large portions of local public health budgets in some areas.

What is the risk if state aid is not increased?

- Every North Dakota citizen has the right to live a healthy and safe life. Local public health makes this right possible through the use of this funding as we are responsible for providing the following core functions as detailed out in NDCC 23-35-02:
 - Communicable disease control
 - Chronic disease and injury prevention
 - Environmental public health
 - Maternal, child, and family health
 - Access to clinical care
- Local public health response in the last two years included team members working to serve communities during shortages of infant formula, flooding, drought, winter storm outages, and disease mitigation and prevention services to implement routine programs.
 - These team members also conduct home visits for medication administration and foot care; serve families and foster families through health tracks for vision screenings and oral health screenings; they conduct nursing and developmental screenings; support schools with health screenings and routine wellness immunization clinics; and conduct environmental health inspections.
- Underfunding local public health will hinder the ability to respond to community needs.

- The need for local public health services has increased over the decades due to community growth, increased need for public health services and to assist with local needs.
- Local public health units are managed and administered locally to provide efficient and nimble response as necessary. Cities and counties support much of what local public health does which is augmented by the additional State contribution to reduce local financial burdens. There is growing concern among local jurisdictions about increasing local public health funding without more state investment especially with the outcry for lower property taxes and the Property Tax Elimination measure.
- Dedicated State Aid for Environmental Health is needed to address unfunded, locally emerging issues such as partnering with Department of Environmental Quality on Harmful Algal Blooms, nuisance complaints, education on Avian Influenza and other issues as they develop. Other areas of focus funded only by license/permit fees for our Environmental Health programs are onsite septic systems, safety inspections for food and beverage establishments, aquatic venues, tanning/body art establishments, lodging, and mobile home/RV campgrounds.

ND Local Public Health State Aid Funding History

	Biennium								
	2007-09	2009-2011	2011-13	2013-15	2015-17	2017-19	2019-21	2021-23	2023-25
General	1,900,000	2,400,000	3,000,000	4,000,000	4,250,000	3,250,000	4,725,000	4,725,000	4,725,000
Community Health Trust Fund								525,000	3,275,000
Tobacco Prevention & Control Trust Fund						2,000,000	525,000		
Total	1,900,000	2,400,000	3,000,000	4,000,000	4,250,000	5,250,000	5,250,000	5,250,000	8,000,000

- **Local public health cannot continue to meet the needs of the growing population without a strategic investment in State Aid to support workforce and program resources.**

Core public health functions are those activities that lay the groundwork for healthy communities. They protect us from disease and injury we cannot prevent, and help us change behavior which could cause us harm. Core functions do not happen in doctor's offices. These functions provide us with a healthy community to keep us out of the doctors' offices.

PRINCIPLES AND CHARACTERISTICS OF PUBLIC HEALTH

PUBLIC HEALTH FOCUS

- Population based
- Environmental health
- Risk factors (statistical probability)
- Reduce risk in target group
- Broad definition of health
- Prevention, promotion, protection
- Health as an individual and societal responsibility
- Long term responsibilities/outcomes
- Life to years
- Enact, enable, engineer, educate
- Collaborate/facilitate
- Social justice/social responsibility

MEDICAL CARE FOCUS

- Focus on the individual
- Personal health
- Signs and symptoms (actual case)
- Cure, reduce disability in individual
- Focus on specific condition
- Treatment, therapy
- Health as an individual responsibility
- Acute/short term responsibilities
- Years to life
- Educate, enable
- Competitive
- Market justice/reimbursement driven





BUILDING HEALTHY COMMUNITIES

NORTH DAKOTA LOCAL PUBLIC HEALTH

2023 FUNDING STREAMS

5%

STATE AID

This provides local public health with funding to support the needs in our communities based on a report from 26/28 local public health units.

- 32% FEDERAL**
- 31% LOCAL**
- 24% FEES**
- 4% TOBACCO**
- 4% GRANTS**

Federal: Money received directly from Federal government or as a pass through from NDHHS.

Local: Money received from local county, city or school funding.

State Funding: State aid received from ND Health, Environmental Health and local programs.

Tobacco Funding: Local Tobacco Program Funding for program staff.

Grants: Other grants from private foundation, not associated with above funding.

