
AGENCY OVERVIEW

301 ND DEPARTMENT OF HEALTH

Date: 12/14/2006

Time: 15:59:51

STATUTORY AUTHORITY

North Dakota Century Code Titles 19, 23, 25 and 61.

AGENCY DESCRIPTION

The Department of Health performs several major functions for the state. The department:

1. Works closely with the U.S. Environmental Protection Agency (EPA) to safeguard the quality of North Dakota's air, land and water resources through permitting, inspecting, sampling, analytical services and monitoring activities.
2. Enables communities to promote healthy behaviors that prevent injury, illness and disease through various state and federal programs.
3. Manages programs leading to the detection, diagnosis, analysis, reporting, intervention/referral and follow-up of diseases.
4. Provides leadership and oversight for public health and medical emergency preparedness and response efforts in the state.
5. Regulates and supports food and lodging establishments, emergency medical services and healthcare facilities including hospitals, clinics, home health agencies, nursing facilities, basic care facilities and intermediate care facilities for the mentally retarded.
6. Supports county coroners, law enforcement agencies and states attorneys through the State Forensic Examiner.

AGENCY MISSION

Mission

To protect and enhance the health and safety of all North Dakotans and the environment in which we live.

Strategic Initiatives

To accomplish our mission, the North Dakota Department of Health is committed to:

- Improving the health status of the people of North Dakota.
- Improving access to and delivery of quality health care.
- Preserving and improving the quality of the environment.
- Promoting a state of emergency readiness and response.
- Achieving strategic outcomes within available resources.

AGENCY PERFORMANCE MEASURES

In the process of being developed.

MAJOR ACCOMPLISHMENTS

- Received Gold Certification of the North Dakota Cancer Registry from the North American Association of Central Cancer Registries in 2005 and 2006 for data accuracy, completeness and timeliness of reporting.
- Transferred approximately \$27 million to local entities for public health services per year.
- Allocated \$3.7 million from the tobacco master settlement to local public health units for school and community tobacco prevention programs and \$1.2 million for city/county and state employee cessation programs and a statewide quitline. The North Dakota Tobacco Quitline had a 27 percent 12-month quit rate. The percent of youth who are current smokers declined significantly from 41 percent in 1999 to 22 percent in 2005.
- Responded promptly and effectively to West Nile virus, meningococcal, anthrax, tuberculosis and other disease outbreaks throughout North Dakota.
- Participate in interagency state Avian Influenza Working Group and held a pandemic flu summit.
- Coordinated influenza vaccine supply in the public sector during influenza season.
- Developed public health and medical all-hazards emergency operations plans in eight public health regions and four hospital regions.
- Recognized as one of only 11 states in the nation that meets all National Ambient Air Quality Standards.
- Provided \$89 million in loans to municipalities for drinking water and wastewater infrastructure improvements; provided \$5.3 million to local jurisdictions to improve or restore water quality of state lakes and streams.
- Maintained a 90 percent or higher rate of compliance with permit requirements in the air, waste, water discharge and public water supply programs.
- Implemented web-based electronic birth registration to all 21 birthing hospitals in the state.
- Received a planning grant to develop infrastructure and to establish an Office of Minority Health in North Dakota.
- Regulate the emergency medical services industry that responds to 50,000 emergencies per year statewide.
- Maintained a statewide trauma system that was ranked 1st in the nation for access to emergency care by the American College of Emergency Physicians.
- Developed a worksite wellness and community engagement curriculum as a resource to help businesses and communities provide wellness programming.

FUTURE CRITICAL ISSUES

Included in the costs to continue column is an overall increase in salaries and wages as a result of staff shifted between sections to meet overall department objectives, equity adjustments and legislative raises. The special line item for WIC food payments has increased due to the increase of the food package for recipients. There is also an increase in the grants line item due to a multitude of increases and decreases in funds available for grants. These adjustments have been explained further in each section of the budget.

REQUEST SUMMARY

Date: 12/14/2006

301 ND DEPARTMENT OF HEALTH

Bill#: HB1004

Time: 15:59:51

Biennium: 2007-2009

Description	Expenditures 2003-2005 Biennium	Present Budget 2005-2007	Budget Request Change	Requested Budget 2007-2009 Biennium	Optional Budget Request
BY MAJOR PROGRAM					
ADMINISTRATIVE SUPPORT	9,505,725	7,969,427	-1,449,816	6,519,611	4,932,164
MEDICAL SERVICES	10,834,727	15,754,952	-957,933	14,797,019	2,000,000
HEALTH RESOURCES	8,067,708	8,969,742	350,922	9,320,664	1,200,385
COMMUNITY HEALTH	44,980,034	51,112,975	1,896,243	53,009,218	8,152,800
ENVIRONMENTAL HEALTH	37,137,283	43,634,830	7,237,073	50,871,903	400,000
EMERGENCY PREPAREDNESS AND RESPONSE	7,018,124	10,072,198	1,859,270	11,931,468	1,670,400
SPECIAL POPULATIONS	2,121,258	2,395,153	494,564	2,889,717	0
TOTAL MAJOR PROGRAMS	119,664,859	139,909,277	9,430,323	149,339,600	18,355,749
BY LINE ITEM					
SALARIES AND WAGES	29,693,341	33,384,027	1,499,988	34,884,015	3,542,890
OPERATING EXPENSES	24,360,897	32,861,090	-1,699,716	31,161,374	4,751,259
CAPITAL ASSETS	3,715,637	1,514,469	302,914	1,817,383	0
CAPITAL CONSTRUCTION CARRYOVER	2,692,027	475,000	-475,000	0	0
GRANTS	36,224,328	47,238,696	7,894,080	55,132,776	9,365,000
TOBACCO PREVENTION & CONTROL	7,567,088	8,685,995	108,057	8,794,052	696,600
WIC FOOD PAYMENTS	15,411,541	15,750,000	1,800,000	17,550,000	0
TOTAL LINE ITEMS	119,664,859	139,909,277	9,430,323	149,339,600	18,355,749
BY FUNDING SOURCE					
GENERAL FUND	13,589,742	14,439,038	202,440	14,641,478	17,846,143
FEDERAL FUNDS	91,730,394	104,781,715	8,434,014	113,215,729	509,606
SPECIAL FUNDS	14,344,723	20,688,524	793,869	21,482,393	0
TOTAL FUNDING SOURCE	119,664,859	139,909,277	9,430,323	149,339,600	18,355,749
TOTAL FTE	320.50	319.50	9.00	328.50	5.00

