Good morning, Senator Lee and members of the interim Health Services Committee. I am Keith Johnson, Administrator at Custer Health. I'm here today to provide you with some feedback from my local public health colleagues about the potential benefits of the regional public health network funding.

LPHUs were recently asked what benefits a regional public health network might bring to a local health department. Here are some of their answers:

Regional Networks-Benefits to Local Health Departments

* *Brenda Stallman, Traill District Health Unit, Hillsboro-* To be fiscally responsible, a public health department cannot possibly provide every type of service as perceived as a need by each citizen. What a funded regional network could do is eliminate the silo effect of trying to address all requests for services by all citizens and allow us to work on bigger outcomes in population health that would provide a larger benefit for the investment. Every area of the state is short of environmental health workers. A regional approach would reduce administrative costs and allow for broader assessment and delivery of services. Training and response to environmental and other public health issues would be stream-lined. Assurance of service delivery does not always mean providing the service itself, but through a regional network, it may be easier and more cost effective to provide access through another department within a region.

* *Karen Volk, Wells County District Health Unit, Harvey-* "Having a lead agency to rely on has been valuable when in need of expertise with building a new billing system, saving time and providing cleaner data. Karen recommends this to all single health departments as a way to upgrade computer systems & bring smaller agencies up to a more professional level.

* *Paula Flanders, Bismarck Burleigh Public Health-* could see a regional health network allowing Burleigh County to expand environmental health services where they virtually have none in nuisance abatement, vector control, indoor air quality, sewer inspection outside of Bismarck city limits, etc. Obesity is a region wide problem and a shared dietician to work on policy and services would be of benefit. Collaborating on injury prevention, staff training, alcohol use are all areas which could benefit from collaboration.

* *Wanda Kratochvil, Walsh County Health District* - Local public health units are very individualized in what types of services they are able to offer, many times focusing on areas of health care that are not provided by other health care agencies within their community. This makes each public health unit very unique in what they offer to the community. Regional networks for public health offer the ability to provide necessary services (environmental health, home visiting, etc.) in a coordinated manner thus saving money through the pooling of hard to recruit professionals. Networks have the potential of decreasing the duplication of efforts that may occur as we develop programs and set up policies and procedures.
Many public health units are already unofficially involved in network type activities and share information and staff expertise without a formalized system. Much more could be accomplished with funding.

- *Julie Ferry, Nelson-Griggs District Health Unit* - Benefits of regional networks:

Regionalization is not mandated in a prescribed structure; participation would be voluntary.
There would be choices of linkages, not defined by geographical boundaries or human service areas, but more specific to needs. As an example, those public health units providing jail health could link together. We have no jails, thus we would not participate.

Training and opportunities to increase professional development could be shared. Example: By defining some common environmental health issues and developing common resources, the expertise of an environmental health practitioner would be utilized for specific situations and the local public health nurse has a basic training in mold issues to assist clients.
Increased efficiency should result if local public health units work together on common needs. Example: Many LPHUs purchased a specific Electronic Health Record and software system and are forming a user group to discuss implementation of programs, instead of each LPHU problem-solving on their own.

Common Themes and Justification
Increased environmental health capacity was a common benefit identified by public health administrators. Environmental Health (EH) is an essential public health service (national standard) which supports three of the five core activities identified in the regional PH network bill.
Prevent epidemics and spread of disease
Protect against environmental hazards
Prevent injuries
Promote healthy behaviors
Respond to disasters
Assure the quality and accessibility of health services

Currently in ND, local public health agencies employ 24 EHPs. According to the National Association of County and City Health Officials Workforce Benchmark Report (released in May 2011), the Environmental Health Specialist minimum (or benchmark) per 100,000 population is 4.35. Based on the 2011 Estimated U.S. Census, for ND's population of 684,000 the absolute minimum number of EHPs serving ND should be at least 30. I personally think this number is low; we have always used one per 15,000 population as a benchmark before. This number may have reflected the realities of serving smaller populations than the optimums we will try to achieve in this regional network concept; in which case, the new number may be fine.

Oil and Water
Regardless of where we are from, I think we all can agree that we need the appropriate capacity and infrastructure to address community needs. The oil boom opportunities have resulted in critical EH challenges in meeting basic needs (living conditions and sanitation issues) within our communities. These challenges are spreading to surrounding areas as the infrastructure within the patch becomes overwhelmed. Couple that with flooding, and you've got a mess. Lisa Clute from First District in Minot reports that in 2011, they issued demolition orders on 115 homes, and are due to issue 104 more in 2012. They had 178 contractors at their sewer training, as opposed to 45 last year, and are about 80 permits behind as of this writing.

Six EHPs are needed just to meet the national minimum. LPHU administrators in oil country have estimated that 5-7 EHPs are needed today just to respond to community needs (inspections and consultations). To attract applicants to public health EHP positions, local health departments in western ND likely would have to compete with salaries that start at $25-43 per hour. Local salaries are uniformly less than that, and graduates from qualifying programs are choosing other occupations as a result.

But environmental health labor shortages are just the tip of the public health iceberg. Retirements are taking their toll in every area, from nursing to nutrition to health education. The boomers are retiring, and we have a surprisingly thin labor force to take their place. As we look to hire replacements, these recommended amendments would require us to determine the community's prevailing health status

and community needs. Joint powers agreements would facilitate hiring of EHPs and other needed people at competitive salaries and establish standard environmental health services across jurisdictions.

Timeline:

A report released by Trust for America's Health in July 2008 found that a small strategic investment in disease prevention could result in significant savings in health care costs. The findings concluded that an investment of $10 per person per year in proven community based programs to change behaviors (increase physical activity, improve nutrition, prevent tobacco use,etc.) could save the country billions of dollars annually within five years. Another study published in the July 2011 journal Health Affairs also found that increased spending by local public health departments can save lives that are currently lost to preventable illnesses. The study indicated that for each 10% increase in local public health funding, measurable decreases in infant deaths, deaths from cardiovascular disease, deaths from diabetes and deaths from cancer occurred. What this means is that investing in our state's public health saves lives and decreases health care costs. The Regional Public Health Network amended bill provides the local public health the opportunity to more efficiently and effectively use available resources to meet the public's health needs and expectations.

As mentioned in the above study, it may take up to five years to determine health status outcomes such as decreased infant mortality and cardiovascular disease. But local public health unit provision and process outcomes can be captured within 1-3 years. The amendments will also require performance monitoring which will help determine if the added, enhanced or improved programs or services are meeting the public's needs and expectations.

Conclusion:

LPHUs in ND appreciate that you as legislators have devoted your attention and some state aid dollars specifically to fund EH activities statewide. Currently, North Dakota is contributing about 5% of the total local public health funding through general state aid. This $3,000,000 biennial investment calculates to about $4.40 per capita. An additional $4,000,000 per biennium to establish regional networks and to better meet the public's health needs and expectations would result in another $5.80 per capita being supported by the state. The state aid and regional network work funding together would provide $5 per person per year for public health programs and services. The proposed regional PH network funding amount of $4 million could potentially provide an opportunity to meet half of the recommended minimum, achieve consistency in public health services and put EHPs and others to work in communities that really need them.