Fees: Payment for services (ie, environmental health consulting, nursing payments, lab fees).

2025 LEGISLATIVE PRIORITIES

Behavioral Health

Local public health units support **investments** and efforts for additional **community-based behavioral health services**.

Tobacco & Substance Use Prevention

Local public health units support investments in **substance use prevention** activities including efforts to **decrease access to nicotine/tobacco products** and to **reduce substance abuse deaths**. Local public health units also support sustaining **indoor smoke-free air law**.

Environmental Health

Improper installation of onsite wastewater systems is a health threat to all of North Dakota's citizens and natural water resources. Local public health units support the **development and adoption of updated statewide onsite wastewater treatment standards** and for **statewide licensure and education** of onsite wastewater installers.



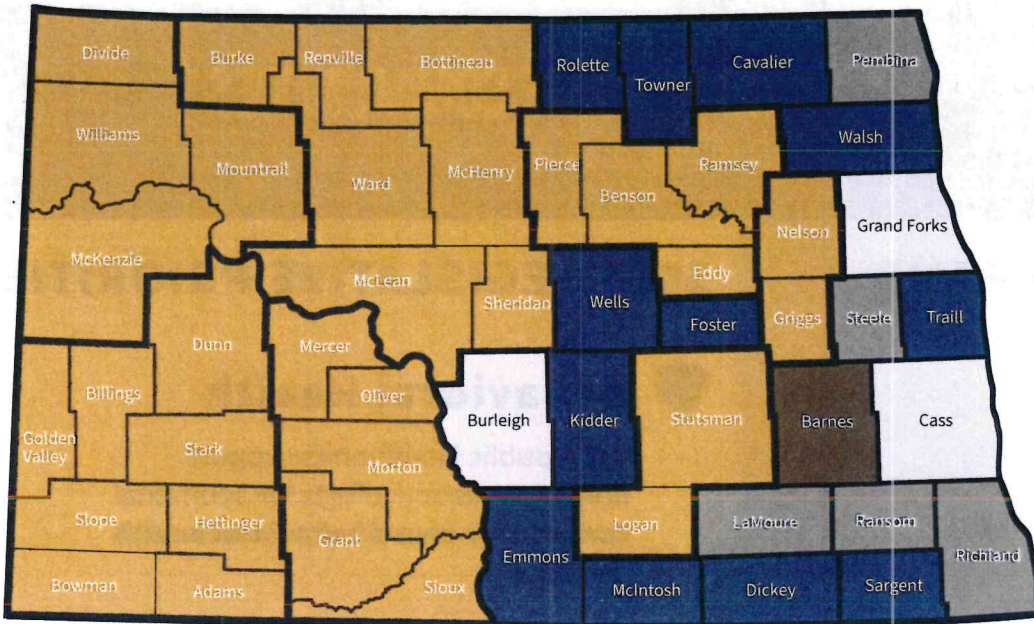
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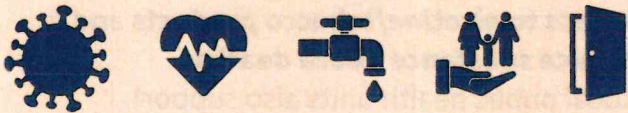
BUILDING HEALTHY COMMUNITIES

NORTH DAKOTA LOCAL PUBLIC HEALTH



ND Local Public Health Units Contact Info

STATE AID SUPPORTS LOCAL PUBLIC HEALTH CORE FUNCTIONS



- Communicable Disease Control
- Chronic Disease & Injury Prevention
- Environmental Public Health
- Maternal, Child, Family Health
- Access to Clinical Care

LPH MEETS PEOPLE WHERE THEY ARE IN THE COMMUNITY



Photo caption (front page): Cavalier County Health District partnered with Langdon Area High School Technology Department, Family and Consumer Science Department and NDSU Extension to build and plant community garden boxes to teach students farm to table gardening and increase access of community members to fresh fruits and vegetables.



NEARLY 50% OF AMERICANS SUFFER FROM PREVENTABLE, CHRONIC DISEASE. **ONLY 3% OF HEALTH CARE SPENDING IS ON PREVENTION AND PUBLIC HEALTH PROGRAMS.**



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