



Bismarck- Burleigh Commissions Committee

The Bismarck-Burleigh Commissions Committee is scheduled to meet on Tuesday, April 2, 2024, at 4:00 PM in the Tom Baker Meeting Room, City/County Office Building, 221 North Fifth Street, Bismarck, North Dakota.

Call to Order

Roll Call

1. Consider approval of minutes

Documents:

[2.26.2024 - Minutes.pdf](#)

2. Burleigh County Home Rule Charter

A. 1/2-Cent Sales Tax Initiative

3. Bismarck Burleigh Public Health Update

Documents:

[BBPH Update.pdf](#)

[10 Essential Public Health Services.pdf](#)

[Foundational Public Health Services.pdf](#)

[Public Health Core Functions and Services.pdf](#)

[NDCC 23-35 Public Health Units.pdf](#)

4. Provident Building Update

5. Other Business

Adjourn

Next meeting: 4:00 PM, May 7, 2024
Tom Baker Meeting Room - Bismarck City/County Building
221 N 5th Street, Bismarck, ND



Bismarck Human Relations Committee

2/26/2024 - Minutes

HRC Mission

Chair Jorgensen read the mission statement

Call To Order

Chair Jorgensen called the meeting to order at 5:15 PM. Members present were Geraldine Ambe, Jason Grueneich, Sargianna Wutzke, Thea Jorgensen, Sashay Schettler, Gabby Abouassaly, and Katie Houle.

Members absent were Katrice Kluck, Sashay Schettler, and Carl Young.

1. Public Comment

No public comment was received.

2. Approval Of Meeting Minutes

Jason Grueneich motioned to approve the minutes as presented, and Sargianna Wutzke seconded. Upon a roll call vote, all voted aye. M/C.

3. Community Conversations Discussion

The Committee discussed preparations for the upcoming Community Conversations Discussion on February 28, 2024. The Committee reviewed the tentative schedule for the event and will have a co-moderator, Breanna Iron Road. The panelists will include:

- Dawn Kopp
- Sr. Kathleen Atkinson
- Dr. Marie Schaaf
- Travis Albers
- Dr. Leander R. McDonald

4. Annual Report Discussion

Jason Grueneich and Thea Jorgensen will work with Sargianna Wutzke to prepare the Annual Report for 2023. They will present the report at the April 9, 2024, City Commission Meeting.

5. Brochure Discussion

The group discussed printing options for the updated brochures and business cards with the committee's QR code.

Sargianna Wutzke motioned to have the business cards professionally printed for not more than \$100, and Gabby Abouassaly seconded. Upon a roll call vote, all voted aye. M/C.

Jason Gruneich motioned to approve the updated brochure, including the revised QR code, and directed staff to print the brochures in-house, and Gabby Abouassaly seconded. Upon a roll call vote, all voted aye. M/C.

6. Other Business

- Committee members discussed seeking other organizations or measurable goals that align with the HRC mission to help measure the impact of the Municipal Equality Index (MEI). They agreed to seek organizations or systems that could be used to rate the entire community on factors such as welcoming families, diversity, opportunities, and employment.
- Geraldine Ambe noted that High Plains Fair Housing is hosting an event on April 4, 2024, from 6:00 - 8:00 PM.
- Gabby Abouassaly indicated that there may be an opportunity for the HRC to have a booth at BisMarket during the summer of 2024.
- The group discussed requesting additional funds for the 2025 budget. They will bring this item back for discussion at the April meeting.

Adjourn

There being no further business to discuss, the meeting adjourned at 6:55 PM.



Bismarck-Burleigh Public Health

DATE: March 26, 2024

FROM: Renae Moch, Public Health Director

ITEM: Bismarck-Burleigh Combined Commissions Committee

REQUEST:

Receive update on Public Health services, core functions and requirements for a public health unit in North Dakota.

Please place this item on the April 2, 2024, Bismarck-Burleigh Combined Commissions Committee meeting agenda.

BACKGROUND INFORMATION:

During the 2024 budget process, Burleigh County Commissioners had questions regarding Public Health services and requirements for a public health unit. As Public Health's portfolio holder for Burleigh County, Commissioner Munson requested information from Director Moch to answer these in preparation for the 2025 budget planning process. This information will be presented during the April 2, 2024, Combined Commissions Committee meeting.

Information includes:

1. ND Century Code Chapters 23-35: Public Health Units
2. Public Health Core Functions – BBPH Services

RECOMMENDED COMMISSION ACTION:

Receive update.

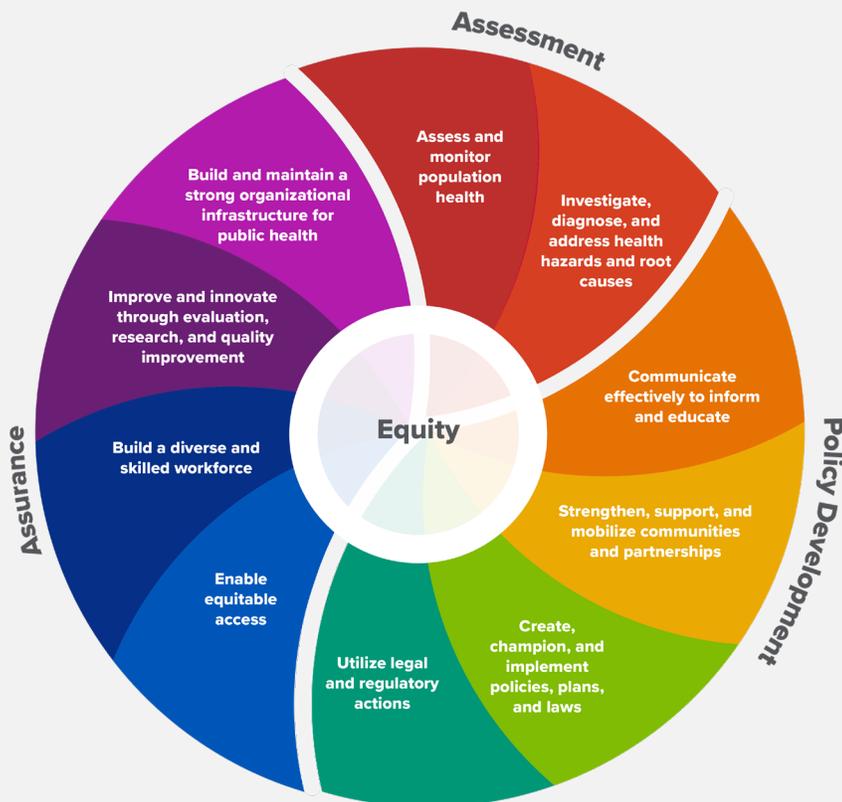
STAFF CONTACT INFORMATION:

Renae Moch, Public Health Director, Bismarck-Burleigh Public Health

THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

To protect and promote the health of all people in all communities

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve equity, the Essential Public Health Services actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities. Such barriers include poverty, racism, gender discrimination, ableism, and other forms of oppression. Everyone should have a fair and just opportunity to achieve optimal health and well-being.