REQUEST DETAIL

Date: 12/14/2006

301 ND DEPARTMENT OF HEALTH

Bill#: HB1004

Time: 15:59:51

Biennium: 2007-2009

Description	Expenditures 2003-2005 Biennium	Present Budget 2005-2007	Budget Request Change	Requested Budget 2007-2009 Biennium	Optional Budget Request
SALARIES AND WAGES					
SALARIES - PERMANENT	21,878,323	23,880,813	1,239,999	25,120,812	306,000
SALARIES - OTHER	315,401	278,672	-278,672	0	3,032,164
TEMPORARY SALARIES	285,964	804,168	163,616	967,784	89,136
FRINGE BENEFITS	7,213,653	8,420,374	375,045	8,795,419	115,590
OFFICE SUPPLIES	0	0	0	0	0
SALARY INCREASE	0	0	0	0	0
BENEFIT INCREASE	0	0	0	0	0
IT-COMMUNICATIONS	0	0	0	0	0
OPERATING FEES AND SERVICES	0	0	0	0	0
TOTAL	29,693,341	33,384,027	1,499,988	34,884,015	3,542,890
SALARIES AND WAGES					
GENERAL FUND	7,535,125	8,258,627	237,458	8,496,085	3,033,284
FEDERAL FUNDS	19,498,171	21,699,264	1,042,325	22,741,589	509,606
SPECIAL FUNDS	2,660,045	3,426,136	220,205	3,646,341	0
TOTAL	29,693,341	33,384,027	1,499,988	34,884,015	3,542,890
OPERATING EXPENSES					
FRINGE BENEFITS	0	0	0	0	0
TRAVEL	1,860,672	1,974,718	302,627	2,277,345	65,900
SUPPLIES - IT SOFTWARE	517,341	557,539	-175,509	382,030	3,800
SUPPLY/MATERIAL-PROFESSIONAL	804,042	867,999	4,501	872,500	47,650
FOOD AND CLOTHING	7,875	9,076	-228	8,848	0
BLDG, GROUND, MAINTENANCE	210,238	153,749	-78,015	75,734	0
MISCELLANEOUS SUPPLIES	4,575	2,248	2,374	4,622	5,928
OFFICE SUPPLIES	175,074	214,415	10,129	224,544	11,508
POSTAGE	381,470	464,099	29,785	493,884	6,700
PRINTING	347,247	391,081	21,311	412,392	12,400
IT EQUIP UNDER \$5,000	291,183	283,893	72,507	356,400	8,000
OTHER EQUIP UNDER \$5,000	104,485	102,785	9,631	112,416	900
OFFICE EQUIP & FURN SUPPLIES	175,894	356,531	-333,731	22,800	7,000
UTILITIES	225,369	417,206	36,859	454,065	0
INSURANCE	114,911	97,588	18,356	115,944	0
RENTALS/LEASES-EQUIP & OTHER	107,755	100,213	18,993	119,206	0
RENTALS/LEASES - BLDG/LAND	992,333	1,217,255	98,142	1,315,397	24,000
REPAIRS	513,700	615,483	4,466	619,949	0
IT - DATA PROCESSING	617,917	1,302,681	-202,408	1,100,273	7,500
IT-COMMUNICATIONS	390,137	449,148	81,631	530,779	4,500

REQUEST DETAIL

Date: 12/14/2006

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Bill#: HB1004

Time: 15:59:51

Biennium: 2007-2009

Description	Expenditures 2003-2005 Biennium	Present Budget 2005-2007	Budget Request Change	Requested Budget 2007-2009 Biennium	Optional Budget Request
IT CONTRACTUAL SERVICES AND RE	3,703,182	1,958,009	-1,049,416	908,593	0
PROFESSIONAL DEVELOPMENT	458,092	496,084	31,852	527,936	13,873
OPERATING FEES AND SERVICES	694,660	452,899	-25,947	426,952	0
FEES - PROFESSIONAL SERVICES	7,992,991	9,641,536	-420,178	9,221,358	861,200
MEDICAL, DENTAL AND OPTICAL	3,666,059	10,734,855	-157,448	10,577,407	3,670,400
OPERATING BUDGET ADJUSTMENT	0	0	0	0	0
GRANTS, BENEFITS & CLAIMS	3,695	0	0	0	0
TOTAL	24,360,897	32,861,090	-1,699,716	31,161,374	4,751,259
OPERATING EXPENSES					
GENERAL FUND	3,344,426	3,116,132	-42,630	3,073,502	4,751,259
FEDERAL FUNDS	19,918,536	20,274,070	-1,880,369	18,393,701	0
SPECIAL FUNDS	1,097,935	9,470,888	223,283	9,694,171	0
TOTAL	24,360,897	32,861,090	-1,699,716	31,161,374	4,751,259
CAPITAL ASSETS					
TRAVEL	0	0	0	0	0
BLDG, GROUND, MAINTENANCE	16,568	0	0	0	0
REPAIRS	10,026	0	0	0	0
IT-COMMUNICATIONS	4,544	0	0	0	0
OPERATING FEES AND SERVICES	873	0	0	0	0
LAND AND BUILDINGS	934,624	0	0	0	0
OTHER CAPITAL PAYMENTS	360,178	685,309	6,933	692,242	0
EXTRAORDINARY REPAIRS	1,400,359	107,960	120,881	228,841	0
EQUIPMENT OVER \$5000	974,910	714,000	155,800	869,800	0
IT EQUIPMENT OVER \$5000	13,555	7,200	19,300	26,500	0
TOTAL	3,715,637	1,514,469	302,914	1,817,383	0
CAPITAL ASSETS					
GENERAL FUND	22,395	340,636	7,612	348,248	0
FEDERAL FUNDS	1,875,116	1,023,333	-9,429	1,013,904	0
SPECIAL FUNDS	1,818,126	150,500	304,731	455,231	0
TOTAL	3,715,637	1,514,469	302,914	1,817,383	0
CAPITAL CONSTRUCTION CARRYOVER					
LAND AND BUILDINGS	2,692,027	475,000	-475,000	0	0
TOTAL	2,692,027	475,000	-475,000	0	0

REQUEST DETAIL

Date: 12/14/2006

301 ND DEPARTMENT OF HEALTH

Bill#: HB1004

Time: 15:59:51

Biennium: 2007-2009

Description	Expenditures 2003-2005 Biennium	Present Budget 2005-2007	Budget Request Change	Requested Budget 2007-2009 Biennium	Optional Budget Request
CAPITAL CONSTRUCTION CARRYOVER					
GENERAL FUND	179,004	0	0	0	0
FEDERAL FUNDS	440,157	475,000	-475,000	0	0
SPECIAL FUNDS	2,072,866	0	0	0	0
TOTAL	2,692,027	475,000	-475,000	0	0
GRANTS					
GRANTS, BENEFITS & CLAIMS	34,211,776	45,756,465	8,125,751	53,882,216	9,365,000
TRANSFERS OUT	2,012,552	1,482,231	-231,671	1,250,560	0
TOTAL	36,224,328	47,238,696	7,894,080	55,132,776	9,365,000
GRANTS					
GENERAL FUND	2,508,792	2,723,643	0	2,723,643	9,365,000
FEDERAL FUNDS	32,327,671	43,130,053	7,859,080	50,989,133	0
SPECIAL FUNDS	1,387,865	1,385,000	35,000	1,420,000	0
TOTAL	36,224,328	47,238,696	7,894,080	55,132,776	9,365,000
SPECIAL LINES					
TOBACCO PREVENTION & CONTROL	7,567,088	8,685,995	108,057	8,794,052	696,600
WIC FOOD PAYMENTS	15,411,541	15,750,000	1,800,000	17,550,000	0
TOTAL	22,978,629	24,435,995	-155,042	26,344,052	696,600
SPECIAL LINES					
GENERAL FUND	0	0	0	0	696,600
FEDERAL FUNDS	17,670,743	18,179,995	1,897,407	20,077,402	0
SPECIAL FUNDS	5,307,886	6,256,000	10,650	6,266,650	0
TOTAL	22,978,629	24,435,995	1,908,057	26,344,052	696,600
FUNDING SOURCES					
GENERAL FUND	13,589,742	14,439,038	202,440	14,641,478	17,846,143
FEDERAL FUNDS	91,730,394	104,781,715	8,434,014	113,215,729	509,606
SPECIAL FUNDS	14,344,723	20,688,524	793,869	21,482,393	0
TOTAL FUNDING SOURCES	119,664,859	139,909,277	9,430,323	149,339,600	18,355,749

