

**Testimony**  
**Study of the Feasibility of Placing the**  
**Fort Berthold Reservation in a Single Public Health Unit**  
**Health Services Committee**  
**Tuesday, January 10, 2012; 10:45 a.m.**  
**North Dakota Department of Health**

Good morning, Chairman Lee and members of the Health Services Committee. My name is Dr. John Baird, and I am chief of the Special Populations Section in the North Dakota Department of Health. I am also the local health officer for Fargo Cass Public Health. As you have requested, I am here today to describe the history of the determination of public health unit boundaries.

**Public Health**

Public health in the United States functions at a federal, state and local level to protect and enhance the health and safety of the population. Prolonging life and promoting health is done through efforts of a number of private and public organizations. Governmental public health has unique and necessary functions and services at each level to monitor health status, improve access to health care, preserve the quality of the environment, prevent the spread of disease, and respond to disasters. Descriptions of the functions and essential services of public health were presented in the Institute of Medicine (IOM) report of 1988 and have now been refined by the Public Health Accreditation Board (PHAB), which has defined a set of standards and a process to measure local and state health departments against those standards.

**North Dakota Local Public Health**

The organization of public health in North Dakota has always emphasized local control. In the early years of state history, emphasis was placed on nursing services and issues such as immunizations and childhood exams. Several of the larger cities and a few counties formed local health departments. State public health activities were largely focused on a state laboratory and anti-tuberculosis activity. The state health department was formed by the legislature in 1923.

Legislation in 1943 allowed the formation of health districts allowing pooling of resources and the ability to levy a tax for public health services. Ward County Commissioners passed a resolution to establish a health district which would include adjacent or near counties. The success of First District Health Unit quickly spread to other western counties. By 1956, Southwestern District, Upper Missouri District, Custer District and Lake Region District had each formed. The process of district formations ended abruptly in the mid-fifties as a

result of federal and state budget cuts, so the incentive monies for district formations was withdrawn.

Several chapters of the North Dakota Century Code (NDCC) existed detailing the organization, powers and duties of county and township boards of health, city boards of health, and health districts. In 1999, Senate Bill 2045 repealed these individual chapters and enacted a new chapter 23-35 of the NDCC, which required that all land in the state be in a public health unit before January 1, 2001. This new chapter details boards of health and their functions and allows for public health departments or districts. The boundaries of the public health units were described as single-county, multi-county, or city-county. Expansion, merger, or dissolution of health units is allowed by county areas. There is no provision for sub-county areas to be included or excluded from districts.

The current configuration of 28 local public health units in the state includes a combination of health departments which operate as part of a city or county government, and health districts which are either single-county or multi-county, which are funded by a mill levy.

### **Conclusion**

Public health at a local level has served an important role for the health of our state's population and continues to be vital to the long term well-being of our communities. Cities and counties have formed local public health units in the past. With state leadership and state funding, it has been possible for all areas of the state to be served by local health units. National accreditation will provide some standard measures to evaluate public health units. The current study of a single public health unit for the Fort Berthold Reservation provides an opportunity to reexamine the definitions of public health unit boundaries to best serve the population involved.

Chairman Lee, members of the committee, this concludes my testimony. I am happy to answer any questions you may have.

## Local Public Health Units and Tribal Lands