ESSENTIAL PUBLIC HEALTH SERVICE #1

Assess and monitor population health status, factors that influence health, and community needs and assets

ESSENTIAL PUBLIC HEALTH SERVICE #2

Investigate, diagnose, and address health problems and hazards affecting the population

ESSENTIAL PUBLIC HEALTH SERVICE #3

Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it

ESSENTIAL PUBLIC HEALTH SERVICE #4

Strengthen, support, and mobilize communities and partnerships to improve health

ESSENTIAL PUBLIC HEALTH SERVICE #5

Create, champion, and implement policies, plans, and laws that impact health

ESSENTIAL PUBLIC HEALTH SERVICE #6

Utilize legal and regulatory actions designed to improve and protect the public's health

ESSENTIAL PUBLIC HEALTH SERVICE #7

Assure an effective system that enables equitable access to the individual services and care needed to be healthy

ESSENTIAL PUBLIC HEALTH SERVICE #8

Build and support a diverse and skilled public health workforce

ESSENTIAL PUBLIC HEALTH SERVICE #9

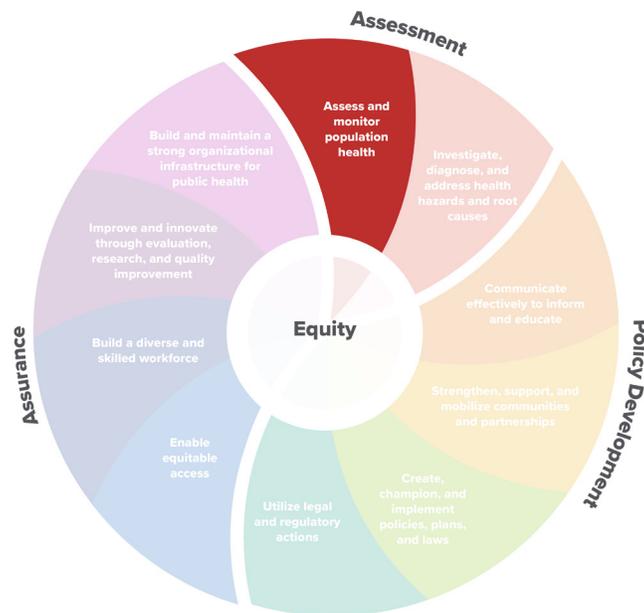
Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement

ESSENTIAL PUBLIC HEALTH SERVICE #10

Build and maintain a strong organizational infrastructure for public health

ESSENTIAL PUBLIC HEALTH SERVICE #1

Assess and monitor population health status, factors that influence health, and community needs and assets

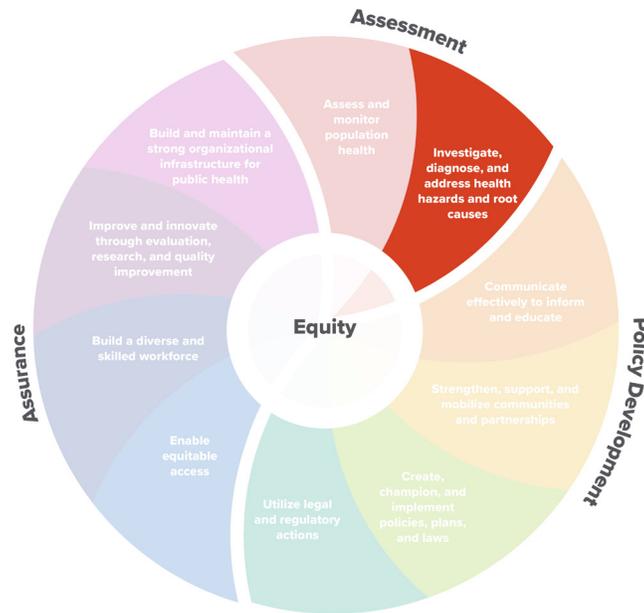


THIS SERVICE INCLUDES:

- **Maintaining an ongoing understanding of health** in the jurisdiction by collecting, monitoring, and analyzing data on health and factors that influence health to identify threats, patterns, and emerging issues, with a particular emphasis on disproportionately affected populations
- **Using data and information** to determine the root causes of health disparities and inequities
- **Working with the community** to understand health status, needs, assets, key influences, and narrative
- **Collaborating and facilitating data sharing** with partners, including multi-sector partners
- **Using innovative technologies**, data collection methods, and data sets
- **Utilizing various methods and technology** to interpret and communicate data to diverse audiences
- **Analyzing and using disaggregated data** (e.g., by race) to track issues and inform equitable action
- **Engaging community members** as experts and key partners

ESSENTIAL PUBLIC HEALTH SERVICE #2

Investigate, diagnose, and address health problems and hazards affecting the population

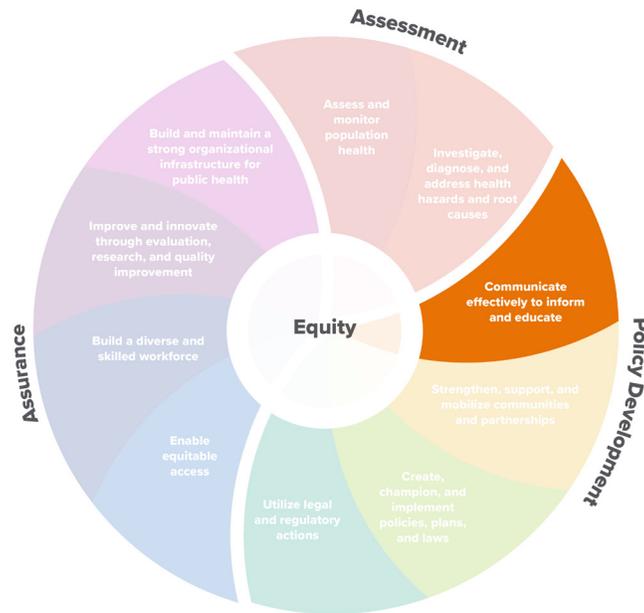


THIS SERVICE INCLUDES:

- **Anticipating, preventing, and mitigating emerging health threats** through epidemiologic identification
- **Monitoring real-time health status and identifying patterns** to develop strategies to address chronic diseases and injuries
- **Using real-time data** to identify and respond to acute outbreaks, emergencies, and other health hazards
- **Using public health laboratory capabilities and modern technology** to conduct rapid screening and high-volume testing
- **Analyzing and utilizing inputs** from multiple sectors and sources to consider social, economic, and environmental root causes of health status
- **Identifying, analyzing, and distributing information** from new, big, and real-time data sources

ESSENTIAL PUBLIC HEALTH SERVICE #3

Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it

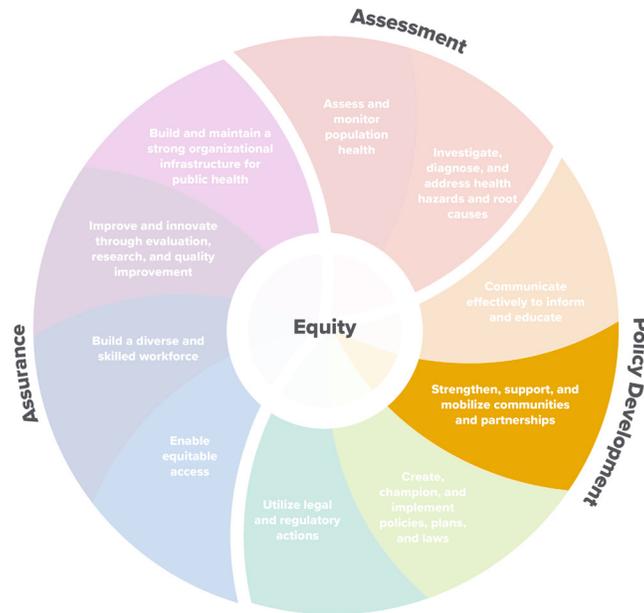


THIS SERVICE INCLUDES:

- **Developing and disseminating accessible health information** and resources, including through collaboration with multi-sector partners
- **Employing the principles of risk communication, health literacy, and health education** to inform the public, when appropriate
- **Communicating with accuracy and necessary speed**
- **Actively engaging in two-way communication** to build trust with populations served and ensure accuracy and effectiveness of prevention and health promotion strategies
- **Using appropriate communications channels** (e.g., social media, peer-to-peer networks, mass media, and other channels) to effectively reach the intended populations
- **Ensuring public health communications and education efforts are asset-based** when appropriate and do not reinforce narratives that are damaging to disproportionately affected populations
- **Developing and deploying culturally and linguistically appropriate and relevant communications** and educational resources, which includes working with stakeholders and influencers in the community to create effective and culturally resonant materials