CHANGE PACKAGE SUMMARY
301 ND DEPARTMENT OF HEALTH
Biennium: 2007-2009

Bill#: HB1004

Date: 12/14/2006

Time: 15:59:51

Description	FTE	General Fund	Federal Funds	Special Funds	Total Funds
AGENCY BUDGET CHANGES					
Cost To Continue	9.00	-103,178	-382,811	82,466	-403,523
3 Continued Programs	.00	305,618	2,183,983	711,403	3,201,004
4 Arsenic Trioxide	.00	0	7,200,000	0	7,200,000
5 Death Registry Program	.00	0	220,000	0	220,000
6 State Planning Grant	.00	0	-51,169	0	-51,169
7 Bioterrorism	.00	0	-3,000,492	0	-3,000,492
8 Non-Point Source Pollution	.00	0	800,000	0	800,000
9 Traffic Assessment	.00	0	56,356	0	56,356
10 Comprehensive Cancer	.00	0	110,000	0	110,000
11 Suicide Prevention	.00	0	701,918	0	701,918
12 TBI and Injury Surveillance	.00	0	-155,000	0	-155,000
13 Pan Flu	.00	0	670,500	0	670,500
14 Office of Minority Health	.00	0	80,729	0	80,729
Agency Total	9.00	202,440	8,434,014	793,869	9,430,323
OPTIONAL REQUEST					
15 Salary Package State Equity	.00	568,299	509,606	0	1,077,905
16 Immunization	.00	2,000,000	0	0	2,000,000
17 Pandemic Antiviral Stockpile	.00	1,670,400	0	0	1,670,400
18 Womens Way Maintenance	.00	484,000	0	0	484,000
19 Suicide General Fund	.00	540,000	0	0	540,000
20 Adult Tobacco Survey	.00	75,000	0	0	75,000
21 Statewide School Health	1.00	5,000,000	0	0	5,000,000
22 Roughrider Follow Up	.00	50,000	0	0	50,000
23 Food and Lodging Position	1.00	110,385	0	0	110,385
24 Physician Loan Program	.00	150,000	0	0	150,000
25 Salary Package Market Equity	.00	1,954,259	0	0	1,954,259
26 Womens Way Enhancement	.00	282,200	0	0	282,200
27 Community Based Nutrition	.00	600,000	0	0	600,000
28 Youth Tobacco	1.00	551,600	0	0	551,600
29 Quitline Additional Enhancement	.00	70,000	0	0	70,000
30 Domestic Violence	.00	500,000	0	0	500,000
31 EMS Training Grants	.00	940,000	0	0	940,000
32 Septic Tanks	2.00	400,000	0	0	400,000
33 Local Health	.00	1,900,000	0	0	1,900,000
Optional Total	5.00	17,846,143	509,606	0	18,355,749

BUDGET CHANGES NARRATIVE

301 ND DEPARTMENT OF HEALTH

Date: 12/14/2006

Time: 15:59:51

Change Group: A	Change Type: A	Change No: 3	Priority: 1
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Continued Programs -

Administrative Support: Salaries and wages have increased as a result of several staff changes. Several temporary employees have been converted to full time equivalents. In the Accounting Division, 1.0 FTE (\$106,322) was added to replace a temporary retired employee who has been working full time for the past several years. Also a .5 FTE (\$50,912) was added for a temporary employee providing personnel management services in a cooperative arrangement with Human Resource Management Services Division at OMB. Finally 1.0 FTE (\$97,914) has been added to the Education and Technology Division for a human service program administrator who has been temporarily employed to provide emergency preparedness training and education activities for the past several years. Temporary salaries have been reduced to offset the addition to permanent salaries. A .5 FTE grant administrator (\$165,400) has been transferred to the Special Populations Section of the budget due to the elimination of the State Planning Grant. Other changes in salaries and wages are for equity adjustments and legislatively approved raises.

In the operating line item costs for IT data processing and IT contractual services, software, professional contracts, equipment < \$5,000 and grants are being reduced in the Administrative, Medical Services and Environmental Health Section. Continuing operating costs for these activities are being budgeted in the Emergency Preparedness and Response section of the budget.

General funds have been reduced due to an increase in federal funding for the indirect cost rate. Federal funds have been reduced due to a funding source change from federal preventive health block grant to special funds for the Healthy North Dakota Project. The Healthy North Dakota project (\$375,000) is being funded with Community Health Trust funds rather than preventive health block grant funding.

Medical Services: Changes in the salaries and wages line item are for equity adjustments and legislatively approved raises. Temporary salaries have increased due to the increased number of autopsies performed in the Forensic Examiners Division. In the operating line item professional services have decreased as a result of less AIDS activities and medical, dental and optical services has decreased due to less federal funding.

In the operating line item costs for IT data processing and IT contractual services, software, professional contracts, equipment < \$5,000 and grants are being reduced in the Administrative, Medical Services and Environmental Health Section. Continuing operating costs for these activities are being budgeted in the Emergency Preparedness and Response section of the budget.

General funds have increased in this section due to the increase in bond payments, building operating costs for the morgue and general fund program costs in the Disease Control Division.

Health Resources: Salaries and wages have increased as a result of several staff changes. A secretary (\$68,179) has been eliminated from this section. An epidemiologist (\$93,710) was added for the Traffic Assessment project. A secretary (63,644) originally funded with federal funds (Preventive Health Block Grant) is now being charged to the Community Health Trust fund. Other changes in salaries are for workload and equity adjustments and legislatively approved raises.

In the operating line item IT contractual services have decreased to reflect completion of software development and IT equipment <\$5,000 has increased to accommodate the purchase of tablet pc's as recommended by the federal government. Also included in the operating line item is a funding switch for the federal trauma program (\$60,000) from federal funds (Health Resources and Service Administration) to the Community Health Trust Fund. Other equipment changes are for replacement of office furniture.

In the grants line item, physician loan payments have increased from \$75,000 to \$150,000 funded with \$75,000 general funds and increased funding of \$75,000 from the Community Health Trust Fund. The dental loan program has been reduced from \$420,000 to \$380,000 to reflect the anticipated number of dentists in the program.

Community Health: Salaries and wages have increased as a result of several changes. Two new FTE's (\$164,062), an administrator and a secretary have been added to accommodate the expansion of the Comprehensive Cancer federal program. A new federal suicide program with one new FTE (\$98,082) an administrator, has also been added. An epidemiology position (\$121,272) and an FTE healthy weight coordinator (\$96,693) have also been added. This section also includes a reduction of an FTE (\$98,004) due to the discontinuance of the federal Traumatic Brain Injury and Injury Surveillance program. Temporary salaries have increased in the Cancer Registry and Chronic Disease programs. Other changes in salaries and wages are for workload and equity adjustments and legislatively approved raises.

In the operating line item IT data processing services (\$132,125) and IT contractual services (\$620,316) have decreased due to the completion of a management information system for the WIC program. In the professional services line, contracts have decreased due to moving the Abstinence grant (\$220,000) from professional services to the grants line item and not receiving funding for the Pregnancy Risk Assessment Monitoring (PRAMS) grant (\$300,000). The Traumatic Brain Injury and Injury Surveillance grant has been discontinued (\$155,000). An increase of \$800,000 has been added for the Women's Way program, transferred from the grants line item. Local Health Units will be reimbursed on a fee per client basis rather than being reimbursed for their costs as a grant program. Contracts for a WIC special service project (\$200,000) have been discontinued.

Grants have decreased as a result of the State Systems Development Initiative (SSDI) (\$200,000) federal grant program which was originally contracted with Human Services and is now being budgeted in the Special Population section of the Health Department budget. The grants line also includes an increase for the Abstinence grant (\$220,000). The grants line was also reduced by \$1,000,000 because there was a reduction of federal funds of \$200,000 and the remaining \$800,000 was transferred to operating fees as reimbursements to locals on fee per client basis.

