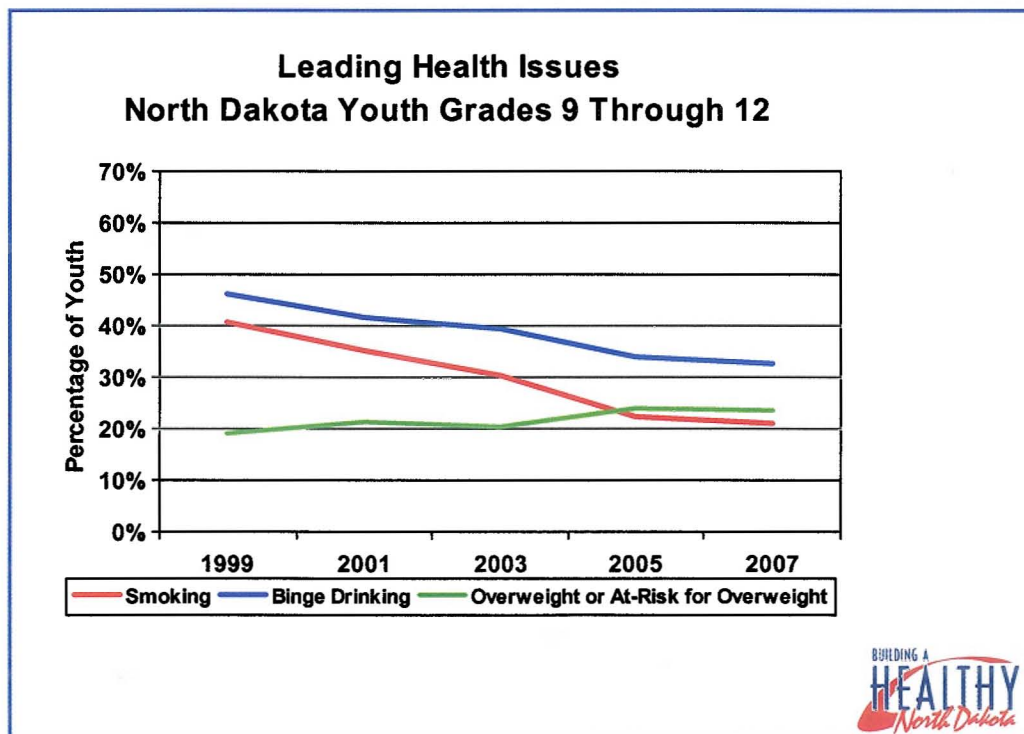
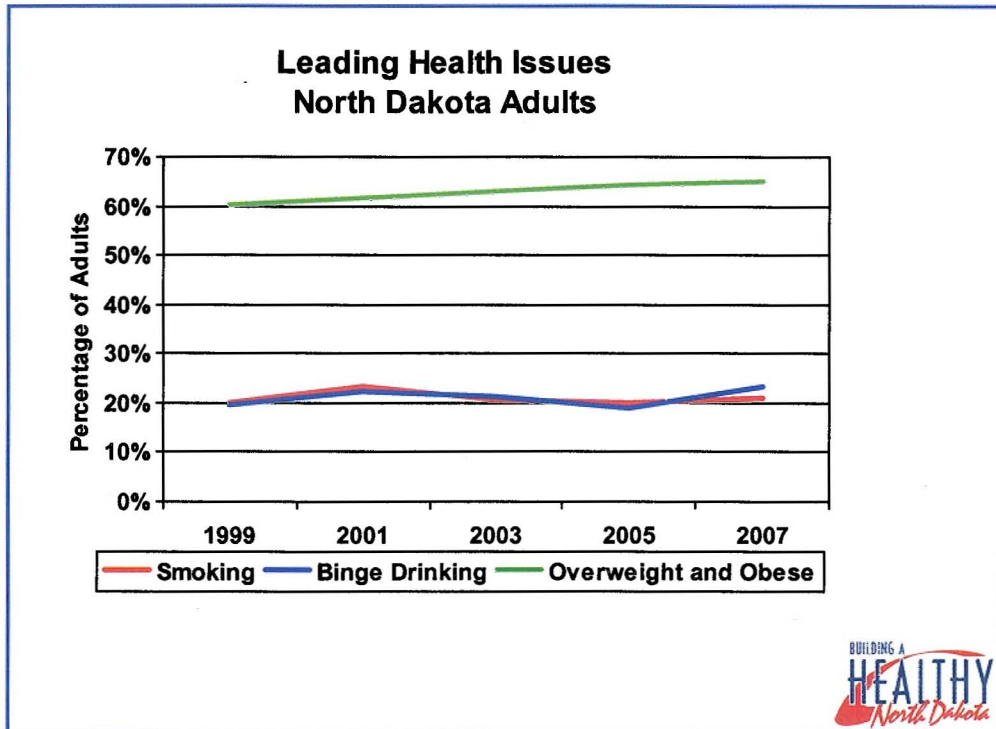


