

March 2006

PUBLIC HEALTH UNITS - SERVICES AND FUNDING

This memorandum summarizes survey responses from 27 public health units (Kidder County has not yet submitted its survey response) in North Dakota

relating to their funding, programs, demographics, and essential services.

Total 2005 Budget Funding Sources							
Health Unit	City	County	State	Federal	Fee	Other	Total
Bismarck-Burleigh Public Health	\$829,448	\$80,064	\$272,574	\$640,444	\$19,754	\$113,322	\$1,955,606
Cavalier County Health District		49,502	26,650	91,478	17,273	4,197	189,100
Central Valley Health Unit	95,440	312,923	101,955	651,817	239,980	2,850	1,404,965
Custer District Health Unit	10,573	371,504	216,365	925,311	321,800	14,420	1,859,973
Dickey County Health Unit		17,115	33,852	32,581	30,161	849	114,558
Emmons County Public Health		70,511	27,858	75,977	9,984	539	184,869
Fargo Cass Public Health Unit	2,094,435	686,943	474,837	1,541,581	1,010,198	505,092	6,313,086
First District Health Unit	131,547	755,042	448,092	1,299,938	496,580	28,694	3,159,893
Foster County Health Department		65,004	23,617	57,590	1,500		147,711
Grand Forks Public Health Department	1,177,885	414,949	239,956	633,253	115,498	16,750	2,598,291
Kidder County District Health Unit							
Lake Region District Health Unit		215,543	138,819	673,914	137,192	7,917	1,173,385
LaMoure Public Health		24,500	32,926	31,684	6,094		95,204
McIntosh District Health Unit		35,169	21,688	36,758	1,726	538	95,879
Nelson Griggs District Health		70,304	48,888	33,652	26,025	27,271	206,140
Pembina County Health Unit		92,303	42,452	37,685	264		172,704
Ransom County Health Department		167,442	43,809	61,983	20,178	45,812	339,224
Richland County Health Department		315,979	90,897	487,660	69,767	59,365	1,023,668
Rolette County Public Health		19,641	65,956	332,648	6,983	40,737	465,965
Sargent County District Health		36,157	30,242	50,616	10,502	5,569	133,086
Southwestern District Health Unit		466,861	218,872	693,697	93,402	62,549	1,535,381
Steele County Public Health		20,409	9,703	9,532	6,006		45,650
Towner District Health Unit		51,200	20,145	7,105	50		78,500
Traill District Health Unit		103,996	48,817	41,719	34,007	9,173	237,712
Upper Missouri District Health Unit		292,576	154,436	729,191	161,019	188,444	1,525,666
Valley City/Barnes County Health Unit	15,000	123,028	54,913	460,537	57,712	107,510	818,700
Walsh County Health Department		124,043	49,010	132,727	21,040	900	327,720
Wells County District Health Unit		81,866	27,597	68,367	30,181	10,046	218,057
Total	\$4,354,328	\$5,064,574	\$2,964,926	\$9,839,445	\$2,944,876	\$1,252,544	\$26,420,693

2005 Estimated Administrative Costs and Time			
Health Unit	Total	Percentage of Budget*	Percentage of Staff Time Spent
Bismarck-Burleigh Public Health	\$280,873	14.4%	25.0%
Cavalier County Health District	10,716	5.7%	6.3%
Central Valley Health Unit	111,500	7.9%	8.0%
Custer District Health Unit	160,000	8.6%	6.0%
Dickey County Health Unit	2,000	1.7%	6.0%
Emmons County Public Health	35,000	18.9%	29.8%
Fargo Cass Public Health Unit	445,715	7.1%	7.0%
First District Health Unit	281,516	8.9%	6.0%
Foster County Health Department	10,000	6.8%	5.0%
Grand Forks Public Health Department	183,000	7.0%	12.0%
Kidder County District Health Unit			
Lake Region District Health Unit	120,000	10.2%	7.0%
LaMoure Public Health	3,808	4.0%	4.0%
McIntosh District Health Unit	40,000	41.7%	No response
Nelson Griggs District Health	12,000	5.8%	10.0%
Pembina County Health Unit	5,538	3.2%	6.0%
Ransom County Health Department	29,630	8.7%	30.0%
Richland County Health Department	92,130	9.0%	9.0%
Rolette County Public Health	18,000	3.9%	10.0%
Sargent County District Health	45,000	33.8%	7.0%
Southwestern District Health Unit	77,437	5.0%	10.0%
Steele County Public Health	20,409	44.7%	32.0%
Towner District Health Unit	19,750	25.2%	25.0%
Traill District Health Unit	40,600	17.1%	16.0%
Upper Missouri District Health Unit	105,490	6.9%	8.1%
Valley City/Barnes County Health Unit	84,978	10.4%	11.0%
Walsh County Health Department	17,879	5.5%	5.5%
Wells County District Health Unit	38,893	17.8%	5.0%
Total/Average	\$2,291,862	12.6%	11.4%
*Estimated administrative costs as a percentage of total 2005 budget by funding source.			