ESSENTIAL PUBLIC HEALTH SERVICE #4

Strengthen, support, and mobilize communities and partnerships to improve health

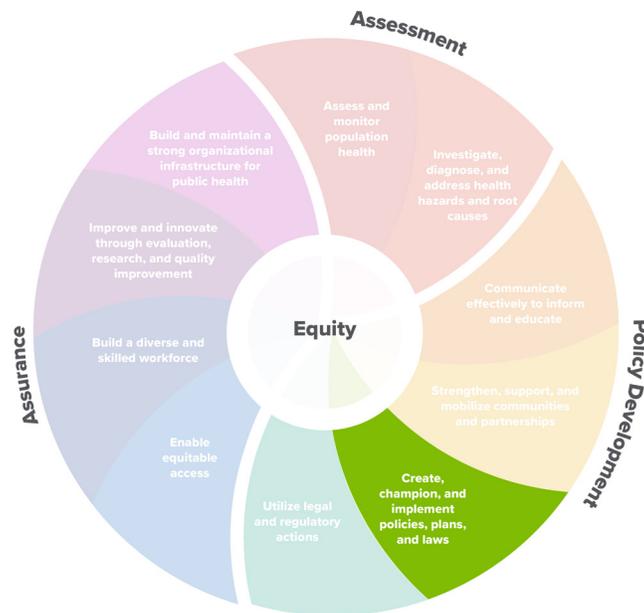


THIS SERVICE INCLUDES:

- **Convening and facilitating multi-sector partnerships** and coalitions that include sectors that influence health (e.g., planning, transportation, housing, education, etc.)
- **Fostering and building genuine, strengths-based relationships** with a diverse group of partners that reflect the community and the population
- **Authentically engaging with community members** and organizations to develop public health solutions
- **Learning from, and supporting, existing community partnerships** and contributing public health expertise

ESSENTIAL PUBLIC HEALTH SERVICE #5

Create, champion, and implement policies, plans, and laws that impact health

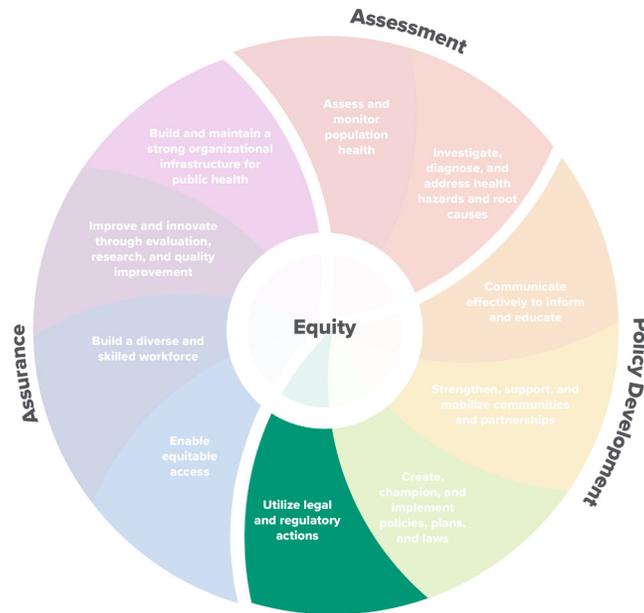


THIS SERVICE INCLUDES:

- **Developing and championing policies, plans, and laws** that guide the practice of public health
- **Examining and improving existing policies, plans, and laws** to correct historical injustices
- **Ensuring that policies, plans, and laws provide a fair and just opportunity for all** to achieve optimal health
- **Providing input into policies, plans, and laws** to ensure that health impact is considered
- **Continuously monitoring and developing policies, plans, and laws** that improve public health and preparedness and strengthen community resilience
- **Collaborating with all partners**, including multi-sector partners, to develop and support policies, plans, and laws
- **Working across partners and with the community** to systematically and continuously develop and implement health improvement strategies and plans, and evaluate and improve those plans

ESSENTIAL PUBLIC HEALTH SERVICE #6

Utilize legal and regulatory actions designed to improve and protect the public's health

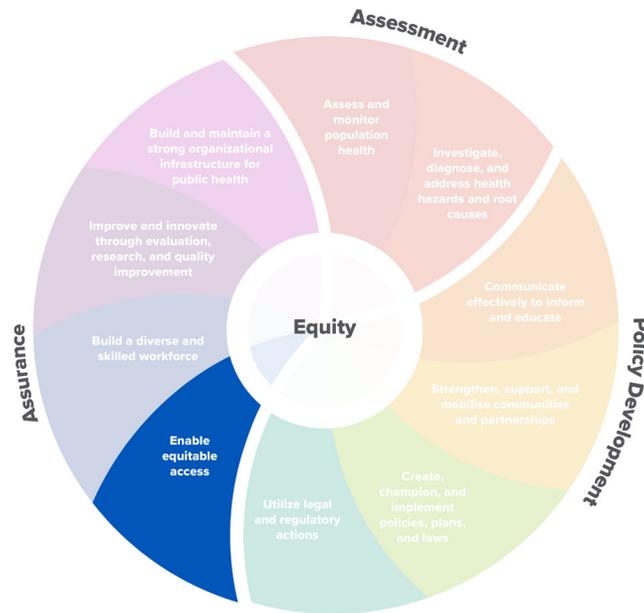


THIS SERVICE INCLUDES:

- **Ensuring that applicable laws are equitably applied** to protect the public's health
- **Conducting enforcement activities** that may include, but are not limited to sanitary codes, especially in the food industry; full protection of drinking water supplies; and timely follow-up on hazards, preventable injuries, and exposure-related diseases identified in occupational and community settings
- **Licensing and monitoring the quality of healthcare services** (e.g., laboratory, nursing homes, and home healthcare)
- **Reviewing new drug, biologic, and medical device applications**
- **Licensing and credentialing the healthcare workforce**
- **Including health considerations in laws from other sectors** (e.g., zoning)

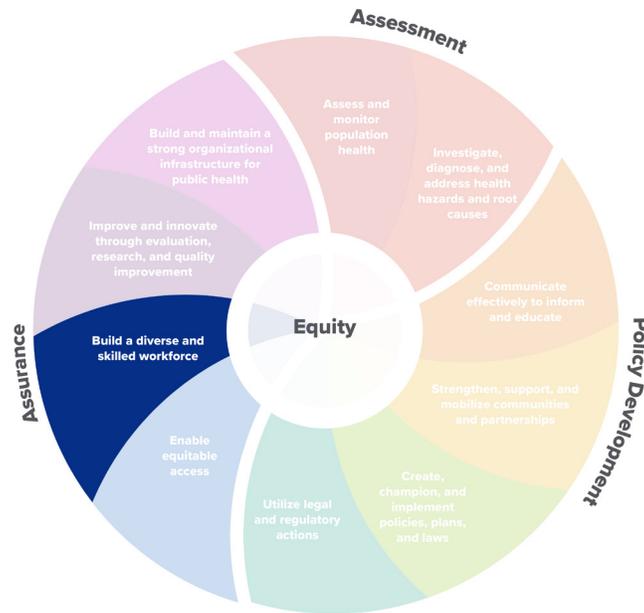
ESSENTIAL PUBLIC HEALTH SERVICE #7

Assure an effective system that enables equitable access to the individual services and care needed to be healthy



THIS SERVICE INCLUDES:

- **Connecting the population to needed health and social services** that support the whole person, including preventive services
- **Ensuring access to high-quality and cost-effective healthcare and social services**, including behavioral and mental health services, that are culturally and linguistically appropriate
- **Engaging health delivery systems** to assess and address gaps and barriers in accessing needed health services, including behavioral and mental health
- **Addressing and removing barriers to care**
- **Building relationships with payers and healthcare providers**, including the sharing of data across partners to foster health and well-being
- **Contributing to the development of a competent healthcare workforce**

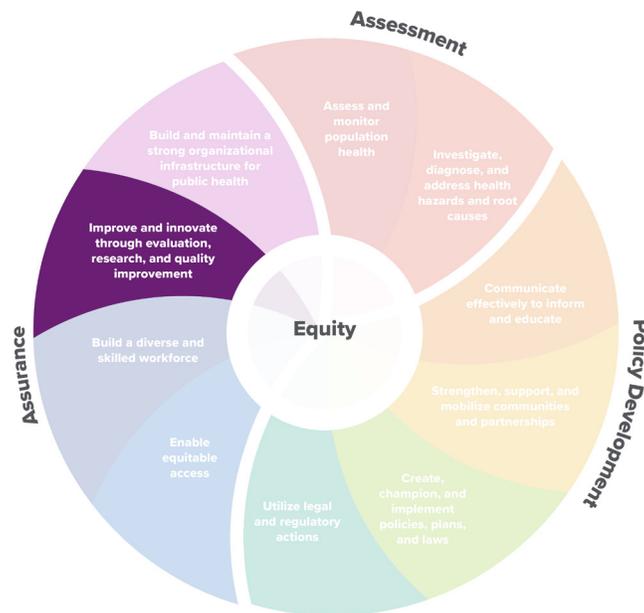


THIS SERVICE INCLUDES:

- **Providing education and training** that encompasses a spectrum of public health competencies, including technical, strategic, and leadership skills
- **Ensuring that the public health workforce is the appropriate size** to meet the public's needs
- **Building a culturally competent public health workforce and leadership** that reflects the community and practices cultural humility
- **Incorporating public health principles in non-public health curricula**
- **Cultivating and building active partnerships with academia and other professional training programs** and schools to assure community-relevant learning experiences for all learners
- **Promoting a culture of lifelong learning in public health**
- **Building a pipeline of future public health practitioners**
- **Fostering leadership skills at all levels**

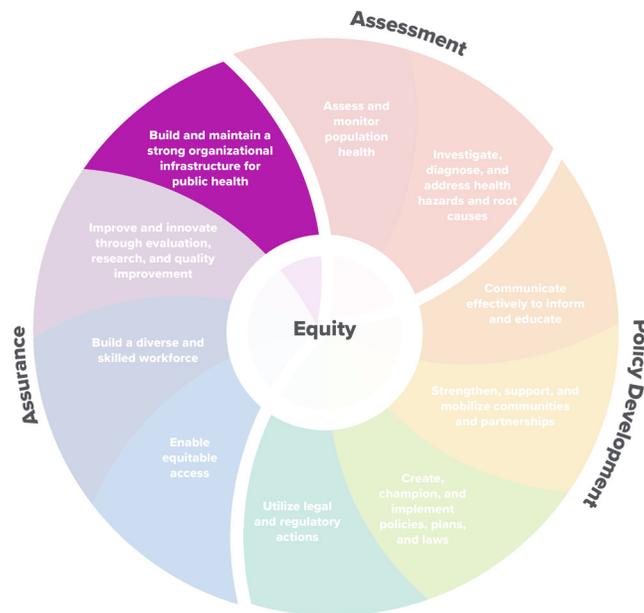
ESSENTIAL PUBLIC HEALTH SERVICE #9

Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement



THIS SERVICE INCLUDES:

- **Building and fostering a culture of quality** in public health organizations and activities
- **Linking public health research with public health practice**
- **Using research, evidence, practice-based insights, and other forms of information to inform decision-making**
- **Contributing to the evidence base** of effective public health practice
- **Evaluating services, policies, plans, and laws continuously** to ensure they are contributing to health and not creating undue harm
- **Establishing and using engagement and decision-making structures** to work with the community in all stages of research
- **Valuing and using qualitative, quantitative, and lived experience as data and information** to inform decision-making



THIS SERVICE INCLUDES:

- **Developing an understanding of the broader organizational infrastructures and roles** that support the entire public health system in a jurisdiction (e.g., government agencies, elected officials, and non-governmental organizations)
- **Ensuring that appropriate, needed resources are allocated equitably** for the public's health
- **Exhibiting effective and ethical leadership, decision-making, and governance**
- **Managing financial and human resources effectively**
- **Employing communications and strategic planning capacities and skills**
- **Having robust information technology services** that are current and meet privacy and security standards
- **Being accountable, transparent, and inclusive** with all partners and the community in all aspects of practice

The 10 Essential Public Health Services

Glossary

Community is a group of people who have common characteristics; communities can be defined by location, race, ethnicity, age, occupation, interest in particular problems or outcomes, or other similar common bonds. Ideally, there would be available assets and resources, as well as collective discussion, decision-making and action. (Turnock, BJ. *Public Health: What It Is and How It Works*. Jones and Bartlett, 2009)

Equity is defined as a fair and just opportunity for all to achieve good health and well-being. This requires removing obstacles to health such as poverty and discrimination and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare. It also requires attention to health inequities, which are differences in population health status and mortality rates that are systemic, patterned, unjust, and actionable, as opposed to random or caused by those who become ill.

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The bibliographic citation for this definition is: Preamble to the Constitution of WHO as adopted by the International Health Conference, New York, 19 June - 22 July 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of WHO, no. 2, p. 100) and entered into force on 7 April 1948. The definition has not been amended since 1948.

Healthcare sector is defined as entities that provide clinical services, mental health services, oral health services, provide or pay for services for individuals, or facilitate the provision of services to individuals. Entities in this sector may include hospitals, health systems, health plans, health centers, behavioral health providers, oral health providers, etc. **Law(s)** refer to the aggregate of statutes, ordinances, regulations, rules, judicial decisions, and accepted legal principles that the courts of a particular jurisdiction apply in deciding controversies brought before them. The law consists of all legal rights, duties, and obligations that can be enforced by the government (or one of its agencies) and the means and procedures for enforcing them. (Garner, B.A. editor. *Black's Law Dictionary*. 8th ed. West Group; 2004)

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Population health is the health outcomes of a group of individuals, including the distribution of such outcomes within the group. The field of population health includes health outcomes, patterns of health determinants, and policies and interventions that link these two. Population health approaches are community or policy non-clinical approaches that aim to improve health and wellbeing of a group of individuals. This differs from population health management which refers to improving clinical health outcomes of individuals through improved care coordination and patient engagement supported by appropriate financial and care models. (Adapted from Kindig and Stoddart).

The 10 Essential Public Health Services

Glossary

Public health is defined as the science of protecting the safety and improving the health of communities through education, policy making and research for disease and injury prevention. (CDC Foundation).

Research is a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalized knowledge. (United States Department of Health and Human Services. *Healthy People 2020*. Washington, DC)

- Community-based Participatory Research (CBPR) is a collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community, has the aim of combining knowledge with action and achieving social change to improve health outcomes and eliminate health disparities. (W. K. Kellogg Foundation, Community Health Scholars Program, 2001 quotes from Minkler M, and Wallerstein N, editors. *Community-Based Participatory Research for Health*. San Francisco, CA: Jossey-Bass Inc.; 2003)

To view the complete 10 Essential Public Health Services, visit <https://phnci.org/uploads/resource-files/EPHS-English.pdf>.

Foundational Public Health Services



Health departments have a fundamental responsibility to provide public health protections and services in a number of areas, including: preventing the spread of communicable disease; ensuring food, air, and water quality are safe; supporting maternal and child health; improving access to clinical care services; and preventing chronic disease and injury. In addition, public health departments provide local protections and services specific to their community's needs.

Health departments serve their communities 24/7 and require access to a wide range of critical data sources, robust laboratory capacity, preparedness and policy planning capacity, partnerships with community, and expert staff to leverage them in support of public health protections.

The Foundational Public Health Services framework outlines the unique responsibilities of governmental public health and defines a minimum set of Foundational Capabilities and Foundational Areas that must be available in every community.



Community-specific Services are local protections and services that are unique to the needs of a community. These services are essential to that community's health and vary by jurisdiction.

Foundational Areas

Public health programs, or Foundational Areas, are basic public health, topic-specific programs and services aimed at improving the health of the community. The Foundational Areas reflect the minimum level of service that should be available in all communities.

Foundational Capabilities

Public health infrastructure consists of Foundational Capabilities that are the cross-cutting skills and capacities needed to support basic public health protections, programs, and activities key to ensuring community health, well-being and achieving equitable outcomes.

Foundational Capabilities

There are eight Foundational Capabilities that are needed in Public Health Infrastructure.

Assessment & Surveillance

- Ability to collect timely and sufficient foundational data to guide public health planning and decision making at the state and local level, including the personnel and technology that enable collection.
- Ability to collect, access, analyze, interpret, and use data from a variety of sources including granular data and data disaggregated by geography (e.g., census tract, zip code), sub-populations, race, ethnicity, and other variables that fully describe the health and well-being of a community and the factors that influence health.
- Ability to assess and analyze disparities and inequities in the distribution of disease and social determinants of health, that contribute to higher health risks and poorer health outcomes.
- Ability to prioritize and respond to data requests and translate data into information and reports that are valid, complete, statistically accurate, and accessible to the intended audiences.
- Ability to conduct a collaborative community or statewide health assessment and identify health priorities arising from that assessment, including analysis of root causes of health disparities and inequities.
- Ability to access 24/7 laboratory resources capable of providing rapid detection.
- Ability to participate in or support surveillance systems to rapidly detect emerging health issues and threats.
- Ability to work with community partners to collect, report and use public health data that is relevant to communities experiencing health inequities or ability to support community-led data processes.