**Testimony**  
**Industry, Business and Labor Interim Committee**  
**Thursday, February 4, 2010; 1:00 p.m.**  
**North Dakota Department of Health**

Good afternoon, Chairman Keiser and members of the Industry, Business, and Labor Committee. My name is Melissa Olson, and I am the director of Healthy North Dakota with the North Dakota Department of Health. I am here to provide information about Healthy North Dakota and wellness programs. With me today is Pete Seljevold, Healthy North Dakota Worksite Wellness director. Pete will be providing information about worksite wellness.

To begin my testimony, I'd like to provide you with a snapshot of North Dakota's health picture. Three main life choices (risky behaviors) continue to affect the health and quality of life for many North Dakotans: tobacco use, binge drinking, and overweight and obesity. While we have made some improvements, tobacco use, poor nutrition, physical inactivity and excessive alcohol use continue to affect the health and quality of life for many North Dakotans, as the following charts demonstrate:





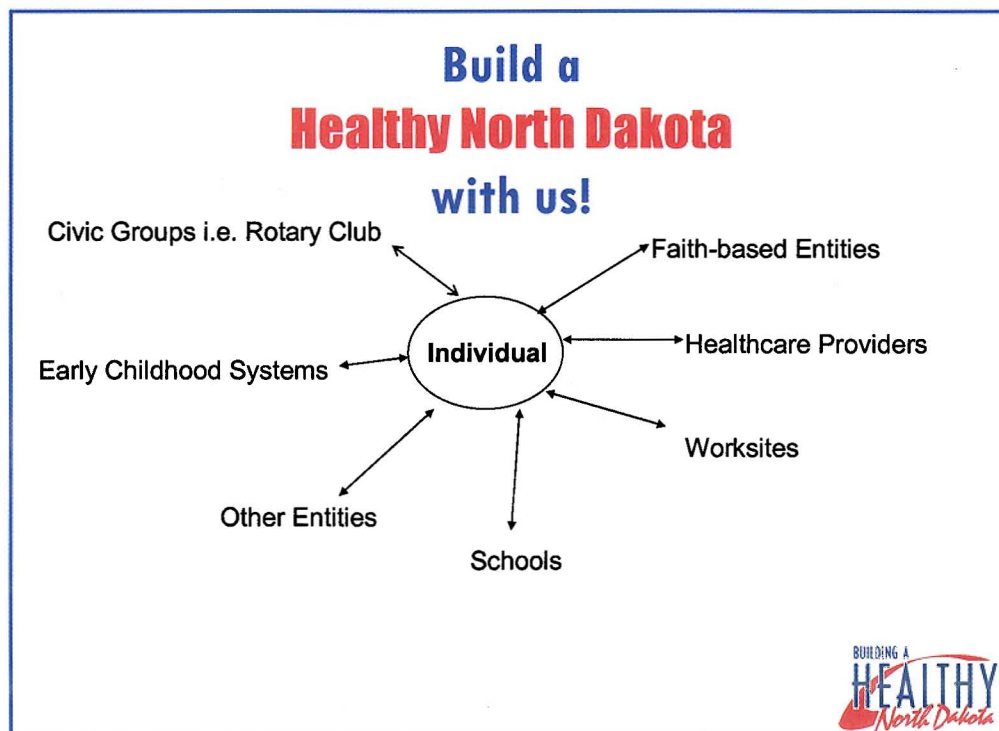
And now, there is evidence that these issues are affecting the quality of our children's lives as well – for the first time in history, this generation of children is not expected to live as long as their parents.

