

North Dakota Legislative Management
Tribal-State Relations Committee
Report on the Fort Berthold Public Health Unit Pilot Project
May 29, 2014

Good morning Chairman Johnson and Members of the Tribal State Relations Committee. My name is Ken Hall; I am an enrolled member of the MHA Nation and a member of the Tribal Business Council, representing the Northern Segment.

In Section 12 of Senate Bill 2030, the Legislative Management requires of the N.D. Department of Health an updated report on the status of the Fort Berthold Public Health Unit Pilot Project. Hence this report serves as an update on services that are provided, including the available resources, the expenditures, and the future sustainability of the pilot project.

I am here today to provide the update on the status of the Fort Berthold Public Health Unit Pilot Project. On February 5, 2014, I provided a semi-annual report to the Tribal-State Relations Committee on the status of the Pilot Project. Since giving that report the health services that were reported continue to be provided to the targeted populations on the reservation. However, several new developments have happened since the last report.

First let me give you a brief update on the workgroup of individuals who are spearheading the planning of the PHU Pilot Project. Several new members were added to the Workgroup, Monica Mayer, MD, the Chief Medical Officer of Elbowoods Memorial Health Center and Madonna Azure, former public health nurse at Minne-Tohe Health Clinic (retired). Both these individuals have many years of public health experience and have added their expertise to the planning of the PHU. The Workgroup was formed in 2012 with primary responsibility to serve as the main

communication link among the different key stakeholder groups and tribal leaders, provide technical assistance to the tribe on this development, and coordinate meetings and other activities that fall within the domain of public health development. The Workgroup is made up of Tribal leaders, Tribal Health professionals, public health nurses from Elbowoods Memorial Health Center, North Dakota Department of Health professionals, and the Director of the Master of Public Health Program at North Dakota State University. It was formed mainly to guide and coordinate activities to establish the tribal public health unit on Fort Berthold. The MHA tribal leaders approved the forming of the workgroup and its activities that include strategizing on building the tribal infrastructure to support the public health needs and collaborate with tribal programs and non-tribal public health programs that support development of an effective model of public health service delivery.

SERVICES

The MHA Nation has the following public health programs that are operating within the boundaries of the reservation and continue to provide services to the local populations. These programs are currently receiving funding from federal, state or tribal resources and/or from a combination of federal, state, and tribal funds.

WIC

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Program is a federally sponsored and funded program that provides nutrition to mothers and babies. The MHA WIC Program currently provides services to 320 children, from birth to five years of age, in New Town, Four Bears, Mandaree, Twin Buttes, White Shield, and Parshall Communities.

Tobacco Prevention Program

The Tobacco Prevention Program is currently administered by the Three Affiliated Tribes Boys and Girls Club. The Tobacco Program provides tobacco prevention activities and education for youth and teens on the reservation by working with local schools and providing after school programs. The funding for this program is from the State Department of Health and the tribe.

Domestic Violence

The Fort Berthold Coalition against Domestic Violence is a nonprofit Native American Program whose purpose is to empower abused individuals. It provides 24-hour services to the reservation community serving both American Indian and non-native populations. The program provides educational services and works with law enforcement, social services, schools, churches, and other service organizations. The Coalition receives funding from the U.S. Department of Health and Human Services, (Federal Family Grant), and the ND Department of Health, and the MHA Nation.

Emergency Preparedness

The MHA Emergency Management Program receives a small grant from the state emergency preparedness program for emergency management administrative costs. It will continue with this funding in 2014-2015.

Immunizations

The Elbowoods Memorial Health Center continues to hold immunization clinics in all communities on the reservation.

Women's Way

The North Dakota Department of Health Women's Way Program is not a tribal program but offers outreach services to eligible women living on the reservation who meet the income eligibility guidelines for screenings.

Resources Available

The Elbowoods Memorial Health Center (EMHC) employs three public health nurses with extensive experience in public health. Kathy Eagle, MD, who served as the Quality Care Director, recently was hired as Acting CEO of Elbowoods Memorial Health Center until a new CEO is hired. Dr. Eagle is a champion of public health and is making every effort to move the public health unit forward. The four medical personnel are enrolled members of the MHA Nation and plan to continue offering health services at EMHC and to assist in the public health development.

