

PUBLIC HEALTH PLANNING PROCESS - BACKGROUND MEMORANDUM

INTRODUCTION

House Concurrent Resolution No. 3030 (attached as Appendix "A") directs the Legislative Council to study the development of a strategic planning process for the future of public health in this state. This resolution is in part in response to the Governor's encouragement of strategic planning for the future of public health in North Dakota and a State Department of Health application for the W. K. Kellogg and Roger Wood Johnson Foundations Turning Point public health grant, which was not awarded to North Dakota. The sponsor of this resolution testified during the legislative session that better coordination of health-related communication between the cities, counties, and the state is needed.

PRIOR STUDIES

W. K. Kellogg and Roger Wood Johnson Foundations Turning Point Grant Application

In March 1997 the State Department of Health applied for a grant from the Robert Wood Johnson and W. K. Kellogg Foundations to assist in creating a strategic plan for public health. The application proposes a complete examination of the public health system in North Dakota. Although the department did not receive the grant, the application indicates the direction strategic planning for public health is going in the state. A copy of the grant application is attached as Appendix "B".

NORTH DAKOTA STATUTES Organization of the Public Health System in North Dakota

The North Dakota public health system is made up of a variety of players across the state, including county boards of health, city boards of health, and district health units. The duties, types, and qualifications of board members and funding sources vary for each of the different types of boards and health units. The services provided by public health providers are not consistent across the state. Governor Schafer addressed the issue of the public health system in North Dakota during his state of the state address this year, stating the current public health system "has served us fairly well, but it is loosely coordinated, duplicative, and horribly expensive." The Legislative Assembly appropriated \$990,000 to the State Department of Health for grants for local health districts during the 1997-99 biennium. This was an increase of \$40,000 over the appropriation for the 1995-97 biennium.

The State Department of Health and several local public health departments make up the state's public health system. Additional federal services are provided within the state by Indian Health Service and a federal public health clinic in Fargo. Forty-nine of the state's 53 counties are served by local public health departments. These counties are divided into 24 single and multicounty health districts. Services provided by these public health providers vary, based on the combination of local need as determined by community assessments, emergency response, and state and federal funding priorities. Four counties in the state have no formal public health structure.

The primary concern with the existing public health framework is that there are too many levels of providers with overlapping jurisdictions and providers do not necessarily coordinate their services. As a result, public health services are not uniform across the state and some services may be duplicated within a region. Any changes to the existing public health framework may have a ripple effect in the public health care system.

State Department of Health

The duties of the State Health Council include establishing standards and regulations necessary for the maintenance of public health. The duties of the State Health Officer include establishing and enforcing minimum standards of performance of the work of local departments of health, promoting the development of local health services, and recommending the allocation of health funds to local jurisdictions. Community, county, regional, and tribal assessments are made by the department for many local health departments.

County Boards of Health

The relevant sections of North Dakota Century Code (NDCC) Chapter 23-03 include:

23-03-01. County board of health - How composed - Term of office - Qualifications - Compensation.

The board of county commissioners shall appoint a five-member county board of health. The five members of the county board of health must include one physician, one dentist, one business or professional person, one farmer, and one county commissioner. The initial members of the county board of health must be appointed for terms as follows: one for one year, one for two years, one for three years, one for four years, and one for five years. All subsequent

appointments must be for five years. In no instance may the board be either all male or all female. Each appointee shall serve until a successor is appointed or qualified, and if a vacancy occurs, the vacancy must be filled by appointment for the remainder of the unexpired term. Each appointee shall qualify by filing the constitutional oath of office in the office of the county auditor. In the event a county does not have a resident physician or dentist, these positions may be filled by a physician and dentist from an immediately adjacent county, or if not practical, by other licensed providers of health services who are residents in the county. Members of the board may be compensated at the rate not to exceed forty-five dollars per day and for not to exceed twenty-five days in any one year. They must be reimbursed for expenses incurred in the manner and to the extent provided for state officers.

23-03-02. Officers of county board of health. At the first meeting after their appointment and annually thereafter, the members of the board shall organize by electing a president, a vice president, and such other officers as they deem necessary. Upon appointment and qualification, the health officer is the secretary of the board.

