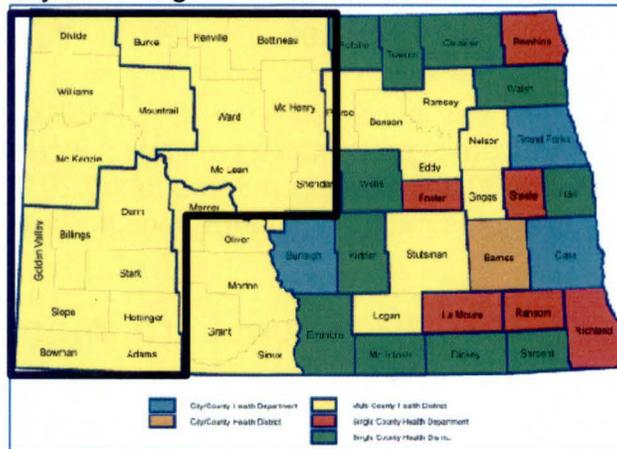


WESTERN LOCAL PUBLIC HEALTH

The Issue

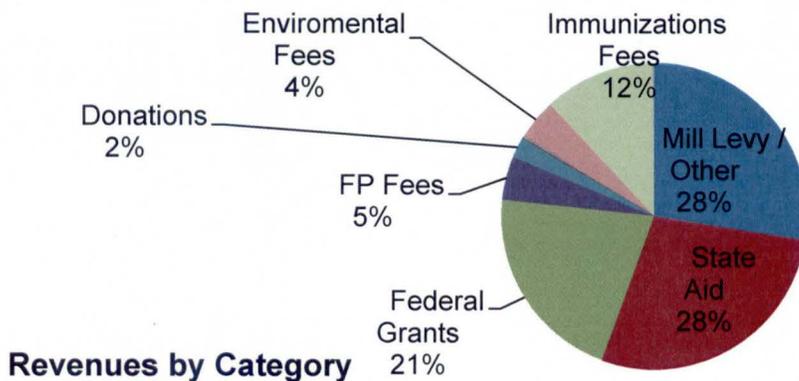
Safeguarding health and preventing disease outbreak in communities, particularly children, the elderly and people with disabilities, during a time of rapid growth in western North Dakota is critically important. North Dakota Century Code requires local public health provide services to North Dakota residents regardless of ability to pay.

Three health units, First District (7), Southwestern District (8) and Upper Missouri District (4), with a total of 19 counties cover the oil impacted area. (Black outline in the map below). Local public health agencies are expected, and often required, to provide services and reach people that private and other government agencies fail to adequately address. Local public health agencies are regarded as the guarantor of services. In other words, we are the gap fillers. As a result, services are often received without reimbursement either by insurance or client payment. Consequently, local public health operates on a relatively small budget. Up to eighty percent of local public health budgets go to staff salary and fringe.



Map courtesy of ND Department of Health

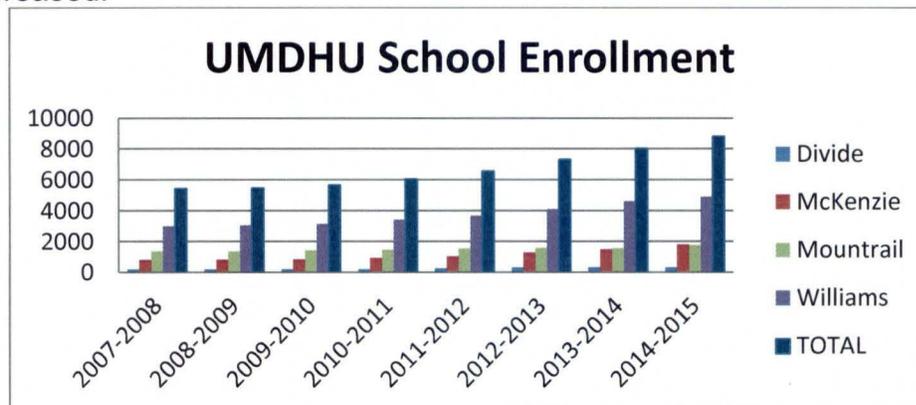
The majority of local public health funding comes from local government (local tax dollars) consumer fees and donations, additional funding comes through the state government and federal pass through dollars. Only local and state aid funding allows public health to address local issues.



Growth in the Bakken has impacted local public health in several ways: 1) challenge to recruit and retain employees (up to 40% increase in salaries from 2010-2015 and yet we are still unable to compete with the private sector) in addition to workforce issues due to lack of experience, short-term career plans and home away from home – 32% turnover from employment of 20-25 years 2) budget increase without increased funding 3) lack of affordable housing 4) lack of daycare/afterschool programs 5) increased safety procedures and equipment for employees and 6) an increase in demand for services 7) lack of behavioral health practitioners to refer clients to 8) client demographic and public health issues have changed dramatically