Community Partnership Development

- Ability to create, convene, support, and sustain strategic, non-program specific relationships with key community groups or organizations representing populations experiencing health disparities or inequities; private businesses and health care organizations; relevant

federal, Tribal, state, and local government agencies; elected and non-elected officials.

- Ability to leverage and engage partnerships and community in equity solutions.
- Ability to establish and maintain trust with and authentically engage community members and populations most impacted by inequities in key public health decision-making and use community-driven approaches.
- Ability to convene across governmental agencies, such as departments of transportation, aging, substance abuse/mental health, education, planning and development, or others, to promote health, prevent disease, and protect community members of the health department's jurisdiction.
- Ability to engage members of the community and multi-sector partners in a community health improvement process that draws from community health assessment data and establishes a plan for addressing priorities. The community health improvement plan can serve as the basis for coordination of effort and resources across partners.

Equity

- Ability to strategically address social and structural determinants of health through policy, programs, and services as a necessary pathway to achieve equity.
- Ability to systematically integrate equity into each aspect of the FPHS, strategic priorities, and include equity-related accountability metrics into all programs and services.
- Ability to work collaboratively across the department and the community to build support for and foster a shared understanding of the critical importance of equity to achieve community health and well-being.
- Ability to develop and support staff to address equity.
- Ability to create a shared understanding of what creates health including structural and systemic factors that produce and reproduce inequities.

Organizational Competencies

- **Leadership & Governance:** Ability to lead internal and external stakeholders to consensus, with movement to action, and to serve as the face of governmental public health in the department's jurisdiction. Ability to directly engage in health policy development, discussion, and adoption with local, state, and national policymakers, and to define a strategic direction for public health initiatives, including the advancement of equity. Ability to prioritize and implement diversity, equity, and inclusion within the organization. Ability to engage with appropriate governing entities about the department's public health legal authorities and what new laws and policies might be needed. Ability to ensure diverse representation on public health boards and councils.
- **Information Technology Services, including Privacy & Security:** Ability to maintain and procure the hardware and software needed to access electronic health information to support the department's operations and analysis of health data. Ability to support, use, and maintain communication technologies and systems needed to interact with community members. Ability to have the proper systems and controls in place to keep health and human resources data confidential and maintain security of IT systems.
- **Workforce Development & Human Resources:** Ability to develop and maintain a diverse and inclusive workforce with the cross-cutting skills and competencies needed to implement the FPHS effectively and equitably. Ability to manage human resource functions including recruitment, retention, and succession planning; training; and performance review and accountability.
- **Financial Management, Contract, & Procurement Services, including Facilities and Operations:** Ability to establish a budgeting, auditing, billing, and financial system and chart of expense and revenue accounts in compliance with federal, state, and local standards and policies. Ability to secure grants or other funding (governmental and not) and demonstrate compliance with an audit required for the sources of funding utilized. Ability to procure, maintain, and manage safe facilities and efficient operations. Ability to leverage funding and ensure resources are allocated to address equity and social determinants of health.

- **Legal Services & Analysis:** Ability to access and appropriately use legal services in planning, implementing, and enforcing, public health initiatives, including relevant administrative rules and due process

Policy Development and Support

- Ability to serve as a primary and expert resource for establishing, maintaining, and developing basic public health policy recommendations that are evidence-based and grounded in law. This includes researching, analyzing, costing out, and articulating the impact of such policies and rules where appropriate, as well as the ability to organize support for these policies and rules and place them before an entity with the legal authority to adopt them.
- Ability to effectively inform and influence policies being considered by other governmental and non-governmental agencies that can improve the physical, environmental, social, and economic conditions affecting health but are beyond the immediate scope or authority of the governmental public health department.
- Ability to effectively advocate for policies that address social determinants of health, health disparities and equity.
- Ability to issue, promote compliance with or, as mandated, enforce compliance with public health regulations.

Accountability & Performance Management

- Ability to perform according to accepted business standards in accordance with applicable federal, state, and local laws and policies and assure compliance with national and Public Health Accreditation Board Standards.
- Ability to maintain a performance management system to monitor achievement of organizational objectives.
- Ability to identify and use evidence-based or promising practices when implementing new or revised processes, programs and/or interventions.
- Ability to maintain an organization-wide culture of quality and to use quality improvement tools and methods.
- Ability to create accountability structures and internal and external equity-related metrics to measure the equity impact of a department's efforts and performance.

Emergency Preparedness and Response

- Ability to develop, exercise, and maintain preparedness and response strategies and plans, in accordance with established guidelines, and to address a range of events including natural or other disasters, communicable disease outbreaks, environmental emergencies, or other events, which may be acute or occur over time.
- Ability to integrate social determinants of health, and actions to address inequities, including ensuring the protection of high-risk populations, into all plans, programs, and services.
- Ability to lead the Emergency Support Function 8 – Public Health & Medical for the county, region, jurisdiction, and state.
- Ability to activate the emergency response personnel and communications systems in the event of a public health crisis; coordinate with federal, state, and local emergency managers and other first responders, and private sector and non-profit partners; and operate within, and as necessary lead, the incident management system.
- Ability to maintain and execute a continuity of operations plan that includes a plan to access financial resources to execute an emergency and recovery response.
- Ability to establish and promote basic, ongoing community readiness, resilience, and preparedness by enabling the public to take necessary action before, during, or after a disaster, emergency, or public health event.
- Ability to issue and enforce emergency health orders.
- Ability to be notified of and respond to events on a 24/7 basis.
- Ability to access and utilize a Laboratory Response Network (LRN) Reference laboratory for biological agents and an LRN chemical laboratory at a level designated by CDC.

Communications

- Ability to maintain ongoing relations with local and statewide media including the ability to write a press release, conduct a press conference, and use electronic communication tools to interact with the media.
- Ability to effectively use social media to communicate directly with community members.
- Ability to appropriately tailor communications and communications mechanisms for various audiences.
- Ability to write and implement a routine communications plan and develop routine public health communications including to reach communities not traditionally reached through public health channels.
- Ability to develop and implement a risk communication strategy for communicating with the public during a public health crisis or emergency. This includes the ability to provide accurate and timely information and to address misconceptions and misinformation, and to assure information is accessible to and appropriate for all audiences.
- Ability to transmit and receive routine communications to and from the public in an appropriate, timely, and accurate manner, on a 24/7 basis.
- Ability to develop and implement a proactive health education/health communication strategy (distinct from risk communication) that disseminates timely and accurate information to the public designed to encourage actions to promote health in culturally and linguistically appropriate formats for the various communities served, including using electronic communication tools.

Foundational Areas

There are five Foundational Areas, also known as Public Health Programs. Social determinants of health and actions to address health inequities should be integrated throughout all activities.

Communicable Disease Control

- Provide timely, statewide, and locally relevant and accurate information to the health care system and community on communicable diseases and their control.
- Identify statewide and local communicable disease control community partners and their capacities, develop, and implement a prioritized communicable disease control plan, and ability to seek and secure funding for high priority initiatives.
- Receive laboratory reports and other relevant data; conduct disease investigations, including contact tracing and notification; and recognize, identify, and respond to communicable disease outbreaks for notifiable conditions in accordance with local, national, and state mandates and guidelines.
- Assure the availability of partner notification services for newly diagnosed cases of communicable diseases according to Centers for Disease Control and Prevention (CDC) guidelines.
- Assure the appropriate treatment of individuals who have reportable communicable diseases, such as TB, STIs, and HIV in accordance with local and state laws and CDC guidelines.
- Support the recognition of outbreaks and other events of public health significance by assuring capacity for the identification and characterization of the causative agents of disease and their origin, including those that are rare and unusual.
- Coordinate and integrate categorically-funded communicable disease programs and services.

