

REGIONAL PUBLIC HEALTH NETWORK PILOT PROJECT STUDY - BACKGROUND MEMORANDUM

The Legislative Assembly approved 2011 House Bill No. 1004. Section 8 of the bill ([Appendix A](#)) provides the Legislative Management study the regional public health network pilot project conducted during the 2009-11 biennium, including services provided, effects of the project on participating local public health units, efficiencies achieved in providing services, cost-savings to state and local governments, and possible improvements to the program.

PUBLIC HEALTH UNITS

North Dakota Century Code Chapter 23-35 contains public health law. The 1999 legislation required that all land in the state must be in a public health unit by January 1, 2001. As a result of that requirement, 28 public health units have been established. The public health units take a variety of forms, including 7 multicounty health districts, 11 single county health districts, 3 city/county health departments, 1 city/county health district, and 6 single county health departments. A map of public health units provided by the State Department of Health is attached as [Appendix B](#). Chapter 23-35 includes provisions relating to establishing public health units, including the establishment of multicounty or city/county health districts and authority for health districts to merge into a single health district. Chapter 54-40.3 allows public health units to enter joint powers agreements with other public health units upon approval of each governing body to provide shared services. A public health district has a separate governing board, while a public health department is an agency within a city or county government.

Although all areas of the state are required to be included within a public health unit, state law does not mandate any minimum requirements or establish any expectations of services for public health units. A county may allocate funding not exceeding the amount raised by levying up to five mills to support public health units. In addition to the local tax funding, public health units are funded through state and federal grants and fees collected for services. Because funding levels and service areas vary for the 28 public health units, the services provided also vary.

PREVIOUS STUDIES

The 2003-04 Emergency Services Committee, pursuant to 2003 House Concurrent Resolution No. 3054, studied the state's public health unit infrastructure and the ability of the public health units to respond to public health issues, including disease and other physical health, environmental, and disaster-related issues.

The committee received testimony indicating that the role of public health units has changed

significantly in the last few years. Planning to address bioterrorism threats and reacting to the emergence of new diseases have placed additional burdens on public health units. However, representatives of several public health units indicated that public health units generally have not received federal homeland security grant funds to assist in addressing the additional responsibilities that the public health units have assumed.

To assist public health units in carrying out some of the additional responsibilities, the State Department of Health has identified a lead public health unit in each of the eight regions of the state. Utilizing federal grant funds, each of the lead public health units employs a public health emergency response coordinator, a public information officer, and an environmental health practitioner to provide services to the public health units in the region. In addition, the State Department of Health provides an epidemiologist for each region.

The committee made no recommendation directly related to the study of the state's public health unit infrastructure and the ability of the public health units to respond to public health issues.

The 2005-06 Budget Committee on Human Services, pursuant to 2005 Senate Bill No. 2004, studied the state's public health unit infrastructure and the ability of the health units to respond to public health issues. The study was to include an assessment of the efficiency of operations, given the personnel and financial resources available, and the effectiveness of services, given the lines of governmental authority of the current infrastructure. In addition, the study was to include the efficiency of the food and lodging investigation services provided by the State Department of Health and the public health units and the development of a plan maximizing efficiencies through a coordinated system and fee structure.

The committee received information regarding public health mill levy limitations, state general fund support, core functions, and essential services. The committee learned Section 23-35-02 authorizes the Health Council to issue rules defining the core functions of a public health unit; however, state law is not specific regarding the duties and responsibilities of public health units.

The committee learned the American Public Health Association Committee on Administrative Practice has adopted core functions and 10 essential services to guide public health decisionmaking and operations. The core functions are:

1. Assessment - Activities to evaluate the current health level and current threats to health in the community.

2. Policy development - Developing policies to address the identified health threats and problems.
3. Assurance - Implementation of policies to improve public health.

Each of the core functions includes essential services that provide the framework for measuring and improving public health practice. According to the American Public Health Association, the following 10 essential public health services should be provided to citizens by the public health system:

1. Monitor health status to identify community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure a competent public health and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal-based and population-based health services.
10. Research new insights and innovative solutions to health problems.

The committee received the results of a 2002 national survey of local public health units involving the assessment of the three core functions of public health. The survey results indicated local public health units serving fewer than 25,000 individuals do not have the capability to conduct the core functions. The committee learned that in North Dakota 20 of the state's 28 local public health units serve fewer than 25,000 individuals each.

