## **Testimony**

Study of the Feasibility of Placing the
Fort Berthold Reservation in a Single Public Health Unit
Health Services Committee
Thursday, July 28, 2011; 11:00 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. I am here today to provide information regarding the benefits and challenges of placing the entire Fort Berthold Reservation in a single health unit.

North Dakota Century Code Chapter 23-35 stipulates that all land in the state must be in a local public health unit. Public health units may be health departments as part of a city or county government or health districts formed from a single county, multi-county or a city-county area. Funding for public health units comes from multiple sources, the largest source being a district-wide mill levy for health districts and general funds of the county or city for health departments. Each health unit has a board of health, a health officer and staff to carry out the functions of public health. In a health district, the board of health is the governing body and in a health department, the board of health advises the governing body of the county or city. The health officer is appointed by the governing body of the health unit and has statutory duties to protect the public's health. The state health department advises boards of health, can recommend that a local health officer be removed from office, and is a source of funding to local public health units through federal grant programs as well as state aid.

North Dakota currently has 28 local public health units, a combination of health districts and health departments, of which there are multi-county, single county, or city-county health units. Portions of the land contained in the Fort Berthold Reservation are part of four multi-county health districts: Upper Missouri District Health Unit, based in Williston and serving Divide, Williams, McKenzie, and Mountrail Counties; First District Health Unit, based in Minot and serving Burke, Renville, Bottineau, Ward, McHenry, Sheridan and McLean Counties; Southwestern District Health Unit, based in Dickinson and serving Bowman, Adams, Slope, Hettinger, Golden Valley, Billings, Stark and Dunn Counties; and Custer Health Unit based in Mandan and serving Sioux, Grant, Morton, Oliver and Mercer Counties. The attached map illustrates this.

The mission of public health in our state is to protect and enhance the health and safety of all North Dakotans and the environment in which we live. In contrast with curative medical care, which focuses on evaluation and treatment of individuals and their health problems, public health takes a broader view, understanding the specific health issues confronting the community and working to address physical, behavioral, environmental, social and economic conditions affecting them. Public health investigates health problems and health threats and works to prevent, minimize or contain adverse effects of communicable diseases, unsafe food and water, chronic diseases, environmental hazards, injuries and risky behaviors. Public health leads planning and response for public health emergencies and coordinates with others for response and recovery from natural disasters. Public health engages partners and the community to address public health issues, promotes good heath, addresses health disparities, and assures the quality and accessibility of health services.

Several challenges and benefits come to mind considering placement of the entire Fort Berthold Reservation in a single public health unit.

### Challenges

It may be a challenge finding the right structure to fit the needs of the people on the Fort Berthold Reservation, including whether this would be a health district or a health department and getting agreement among a number of interested parties – federal such as Indian Health Service (IHS), tribal, involved counties and local public health units. IHS has a charge to provide public health services as well as medical care. They are chronically underfunded and have difficulty providing all the medical services needed without even addressing many public health issues. The Three Affiliated Tribes have contracted with IHS under provisions of Public Law 93-638 so management of medical services is locally controlled by the tribe.

It will be important to consider adequate staffing of a new public health unit and that the staff are properly trained and provide long term consistent services to their community.

Funding could be a challenge. I am uncertain as to the taxable land base which would be available for mill levy support of a health district or if there would be sufficient tribal funding for a local health department. There would need to be some agreement with the affected counties. The current local public health units could lose some of their local county funding and some state aid dollars. There would also be some changes in distribution of money from the state health department to local health units for federally supported programs.

#### **Benefits**

Each of the local health units now serving the Fort Berthold Reservation is doing what they can to provide services, but have limited capacity and increased travel time. Involving several health units, each working with a part of the reservation, leads to fragmented services. An important aspect of public health is understanding the community's needs and the local challenges faced. Having a public health unit that includes the whole reservation could improve cultural awareness, as well as better coordination of and access to services. Local ownership is important for local acceptance and for developing stronger bonds with local partners.

Funding might actually improve with a single health unit on the Fort Berthold Reservation. It would be easier to demonstrate need of public health services for the whole reservation and to assess the health disparities that exist. In many of the national grant programs, disparities are often an issue to be addressed and tribal health units may have access to funding sources not available to other local public health units.

#### Conclusion

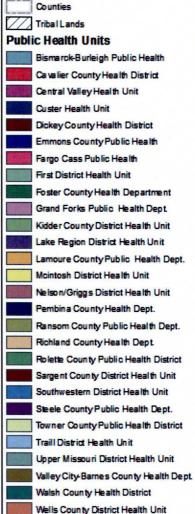
For the long term health and safety of the citizens of North Dakota, it is important to have excellent, adequately funded public health activities. It is a good idea to examine how public health activities are provided for the people on the Fort Berthold Reservation and if they would be better served by a single public health unit.

There may be lessons that could be learned from other tribal public health units in the country. Besides your usual sources of information, there could be information or contacts found at the national organizations of local health units, the National Association of County & City Health Officials (NACCHO) and the National Association of Local Boards of Health (NALBOH) or from the Centers for Disease Control and Prevention (CDC) Office for State, Tribal, Local and Territorial Support (OSTLTS).

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**







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