In the WIC food payments line item an increase is necessary to accommodate increased food costs to WIC recipients.

In the tobacco special line item temporary salaries have decreased to accommodate the reclassification of an existing employee from temporary status to a new FTE position. The professional services item has increased due to an increase in the budget for the Quitline funded partially with federal funds and Community Health Trust funds. In the grants line item federal grants to locals have decreased as a result of changes in the federal program and special fund grants have decreased as a result of a decrease in the grants to local entities for Tobacco Cessation programs.

Environmental Health: Salaries and wages have increased as a net result of several changes. One FTE, a chemist, has been eliminated (\$104,372). Temporary salaries have decreased \$20,000 in the emergency preparedness and response program and \$40,000 in other environmental programs. Other changes are for workload and equity salary adjustments and legislative approved raises.

In the operating line item office equipment <\$5,000 has decreased \$200,000. In 2005-07 this section moved from one leased office building to another and purchased most of the furniture for the new facility. IT contractual services was reduced because software development for the environmental exchange program has been completed. The professional services contracts have decreased due to a reduction of engineering costs (\$438,000) in the LUST program.

In the capital assets line item a reduction of \$475,000 reflects a generator purchase for the Laboratory Services Division that has been installed. Other reductions are for equipment > \$5,000.

In the operating line item costs for IT data processing and IT contractual services, software, professional contracts, equipment < \$5,000 and grants are being reduced in the Administrative, Medical Services and Environmental Health Sections. Continuing operating costs for these activities are being budgeted in the Emergency Preparedness and Response section of the budget.

In the grants line item costs for the state's wetland monitoring and assessment project have increased.

Emergency Preparedness and Response: Salaries and wages have increased as a result of equity adjustments and legislative approved raises. Temporary salaries have increased

due to the increase of federal funding for pandemic flu. The pandemic flu grant includes numerous accountability requirements and planning activities at both the state and local levels. Temporary staff is necessary to accomplish these activities.

The majority of changes to the operating line item are result from the transfer of expenditures from other sections of the budget – Administration, Medical Services, and Environmental Health - to the Emergency Preparedness and Response Section. Types of expenses transferred include repairs for all equipment maintenance contracts, professional services and equipment >\$5,000.

IT software and supplies have decreased as a result of buying some expensive software during the current biennium. Building and ground maintenance has decreased as a result of the completion of minor remodeling projects to our new rented office space. In 2005-07 EPR moved from the capitol building to the Gold Seal building. Office equipment has decreased due to the need to purchase new office equipment for our new offices in the current biennium. IT data processing and IT contractual services have increased to accommodate ongoing computer maintenance costs for existing systems.

In the grants line item grants have been reduced \$600,000 as a result of decreased funding to hospitals for the HRSA bioterrorism federal grant and have increased by approximately \$800,000 as a result of budgeting grants contracts in this section rather than in the other sections of the budget.

Special Populations: This is a new section that has been added to our budget. It includes Office of Minority Health which is a new program for the 2007-09 biennium and Children Special Health Services (CSHS) which has been transferred from the Department of Human Services. Salaries and wages have increased as a result of increasing 2.0 FTE's (\$330,704) for the Office of Minority Health program. A .5 FTE is a transfer from the Administrative Support Section and the other 1.5 FTE's are new positions to assist with the program. Other changes in salaries and wages are for equity adjustments and legislatively approved raises for the CSHS division.

Grants and contracts have increased as a result of increased contracts for the State System Development Initiative (SSDI) program.

Change Group: A	Change Type: A	Change No: 4	Priority:
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Arsenic Trioxide -

In the grants line item grants to local communities will increase \$7,200,000 due to increased federal funding for arsenic removal projects in the southeast corner of the state.

Change Group: A	Change Type: A	Change No: 5	Priority:
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Death Registry Program -

Federal funds have been budgeted in the data processing line item for software development for automation of our death registry system. Grants will be given to funeral directors to participate in the program. This is a one-time expenditure.

Change Group: A	Change Type: A	Change No: 6	Priority:
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State Planning Grant -

Federal funding for this program has been discontinued. One half time employee and the associated operating costs have been eliminated in this section and transferred to the Special Populations Section for the Office of Minority Health.

Change Group: A	Change Type: A	Change No: 7	Priority:
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Bioterrorism -

In the operating line item costs for IT data processing and IT contractual services, software, professional contracts, equipment < \$5,000 and grants are being reduced in the Administrative, Medical Services and Environmental Health Section. Continuing operating costs for these activities are being budgeted in the Emergency Preparedness and Response section of the budget.

Change Group: A	Change Type: A	Change No: 8	Priority:
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Non-Point Source Pollution -

Federal funds have increased in this program. Increased grants of \$800,000 are passed through to soil conservation districts to complete water source pollution projects.

Change Group: A	Change Type: A	Change No: 9	Priority:
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Traffic Assessment -

This is a new program funded with federal funds that includes an epidemiologist and associated operating expenses. In the operating line item costs for IT contractual services are for computer maintenance costs. The objectives of this program are to validate data we are collecting on our Statewide Online Ambulance Reporting system. Follow up will be made with providers of the data and training will be offered.

Change Group: A	Change Type: A	Change No: 10	Priority: 10
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Comprehensive Cancer -

The federal Comprehensive Cancer program is expanding and includes a new human service program administrator and a new administrative assistant. In the operating line item increase costs are for general operating costs, a computer and increased costs in professional services are for data analysis.

Change Group: A	Change Type: A	Change No: 11	Priority: 11
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Suicide Prevention -

This is a new federal program which includes one human service program administrator and associated operating costs in the operating line item. In the grants line item grants will be distributed to tribal and local public health units to carry out tribal and youth suicide prevention programs.

Change Group: A	Change Type: A	Change No: 12	Priority: 12
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TBI and Injury Surveillance -

Federal funds for this program have been discontinued. One FTE has been unfunded and in the operating line item professional services has been reduced.

Change Group: A	Change Type: A	Change No: 13	Priority:
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Pan Flu -

This is a new program funded with CDC federal bioterrorism funds. Program objectives include developing a plan in cooperation with local agencies to respond to a pandemic flu epidemic. In the operating line item professional services includes contracts to carryout exercises, conference expenses, and training and contracts for state and local planners. In the capital assets line item Equipment > \$5,000 includes lab equipment used for testing. In the grants line item funds will be passed through to local public health units for local planners.

Change Group: A	Change Type: A	Change No: 14	Priority: 14
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Office of Minority Health -

This is a new federal program to provide support to states to build infrastructure and coordinate efforts to address health disparities among racial and ethnic minorities. It includes 1.5 new FTE's, a program administrator and a secretary and one existing .5 FTE transferred from the Administrative Support Section. Other changes in salaries and wages are for equity adjustments and legislatively approved raises.

The operating line item includes operating costs for the program, and professional services for contracts which will be for website development, data analysis and material development.

Change Group: A	Change Type: A	Change No: 100	Priority:
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OMB Pandemic Stockpile -

Provides \$2.3m general funding for an antiviral stockpile of drugs that can reduce the severity of the flu. This will provide availability to North Dakotans even when the supply through normal distribution chains is limited.

Change Group: A	Change Type: A	Change No: 101	Priority:
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OMB Immunization Program -

Provides general funding for 2.0 FTE to manage immunization orders and reimbursements from providers in order to provide required and recommended vaccinations in the most cost effective manner.