The committee surveyed all public health units in the state regarding their funding, programs, demographics, and essential services. The health units estimated spending approximately 12.7 percent of their annual budgets on administrative responsibilities.

The committee received information on other states' models of public health unit administration and accreditation. The committee learned some states have developed an accreditation process for public health units in order to encourage the provision of core services.

The committee learned the State Department of Health held public health planning meetings across the state to determine the public health services North Dakota residents should have available to them regardless of where they live in the state. Observations noted the majority of public health infrastructure services should be considered minimum

essential services and should be provided locally or regionally. The State Department of Health established a public health task force to review and analyze the data gathered and to develop strategies for building local public health capabilities.

The committee heard reports from a number of public health units across the state regarding the services and funding of each unit and suggestions for improving public health services in the state. Comments, concerns, and suggestions of representatives of these health units included:

1. A more uniform set of services should be established for all local public health units. Currently the level of services varies widely by unit across the state.
2. Smaller health units have chosen not to combine with other health units because currently:
 - a. Funds remain within the community.
 - b. The board controls its own program.
 - c. The units meet the health needs of their areas.
3. The statutory mill levy for public health is limited to five mills, which does not allow additional funding to be raised at the local level for meeting program needs.

The committee made no recommendation regarding its study of public health units.

REGIONAL PUBLIC HEALTH NETWORKS

The Legislative Assembly approved 2009 Senate Bill No. 2333 ([Appendix C](#)), which created regional public health networks. Section 1 of Senate Bill No. 2333 established regional public health networks that correspond to the emergency preparedness and response regions established by the State Department of Health. The regional public health networks must share a minimum of three administrative functions and a minimum of three public health services. Participation by local public health units is voluntary. The bill provided \$275,000 from the general fund to the State Department of Health for a regional public health network pilot project during the 2009-11 biennium.

Pursuant to Section 2 of Senate Bill No. 2333, the State Health Officer was to appoint a Regional Public Health Network Task Force to establish protocol for the regional public health network. The task force was to consist of at least seven members, including at least three members representing local public health districts, three members representing private health care providers, and representatives of the State Department of Health. The bill required the State Health Officer and the Regional Public Health Network Task Force to report periodically to the Legislative Management during the 2009-10 interim regarding the development of the regional public health network. The 2009-10 Health and Human Services Committee received these reports.

A regional public health network is defined as a group of local public health units that have entered a joint powers agreement or an existing lead multidistrict

health unit identified in the emergency preparedness and response region that has been reviewed by the State Health Officer and verified as in compliance with the following criteria:

- The geographical region corresponds to one of the emergency preparedness and response regions.
- The regional network shares emergency preparedness and response and environmental health services and shares a regional public health network health officer.
- The joint powers agreement:
 - Includes sharing at least three administrative functions and at least three public health services identified in Section 23-35.1-02(3)(b).
 - Provides for the future participation of public health units that were not parties to the original joint powers agreement and an appeal process for any application denials.
 - Provides the structure of the governing body of the network.
- The regional network complies with other requirements adopted by the Health Council by rule.
- The regional network meets maintenance of effort funding requirements.

Each regional public health network was to prepare an annual plan regarding the provision of required and optional public health services that must be approved by the State Health Officer and may receive and expend money for the provision of services.

Southeast Central in the Jamestown region was selected as the regional public health network pilot site and was approved by the Health Council to receive the \$275,000 public health network pilot grant. Participating health units were:

- Central Valley Health District - Jamestown;
- City-County Health District - Valley City;
- LaMoure County Public Health Department - LaMoure; and
- Wells County District Health Unit - Fessenden.

The pilot network established a joint powers agreement in July 2010 to share family planning, sexual assault response, and chronic disease management services. The shared administrative functions provided in the agreement include billing, accounts receivable, policy standardization for public health services, and implementation of community health assessment data. To reduce costs, the pilot network purchased software through a member's existing agreement, and staff had the expertise to conduct the training for staff at other local public health units. Cost-savings realized on the purchase of the billing system by the four local public health units participating in the regional public health network pilot project totaled \$15,000 and ranged from \$3,333 to \$5,000 per local public health unit. A baseline

evaluation revealed participants were supportive of the regional project but also expressed concern that mandates may result from the project without adequate input from all participants.