Demographic Information						
Health Unit	Population	Population Percentage by Age			1999 Per Capita Income	Percentage of Population Below Poverty Level
		Under 18	18-64	65+		
Bismarck-Burleigh Public Health	69,416	24.8%	62.8%	12.4%	\$20,436	7.5%
Cavalier County Health District	4,831	24.6%	52.5%	22.9%	\$15,817	11.3%
Central Valley Health Unit	24,216	22.8%	58.7%	18.5%	\$17,327	10.2%
Custer District Health Unit	42,897	28.5%	57.2%	14.3%	\$14,815	12.7%
Dickey County Health Unit	5,757	23.8%	54.9%	21.3%	\$15,846	13.8%
Emmons County Public Health	4,331	24.8%	49.6%	25.6%	\$14,604	19.7%
Fargo Cass Public Health Unit	123,138	23.4%	66.9%	9.7%	\$20,889	9.7%
First District Health Unit	87,804	25.1%	59.3%	15.6%	\$15,471	11.4%
Foster County Health Department	3,759	26.2%	52.4%	21.4%	\$17,928	9.0%
Grand Forks Public Health Department	66,109	23.8%	66.6%	9.6%	\$17,868	11.5%
Kidder County District Health Unit	2,753	23.2%	52.8%	24.0%	\$14,270	19.5%
Lake Region District Health Unit	26,462	27.5%	53.5%	19.0%	\$14,891	16.2%
LaMoure Public Health	4,701	24.2%	52.4%	23.4%	\$17,059	14.4%
McIntosh District Health Unit	3,390	19.4%	46.4%	34.2%	\$15,018	14.7%
Nelson Griggs District Health	6,469	22.3%	51.0%	26.7%	\$16,226	9.9%
Pembina County Health Unit	8,585	24.9%	55.6%	19.5%	\$18,692	9.0%
Ransom County Health Department	5,890	25.0%	53.8%	21.2%	\$18,219	8.3%
Richland County Health Department	17,998	24.6%	60.1%	15.3%	\$16,339	9.7%
Rolette County Public Health	13,674	36.4%	53.9%	9.7%	\$10,873	30.6%
Sargent County District Health	4,366	26.5%	56.6%	16.9%	\$18,689	8.2%
Southwestern District Health Unit	38,365	25.4%	56.8%	17.8%	\$15,883	14.0%
Steele County Public Health	2,258	27.6%	52.8%	19.6%	\$17,601	7.0%
Towner District Health Unit	2,876	24.6%	52.1%	23.3%	\$17,605	8.7%
Traill District Health Unit	8,477	24.8%	56.1%	19.1%	\$18,014	8.8%
Upper Missouri District Health Unit	34,412	26.9%	55.7%	17.4%	\$15,286	14.1%
Valley City/Barnes County Health Unit	11,775	22.3%	57.9%	19.8%	\$16,566	10.3%
Walsh County Health Department	12,389	24.9%	55.8%	19.3%	\$16,496	10.7%
Wells County District Health Unit	5,102	22.5%	51.5%	26.0%	\$17,932	13.2%
Total	642,200	25.1%	60.2%	14.7%	\$16,666	11.4%