Change Group: A	Change Type: A	Change No: 102	Priority:
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OMB Suicide Funding -

Federal Suicide Prevention Grant funding was approved following budget submission. Federal funding request is included in the base budget, which provides funding for 3 years to all tribes, therefore the \$30,000 general funding request is no longer necessary.

Change Group: A	Change Type: A	Change No: 103	Priority:
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OMB Tobacco Programs -

Provides Community Health Trust funding and 1.0 FTE for the Youth Tobacco Program, to coordinate a mass media education campaign including curricula, teacher training and comprehensive school tobacco use policies. Also, provides Community Health Trust funding for the Tobacco Quitline for additional nicotine replacement therapy and increased counselor time. The combination of nicotine replacement therapy and cessation counseling has been shown to double the success rate of tobacco cessation.

Change Group: A	Change Type: A	Change No: 104	Priority:
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OMB Healthy ND -

Replaces Community Health Trust funding with federal funding from the Preventive Health Grant for Healthy North Dakota administrative costs. Also, removes Community Health Trust funding for the Worksite Wellness Pilot Project, previously funded by the legislature with federal fund authority, due to the unavailability of funds the pilot project was not conducted.

Change Group: A	Change Type: A	Change No: 105	Priority:
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OMB State Trauma Program -

Provides general funding for State Trauma program previously funded by the HRSA grant which is no longer available. Trauma program inspections are required by the federal government.

Change Group: O	Change Type: A	Change No: 15	Priority: 1
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Salary Package State Equity -

The North Dakota Department of Health (NDDoH) is requesting \$1,077,905 of which \$568,315 are general funds and \$509,590 are federal funds for a salary package to increase NDDoH employee salaries to levels consistent with other North Dakota state employee salaries.

Employee compensation has been researched by the department since 2004 when the NDDoH conducted a survey of its employees to assess the organizational climate of the agency. Virtually every measure in the survey that related to compensation established low salaries as a primary problem. During the same approximate time period the rate of turnover doubled from 2003 when it was 6.1% to 12.8 % in 2005, and is projected to continue at that level in 2006. Analysis by the NDDoH indicates that pay varies, sometimes significantly, between similar positions in other North Dakota state agencies and that the NDDoH had fallen behind in a number of classes. Several of our employees are well aware of these differences and are demanding equal pay for equal work on behalf of our staff.

Using data available from Human Resources Management Services, we identified several classifications where the average salaries lag behind similar classifications in other state agencies. Analysis of the average salaries of other state classifications and/or the average salaries paid other state employees in the same grade revealed that 39 of 71 NDDoH classifications have lower rates of pay than other state departments and agencies in classified service. When possible, direct comparisons were made such as the average for Administrative Assistant I's in the NDDoH to the average of Administrative Assistant I's in classified service. In some cases such as Environmental Engineers, comparisons were made with other engineering classifications at the same grade. When a class could not be compared directly the difference between the average salary for NDDoH employees in the classification and the average salary for state employees in the grade was used.

In an attempt to reduce vacancies due to market salary issues, we are using roll up from vacancies to provide some equity and workload increases to try to address the problem. But using vacancy roll up only provides minimal funding for salary adjustments because we still need to fill the vacancies that generated the roll up and submit a general fund hold even budget request. We can only tolerate so much risk that increased federal, special or general funds won't materialize, often forcing us to provide only very minimal adjustments in the interim. Therefore additional general funds are required to enable the department to increase employee salaries to reach a compensation level that is closer to salaries of other state employees.

Change Group: O	Change Type: A	Change No: 16	Priority: 2
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Immunization -

We are requesting \$2,000,000 in the immunization program for the purchase of vaccines in order to maintain universal vaccination coverage in North Dakota and to address disease outbreaks that occur.

Three significant changes are affecting the amount needed for vaccines. The most significant change is that the number of recommended vaccines for children and adolescents continues to increase as does the cost of the vaccine. In 1999 vaccinations against 10 diseases were recommended at a cost of \$186.29 per child. Now in 2006 vaccinations against 15 diseases are recommended at a cost of \$1,168 per child. Second, federal funding for these vaccines has been steady or decreasing, and will no longer cover the full cost to vaccinate a child. Finally, federal requirements for use of the federal immunization funds are changing that will leave less available for vaccinating children. Up until the most recent changes, North Dakota has been able to maintain its universal status where all children receive vaccines recommended by the Advisory Committee on Immunization Practices, regardless of socioeconomic status.

The North Dakota Department of Health currently uses four different funding sources to provide universal vaccines to North Dakota Children. These funding sources include the Vaccine for Children program (VFC), 317 federal supplemental dollars, reimbursement funds from Blue Cross and Blue Shield of North Dakota and general funds (about \$316,000 per biennium). Because VFC is a federal entitlement, all VFC children will receive VFC vaccine. Federal funding for 317 related activities is available for the non VFC children but it has been steady or decreasing. Reimbursement from insurers such as Blue Cross and Blue Shield, although somewhat predictable, may not in itself be enough for the Health Department to continue universal coverage of vaccines for children.

The Department of Health will be meeting with critical stakeholders and community leaders throughout the state in a series of town hall style meetings to develop strategy for the future of North Dakota's immunization program. If the planning process results in recommendations to maintain universal or selected universal status, the North Dakota Department of Health will need to secure additional funding for the purchase of the recommended vaccines.

Many variables impact the amount of state funding needed to maintain universal status including the amount of federal funding provided and requirements regarding use of that funding. These include vaccine cost, vaccine supply and demand and vaccine distribution issues. With all the variables being considered, \$2,000,000 is our best estimate of an amount necessary to address disease outbreaks and purchase vaccines for children. A supporting schedule is available presenting the various assumptions used in calculating this figure.

Change Group: O	Change Type: A	Change No: 17	Priority: 3
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Pandemic Antiviral Stockpile -

The North Dakota Department of Health is requesting \$1,670,400 of general funds to establish an antiviral stockpile. Antiviral drugs like Tamiflu and Relenza can reduce the severity of the flu when taken within 48 hours of getting sick. For a pandemic's first several months, there may not be a vaccine. To help protect North Dakota during these early months when it is possible that no vaccine is available we will stockpile anti viral medications to assure we have access to these potentially life saving drugs within the required time frame. The purchase and stockpiling of anti viral drugs will assure availability of these drugs at a time when they may not be available through normal distribution supply chains because of high demand for persons who are sick in other areas of the country. Of this amount, \$1,023,500 is a one-time expenditure for medication that will be rotated stock while \$442,200 will need to be replenished in 5 years when it expires as the purchases under the federal contract will not allow rotation of stock. In order to rotate the stock there will be a 10% administration fee totaling \$204,700 for the biennium that will be ongoing.

Change Group: O	Change Type: A	Change No: 18	Priority: 4
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Womens Way Maintenance -

The North Dakota Department of Health is requesting \$484,000 of general funds to continue the Women's Way program. *Women's Way* works to reduce mortality from breast and cervical cancer by increasing education and screening for low-income, underserved, uninsured and under-insured, high-risk and minority women primarily ages 40 through 64. *Women's Way* currently receives federal funding to serve 3200 of the 20,000 plus eligible North Dakota women at a rate of \$126 per woman served, compared to the FY 05-06 average of \$177 per woman. This request will increase the current rate to \$186 per woman.

Current federal funding does not cover the essential public education and recruitment components to reach those "hard to reach" women to get them enrolled and screened for breast and cervical cancer.

	Biennial Amounts
3200 women x additional \$60/woman	\$ 384,000
Essential public education and recruitment	<u>\$ 100,000</u>
Total	\$ 484,000

Change Group: O	Change Type: A	Change No: 19	Priority: 5
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Suicide General Fund -

The ND Department of Health, Division of Injury Prevention and Control is requesting \$540,000 in state general funds to develop and implement a prevention and early intervention initiative for tribal and rural youth and young adults ages 10 to 24 year old.