The State Department of Health reported to the Legislative Assembly in 2011 that overall benefits of the shared functions have been access to and shared staff expertise, especially for system training and writing policies and procedures, as well as access to the electronic systems which were purchased at a reduced group cost. The department reported the pilot project allowed health units that did not have the means or capacity to recoup revenue for services to now have the capability to do so, and as a result, staff has reduced the time necessary to process insurance claims by as much as five times and reduced the number of steps involved by 50 percent. The department reported other accomplishments of the pilot project include:

- Completion of a draft community health assessment for all network members.
- Website development for all local public health units.
- Completion of a family planning client survey and scheduling of evening clinic hours for network clients.
- Coordination with community partners of network members to provide education about the sexual assault response program.

ASSOCIATION OF CITY AND COUNTY HEALTH OFFICIALS

In August 2010 a joint powers agreement formed the North Dakota State Association of City and County Health Officials--a state association for North Dakota local public health units. Similar associations have been formed in other states to streamline communications between state and local public health agencies and to receive current information on national public health initiatives, including quality improvement and public health accreditation.

The purpose of the association is to improve coordination of local public health department efforts across the state, enhance consistent messaging and education, improve training and advocacy, and share best practices. The association is governed by a 10-member executive committee with representatives from local public health units, the State Department of Health, and the North Dakota Association of Counties.

2011 LEGISLATION

The 2011-13 executive recommendation for the State Department of Health, in House Bill No. 1004, included \$275,000 of one-time funding from the general fund to establish joint powers agreements to form another regional public health unit during the 2011-13 biennium. In addition, the executive recommendation included \$2.4 million from the general fund for grants to local public health units. The Legislative Assembly in 2011 increased funding

from the general fund for grants to local public health units by \$600,000 to provide a total of \$3 million from the general fund, removed the one-time funding included in the executive budget to establish another regional public health network, and provided for a study of the regional public health unit pilot program conducted during the 2009-11 biennium.

STATE GENERAL FUND SUPPORT

Since 1977 each Legislative Assembly has appropriated funding from the general fund for state aid to public health units. The following schedule presents the funding appropriated for each biennium since 1977:

Biennium	General Fund Appropriation
1977-79	\$600,000
1979-81	\$525,000
1981-83	\$1,000,000
1983-85	\$1,000,000
1985-87	\$1,000,000
1987-89	\$950,000
1989-91	\$600,000
1991-93	\$975,000
1993-95	\$1,000,000
1995-97	\$950,000
1997-99	\$990,000
1999-2001	\$1,100,000
2001-03	\$1,100,000
2003-05	\$1,100,000
2005-07	\$1,100,000
2007-09	\$1,900,000
2009-11	\$2,400,000
2011-13	\$3,000,000

The state aid funds are distributed to each health unit pursuant to a formula developed by the State Department of Health. The department currently provides \$400,000, \$50,000/lead unit, to the eight lead health units to provide regional environmental health services during the biennium. The eight lead health units are:

- Central Valley Health District - Jamestown;
- Custer District Health Unit - Mandan;
- Fargo Cass Public Health - Fargo;
- First District Health Unit - Minot;
- Grand Forks Public Health Department - Grand Forks;
- Lake Region District Health Unit - Devils Lake;
- Southwestern District Health Unit - Dickinson; and
- Upper Missouri District Health Unit - Williston.

The remaining funds are distributed through a formula that provides each public health unit with a \$6,000 base allotment per biennium with the remainder of the funding being distributed on a per capita basis.

STUDY PLAN

The committee may wish to proceed with this study as follows:

1. Gather and review information regarding services provided and administrative functions shared by the regional public health unit established pursuant to the regional public health network pilot project conducted during the 2009-11 biennium.
2. Gather and review information regarding the effects of the regional public health network pilot project on participating local public health units.
3. Gather and review information regarding efficiencies achieved in providing services through a regional public health unit.
4. Gather and review information regarding cost-savings to local governments participating in the regional public health unit pilot program and to the state.
5. Receive information from the State Department of Health and the local public health units regarding possible improvements to the regional public health network program and whether any local public health units are interested in establishing additional regional public health networks.
6. Develop committee recommendations and prepare any legislation necessary to implement the committee recommendations.
7. Prepare a final report for submission to the Legislative Management.

ATTACH:3