Chronic Disease & Injury Prevention

- Provide timely, statewide, and locally relevant, complete, and accurate information to the health care system and community on chronic disease and injury prevention and control.
- Identify statewide and local chronic disease and injury prevention community partners and their capacities, develop, and implement a prioritized prevention plan, and ability to seek and secure funding for high priority initiatives.

- Reduce statewide and community rates of tobacco use through a program that conforms to standards set by state or local laws and CDC's Office on Smoking and Health, including activities to reduce youth initiation, increase cessation, and reduce secondhand exposure to harmful substances.
- Work actively with statewide and community partners to increase statewide and community rates of healthy eating and active living through a prioritized approach focusing on best and promising practices aligned with national, state, and local guidelines for healthy eating and active living.
- Coordinate and integrate categorically-funded chronic disease and injury prevention programs and services.

Environmental Public Health

- Provide timely, statewide, and locally relevant, complete, and accurate information to the state, health care system, and community on environmental public health threats and health impacts from common environmental or toxic exposures.
- Identify statewide and local community environmental public health partners and their capacities, develop, and implement a prioritized plan, and ability to seek and secure action funding for high priority initiatives.
- Conduct mandated environmental public health laboratory testing, inspections, and oversight to protect food, recreation sites, and drinking water; manage liquid and solid waste streams safely; and identify other public health hazards related to environmental factors in accordance with federal, state, and local laws and regulations.
- Protect workers and the public from chemical and radiation hazards in accordance with federal, state, and local laws and regulations.
- Participate in broad land use planning and sustainable development to encourage decisions that promote positive public health outcomes and resilient communities (e.g., housing and urban development, recreational facilities, transportation systems and climate change).
- Coordinate and integrate categorically-funded environmental public health programs and services.

Maternal, Child and Family Health

- Provide timely, statewide, and locally relevant, complete, and accurate information to the health care system and community on emerging and on-going maternal child health trends.
- Identify local maternal and child health community partners and their capacities; using life course expertise and an understanding of health disparities, develop a prioritized prevention plan; and ability to seek and secure funding for high priority initiatives.
- Identify, disseminate, and promote emerging and evidence-based early interventions in the prenatal and early childhood period that promote lifelong health and positive social-emotional development.
- Assure newborn screening as mandated by a state or local governing body including wraparound services, reporting back, following up, and service engagement activities.
- Coordinate and integrate categorically funded maternal, child, and family health programs and services.

Access to & Linkage with Care

- Provide timely, statewide, and locally relevant, complete, and accurate information to the health care system and community on access and linkage to clinical care (including behavioral health), healthcare system access, quality, and cost.
- Inspect and license healthcare facilities, and license, monitor, and discipline healthcare providers, where applicable.
- In concert with national and statewide groups and local providers of healthcare, identify healthcare partners and competencies, develop prioritized plans for increasing access to health homes and quality health care, and seek funding for high priority policy initiatives.

ND CENTURY CODE CHAPTER 23-35: PUBLIC HEALTH UNITS

Green denotes BBPH receives grant funds to support the service. May not cover the entire cost.

Blue denotes billable service via health insurance reimbursement, fees, employer pay, private pay. May not cover entire cost.

Brown denotes a non-billable service provided for public health and safety of the community.

ND Century Code: 23-35-08 - Services may not be withheld due to inability to pay.

23-35-02. Public Health Units – Core functions

1. All land in the state must be in a public health unit.
2. At a minimum, a public health unit shall provide the following core functions:

A. Communicable Disease control which must include:	Comments:
<p>A1. Conducting of disease surveillance for the purpose of preventing and controlling communicable disease, with assistance from the department.</p> <ul style="list-style-type: none"> • Tuberculosis (TB) screening and management of positive cases. • Treatment of latent TB (so it doesn't become active) through administration of medication and monitoring of side effects. • Direct observation therapy provided to active TB cases in the community. • Provide wrap around services for active TB cases in the community including food, lodging and basic needs to maintain isolation requirements of individuals. • Confidential STD/HIV/Hepatitis C testing, counseling, and treatment to all residents. • Surveillance and monitoring for new and ongoing emergency public health threats. <ul style="list-style-type: none"> • Review of student immunization records for Burleigh County Schools to ensure students are compliant with <u>state law</u>. 	<p>Receive grant funding to support these services.</p> <p>Non-billable service. Done for Burleigh County Schools only, Bismarck schools have their own nurses providing this service.</p>
<p>A2. Assurance of the availability of community-based programs to provide communicable disease prevention and control services.</p> <ul style="list-style-type: none"> • BBPH protects the community from communicable disease through administration of vaccines. All vaccines offered to all populations both in clinic and at offsite locations in the community (Vaccines for Children, Vaccines for Adults, Privately Purchased Vaccines) and maintain compliance with storage and handling, documentation requirements, and submission of data to the state health department including tracking of temperatures, documentation of lot numbers, and maintenance of storage equipment. The Vaccines for Children (VFC) program is a federally funded program that provides vaccines to children 0 through 18 years of age who are either Medicaid eligible, American Indian or Alaskan Native, uninsured or underinsured (a child whose health insurance benefit plan does not cover vaccines or a particular vaccine). 	<p>Billable service.</p>

<ul style="list-style-type: none"> • Travel vaccination administration. We are the only travel vaccine provider in the state outside of Fargo. Vaccines are required to travel to international locations, local clinics do not provide this service. • All recommended vaccines offered to all school staff and students in Bismarck and Burleigh County Schools in accordance with <u>state law</u>. • Infection control specialist/RN provides bloodborne pathogen training for BBPH staff and by request to departments and/or community organizations. • N-95 Mask Fit Testing provided to regional health care agencies and first responders to ensure protection from communicable disease. • Personal protective equipment (PPE) donning and doffing training for healthcare agencies and first responders to prevent exposure to communicable disease. 	<p>Billable service.</p> <p>Billable service Required by state law to attend school. Offered in schools and at BBPH office.</p> <p>Receive grant funding to support these services.</p>
<p>A3. Recognition, identification, and response to a communicable disease event, in collaboration with the department of health and human services.</p> <ul style="list-style-type: none"> • Investigate recreational water outbreaks in Burleigh County. • Manage the vector/mosquito control program for the City of Bismarck which includes placing light traps, tracking mosquito counts, fogging, and treating stagnant water to prevent vector borne illness. (West Nile, Zika). • Maintain records of the mosquito control pesticide applications and report to the state agriculture department. • Public health works with local health care facilities and community stakeholders to develop plans, conduct community exercises, and will respond to a communicable disease emergency such as the COVID-19 pandemic, H1N1 influenza pandemic, etc. For example, efforts during COVID-19 response included: established a Department Operations Center (DOC), engaged City departments to establish an EOC (Emergency Operations Center) to coordinate community response to the COVID pandemic. Duties included public education, contact tracing, COVID-19 testing by appointment, mass COVID-19 testing clinics, COVID-19 vaccinations by appointment, mass COVID vaccination clinics, COVID-19 homeless shelter operations and wrap around service coordination for food, lodging, medication, and basic needs supplies for COVID positive cases to maintain compliance with isolation. 	<p>Non-billable service. Environmental Health Specialists provide these services.</p> <p>Receive grant funding to support these services.</p>

B. Chronic disease and injury prevention, which must include conducting programs to reduce the burden of chronic disease and injury through policy, system, and environmental change approach; prevention screening; and education.

- Adult and Child Health Assessments at BBPH office scheduled with an RN.
- Health Tracks child health screening program which includes developmental screening, physical assessment, hearing and vision screening, orthodontic screening, and immunizations.
- Preventive health screenings for diabetes and heart disease prevention scheduled with an RN or Licensed Registered Dietician which includes blood glucose testing, cholesterol testing, and blood pressure checks.
- Blood pressure screening clinics in the community by request and blood pressure checks by appointment at BBPH office.
- Child passenger safety seat program at Bismarck-Burleigh Public Health. Includes education, inspection, and installation of car safety seats by a Certified Car Seat Technician.
- Worksite wellness program development assistance from a Licensed Registered Dietician and RN's.

- Public education by Registered Nurses or Licensed Registered Dietician on health prevention topics.

- Support and create livable communities that enable healthy living and prevent chronic disease.
- Address gaps in the community to ensure access to healthy food, physical activities for chronic disease prevention.