23-03-02.1. County health officer. The county board of health shall appoint for a term of five years a county health officer subject to removal for cause by the county board of health. The health officer must be a physician currently licensed to practice medicine in North Dakota and need not be a resident of the county when appointed. The health officer shall qualify by filing the constitutional oath of office in the manner provided for the members of the county board of health.

23-03-03. Meetings of county board of health. The county board of health shall meet at the county seat at least once in every three months.

23-03-07. Powers and duties of county health officer. The county health officer shall:

1. Exercise the powers of the county board of health under the supervision of such board and of the state department of health throughout the county outside of the corporate limits of cities.
2. Make sanitary inspections of such places as the health officer deems advisable when the health officer believes there is a probability that a health-threatening condition exists within the jurisdiction and take such

action as the health officer deems necessary for the protection of the public health.

3. Investigate, subject to the supervisory control of the state department of health, public water and ice supplies which are suspected of being contaminated, and cause them to be condemned when the health officer finds it necessary.
4. Enforce cleanliness in schools, and inspect overcrowded, poorly ventilated, and unsanitary schoolhouses and, when necessary, report cases of unsanitary or unsafe school buildings to the county board of health for investigation.
5. Enforce all laws, rules, and regulations relating to the preservation of the life and health of the people of the county.
6. Keep a record of all the proceedings of the county board of health and of the health officer's official acts.

City Boards of Health

The organization and operation of a city board of health depends on the organizational structure of the city. Council city boards of health are organized differently from commission city boards of health. The relevant sections of NDCC Chapter 23-04 include:

23-04-01. Board of health in council cities.

The board of health in a city operating under the council form of government is under the supervision of the state department of health and consists of the following members:

1. Four council members appointed by the mayor at the first meeting of the city council in June of each year.
2. The city engineer.
3. The city health officer.

23-04-02. City health officer in council cities.

The mayor, at the regular meeting of the city council in April of each odd-numbered year, shall appoint as city health officer a person licensed to practice medicine within this state. Such appointment is subject to confirmation by the city council. The health officer shall hold office for two years and until a successor is appointed and qualified. When the state department of health is satisfied that the city health officer is neglecting or refusing to perform the duties of office, it may report the case to the city council, and at the next meeting thereof, the mayor shall declare the office vacant and shall appoint another physician to fill the unexpired term.

23-04-02.1. City health officer in commission cities. The board of health in a city operating under a city commission form of government shall appoint, as health officer, a person licensed to practice medicine within this state. The health officer shall hold office for two years and until a successor is appointed and qualified. When the state department of health is satisfied that the city health officer is neglecting or refusing to perform the duties of office, it may report the case to the city board of health, and at the next meeting thereof, the board shall declare the office vacant and shall appoint another physician to fill the unexpired term.

23-04-03. Officers of city boards of health. The board of health of a city operating under the council form of government and the board of health of a city operating under the commission form of government shall elect from its members a president, vice president, and other officers they deem necessary. The city health officer shall act as secretary of the board.

23-04-04. Time of meetings - Quorum - Duties of officers. The city boards of health shall meet in April, July, October, and January in each year. Special meetings may be held at any time on the call of the president and secretary. The hour and place of all meetings must be determined by the city health officer. A majority of the board shall constitute a quorum. The president shall preside at the meetings of the board, and in his absence, the vice president shall perform the duties of the president.

23-04-05. Powers and duties of city health officer. The health officer of a city operating under the council or commission form of government shall:

1. Keep a record of the proceedings of the city board of health and of the health officer's official acts.
2. Enforce within the health officer's jurisdiction the health ordinances of the city, the rules of the state department of health and of the city board of health, and the health laws of the state.
3. Exercise the powers and duties of the city board of health under the supervision of such board and of the state department of health.
4. Make sanitary inspections of such places as the health officer deems advisable when the health officer believes there is a probability that a health-threatening condition exists

within the jurisdiction and take such action as the health officer deems necessary for the protection of the public health.

5. Investigate, subject to the supervisory control of the state department of health, public water and ice supplies which are suspected of being contaminated, and cause them to be condemned when the health officer finds it necessary.
6. Enforce cleanliness in schools, and inspect overcrowded, poorly ventilated, and unsanitary schoolhouses and, when necessary, report cases of unsanitary or unsafe school buildings to the city board of health for investigation.

