Good Morning, Chairman Senator Judy Lee and members of the Health Services Committee, my name is Robin Iszler, Administrator at Central Valley Health District. I am here today to tell you about the SE central Regional PH network pilot project and about some of the challenges and successes that CVHD experienced during this project.

Central Valley Health is not new to the concept of partnering with other health departments. In 2008 we partnered with several counties for the Tobacco –Measure 3 funding. This partnership has continued and we are now in the 2 grant cycle of working together to provide Tobacco prevention activities. One thing we learned from the Tobacco partnership, hiring of an external evaluator is beneficial to the process, because it strengthens the partnership and assists in providing feedback for areas of improvement. We also learned that as a lead agency we need to make sure that the other members of a region have a voice in the decision-making process. Shared authority is most effective. Through the process we have learned about having an organizational chart and job descriptions helps to clarify roles and assists in communication. For example – if you hire someone to work for a regional group – who do they report to, who can fire them. All members must feel empowered and have ownership in the goals of the region. Funding must not be tied to stringent directives or services. Instead funding should be tied to broad goals and the region must be given the freedom to reach these goals. It is when all members of the region take part and have a voice in the shared goals, regional collaboration benefits will occur.

One of the problems early on with this regional project structure, was the JPA that was developed for authority and shared services. We have work to do on the JPA for future

collaborations or we need to determine if a JPA is really needed. Maybe simple MOU's with guidelines for structure is sufficient? The work we did in our collaboration could have been accomplished without the JPA. For example, with the Tobacco Collaboration, we do not operate with a JPA but use agreements for provision of services. Other examples include environmental health services and our expanded Family Planning services in Foster and Dickey counties.

Another problem we had was picking shared services. More development is needed on what services public health should provide. I hear comments that all Public Health Departments should be doing the same thing – as a State I think it is impossible to expect that all Public Health departments are doing exactly the same thing. Each agency answers to their local jurisdictions and they need to respond to the health issues in their communities. HOWEVER there are some ways to look at on how local PH departments can standardize: some examples:

1) Modeling after national standardization frameworks – such as PH accreditation and the 10 essential PH services (2) we can learn and improve through shared lessons and networking and relationship building (regionalization project funding or continuing to encourage regional structures). 3. And most importantly local PH should focus on agency strategic planning and community assessment as a guide to the needs of the community.

North Dakota is one of several states that has explored the concept of regional public health services, and although we can say that our situation maybe unique, in researching this structure in other States, I can report that our findings are very similar to what is

happening across the country when states explored regional structures. One of the most commonly accepted reasons for regionalization is that it results in improved efficiency. It is presumed to be a cost-efficient method of providing services. There is little research-in support for the cost-effectiveness of public health regionalization. What the research suggests is that local infrastructure and protection of the public's health is improved through regional approach especially in regions with populations of under 50,000. Our Regional public health project was advantageous because it spread the costs of improving the public health infrastructure and services over a larger population of beneficiaries and taxpayers. Our total population for the 5 counties is 41,102. By working together we did improve the local public health system and you will hear more about that from the other partners. This regional network project also made it possible to create progress in improving provision of services despite the short timeframe. We recommend a full biennium with respect to service-type initiatives for any future regional network projects.

Finally, this project did provide improvements for Central Valley – we now have a better Environmental health program in our region, we have improved collection processes with the billing clearing house, we have the community assessment document – are using this to write for additional grants for small projects, we have increased knowledge of services in other counties, and we have stronger relationships with our counterparts in Barnes, LaMoure and Wells counties. Thank you for this opportunity. I would be happy to try to answer any questions you may have.