2005 Per Capita Funding by Funding Source							
Health Unit	City	County	State	Federal	Fee	Other	Total
Bismarck-Burleigh Public Health	\$11.95	\$1.15	\$3.93	\$6.68*	\$.28	\$1.63	\$25.62*
Cavalier County Health District		10.25	5.52	18.94	3.58	.87	39.16
Central Valley Health Unit	3.94	12.92	3.90*	25.57*	9.91	.12	56.36*
Custer District Health Unit	.25	8.50*	3.17*	12.85*	7.50	.34	32.61*
Dickey County Health Unit		2.97	5.88	5.66	5.24	.15	19.90
Emmons County Public Health		16.28	6.43	10.38*	2.31	.12	35.52*
Fargo Cass Public Health Unit	17.01	5.58	3.79*	12.52	8.20	4.10	51.20*
First District Health Unit	1.50	8.60	5.10	14.80	5.66	.33	35.99
Foster County Health Department		17.29	6.28	15.32	.40		39.29
Grand Forks Public Health Department	17.82	6.28	3.63	9.58	1.75	.25	39.31
Kidder County District Health Unit							
Lake Region District Health Unit		8.15	5.25	18.37*	5.18	.30	37.25*
LaMoure Public Health		5.21	7.00	6.74	1.30		20.25
McIntosh District Health Unit		10.37	6.40	10.84	.51	.16	28.28
Nelson Griggs District Health		10.87	7.56	5.20	4.02	.21	27.86
Pembina County Health Unit		10.75	4.94	4.39	.03		20.11
Ransom County Health Department		28.43	7.44	10.52	3.43	7.78	57.60
Richland County Health Department		17.56	5.05	27.10	3.88	3.30	56.89
Rolette County Public Health		1.44	4.82	24.33	.51	2.98	34.08
Sargent County District Health		8.28	6.93	11.59	2.41	1.28	30.49
Southwestern District Health Unit		12.17	5.70	18.08	2.43	1.63	40.01
Steele County Public Health		9.04	4.30	4.22	2.66		20.22
Towner District Health Unit		17.80	7.00	2.47	.02		27.29
Traill District Health Unit		12.27	5.76	4.92	4.01	1.08	28.04
Upper Missouri District Health Unit		8.50	4.49	21.19	4.68	.54*	39.40*
Valley City/Barnes County Health Unit	1.27	10.45	4.66	39.11	4.90	9.13	69.52
Walsh County Health Department		10.01	3.96	10.71	1.70	.07	26.45
Wells County District Health Unit		16.05	5.41	13.40	5.92	1.97	42.75
Average	\$1.99 ¹	\$10.64	\$5.34	\$13.54	\$3.42	\$1.42	\$36.35

*Multiunit or passthrough funding excluded.

¹The per capita average for only those cities collecting funding for public health is \$7.68.

2005 Grant Applications and Awards									
Health Unit	Applications Prepared			Hours Spent			Grants Awarded		
	Federal	State	Private	Federal	State	Private	Federal	State	Private
Bismarck-Burleigh Public Health	3	4	7	72	64	128	0	4	4
Cavalier County Health District	8	3	1	5	30	6	8	3	1
Central Valley Health Unit	22	1	0	224	16	0	22	1	0
Custer District Health Unit	13	3	2	300	10	50	13	3	2
Dickey County Health Unit	1	3	0	8	30	0	1	3	0
Emmons County Public Health	3	5	2	35	40	10	3	5	0
Fargo Cass Public Health Unit	13	2	12	190	60	173	13	2	10
First District Health Unit	14	0	6	195	0	50	14	0	6
Foster County Health Department	1	4	0	20	24	0	1	4	0
Grand Forks Public Health Department	13	4	6	300	12	75	13	4	2
Kidder County District Health Unit									
Lake Region District Health Unit	6	2	2	150	20	20	6	2	2
LaMoure Public Health	5	1	0	300	20	0	5	1	0
McIntosh District Health Unit	6	0	1	Unknown	Unknown	Unknown	6	0	1
Nelson Griggs District Health	9	3	1	20	40	2	9	3	1
Pembina County Health Unit	3	1	0	37	45	0	3	1	0
Ransom County Health Department	5	2	2	22	50	10	5	2	1
Richland County Health Department	11	1	1	157	25	10	11	1	1
Rolette County Public Health	9	2	9	300	20	50	9	2	8
Sargent County District Health	7	2	1	30	35	5	7	2	1
Southwestern District Health Unit	14	2	36	250	25	775	14	2	9
Steele County Public Health	4	1	0	20	4	0	4	1	0
Towner District Health Unit	4	2	0	10	65	0	3	1	0
Traill District Health Unit	7	3	0	55	10	0	7	3	0
Upper Missouri District Health Unit	22	2	2	352	52	30	21	2	2
Valley City/Barnes County Health Unit	8	1	13	314	20	235	7	1	9
Walsh County Health Department	9	3	0	10	40	0	9	3	0
Wells County District Health Unit	10	2	2	131	97	37	10	2	2
Total	230	59	106	3,507	854	1,666	224	58	62
Grand total	395			6,027			344		