23-04-06. Board of health in commission cities. In a city operating under the commission system of government, the board of city commissioners may appoint a board of health or the commission may serve as the board of health. If the commission serves as the board of health, the city physician is the executive officer of the board. A board of health appointed by the city commission in a city operating under the city commission form of government is under the supervision of the state department of health and consists of five members, including one physician, one dentist, one business or professional person, one city commissioner, and one other person appointed by the mayor, subject to confirmation by the city commission. When a city and county are organized as a health district under provisions of section 23-14-01.1, the "one other person" must be a county commissioner appointed by the board of county commissioners. Initially, the appointments will be one for one year, one for two years, one for three years, one for four years, and one for five years. All subsequent appointments must be for five years. In no instance may the board be either all male or all female. Each appointee shall serve until a successor is appointed and qualified, and if a vacancy occurs, the vacancy must be filled by appointment for the remainder of the unexpired term in the same manner as the initial appointment. Each appointee shall qualify by filing the constitutional oath of office in the office of the city or county auditor as the case may be. Members of the board appointed by the commission may be compensated at a rate not to exceed forty-five dollars per day and for not to exceed twenty-five days in any one year. They must be reimbursed for

expenses incurred in the manner and to the extent provided for state officers.

Health Districts

Health districts may be traditional health districts or county-city health districts. The relevant sections of NDCC Chapter 23-14 include:

23-14-01. Formation of health districts.

When in the opinion of the state health officer, on information obtained in cooperation with local health officers and local boards of health, the health needs of any given area may be better served by the formation of a health district, as hereinafter provided, the state health officer shall so notify the county auditor of each county involved and the city auditor of each city having a population in excess of fifteen thousand persons. Each county auditor and city auditor shall place the matter before the governing board of the county or city at its next regular meeting, and the governing board by resolution either shall adopt or reject the plan at the same or the first subsequent meeting. If resolutions are adopted by the governing boards of the cities and counties as hereinbefore provided, adopting the health district plan, all laws and parts of laws in conflict therewith automatically become inoperative throughout the territory embraced within the district, and particularly the laws relative to city, township, and county boards of health. If the board of county commissioners of any county or the city council or city commission of any city, rejects the plan, it may submit the question of adoption of the provisions of this chapter to the qualified electors of the county or city at the next ensuing general or special election to be held in said county or city. In all elections held under this chapter, the votes cast in the cities having a population in excess of fifteen thousand inhabitants must be considered separate and apart from the votes cast elsewhere in the county, and the participation in the health district by any city must be governed by the votes cast in the city as distinguished from the vote cast elsewhere in the county. If a majority of the qualified electors vote in favor of the adoption of the provisions of this chapter, the board of county commissioners, within ten days after the canvass of said election, shall adopt such resolution, and, upon the adoption of such resolution such county or counties, together with the cities voting in favor of the plan, must be considered a district health unit or health district. On a petition filed with the county auditor

containing names of qualified electors of the county equal to ten percent or more of the votes cast for the office of governor at the last general election, an election on the question of forming a health district must be held as heretofore provided. The health districts must follow county lines, and in case the district as outlined by the state health officer includes more than one county, and the plan is adopted in any of said counties or cities, and rejected in any one or more of the other counties or cities, it becomes effective in the county or counties and city or cities adopting the plan, if the state health officer deems the same operative.

23-14-01.1. Formation of county-city health districts. Notwithstanding any provisions of this chapter, a county not included within any health district as provided in this section may, by a resolution adopted by the board of county commissioners of such county, contract with the governing body of a city within such county which has a health department approved by the state department of health to provide health services throughout the county and in other cities within the county which do not have approved health departments. Such contract must be entered into pursuant to section 54-40-08. Further, the governing body of a city having a health department approved by the state department of health may enter into a contract with the board of county commissioners of the county in which the city is located to provide health services to the county and cities therein which do not have an approved health department, which contract must be entered into pursuant to the provisions of section 54-40-08. Any contract entered into under the authority of this section may be renegotiated after existing one year by mutual agreement between the governing bodies which are parties to the contract, or by one of the contracting parties giving notice by certified mail to the other contracting party. Such notice must specify a time and place for the contracting parties to meet and renegotiate the existing contract. The time specified in the notice must be no sooner than fifteen days after the mailing of the certified notice. When the contract is executed, the health department of the city shall exercise and perform all the necessary powers and duties pursuant to all health laws of this state, and any provisions of this chapter relating to organizing district boards of health do not apply. The county so organized pursuant to a contract entered into under

this provision must be considered a health district for all purposes by the state department of health.