The EMHC is the headquarters for the public health unit until other office space arrangements are made. The EMHC facility infrastructure is ideal for locating the public health unit there.

Funding

The MHA Nation receives 100% of its WIC funding from the U.S. Department of Agriculture, Food and Nutrition Service. Approximately 46% of the funding continues to be used for administrative costs and 54% is used for food and direct services to families.

The Tribal Tobacco Prevention Program receives funds from the ND Department of Health Tobacco Program and receives tribal funds for some administrative costs. The budget is 85% for direct services to meet program goals and objectives and 15% for administration costs.

The Domestic Violence Program receives funding from the following sources, U.S. Department of Health and Human Services, (through the Federal Family Grant), the N.D. Department of Health and the MHA Nation. The State funds are budgeted for client services (food and shelter), and the Federal Family Grant (U.S. Department of Health and Human Services) funds are used for administrative costs. The MHA Nation will continue to supplement the administrative costs with an annual supplemental grant.

The MHA Emergency Management Program receives a small grant for administrative costs from ND Department of Health's Emergency Preparedness Program and will continue this program.

Women's Way is a ND Department of Health Program that provides outreach services for women's mammogram and pap screenings to the tribal communities.

The immunization Program is an MHA Program that provides services through the Elbowoods Memorial Health Center. The budget for this program comes through the Elbowoods Memorial Health Center budget.

Future Sustainability of the Project

In May 2014 a proposal to fund the Public Health Unit was presented at the TBC Health Committee meeting. A budget of \$60,400 was requested to hire an administrative assistant, travel support, and to purchase equipment, supplies, and phone service. The TBC Health Committee approved the request and passed a motion to forward this request to the full body of the Tribal Business Council at its June 2014 meeting.

Also in May 2014, Kathy Eagle, MD, and Phyllis Howard, Director, Health Equity Office, ND Department of Health met with the Fort Berthold Health Authority Board. The Board approved the Fort Berthold Public Health Unit and went on record to lend its support to the development of the PHU. Encouragement was given to the group to continue planning the PHU.

Discussions with the Elbowoods Memorial Health Center are underway to hire a Director for the PHU. However, progress will take time as there are several layers before it can be approved. The Tribal Business Council and the 638 contracting arm with Great Plains Area Indian Health Service will have to approve any changes to the tribes 638 contract.

The MHA Nation continues its preparations to enter into collaboration with the ND Department of Health that will allow for continued integration of primary and public health care based on the core principles of public health and its services. The MHA Nation will also be seeking to establish networks with regional public health units so an effective and efficient model for delivering public health services to the reservation population will be met. The MHA Nation plans to continue management of its health through the 638 contracting of its health services from the Great Plains Indian Health Service.



2013 Domestic and Sexual Violence Stats

- 171 New victims of domestic violence
 - 158 females
 - 13 males
 - 1 13-17 yr old
 - 30 18-24 yr old
 - 115 24-44 yr old
 - 22 45-64 yr old
 - 3 65 and older
 - Victims
 - 5 Caucasian
 - 165 Native American
 - 1 Hispanic
 - Offenders
 - 7 Caucasian
 - 117 Native American
 - 1 Pacific Islander
 - 6 Hispanic
 - 4 African American
 - 75% of referrals have come from law enforcement
 - 25% from walk in or other agencies
 - Relationship
 - 38 Spouse
 - 4 Former Spouse
 - 50 Cohabiting Partner
 - 15 Partner
 - 40 Former Partner
 - 18 Family members
 - 1 acquaintance
 - 5 other
 - Law enforcement called
 - 122 times
 - 96% of our cases have are drug and alcohol related

- 31 New victims of sexual violence
 - 1 0-5 yr old
 - 3 6-12 yr old
 - 2 13-17 yr old
 - 15 18-24 yr old
 - 8 25-44 yr old
 - 2 45-64 yr old
 - 29 Females
 - 2 Males
 - Victims
 - 31 Native American
 - Offenders
 - 23 Native American
 - 3 Hispanic
 - 1 African American
 - 4 Caucasian