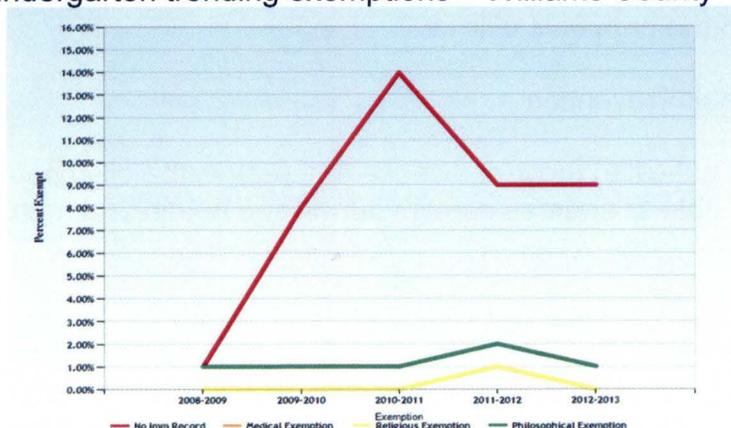
Increases in public health services from 2010-2014:

- STD/HIV cases have increased substantially.
- HIV prevalence has increased in the 19 counties from 0 cases in 2010 to 34 in 2014.
- Chlamydia cases have increased from 74 in 2010 to 155 in 2014 in Williams County alone
- Gonorrhea cases have increased from 2 in 2010 to 11 in 2014 in Williams County
- Pertussis (whooping cough) – 2 in 2009 - 84 in 2012 – 22 in 2014
- Increase in TB cases
- Student population K-12 has increased up to 42%. A 2014 Study conducted by North Dakota State University estimates a population increase for Williams County alone up to 51,000 people as compared to the 2010 US Census of 22,398. Many new residents require immunizations and vaccine record review has increased.

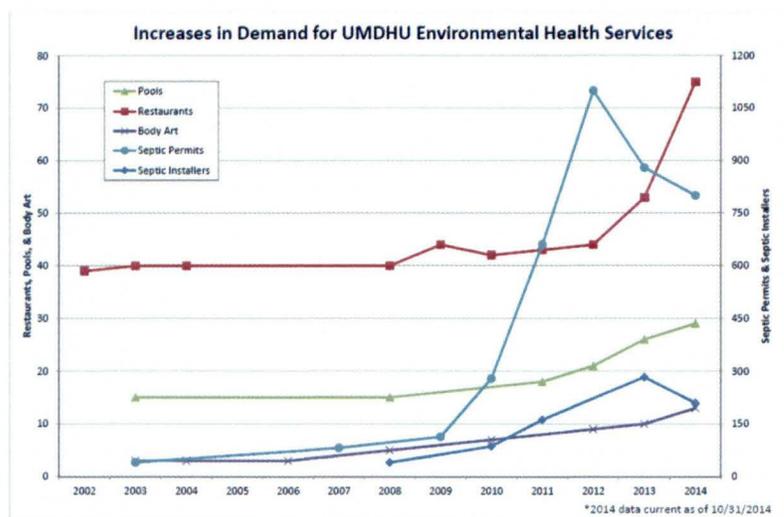


- Child vaccinations have increased by up to 31%. People are exempting their children from receiving vaccinations which increases the risk for an outbreak.

Kindergarten trending exemptions – Williams County



- New client paperwork, data entry and billing has increased substantially, but the program numbers stay relatively level due to a cycle of people coming in for services, some leaving the area, then being replaced by new clients to the area.
- Nuisance complaints (source of filth or cause of sickness) have increased by 145%; employees are spending an average of 6 hours per complaint. Water tests (wells, non-community water and pools) for safe drinking and recreational use have increased by up to 43%.
- Daycare inspections up to 7% increase
- Lodging inspections have increased up to 58%. In 2013, 529 inspections were conducted in First District
- Up 3,000% increase in septic permits. From 40 annually to 1200 permits at the highest.
- Food inspections up to 20% increase
- Body art inspections up to 14% increase. Mobile units providing tattoo services need immediate inspection. There also has been an increase in illegal body art. Because of the increased number of tattoo artists and illegal providers our Inspectors have increased their workload.



- In 2015 UMDHU office rent in Divide County went from under \$200 per month to \$750 per month. In McKenzie County rent jumped from \$550 per month to \$1,995 per month plus utilities.

Disease Outbreak Prevention

Summary: It is critical to prevent disease outbreak in the oil impacted area. When public health is able to address needs you will see nothing happen. (No outbreaks)

Need for personal contact and outreach is essential

Reducing the risk of STDs, HIV, tuberculosis, vaccine preventable disease, public health hazards or nuisances, food borne illness, water safety and many other issues requires public health to go to where the people are. UMDHU covers many miles to accomplish our work. This takes additional staff time to meet the needs of our growing communities.

In addition, many services provided by public health have increased substantially. State aid earmarked specifically for environmental health covers some of the personnel costs, however the local investment has increased to meet the needs in the area.

Solutions

- Focus is on providing services that reap positive population-based public health outcomes and prevent outbreaks
- Need a taskforce to address behavioral health professional shortage
- Creative in Staffing
 - Recruit/Flexible work/annual market survey
 - Hire additional EHP, Nursing and Clinical (N.P.) staff
 - Customized training to work with out of state employees
- Partnerships (SWDHU, UMDHU, FDHU)
- Other Partnerships
 - Legislative Support – oil impact funding
 - LPHU Created Public Health Section of Vision West
 - Oil Impact meetings with State Health
 - Chaplaincy Training
 - Attend mandatory safety meetings to reach transient workers