Since 1999 the Adolescent Suicide Prevention Task Force has been focusing its efforts on responding to the high rate of suicides in youth and young adults ages ten to 19. Because of those efforts there has been a steady decrease in suicides within that age range during the last four years.

From 2000 – 2004 the mortality rate for tribal and rural youth and young adults ages 10 to 24 was 11.28. The highest suicide rates occurred in six areas of the state.

Funding would be used to:

1. Hire a full-time Suicide Prevention Director in the Division of Injury Prevention and Control to (This position is being requested with federal funds in the base):
 - o Coordinate the development and implementation of suicide and early intervention strategies,
 - o Expand the membership of the ND Adolescent Suicide Taskforce,
 - o Expand data collection on completed and attempted suicides in ND of youth and young adults ages 10 – 24, and
 - o Monitor and provide technical assistance to community grant programs.
2. Implement community-based programs in six areas of ND with high rates of youth suicide mortality.
3. Select a campaign to increase public awareness of youth suicide prevention in ND.
4. Contract with the Mental Health Association of ND to implement training for recognition of at-risk behavior and delivery of effective treatment or services.

Change Group: O	Change Type: A	Change No: 20	Priority: 6
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Adult Tobacco Survey -

The adult tobacco survey is an important tool to gather data for monitoring and tracking trends and evaluating program efforts in tobacco use, secondhand smoke exposure and tobacco cessation. Currently some data is available through the North Dakota BRFSS, however, the competition for questions on the survey from all programs is fierce and the modules we have been able to run to date will not meet our required needs to report on our grant outcomes to the CDC. Lack of data leads to inability to evaluate program effectiveness and may ultimately lead to decreased funding. A contractor will be hired to conduct a survey for a total cost of \$75,000.

Change Group: O	Change Type: A	Change No: 21	Priority: 7
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Statewide School Health -

A \$5,000,000 general fund appropriation is requested for the purposes of providing school health and wellness services in schools. Utilizing the Joint Powers of Agreements model of service delivery, grants will be awarded for school health and wellness services through a Request for Proposal (RFP) process to schools in partnership with local public health units. A match requirement will be established, but has not been determined at this time. The request includes funding for one Full Time Equivalent (FTE) to manage the Program. This FTE will be located in the Department of Health, Division of Family Health. The remaining funds will be awarded in grants.

School Health and Wellness Services provided would include, but are not limited to:

- Providing health services to students, including dispensing medications, including injections or supervision of injections; monitoring blood glucose levels; monitoring for diseases and abuse; conducting health assessments, screenings and referrals (e.g., health, depression, substance use/abuse); providing emergency care; and caring for students with complex medical needs.
- Promoting mental and emotional health and well-being.
- Linking students and families to primary care, health insurance and other health resources within the community.
- Providing health education and consultation to students and other school personnel.
- Using their knowledge and expertise to provide input into Individualized Education Plans (IEPs) and Individualized Health Plan (IHPs).
- Assisting with the review and/or development of health policies.
- Providing case management services.
- Collaborating with others to build student/family capacity for self-management, self-advocacy, and learning.

The purpose of school health and wellness services (school nursing) is to support the educational process by contributing positively to the health, health attitudes and behavior of today's child and consequently tomorrow's adult. School nursing is a specialized practice of professional nurses that advances the well-being, academic success and life-long achievement of students. School nurses are continually working with students and staff to promote healthy lifestyles and educating about steps they can take to protect and strengthen their physical and emotional well-being.

Children with special health care needs and those with chronic and/or life threatening illnesses, such as allergies, asthma, cancer, cerebral palsy, cystic fibrosis, diabetes, muscular dystrophy, etc. attend school regularly and with increasing numbers. These children require careful attention to their daily routines to ensure optimal health and educational outcomes. Often times, teachers, para-educators, secretaries and other school staff are providing health services to these children. These individuals do not have the professional health training required to care for these children. Yes, teachers, secretaries, etc. can be taught to respond in a rote manner to a given condition that a child with a *known* illness may present; but professional health judgment and assessment skills are needed to adequately provide *all* students with quality health services. In addition, performing these tasks takes time away from their main focus - student education. School nurses have the education, training and expertise to partner with children, families, school staff and the community to safeguard children's health and wellness in the school setting.

The behavior problems and risk taking behaviors of children and adolescents also continues to be a major source of public concern. Risk taking behaviors such as fighting, substance abuse, suicide and sexual activity have harmful, even deadly consequences.

According to the 2005 Youth Risk Behavior Survey (YRBS) report, the following behavior trends were identified for North Dakota students in grades nine through 12:

- Students who currently smoke cigarettes decreased from 40 percent in 1995 to 22 percent in 2005. North Dakota rates are just slightly above the average of the other participating states.
- Although the percentage of students who drank five or more drinks (binge drinking) in one hour decreased from 42 percent in 1995 to 34 percent in 2005, North Dakota is among the highest in binge drinking of the other states participating in the 2005 YRBS.

- Students who currently drink alcohol decreased from 61 percent in 1995 to 49 percent in 2005. However, North Dakota’s rate is among the highest of the other participating states.
- Students who drove a car or other vehicle when or after they had been drinking alcohol decreased from 33 percent in 1995 to 22 percent in 2005. However, North Dakota has the highest rate of the other participating states.
- The percentage of high school students who ate five or more servings of fruits and vegetables daily decreased from 18 percent in 2001 to 13.8 percent in 2005.
- The percentage of high school students who were overweight (i.e., at or above the 95th percentile for body mass index) increased from 7.2 percent in 1999 to 11.2 percent in 2005.

Given this complicated picture, it is important to strengthen and expand school health and wellness services offered to students in North Dakota.

Every child deserves to have access to a school health and wellness services. There is a growing awareness of the important link between health and education. Children need to be healthy to learn, and they must learn to be healthy. School health and wellness programs can act as a vehicle in the advancement of student, staff and community health and wellness. This request is supported by the North Dakota School Nurse Organization.

Change Group: O	Change Type: A	Change No: 22	Priority: 8
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Roughrider Follow Up -

The North Dakota Department of Health is requesting \$50,000 of general funds to continue follow up activities for the annual Roughrider Health Conference. The activities are currently funded with federal preventive health block funds.

Participants attend the Roughrider Health Promotion Conference as part of a school team with the expectation of the development of a school health action plan.

- Teams are made up of 3-6 members. Suggested team members include administrators, parents/community members, school board members, school nurses/public health, educators, counselors, and school support staff.
- Teams complete the school assessment “School Health Index” prior to attending the conference. Using information gained from this assessment and from conference sessions, teams develop a school health action plan during the conference. The goals and activities identified in the school health action plan are implemented during the upcoming school year.

Follow-up Process:

The Facilitator Coordinator and Team Facilitators work with school teams during and after the conference (follow-up process) to oversee the completion of each team’s school health action plan. This follow-up process is the foundation for assuring the successful implementation of quality, coordinated school health programs at the local level with emphasis on prevention/wellness.

- The Roughrider Health Promotion Conference Facilitator Coordinator has extensive knowledge of coordinated school health and provides technical assistance, training and coordination to the team facilitators. The Facilitator Coordinator compiles a summary report of activities, programs, polices, etc. that schools have implemented as a result of attending the conference and the development of a school health action plan.
- The Roughrider Health Promotion Conference Team Facilitators work with school teams during and after the conference to oversee the completion of each team’s school health action plan. Approximately 16-20 facilitators from across the state provide their expertise to ensure the mission of Roughrider is achieved.