- Tobacco prevention education and tobacco cessation services for the community.
- Tobacco Prevention presentations and education to schools and colleges.
- Host annual Break Free Youth Action Summit for youth tobacco prevention education.
- Tobacco policy enforcement and compliance efforts. Assist public and private schools and colleges with comprehensive tobacco free policies.
- Partner with law enforcement to conduct tobacco compliance checks.
- Substance abuse prevention education in community including schools & service organizations.
- Organize public events with student committees to provide education to peers and parents about substance abuse prevention.

Billable services.

Non-billable service.

Receive limited/intermittent grant funding offset by general fund.

Receive grant funding to support these services.

<ul style="list-style-type: none"> • Host parent education events on warning signs and resources for substance abuse. • Tobacco Prevention/Substance Abuse Prevention/Behavioral Health Coalition management including (Bismarck Tobacco Free Coalition, Break Free Youth Board, DFC Advisory Committee/Student Committee, Burleigh-Morton Behavioral Health Coalition). • CPR/AED training courses offered by request. • Narcan training offered for community organizations and individuals. • Provide Opioid Education kits and Narcan Overdose kits to training participants. • Host prescription drug take back events to educate the public on proper disposal for unused medications and offer Detera bags for at home medication disposal. • Provide Narcan supplies for emergency first responders. • Employee health and wellness program and services for City and County employees and area law enforcement agencies. Ensure compliance with ND Century Code for law enforcement health screenings. 	<p>Receive grant funding to support these services.</p> <p>Receive limited grant funding for wellness. Billable services. Cost savings for us to provide this service to law enforcement versus private clinic or another medical provider.</p>
<p>C. Environmental public health which must include:</p>	
<p>C1. Prevention of environmental hazards by the provision of information and education to facility operators and managers and to community members.</p> <ul style="list-style-type: none"> • Public Health Nuisance Complaints – A public health nuisance complaint is a condition which threatens the health of the public. Types of public health nuisance complaints investigated include junk storage, rodent harborage but do not include sewage/drainage or storm drainage types of complaints. • Air Quality – BBPH would act primarily in an advisory capacity and provide an onsite assessment if requested. • Investigate rental housing complaints, minimal habitability standards. • Food establishment and food service licensing and inspections • Tanning facility inspections • Lodging facility inspections • Public/Semi-Public Swimming Pool Inspections - BBPH would inspect public/semi-public swimming pools and license as applicable. • Special pet licensing 	<p>Non-billable service. Environmental Health Specialists provide these services.</p> <p>Licensing & permit fees support these services. Environmental Health Specialists provide these services.</p>

<p>C2. Assurance of the availability of environmental health services to prevent and respond to community and residential environmental hazards.</p> <ul style="list-style-type: none"> • Emergency planning and medication distribution for catastrophic and/or disaster situations utilizing Point of Dispensing (POD) plans. • Environmental health staff investigate bed bug and cockroach complaints; provide education on prevention and infestation removal. • Environmental Health Specialists and RNs are called upon for home inspections of vulnerable adults, hoarding situations, and child protective services visits. • RN's perform head lice checks and provide education and training for head lice screenings/head checks and proper protocols for head lice infestation. 	<p>Receive grant funding to support these services.</p> <p>Non-billable service.</p> <p>Nonbillable for Burleigh County Schools it's part of the Burleigh County contract. Billable service for appointments at BBPH.</p>
<p>D. Maternal, child, and family health, which must include:</p>	
<p>D1. Assessment and monitoring of maternal and child health status to identify and address problems.</p> <ul style="list-style-type: none"> • Vision/hearing screenings offered to school-aged children Burleigh County Schools. • Vision/hearing screenings scheduled at BBPH is a billable service. 	<p>Nonbillable for Burleigh County Schools it's part of the Burleigh County contract.</p> <p>Billable service for appointments at BBPH.</p>
<p>D2. Implementation of programs to promote the health of women, children and youth and their families through policy, system and environmental change approaches; prevention screenings; and education.</p> <ul style="list-style-type: none"> • Community and work site support to establish breastfeeding spaces for nursing mothers and provide support for policy development. • Nutrition and physical activity education and support for children and families. • Beyond Birth Education Program. RN's provide phone calls and home visits within 1-2 weeks of infant's birth as requested by the infant's mother. Visits are to assess both the baby and mother, assist with health concerns, and promote breastfeeding and. Height and weight checks are done on infants. 	<p>Receive limited/intermittent grant funding offset by general fund.</p> <p>Phone calls/education non-billable. Visit is billable service for Medicaid clients if a comprehensive assessment is done.</p>

<ul style="list-style-type: none"> • Hands-on breastfeeding education and support services provided by Certified Lactation Counselors and International Board-Certified Lactation Consultants to mothers. • Nurse Family Partnership Program – Trained RN’s regularly visit first-time moms, starting early in the pregnancy and continuing until the child’s second birthday. During these visits, RN’s Improve pregnancy outcomes by partnering with moms to engage in good preventive health practices, including thorough prenatal care from their healthcare providers, improving their diets and reducing any use of habit-forming substances; visits also improve child health and development by assisting families to provide responsible and competent care; and improve the economic self-sufficiency of the family by supporting parents to develop a vision for their own future, plan additional pregnancies, continue their education and find work. 	<p>Receive limited/intermittent grant funding offset by general fund. Non-billable service.</p> <p>Receive grant funding to support these services.</p>
<p>E. Access to clinical care, which must include:</p>	
<p>E1. Collaboration with health care system partners to foster access to clinical care.</p>	
<p>E2. Facilitation of linkages and referrals to appropriate clinical care, services and resources.</p> <ul style="list-style-type: none"> • Women’s Way breast and cervical cancer screening assistance available for individuals meeting age, income, and insurance guidelines. • Breast and cervical cancer coordination for diagnostic testing and treatment. • Case management and patient navigation services for Burleigh County residents who meet program eligibility guidelines. • Nurse Family Partnership Program • Home health maintenance nursing services. • Injections provided by RNs for mental health treatment and other medical conditions as ordered by physician. • Medication management services by an RN which includes setting up medication planners, coordination with medical providers, monitor for medication compliance with medications. • Medical foot care services for diabetics and individuals with peripheral vascular disease, elderly, and individuals with disabilities. • Social worker meets with health maintenance clients in their homes to discuss their needs and make referrals to services and resources within the community. 	<p>Receive grant funding to support these services.</p> <p>Billable services.</p> <p>Receive grant funding to support these services.</p>

The 10 Essential Public Health Services are not listed specifically in ND Century Code but serve as the national framework for carrying out the mission of public health in the communities we serve.

Other BBPH Roles/Responsibilities that Align with the 10 Essential Public Health Services:

- Community Health Needs Assessment completed every 3 years in collaboration with local hospitals to identify community health concerns and needs which informs the Community Health Improvement Plan and the department's Strategic Plan.
- BBPH fills gaps in health needs in the community identified through the community health needs assessment process.
- Participation and engagement with community service providers serving the vulnerable populations in the community including homelessness, housing, and case management.
- A physician health officer is required and appointed to serve the City and the County. The Health Officer serves as the medical director and issues standing orders with oversight for clinical services. This is done through a contract for service.

The 10 Essential Public Health Services

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of *all people in all communities*. Essential Public Health Services actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities.

1. Assess and monitor population health status, factors that influence health, and community needs and assets.
2. Investigate, diagnose, and address health problems and hazards affecting the population.
3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.
4. Strengthen, support, and mobilize communities and partnerships to improve health.
5. Create, champion, and implement policies, plans, and laws that impact health.
6. Utilize legal and regulatory actions designed to improve and protect the public's health.
7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy.
8. Build and support a diverse and skilled public health workforce.
9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.
10. Build and maintain a strong organizational infrastructure for public health.

CHAPTER 23-35 PUBLIC HEALTH UNITS

23-35-01. Definitions.