23-14-01.6. Authority to adopt rules. The department may adopt rules to implement this chapter. The rules must include provisions to aid health districts in providing equality of health care and to provide a procedure for distributing grants.

23-14-03. Organized by what officers. Upon the adoption of the plan by a single county, or by two or more contiguous counties, as provided in section 23-14-01, the board of county commissioners of the county or counties concerned shall proceed to organize such district health unit by the appointment of a district board of health as hereinafter provided, and in all cases where two or more counties constitute one health district, the term board of county commissioners must be taken to mean the boards of county commissioners of the several counties concerned acting together in joint session unless the context requires a different meaning. The original meeting for the appointment of the district board of health, as well as all other meetings held for the purpose of filling vacancies on said board, must be held at the county seat of the county having the larger population.

23-14-04. District board of health. A district health unit must be organized by the appointment of a district board of health by the joint board of county commissioners to consist of not less than five members, one of whom must be a physician, one a dentist, one a business or professional person, one a farmer, and one a county commissioner, who must be appointed for terms as follows: One for one year, one for two years, one for three years, one for four years, and one for five years. All subsequent appointments must be for a term of five years. Each appointee shall serve until the appointee's successor is appointed and qualified, and if a vacancy occurs, the vacancy must be filled by appointing for the remainder of the unexpired term in the same manner as the original appointments at the annual joint budget meeting. Each appointee shall qualify by filing the constitutional oath of office, and in case of a district health unit, such oath must be filed in the office of the county auditor of the county having the larger population according to the most recent state or federal census. Each county in the district shall have at least one representative on the district board of health

and counties of over fifteen thousand population shall have an additional representative for each fifteen thousand population or major fraction thereof. In district units of less than five counties, each county shall have at least one representative on the district board of health, and the additional representatives selected to constitute the minimum five-member board must be equitably apportioned among the counties on a population basis. In a city-county health district comprised of only one county and having a city or cities of fifteen thousand population or more, each city having a population of fifteen thousand or more shall have a representative on the district board of health for each fifteen thousand population or major fraction thereof and the remaining population of the county, exclusive of the populations of cities with fifteen thousand population or more each, shall have a representative on the district board of health for each fifteen thousand population or major fraction thereof. Members of the board may be compensated at the rate not to exceed forty-five dollars per day and not to exceed twenty-five days in any one year and must be reimbursed for expenses incurred in the manner and to the extent provided for state officers.

23-14-05. District health officer. The district board of health shall appoint for a term of five years a full-time district health officer, or a part-time district health officer, subject to removal for cause by the district board of health. He must be a physician currently licensed to practice medicine in the state of North Dakota, and he need not be, when appointed, a resident of the county or district. He shall qualify by filing the constitutional oath of office in the manner provided for the members of the district board of health. The district health officer shall, consistent with the terms of his appointment, devote his full time or his part time to the duties of his office, and shall maintain an office within the jurisdiction of the district health unit, at the place to be designated by the district board of health, such office, with necessary equipment, to be furnished by the district board of health.

23-14-06. Powers of the district boards of health - Fees. Each district board of health shall have and shall exercise all the powers and duties which now or hereafter may be given to a local board of health by the laws of the state insofar as the same are not inconsistent with this chapter. District health units

may establish by regulation a schedule of reasonable fees which may be charged for services rendered. However, services may not be withheld because of inability to pay any fees established under this section.

23-14-07. Duties of health officer. The district health officer shall perform all the duties and must be guided by the limitations prescribed by law relative to county and city health officers and shall make such reports to the state department of health as may be required by it.