Consider the following data as it applies to our nation's future workforce, military personnel and health-care consumers:

- Thirty-five percent of Americans ages 17 through 24 are unqualified for military service because of physical and medical issues, obesity being the main factor. (The U.S. Pentagon and the U.S. Centers for Disease Control and Prevention)
- In 2007, 52 percent of North Dakota high school students and 37 percent of middle school students did not engage in sufficient physical activity. (North Dakota Youth Risk Behavior Survey)
- The number of North Dakota high school students who ate five or more servings of fruits and vegetables each day decreased from 18 percent in 2001 to 14 percent in 2005; the nationwide average is 20 percent. (ND YRBS)
- The prevalence of diabetes in Blue Cross Blue Shield of North Dakota members 18 and younger increased from 2.8 per 1,000 children in 2003 to 4.5 per 1,000 children in 2007. (BCBSND)
  - Of considerable concern, 31 percent of children with diabetes have type 2 diabetes. (BCBSND)

- Overweight adolescents have a 70 percent chance of becoming overweight or obese adults.

In order to impact significantly the health of North Dakota's next generation, we need to impact strategically North Dakota's kids now and throughout their lives. This can be accomplished through consistent interventions across multiple channels, including early childhood, schools, worksites, the health-care system and the community.



### **Healthy North Dakota's Role**

HND facilitates strategic partnerships that work to improve health across multiple channels as described above. One example of this is HND's role in the Statewide Vision and Strategy to Improve Health in North Dakota.

In the summer of 2006, a group of leaders from both the private and public sectors initiated a voluntary, self-funded collaborative effort to explore innovative, statewide approaches to improving the health status of North Dakotans. This initiative, facilitated by Healthy North Dakota, focused on the development of a Vision and Strategy for the Healthcare System in North Dakota. Today the initiative is referred to as the Statewide Vision and Strategy to Improve Health in North Dakota 2020 (SVS).



The following people served as the Planning Committee for the initiative:

- Robert Beattie, UND School of Medicine and Health Sciences
- Sparb Collins, North Dakota Public Employees Retirement System
- James Cooper, Medcenter One Health System
- Terry Dwelle, North Dakota Department of Health
- Steve Hamar, Mid Dakota Clinic
- Dick Hedahl, North Dakota Chamber
- Cheryl Hefta, Native American MCH Program and Spirit Lake Health Tracks
- Duane Houdek, Office of the Governor
- Rhonda Ketterling, Meritcare Health System
- Karen Larson, Community HealthCare Association of the Dakotas
- Bruce Levi, North Dakota Medical Association
- Jim Long, West River Regional Medical Center
- Dave MacIver, North Dakota Chamber
- Mike Melius, Upper Missouri District Health Unit
- Tim Mihalick, Investors Real Estate Trust
- Shelly Peterson, North Dakota Long Term Care Association
- Kurt Stoner, Bethel Lutheran Home
- David Straley, North Dakota Chamber
- Chip Thomas, North Dakota Healthcare Association
- Robert Thompson, Altru Health System
- Mike Unhjem, Blue Cross/Blue Shield of North Dakota
- Mark Weber, Golden Heart EMS
- Melissa Olson, Healthy North Dakota
- Tim Fallon, TSI Consulting, Inc.

Included as an attachment to my testimony is a summary of the Planning Committee's efforts completed in early 2007, including:

- A vision for the health-care system in North Dakota by 2020, which is "North Dakotans will be the healthiest Americans by 2020."
- A five-year strategic map that prioritizes the initiatives to be undertaken between 2007 and 2011. In summary, the key initiatives are:
  - Implement selected prevention and wellness initiatives.
  - Increase ownership and personal health responsibility.
  - Build future services infrastructure.
  - Secure the required human resources.
  - Implement appropriate medical technology.
  - Align financial resources with health outcomes.
  - Address special populations/geographic/demographic issues.
  - Strengthen innovation and collaboration.

- Other priorities that need to be addressed as part of the vision and strategy.

In January 2007, the Planning Committee further prioritized the strategies and identified key strategies to implement during the first year. Since that time, the SVS partners have:

- Conducted a Healthy Kids/Healthy Weight pilot to explore an innovative clinical/community model for addressing the issue of the increasing number of children who are overweight or are at risk for becoming overweight.
- Secured funding for a statewide worksite wellness project that will increase the number of businesses with comprehensive worksite wellness programs.
- Conducted a statewide study of consumers that provided information from the consumer's perspective about North Dakota's health system.

