

Testimony
Study of the Feasibility of Placing the
Fort Berthold Reservation in a Single Public Health Unit
Health Services Committee
Tuesday, July 24, 2012; 2:00 p.m.
North Dakota Department of Health

Good morning, Chairman Lee and members of the Health Services Committee. My name is Dr. John Baird, and I am chief of the Special Populations Section in the North Dakota Department of Health. I am also the local health officer for Fargo Cass Public Health. I am here today to provide information regarding the status of stakeholder meetings to formulate a plan to enhance public health services on the Fort Berthold Reservation and to consider the effect on local public health units serving the reservation; the possibility of including a federally qualified health center on the reservation; and how changes could be made in the definition of a public health unit in North Dakota Century Code Chapter 23-35.

An initial meeting was held in the Tribal Chambers at New Town on June 4, 2012. This meeting was attended by Chairman Tex Hall and a number of representatives of the Mandan, Hidatsa, and Arikara Nation administration along with administrators of the three local health units serving the reservation: Upper Missouri District Health Unit, First District Health Unit and Southwestern District Health Unit. Also attending were representatives from the Elbowoods Memorial Health Center and Common Enterprise Development from Mandan. I asked Dr. Donald Warne, Director of the Master of Public Health program at North Dakota State University, to join us since he has particular expertise with tribal public health units. Follow-up meetings and work sessions with some of the original participants were held on June 27 and July 17, 2012. Progress is being made in developing more concrete plans for enhancement of public health services on the reservation. The core group plans to continue meeting regularly.

Using input from other local health units in the state, Kelly Nagel, Public Health Liaison for the North Dakota Department of Health, drafted a trial budget for a tribal health department. This was very helpful for the group to examine in detail as it highlighted and provided understanding of the variety of public health services being provided on the reservation and showed some gaps in services. Current services are provided by the three local public health units and also by some separate entities on the reservation that have directly funded programs. There is no overall coordination of public health services and no

individual or entity is looking at public health needs and ways to improve services.

In considering the structure of a tribal health department, the group looked at a model tribal health and safety code from the inter-tribal council of Arizona. Dr. Warne helped draft this model for Arizona in 2005 and is helping the group look at tribal public health code. It appears to be a good outline for the tribe to use. Tribal legal experts will examine the document further and bring back suggestions to the next meeting of the group.

There was good discussion between the administrators of the involved local public health units and tribal government. There was a consensus that a separate public health unit for the reservation would not have any significant impact on the existing public health units. There were offers of assistance from the public health units to provide tribal governments with examples of their budgets and governance models.

At our meeting were representatives from Common Enterprise Development in Mandan, which facilitates the Wilson Health Planning Cooperative. They have a Health Resources and Services Administration (HRSA) community health center planning grant and are looking at the feasibility of a community health center for Fort Berthold. They held several community forums to get public input. I have not seen the results of their study.

I have had some preliminary conversations with Pam Crawford, Assistant Attorney General, about possible changes to North Dakota Century Code Chapter 23-35 to allow for the formation of a tribal public health department. It could be as simple as adding two phrases to paragraph 8 in N.D.C.C. 23-35-01. Definitions, such as –

"Public health unit" means the local organization formed under this chapter to provide public health services in a city, county, or designated multicounty, city-county, or reservation area. The term includes a city public health department, county public health department, tribal public health department and a health district.

Before actually recommending that language, it will be important to consider how tribal and state governments collaborate. Local public health leaders, along with senior state health department staff, in an Executive Committee have also been examining N.D.C.C. 23-35 and how it defines the operational and governance structures of local public health departments and districts. That group plans to offer suggested amendments to the statute which will provide

better definition and could also be applicable for a tribal public health department.

Conclusion

Stakeholders are meeting and progress is being made towards finding a good solution for improving public health services on the Fort Berthold Reservation. The right people seem to be at the table and there is a spirit of cooperation and a desire to see this project through to its conclusion.

The next steps that I see are continued examination of tribal codes and state statute changes to enable formation of a public health unit on the reservation. From there a more defined structure, budget and cooperative agreements can be developed to provide good public health services.

Chairman Lee, members of the committee, this concludes my testimony. I am happy to answer any questions you may have.