Interim Human Services Committee
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Keith Johnson, R.S., Administrator, Custer Health, Mandan, ND
Keith.johnson@custerhealth.com

First, congratulations are in order to this committee and to the legislators who have introduced the regional collaboration concept. It was this kind of forward thinking and participation by the legislature that enabled the formation of district health units after WWII. This enabled the half of North Dakota that had no public health services to start to receive those services in a cost effective manner. This collaborative has the same potential for improvement of public health in North Dakota.

I have the unenviable task of reminding all of us that this will need funding, separate from and in addition to the local health state aid that you presently distribute to us. Tying the two together would bring them to cross purposes, and would improve neither.

The funding will need to be adequate to excite interest at the local level, and to actually implement the collaborative programs. There is no local match left. The decline in Federal contracts and the need for enhanced local response to disasters and a deteriorating social safety net has left every program in dire straits. We're losing ground financially every year.

Cost savings will eventually be realized, but not within the first two or three years. We will see improved delivery of program and services in those first years, but the costs may actually go up initially until the frameworks put in place start to deliver the savings we think can be achieved.

The take home point here is that we DO think they can be achieved. This is an exciting prospect, and one that we very much hope comes to fruition.

1. Regional public health network funding needs to be in addition to and separate from local public health state aid.
2. Regional network projects require time and effort; appropriated funding should be commensurate. Efficiencies and cost savings are not immediately identifiable when making population-based health changes.
3. The draft recommendations will be finalized and approved at the ND SACCHO March meeting.