### **HND's Worksite Wellness Program**

As I stated earlier, the SVS partners identified worksite wellness as one of their key priorities. Working with Healthy North Dakota, they secured funding from BCBSND and the Dakota Medical Foundation to establish Healthy North Dakota's Worksite Wellness program. I'm pleased to report that the SVS partnership hired Pete Seljevold as the HND Worksite Wellness director in August 2009. Pete works collaboratively with HND, BCBS and DMF partners to implement the program. The objectives of the program are to:

- Identify, support and promote existing worksite wellness programs in North Dakota.
- Evaluate data to identify key components of successful worksite wellness programs (identification of sustainability markers).
- Strategically communicate and market the results to North Dakota businesses.
- Establish a "business worksite wellness network" for businesses to share lessons learned and ideas with other business owners.

Pete is working closely with the Chamber of Commerce of Fargo/Moorhead to develop a web-based worksite wellness resource center to meet the needs of North Dakota businesses. Pete also is working with Dave MacIver at the North Dakota Chamber of Commerce to assess the worksite wellness needs of North Dakota businesses.

This concludes my portion of our testimony. Next, Pete will provide an update of the most recent worksite wellness data. I am happy to answer any questions you may have now or after Pete's testimony.



# **Summary of the Statewide Vision and Strategy for the Health System in North Dakota**

## **INTRODUCTION**

In the summer of 2006, a group of leaders from both the private and public sectors initiated a voluntary, self-funded collaborative effort to explore innovative, statewide approaches to improving the health status of North Dakotans. This initiative, convened by Healthy North Dakota and facilitated by TSI Consulting, Inc., focused on the development of a Vision and Strategy for the Healthcare System in North Dakota.

The following people served as the Planning Committee for the initiative:

- Robert Beattie, UND School of Medicine and Health Sciences
- Sparb Collins, North Dakota Public Employees Retirement System
- James Cooper\*, Medcenter One Health System
- Terry Dwelle\*, North Dakota Department of Health
- Steve Hamar, Mid Dakota Clinic
- Dick Hedahl\*, North Dakota Chamber
- Cheryl Hefta, Native American MCH Program and Spirit Lake Health Tracks
- Duane Houdek\*, Office of the Governor
- Rhonda Ketterling, Meritcare Health System
- Karen Larson, Community HealthCare Association of the Dakotas
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- David Straley, North Dakota Chamber
- Chip Thomas\*, North Dakota Healthcare Association
- Robert Thompson, Altru Health System
- Mike Unhjem\*, Blue Cross/Blue Shield of North Dakota
- Mark Weber, Golden Heart EMS
- Melissa Olson\*, Healthy North Dakota (convener)
- Tim Fallon, TSI Consulting, Inc (facilitator)

\*Indicates Statewide Vision and Strategy Coordinating Team member.

The Planning Committee's efforts, completed in early 2007, are summarized in this document and include the following:

- A vision for the healthcare system in North Dakota: 2020
- A strategic map which outlines key initiatives to be undertaken between 2007 and 2011

- Other priorities that need to be addressed as part of the vision and strategy

By providing a concise summary of the Planning Committee's work, this document sets the stage for engaging other stakeholders throughout North Dakota in efforts to help North Dakotans become the healthiest Americans.

## **VISION FOR THE HEALTHCARE SYSTEM IN NORTH DAKOTA: 2020**

North Dakotans will be the healthiest Americans.

This vision will become a reality because:

- Our citizens—as individuals, groups and communities—embrace personal responsibility for their health and practice healthy lifestyles.
- Systematic approaches to prevention and wellness are supported by North Dakota's culture, policies, and institutions.
- Our healthcare system is structured and supported to provide access for all North Dakotans to appropriate, high quality, patient-centered healthcare in response to disease and injury.

This vision will be accomplished through a series of initiatives between 2007 and 2020 designed to ensure that our comprehensive and coordinated approach to health:

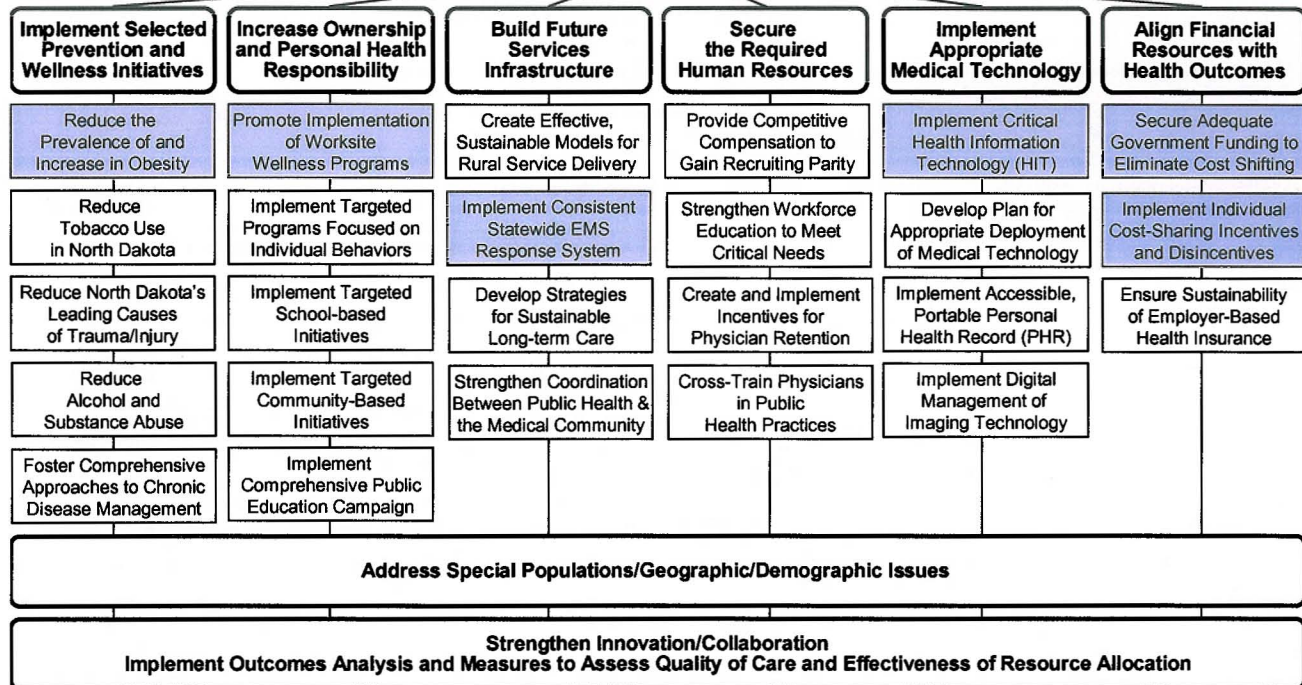
- Continually improves North Dakotan's health outcomes
- Integrates prevention, acute, and long-term care
- Provides timely access to quality emergency and trauma care
- Fosters the effective use of evidence-based and/or consensus-based practices with positive incentives for improving value and supporting the delivery of safe, high quality care
- Provides incentives to encourage living healthy lifestyles
- Encourages advance healthcare planning
- Addresses both individual and population needs
- Provides affordable access to all through a public and private system of health insurance that delivers universal coverage for essential healthcare needs
- Integrates effective use of new medical technology and an electronic health infrastructure
- Is flexible and innovative
- Is supported by an adequate workforce of health professionals to meet the needs of all North Dakotans
- Is fairly and adequately funded to meet the resource needs of public health and healthcare facilities and professionals
- Continues to recognize our traditional values of medicine in ensuring the independent judgment of healthcare professionals in their relationship with patients, medical ethics and professionalism
- Is sustainable over the long term



**Vision 2020: North Dakotans are the Healthiest Americans**

**North Dakota Healthcare Delivery System  
Strategic Map: 2007 – 2011**

**Implement Key Strategies  
to Improve Health Outcomes**



Note: Year 1 Implementation Priorities are highlighted in lavender.

## OTHER PRIORITIES

In addition to the strategic priorities and objectives outlined on the above Strategic Map, the following priorities also surfaced during the Committee's deliberations:

- Immunization
- Infectious disease, including STDs (sexually transmitted diseases)
- Toxic agents
- Prenatal and early childhood
- Mental health
- Legislative activities regarding seatbelt and helmet use and other high risk practices
- The aging physical plants of healthcare institutions
- Tertiary referral systems
- Pharmacy
- In-depth, statewide study of consumers
- Statewide wellness resource center
- Availability and use of in-state tertiary care
- Mental health workforce needs



- Tele-pharmacy
- Telemetry – in-home for special needs populations
- Internet sites endorsed by the state health department
- Preventive services investment plan
- Tax incentives for long-term care insurance/financing
- Review/analysis of dis-integration of healthcare services
- Mechanisms to address issues of the uninsured

The above priorities will be addressed in two ways:

- As projects initiated outside the Planning Committee process.
- As initiatives that will be carried out from 2012 – 2020.