Change Group: O	Change Type: A	Change No: 23	Priority: 9
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Food and Lodging Position -

The Division of Food and Lodging is requesting an additional FTE and associated operating costs to add another field environmental health practitioner. The major reason for requesting an additional EHP is to reduce the number of facilities assigned to each EHP which will allow for an increased frequency of inspections in the high risk category. One of the major goals of any food safety program is to insure risk-based food safety inspections are conducted and at a frequency to effectively reduce the incidence of food-borne illnesses. We have been able to train our staff in completing risk-based inspections but our frequency of inspections does not come close to the recommended frequency as set forth in the national program standards as established by the Food and Drug Administration. In Standard 8 of those standards, a program budget should provide the necessary resources to develop and maintain a retail food safety program that has the staffing level of one FTE devoted to every 280-320 inspections performed. In addition, every high risk food service establishment should be inspected a minimum of 3 times per year. Each of our four EHP's is responsible for over 700 establishments, not all being food establishments. By North Dakota statute, our mandated statutory frequency of inspection is limited to at least once every two years. Current staffing levels allow us to only inspect food establishments one time per year. An additional FTE in the division will allow us to reduce the number of facilities assigned to each FTE and allow for much needed increased inspectional presence in each high risk food establishment and hopefully reduce the frequency of food-borne illness outbreaks.

Change Group: O	Change Type: A	Change No: 24	Priority: 10
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Physician Loan Program -

The Department is requesting \$150,000 for the state physician loan repayment program. Included in our base budget is \$75,000 of general funds and \$75,000 of special funds from the Community Health Trust Fund. The balance of \$150,000 is included in the optional request as general funds. In total this will fund 4 new physicians and 4 new physician's assistants or nurse practitioners each year of the biennium. The total request for the state physician loan repayment program is \$300,000 with \$270,000 for physicians and \$30,000 for midlevel practitioners.

Physicians are allowed to request a maximum of \$22,500 per year for up to two years for a total of \$45,000. Midlevel practitioners are allowed to request \$2,500 per year for up to two years for a total of \$10,000. Communities must contribute an amount at least equal to the amount of the state contribution for the physicians and the midlevel practitioners.

Change Group: O	Change Type: A	Change No: 25	Priority: 11
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Salary Package Market Equity -

The North Dakota Department of Health is requesting \$1,954,258 of general funds for a salary package to increase NDDoH employee salaries to levels more comparable with the current external market.

State employee pay is not competitive with other states in our region, with businesses within our state, or even with local government agencies. Turnover for the department in 2005 was 12.8% and is projected to continue at that level in 2006. This is double the turnover rate in 2003 of 6.1%. The department is concerned that the rate of turnover will increase in the near future. Many of our positions have scientific education and work experience that would be extremely marketable to the new ethanol fuel and coal fired power plants that are being constructed in North Dakota.

In an attempt to reduce vacancies due to market salary issues, we are using roll up from vacancies to provide some equity and workload increases to try to address the problem. But using vacancy roll up only provides minimal funding for salary adjustments because we still need to fill the vacancies that generated the roll up and submit a general fund hold even budget request. We can only tolerate so much risk that increased federal, special or general funds won't materialize, often forcing us to provide only very minimal adjustments in the interim. Therefore additional general funds are required to enable the department to increase employee salaries to a level that is closer to the current external market.

Using data available from Human Resources Management Services we identified several classifications that lagged the external market salary levels in the Job Service North Dakota and Central States Compensation Association salary surveys. When information on a classification was available from both sources, the data from Job Service was used to reflect a similar economic base for comparison purposes. In some cases an entire classification series was included in order to avoid salary inequities between department employees.

Change Group: O	Change Type: A	Change No: 26	Priority: 12
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Womens Way Enhancement -

The North Dakota Department of Health is requesting \$282,200 of general funds to enhance the Women's Way program. *Women's Way* works to reduce mortality from breast and cervical cancer by increasing education and screening for low-income, underserved, uninsured and under-insured, high-risk and minority women primarily ages 40 through 64. *Women's Way* currently receives federal funding to serve 3200 of the 20,000 plus eligible North Dakota women.

This request will provide services for 300 additional women at the maintenance package proposed rate of \$186 per woman. Clinical costs (claims paid to BCBS) for the 300 new women are also requested. *Women's Way* currently serves 403 American Indian women. Keeping services coordinated for these women and recruiting more American Indian women is a *Women's Way* priority. Funds are requested for an American Indian Coordinator to facilitate and ensure American Indian women have access to program services and to coordinate payment of claims.

	Biennial Amounts
300 women x \$186/woman	\$ 111,600
BCBS claims 300 women x \$150/woman	\$ 90,000
403 American Indian women x \$100/woman	<u>\$ 80,600</u>
Total	\$ 282,200

Change Group: O	Change Type: A	Change No: 27	Priority: 13
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Community Based Nutrition -

The North Dakota Department of Health is requesting \$600,000 of general funds to promote community based nutrition. According to the Centers for Disease Control, given the size of the population we are trying to reach, we cannot rely solely upon individual interventions that target one person at a time. Instead, the prevention of obesity requires a coordinated change that affects larger populations. That is why we want to focus on community interventions. The funds will provide up to 20 ND communities grants of up to \$15,000/year for these initiatives. The focus of the funds will be to improve health in the community by offering education, activities, etc that will improve the general health of the community. The grantors will encourage building on past successful North Dakota community initiatives using models such as the 5 + 5 grants, “On the Move” and “Walk North Dakota” as examples of best practices that can be replicated in other ND communities. With these funds, we are looking to both increase the number of communities initiating interventions, and the number and types of interventions. Potential applicants for the funds may include local public health units, schools, and local non-profits and community faith based organizations.

Change Group: O	Change Type: A	Change No: 28	Priority: 14
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Youth Tobacco -

The North Dakota Department of Health is requesting \$551,600 of general funds to address youth tobacco. The Guide to Community Preventive Services reports there is strong evidence for use of mass media education when combined with other interventions for youth such as the use of evidence-based curricula, teacher training and comprehensive school tobacco use policy as an effective intervention. Current funding supports the implementation of the curricula and school policy, but has been inadequate to develop and implement a youth media campaign. Media campaigns that are combined with other activities to reduce youth tobacco use are effective in 1) reducing consumption of tobacco products, and 2) increasing cessation among tobacco users.

This request includes a new FTE as a youth coordinator and associated operating costs. A youth coordinator is needed in order to oversee all aspects of a prevention program. The coordinator will work closely with the youth advisory board and with the agencies developing the counter-marketing and website to ensure the most effective products. The youth coordinator will also work to coordinate tobacco prevention efforts with youth groups statewide. A contractor (\$23,600) will be hired to develop a website. A website will work to reinforce the messages of the statewide counter-marketing campaign and to provide a place for youth to gain access to relevant information about tobacco use. A portion of the website would also be used for adult youth advisors from various youth groups to share resources and ideas. A coordinated, statewide effort is necessary in order to prevent youth from starting to use tobacco. Since youth involvement is an important aspect of youth tobacco prevention, a youth advisory board (\$18,000) will be established. The youth advisory board will determine and direct the statewide counter-marketing campaign and the website. The board will be comprised of a diverse group representing youth from the entire state. It is anticipated that the advisory board will meet face-to-face quarterly and have monthly conference calls in order to share information and direct the agencies involved in the media campaign and the website.