Essential Services												
2005 Percentage of Budget												
Health Unit	1	2	3	4	5	6	7	8	9	10	Administration	Total
Bismarck-Burleigh Public Health	2	3	22	8	18	3	37	5	2	0	Allocated	100
Cavalier County Health District	5	2	15	6	3	1	55	5	1	0	7	100
Central Valley Health Unit	1	23	25	1	1	5	31	5	0	0	8	100
Custer District Health Unit	5	5	15	5	2	15	40	5	2	0	6	100
Dickey County Health Unit	15	15	20	5	2	15	10	10	2	0	6	100
Emmons County Public Health												
Fargo Cass Public Health Unit	6	8	25	8	7	13	20	7	3	3	Allocated	100
First District Health Unit	7	12	17	6	4	16	26	5	2	1	4	100
Foster County Health Department	15	5	15	5	2	15	25	10	2	0	6	100
Grand Forks Public Health Department	15	15	20	5	2	15	10	10	2	0	6	100
Kidder County District Health Unit												
Lake Region District Health Unit	10	10	10	2	2	10	50	5	1	0	Allocated	100
LaMoure Public Health	20	20	15	10	5	6	10	10	3	1	Allocated	100
McIntosh District Health Unit	40	5	35	5	5	0	5	5	0	0	Allocated	100
Nelson Griggs District Health	10	10	10	5	3	1	50	4	1	0	6	100
Pembina County Health Unit	10	10	20	5	2	5	30	10	2	0	6	100
Ransom County Health Department	2	2	30	2	5	1	20	35	1	2	Allocated	100
Richland County Health Department	5	10	15	5	5	5	40	5	1	0	9	100
Rolette County Public Health	20	10	25	5	8	8	10	3	1	0	10	100
Sargent County District Health	2	10	50	5	2	1	21	2	0	0	7	100
Southwestern District Health Unit	1	29	30	10	15	3	8	3	1	0	Allocated	100
Steele County Public Health	2	2	20	1	1	0	39	2	1	0	32	100
Towner District Health Unit	6	2	30	4	2	5	30	10	1	0	10	100
Traill District Health Unit	15	7	20	4	10	1	19	3	5	0	16	100
Upper Missouri District Health Unit	3	5	19	11	9	7	25	6	6	1	8	100
Valley City/Barnes County Health Unit	12	12	25	11	4	6	22	4	4	0	Allocated	100
Walsh County Health Department	5	1	5	2	5	1	70	5	1	0	5	100
Wells County District Health Unit	15	15	15	5	4	1	37	3	0	0	5	100
Average	9.6	9.6	21.1	5.4	4.9	6.1	28.5	6.8	1.7	.3	6.0	100.0

The schedule below identifies the 10 essential services as defined by the American Public Health Association and an administration component and provides a comparison of the units' average estimate

of what they spent on each in 2005 to the average of all health units' responses for the "Best Practice" or "Ideal" percentage of the health units' budgets that should be spent on each.

	Essential Services	Average "Best Practice" or "Ideal" Percentage	Average Estimate of 2005 Budgets	Variance
1	Monitor health status to identify community health problems	12.7	9.6	3.1
2	Diagnose and investigate health problems and health hazards in the community	11.8	9.6	2.2
3	Inform, educate, and empower people about health issues	17.3	21.1	(3.8)
4	Mobilize community partnerships to identify and solve health problems	10.7	5.4	5.3
5	Develop policies and plans that support individual and community health efforts	8.2	4.9	3.3
6	Enforce laws and regulations that protect health and ensure safety	7.3	6.1	1.2
7	Link people to needed personal health services and assure the provision of health care when otherwise unavailable	13.6	28.5	(14.9)
8	Assure a competent public health and personal health care workforce	6.7	6.8	(.1)
9	Evaluate effectiveness, accessibility, and quality of personal and population-based health issues	4.0	1.7	2.3
10	Research for new insights and innovative solutions to health problems	.4	.3	.1
	Indirect or administrative costs	7.3	6.0	1.3
	Total	100.0	100.0	0

Reasons why actual essential services percentages may differ from "Best Practice" or "Ideal" percentage and suggestions made by the health units to address these differences include:

1. The programs provided follow guidelines and funding levels of the grants the units receive.
2. Increasing demands for direct patient care, grant reporting and requirements, and required attendance at meetings make it difficult to provide other essential services.
3. Lack of private health care providers to meet the demand for health services, especially in rural areas, results in the health units arranging for or directly providing a wide variety of health services.
4. The development of new methods of gathering community input to prioritize services would be useful.
5. Additional funding flexibility is needed to address local priorities and needs.
6. The current formula for distributing state aid to health units should be changed to consider

the socio-economic conditions of each unit's residents.

7. Additional funding for state aid to health units would allow the units more discretionary funding to address the essential services currently not being adequately provided.
8. Increased funding for additional staff is needed, especially for environmental health, school nursing, and administration.
9. Recruiting and retaining staff is difficult. Additional funding that could be used for salaries and benefits for existing staff would be beneficial.
10. Additional funding is needed for monitoring and understanding local health issues, to analyze local health data, and for evaluating local public health services.
11. Consider developing a credentialing process for public health employees to assure a competent workforce.