

Testimony
Study of the Feasibility of Placing the
Fort Berthold Reservation in a Single Public Health Unit
Health Services Committee
Wednesday, October 26, 2011; 10:40 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 respond to four specific questions concerning the approach to public health on reservations in other states, delivery of public health services on other reservations in our state, provision of emergency medical services on the reservations, and availability of federal funding for placing the Fort Berthold Reservation in a single public health unit.

Public Health Services on reservations in other states

There is no good repository of information concerning local public health units on reservations in the United States. In 2006, a work group at the Centers for Disease Control and Prevention (CDC) did an internet survey of tribal legal codes and key informant interviews searching for public health laws. They were able to identify 70 tribal codes from tribes across 25 states. Of these, 14 (20%) had no relevant public health provisions. Public health statutes in the remaining 56 tribal codes were variable in scope, with most focusing on topics such as alcohol control, child abuse, domestic abuse, food sanitation, tobacco control, and environmental health issues (water quality, solid waste disposal, and housing ordinances). A limited number of tribal codes (10/56; 18%) contained one or more laws specifically addressing disease control and surveillance authorities such as quarantine, mandatory treatment, contact tracing, compulsory vaccination, notifiable disease reporting, public health surveillance, or outbreak investigations. Three (5%) codes provided for the establishment of tribal health boards or divisions of health, but did not clearly articulate those entities' public health authority. Nineteen (34%) tribal government websites showed evidence of a health department or public health programs for which no statutory basis was evident in their respective tribal codes. The public health provisions present in the tribal codes they reviewed tended to be neither integrated nor comprehensive.

Good resources are available to develop laws establishing comprehensive public health codes. The National Association of County and City Health Officials (NACCHO) has developed an Operational Definition of a Functional Local Health Department. In 2003, a Robert Wood Johnson Foundation funded

initiative developed a tool for state, local and tribal governments to use for revising or updating statutes titled Turning Point Model Public Health Act. We found that model law helpful when we updated the City of Fargo public health ordinances a few years ago.

Public Health Services on reservations in North Dakota

In contrast with the Fort Berthold Reservation, which has a portion in six counties and 4 local public health units, the other three reservations in North Dakota are each contained in a single local public health unit. There are unique aspects of each. At the end of my testimony I have included the same map I provided in July to allow for ease of identifying the reservations and their relationship with local public health units in our state. Sioux County is part of the Custer Health Unit and is the North Dakota portion of Standing Rock Reservation. The state border does complicate the relationship with the tribe and how services are provided by Custer Health. Spirit Lake Reservation is contained in the Lake Region District Health Unit. The proximity of Fort Totten to Devils Lake makes it easier for Lake Region to provide a wide variety of services. The Turtle Mountain Reservation is contained in Rolette County Public Health District. The reservation is a significant portion of the county population. I believe this is the only local public health unit that has a Native American on their Board of Health, who also happens to be a County Commissioner. Rolette County Public Health has income from the county mill levy of approximately \$2 per capita, compared to the state average for health units of about \$20 per capita. 294

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Emergency Medical Services on reservations in North Dakota

The Fort Berthold reservation is served by seven non-Indian, private/local ambulance services. Those seven services are Watford City, Beulah, Halliday, Killdeer, New Town, Garrison, and Parshall. The vast majority of calls are accomplished by three of the ambulance services: Parshall, Watford City and New Town. If a patient needs hospitalization, then the patient is taken primarily to the hospitals in Minot and Watford City. Occasionally, some patients may go to Garrison or Bismarck as well. These ambulance services have been significantly impacted by oil development in western North Dakota where it is not unusual for the ambulance service to have doubled or in some cases have even greater increases since 2007. The New Town ambulance is an Advanced Life Support ambulance and the remaining ambulance services are Basic Life Support, although some of them have enhanced capabilities such as Watford City.

Funding for ambulance services provided to Native Americans on the reservations are generally paid for by the tribes with IHS funds provided through 638 contracts.

The ambulance service in Belcourt on the Turtle Mountain Reservation is owned by IHS and 638 monies are given to the tribe for the hiring of EMS providers. The Spirit Lake ambulance at Fort Totten is a tribal service that is run by the tribe receiving 638 monies for all services. The Standing Rock ambulance is also a tribal service that is funded by the pass through of 638 monies from IHS. On the Fort Berthold Reservation, the community of New Town owns the ambulance service and contracts with the tribe for services.

Federal funding for the Fort Berthold Reservation as a single health unit

At this point I have been unable to find any information on availability of federal funding for a public health unit at Fort Berthold, such as from the Bureau of Indian Affairs. I still am submitting inquiries and I will notify you if I hear of any opportunities.

Conclusion

As I mentioned in my July testimony, public health activities are vital for the long-term health and safety of the citizens of our state. It is important to have a strong, well-coordinated and funded public health unit on Fort Berthold Reservation with a local perspective to address the health disparities that already exist and the developing problems caused by the influx of a new population due to the oil and gas activity.

Three important aspects of a local public health unit are good structure, trained personnel and adequate funding. There may not be a specific reservation in the country after which we could pattern, but there are portions of tribal codes and a model public health law which could be drawn on to develop local ordinances at Fort Berthold. In meeting with local leaders, I have found strong interest in providing good public health services to the reservation population and developing a local public health unit, if allowed by state statute. As needed, a local unit could contract for services regionally and from the state or even develop a nongeographic cooperation with other reservations in the state facing similar health disparity issues.

A resource for training of personnel exists with our newly formed public health education programs at UND and NDSU. Dr. Donald Warne, who has a strong background with Native American health issues, was recently appointed MPH Program Director at NDSU and will be invaluable in looking at training.

Funding for local public health at Fort Berthold will be an issue which requires creative solutions.

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



	Counties
	Tribal Lands
Public Health Units	
	Bismarck-Burleigh Public Health
	Cavalier County Health District
	Central Valley Health Unit
	Custer Health Unit
	Dickey County Health District
	Emmons County Public Health
	Fargo Cass Public Health
	First District Health Unit
	Foster County Health Department
	Grand Forks Public Health Dept.
	Kidder County District Health Unit
	Lake Region District Health Unit
	Lamoure County Public Health Dept.
	McIntosh District Health Unit
	Nelson/Giggs District Health Unit
	Pembina County Health Dept.
	Ransom County Public Health Dept.
	Richland County Health Dept.
	Rolette County Public Health District
	Sargent County District Health Unit
	Southwestern District Health Unit
	Steele County Public Health Dept.
	Towner County Public Health District
	Trail District Health Unit
	Upper Missouri District Health Unit
	Valley City-Barnes County Health Dept.
	Walsh County Health District
	Wells County District Health Unit



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