A contractor will be hired to prepare a counter marketing campaign (\$400,000) including TV and radio ads. Counter-marketing is identified as a Best Practice and is an effective method to prevent and reduce youth tobacco use when combined with school-based and community-based activities. The statewide counter-marketing campaign will be determined by the youth advisory board, but will likely be comprised mainly of television and radio. An advertising agency will be hired to assist the youth advisory committee in creating an effective campaign to prevent youth from starting to use tobacco products. In year one, it is anticipated that 20 percent of the budget will be needed to determine the type of campaign that will be effective through focus group and market testing in addition to a baseline telephone survey. In year 2 approximately 10 percent of the budget will be set aside to evaluate the effectiveness of the counter-marketing campaign through telephone surveys.

Change Group: O	Change Type: A	Change No: 29	Priority: 15
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Quitline Additional Enhancement -

The North Dakota Department of Health is requesting \$70,000 of general funds to be used for tobacco quitline activities. Included in our base budget is \$1,099,000 funded with community health trust funds for a total of \$1,169,000.

The Guide to Community Preventive Services shows that reducing out-of-pocket costs for effective therapies to stop using tobacco is an effective intervention. Current tobacco quitline funding supports nicotine replacement therapy (NRT -patches or gum) for callers who enroll in counseling and are under 200 percent of the federal poverty level. Funding has been inadequate to support nicotine replacement therapy for all callers. Reducing out-of-pocket costs is effective in 1) increasing the use of effective cessation therapies, 2) increasing the number of people who attempt to quit, and 3) increasing the number of people who quit successfully. Over the past year, a number of promotions have been run through the Quitline where any individual that calls on a certain day can receive free NRT when they enroll in counseling. On one of the promotional days, the number of calls to the Quitline tripled which shows how the availability of NRT increases the use of Quitline services. This request includes \$37,100 for increased NRT.

The use of nicotine replacement therapy, patch or gum, in conjunction with tobacco cessation counseling, has been shown to double the success rate of individuals who attempt to quit using tobacco products. Counseling is a free service available through the Quitline. The research indicates that telephone support is most effective when combined with other educational approaches or medical therapies. This request includes \$32,900 for increased counselor time.

Change Group: O	Change Type: A	Change No: 30	Priority: 16
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Domestic Violence -

The North Dakota Department of Health, is requesting an additional \$500,000 in state general funds for a total of \$710,000 per biennium. The funds will be distributed to the currently funded nineteen local domestic violence/rape crisis agencies located across the state to provide prevention and intervention services on domestic violence and sexual assault issues.

In 2005, 843 primary victims of sexual assault were provided services by the domestic violence/rape crisis agencies. This represents a slight increase in the number of victims served by the crisis centers 2004. At least 408 (48%) of the primary victims were under the age of 18 years old at the time of the assault. Sixty-three percent of the adult assaults were rape, 10% were attempted rape, and 26% were sexual contact other than rape or attempted rape. Crisis advocates provided 7,262 services to primary victims during the year.

In 2005, 4,370 new victims of domestic violence received services from the domestic violence/rape crisis agencies. This is a six percent increase from 2004 with 40 percent of the victims under the age of 30. At least 4,961 children were directly impacted by incidents of domestic violence. Fourteen percent of the new victims were people with disabilities. Of those, 16 percent were developmentally delayed and 35 percent were physically disabled.

Domestic violence/rape crisis services are funded through federal grants, state and local monies, and fundraising activities. During the past three years Congress has reduced federal grant allocations to the states. More cuts are anticipated in the three primary funding sources: VOCA (Victims of Crime ACT), STOP (Services, Training, Officers, and Prosecution) and Edward Byrne criminal justice dollars will not be available after the current grant cycle, which drastically reduced awards once again. Also, sexual assault funds from the Preventive Health Block Grant will not be available in FY07.

The North Dakota Department of Health received \$408,224/bienium in state general funds for the domestic violence/rape crisis agencies in 1992, but that amount was reduced to \$90,000/bienium in 1994. The legislature increased the funding in 2002 to the present amount of \$210,000. The \$500,000 request restores the earlier cuts and provides a slight increase.

Change Group: O	Change Type: A	Change No: 31	Priority: 17
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EMS Training Grants -

The North Dakota Department of Health is requesting \$940,000 of general funds to offset ongoing training costs of Emergency Medical Services volunteers. The Governor and the Legislature have provided funds to offset some of the costs of Emergency Medical Service training of our volunteer EMS providers. Over the last several sessions the budget for this grant has been \$940,000 per biennium.

The Division of Emergency Medical Services (DEMS) has studied this issue and found that it is costing the volunteer community over \$1.8 million per biennium for the training required to maintain the volunteer workforce's licensure. The North Dakota EMS Association will be seeking an additional \$940,000 to truly offset the educational expenses of EMS training for volunteers.

DEMS is seeking an optional package to fully fund training for the volunteer EMS community in the amount of \$940,000 to bring the total amount available in this grant to \$1,880,000.

Change Group: O	Change Type: A	Change No: 32	Priority: 18
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Septic Tanks -

The North Dakota Department of Health is requesting \$400,000 in state general funds to develop and implement an Onsite Sewage Treatment System Program.

The minimum state regulation for onsite sewage treatment systems, "Private Sewage Disposal Systems," is given in Chapter 62-03.1-03 NDAC. The regulation establishes minimum standards for onsite sewage treatment systems for the purpose of protecting public health and water quality. The regulation resides with the State Board of Plumbing, but the primary oversight for onsite sewage treatment systems in North Dakota has been conducted by the local and district health units that provide environmental health services. Some health units have developed their own onsite sewage treatment system regulation that may be more stringent than the state regulation, and may include fees, permits, and installer requirements.

Although oversight for onsite sewage treatment systems by the local and district health units has been effective in a good share of the state, oversight is lacking in some counties. Several health units have therefore requested that the Department of Health develop an Onsite Sewage Treatment System Program that would perform the following functions:

1. Serve as the administrative authority for a revised regulation that would provide minimum state-wide oversight for onsite sewage treatment systems;
2. Develop a certification program for onsite sewage treatment installers; and,
3. Coordinate with health units to develop a continuing education program for onsite sewage treatment installers.

At this time we project that the Department of Health will need \$400,000 in general funds for 2.0 FTEs, in addition to time or professional services from the North Dakota Attorney General's Office. We also project the need for \$30,000 in possible grants to local public health units. There is currently no other funding source available but fees could be considered to cover a portion of the costs.

Change Group: O	Change Type: A	Change No: 33	Priority: 19
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Local Health -

Local Public Health is requesting an increase in State Aid funding from \$1.1 M to \$3 M per biennium in order to more effectively and consistently provide public health services to all North Dakota citizens.

The average percentage of local public health unit funding is from the following sources; 42% federal pass through; 36% local government, 5% state aid general fund and tobacco settlement dollars, and 17% from fees and other sources. The federal grant funding is the most significant; however, its use is inflexible and specific to certain programs. Local government and state aid funding are the most vital sources because they have no spending restrictions. This flexibility allows the delivery of services to meet local community needs and to respond to emerging issues.

New and emerging issues are continually taxing local health budgets. These issues usually occur without additional funding. Local government contributions are capped at 5 mills for district health units and health departments have a limited general fund base, so local monies cannot be counted on to continually support the increased budgetary needs.

An increase in state aid funding is necessary to allow flexibility in identifying individual community needs, planning and responding to the emerging issues. In addition the future initiatives of accreditation, local public health standards and minimum services will result in local public health re-assessing their current delivery structure and re-organizing in order to meet the delivery expectations. Additional flexible funding will be necessary to establish a more effective and cooperative structure. State general funding has not been increased since 1999. This increase was the first since 1984.