23-14-09. Meetings of board of health. The district board of health shall meet at least quarterly at the courthouse in the county seat of the county, and if two or more counties constitute the local health district, the first meeting must be held at the courthouse in the county seat of the larger county as determined by the most recent state and federal census. Subsequent quarterly meetings and special meetings must be held at a place to be determined by the board, with the thought of rotating the meeting place among the various counties of the district. At the first meeting after their appointment, and annually thereafter, the members of the board shall organize by electing a president, a treasurer, and such other officers as they deem necessary. The treasurer must be bonded in an amount to be fixed by the board. Upon appointment and qualification, the district health officer must be, ex officio, the secretary of the board and shall keep such records and make such reports as may be required by the board and by the state department of health. If the health officer is not the physician appointed to the board, he does not have a vote in matters of the board. The office of secretary and treasurer may be combined if the health officer is the physician appointed to the board.

Local Boards of Health

A local health board may be a district health board, county health board, or city health board. The relevant sections of NDCC Chapter 23-05 include:

23-05-01. Powers and duties of local board of health. The district, county, and city boards of health subject to the supervisory control of the state department of health and the state health officer, are local boards of health, and each board has the following powers and duties within its jurisdiction:

1. To employ persons as may be necessary to carry into effect the regulations

established by it and the provisions of this title.

2. To inquire into all nuisances, sources of filth, and causes of sickness, and make regulations regarding the same as are necessary for the public health and safety.
3. To adopt such quarantine and sanitary measures as are necessary when an infectious or contagious disease exists in its jurisdiction, but quarantine measures must be in compliance with chapter 23-07.6.
4. To enter into and examine at any time all buildings, lots, and places of any description within its jurisdiction for the purpose of ascertaining the conditions thereof insofar as public health may be affected.
5. To make rules in district health units and county health departments and to recommend to city councils or city commissions, as the case may be, ordinances for the protection of public health and safety.
6. To keep records and make reports as may be required by the state department of health.
7. To prepare a budget for the next fiscal year at the time at which, and in the manner in which in the case of a county, a county budget is adopted. The budget must be submitted to the county commissioners for approval. In the case of a city, the budget must be submitted to the governing body of the city for approval.

23-05-02. County board of health - Additional powers. The county board of health, subject to the supervisory control of the state department of health and the state health officer, has the following additional powers:

1. To supervise all matters relating to the preservation of the life and health of the people of the county, including the supervision of public water supplies and sewerage systems.
2. To isolate, kill, or remove any animal affected with a contagious or infectious disease when such animal is a menace to the health of human beings.
3. To make and enforce orders in local matters when an emergency exists, or when the local board of health has neglected or refused to act with promptness or efficiency, or when the local board has not been established.

4. To appoint a director of health programs, subject to removal for cause by the board. The board may assign to the director the duties of the county health officer under sections 23-03-07 and 23-03-08. The director shall perform the duties under the direction of the county health officer.
5. To contract with any person to provide the services necessary to carry out the purposes of the board under this chapter and chapter 23-03.

23-05-07. Expenses of local boards of health - How audited and paid. Expenses incurred by a local board of health in carrying into effect the provisions of this title must be audited and allowed by the board incurring the same and certified for payment in the manner following:

1. In the case of a county or city board of health, expenses must be certified to the governing body of the county or city for payment out of the general fund of the county or city, as the case may be, in the same manner as other expenses against the same are paid.
2. In the case of a district board of health, expenses must be paid out of the board of health budget.

STUDY APPROACH

Information that may be helpful to the committee

in making a determination of whether a strategic planning process for public health is desirable would include testimony regarding the goals of the current public health system. If strategic planning is desired, the committee may want to consider what type of planning process should be implemented, who should head the planning, and the source of funding for the planning process.

A broad range of information would be helpful in determining whether a strategic planning process is necessary. Information needs to be gathered regarding the types of public health services currently being provided in the state, who provides these services, what services are being duplicated, and what services are being omitted. Information should be gathered regarding federally funded public health services provided in this state, and the committee may be interested in reviewing the strategic planning results of states that were awarded the W. K. Kellogg and Robert Wood Johnson grant as those results become available.

If a public health strategic plan is not developed, the committee may want to consider changes to the existing public health framework to improve the system.

ATTACH:2