As used in this chapter, unless the context otherwise requires:

1. "Board of health" means a district, county, city, or tribal board of health.
2. "Department" means the department of health and human services.
3. "Governing body" means, as applicable, a city commission, city council, board of county commissioners, joint board of county commissioners, or tribal council.
4. "Health district" means an entity formed under section 23-35-04 or 23-35-05.
5. "Joint board of county commissioners" means the boards of county commissioners of two or more counties acting together in joint session.
6. "Local health officer" means the health officer of a public health unit.
7. "Public health department" means a city, county, or tribal health department formed under this chapter.
8. "Public health unit" means the local organization formed under this chapter to provide public health services in a city, county, or designated multicounty or city-county area, or Indian reservation. The term includes a city public health department, county public health department, tribal health department, and a health district.

23-35-02. Public health units - Core functions.

1. All land in the state must be in a public health unit.
2. At a minimum, a public health unit shall provide the following core functions:
 - a. Communicable disease control, which must include:
 - (1) Conducting of disease surveillance for the purpose of preventing and controlling communicable disease, with assistance from the department.
 - (2) Assurance of the availability of community-based programs to provide communicable disease prevention and control services.
 - (3) Recognition, identification, and response to a communicable disease event, in collaboration with the department.
 - b. Chronic disease and injury prevention, which must include conducting programs to reduce the burden of chronic disease and injury through policy, system, and environmental change approach; prevention screening; and education.
 - c. Environmental public health, which must include:
 - (1) Prevention of environmental hazards by the provision of information and education to facility operators and managers and to community members.
 - (2) Assurance of the availability of environmental health services to prevent and respond to community and residential environmental hazards.
 - d. Maternal, child, and family health, which must include:
 - (1) Assessment and monitoring of maternal and child health status to identify and address problems.
 - (2) Implementation of programs to promote the health of women, children, and youth, and their families, through policy, system, and environmental change approaches; prevention screenings; and education.
 - e. Access to clinical care, which must include:
 - (1) Collaboration with health care system partners to foster access to clinical care.
 - (2) Facilitation of linkages and referrals for appropriate clinical care, services, and resources.

23-35-02.1. Tribal health units.

An Indian nation that occupies a reservation the external boundaries of which border more than four counties may form a health district or public health department as provided in this chapter. A tribal public health unit and bordering public health units shall collaborate regarding the provision of public health services. If an individual who is not an enrolled member of an

Indian tribe of the Indian reservation that forms a tribal public health unit is a party to a civil action in which the tribal public health unit is also a party, that individual may bring the action in or move the action to tribal court or district court.

23-35-02.2. Public health units to adopt onsite wastewater recycling treatment guide.

Each public health unit shall adopt the statewide technical guide for onsite wastewater recycling treatment technologies and sewage distribution technologies established by the onsite wastewater recycling technical committee.

23-35-02.3. Onsite wastewater recycling technical committee - Appointment - Duties.

1. The onsite wastewater recycling technical committee consists of:
 - a. Three representatives from local public health units appointed by the governor from a list of names forwarded by local public health units;
 - b. Four individuals who must be installers appointed by the governor. The governor shall appoint the individuals from a list of names forwarded by a professional onsite wastewater recycling association. For purposes of this section, an installer means an individual licensed by a local public health unit to install onsite wastewater sewage treatment systems; and
 - c. One individual who must be a licensed environmental health practitioner appointed by the governor from a list of names forwarded by a professional onsite wastewater recycling association.
2. The director of the department of environmental quality or the director's designee shall provide input at the request of the committee.
3. The terms of the committee members are for four years, and members may be reappointed.
4. The committee shall:
 - a. Meet at the call of at least three of the members.
 - b. Create a statewide technical guide for onsite wastewater recycling treatment technologies and sewage distribution technologies.
 - c. Recommend standards and procedures for issuing an installer license.
 - d. Recommend continuing education requirements for installer license renewal.
 - e. Recommend reasonable fees for issuing or renewing an installer license.

23-35-03. Boards of health.

1. The department shall advise boards of health.
2. A city's, county's, or tribe's governing body may establish a public health unit by creating and appointing a board of health, which in the case of a city, may be composed of the city's governing body, or in the case of a tribe, may be composed of the tribal council or governing body. A board of health must have at least five members.
 - a. In the case of a board of health created by a joint board of county commissioners, each county in the health district must have at least one representative on the board; each county of over fifteen thousand population must have an additional representative for each fifteen thousand population or major fraction of that number; and in a health district of fewer than five counties, each county must 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.
 - b. In the case of a joint city-county health district composed of only one county and having at least one city over fifteen thousand population, each city having a population over fifteen thousand must have a representative on the district board of health for each fifteen thousand population or major fraction of that number, and the remaining population of the county, exclusive of the populations of cities with more than fifteen thousand each, must have a representative on the district board of health for each fifteen thousand population or major fraction of that

number, or at least one member if the remaining population is less than fifteen thousand.

3. The initial members of any board of health appointed by a governing body must be appointed for terms as follows: at least one for one year, one for two years, one for three years, one for four years, and one for five years. If a board has more than five members, the members must be appointed for staggered terms. All subsequent appointments are for five-year terms. Each board member shall serve until a successor is appointed and qualified. If a vacancy occurs, the appointing government authority shall appoint a member for the remainder of the unexpired term. Each appointee shall qualify by filing the oath of office. A board of health may not be all male or all female. If the members of a governing body serve on a board of health or if an employee of a governing body serves on a board of health, this subsection does not apply to those governing body members and that employee.
4. A board of health shall meet at least quarterly. Special meetings may be held at any time at the call of the president.
5. Except if the governing body serves as the board of health, at the first meeting after appointment, and annually, the members of a board of health shall organize by electing a president, a vice president, and other officers the board considers necessary. If there is a treasurer and the treasurer is not a public employee, the treasurer must be bonded in an amount fixed by the board. If the health officer is not appointed to the board, the health officer does not have a vote in matters of the board. The office of secretary and treasurer may be combined.
6. The appointing authority shall establish the rate of compensation for board members and actual expenses incurred by board members may be reimbursed at the official reimbursement rates of the appointing authority.

23-35-04. Health districts - Formation - Contracting for services.

1. Upon the adoption of a resolution, the governing body may form a single county, multicounty, city-county, or tribal health district.
2. Notwithstanding this chapter, in a county without a countywide public health unit, the board of county commissioners, upon adoption of a resolution, may contract with a city that has a public health department to provide health services to the county and in the cities throughout the county which do not have a public health unit. The contract must comply with chapter 54-40.3. When a contract is executed, any provision of this chapter relating to organizing district boards of health does not apply, and the city public health department shall exercise all the necessary powers and duties of a public health unit under this chapter. The department shall treat a county with a contract under this subsection as a public health unit.

23-35-05. Health districts - Expansion - Merger.

1. Upon adoption of a resolution, a county that is not included in any public health unit may request inclusion as a part of an existing health district. Upon receipt of a request to become part of an existing health district, the district board of health shall consider the request and, if the board approves the request by a majority vote, shall submit the matter to each county in the health district. If a majority of the counties approve the request by a majority vote, the requesting county becomes a part of the health district.
2. Upon expansion of a health district under this section, the number of board of health members must be adjusted to allow the added county the same proportion of members allowed to member cities and counties of the existing health district as determined under this chapter.
3. Any two or more health districts may merge into a single health district upon a majority vote of the respective boards of health and a majority vote of the governing body of each county. The assets of each merging health district become the property of the newly created health district. Board of health membership of a new health district must be determined under section 23-35-03, unless otherwise decided by the board. The new health district maintains the same authority and powers of the previous health

districts. The mill levy of the newly created health district is not limited by the old mill levy but may not exceed the amount allowed under section 23-35-07, unless one or more of the combining entities was previously levying more than five mills, in which case the mill levy for property within the former entity that was levying more than five mills may not exceed the cap, expressed in mills, as previously authorized for that entity.

4. Upon adoption of a health district plan by two or more counties, the joint board of county commissioners shall appoint a district board of health.

23-35-06. Health districts - Dissolution - Withdrawal.

1. Except for a tribal health district, if a health district has been in operation for two years, the district may be dissolved as provided for under this section. If a petition is filed with the county auditor of each county of a health district which is signed by qualified electors of that county equal to ten percent or more of the votes cast in that county at the last general election, an election on the question of dissolution must be presented to the qualified electors in each county in the district at the next election held in each county in the district. If a majority of the votes cast on the question in a majority of the counties favor dissolution, the health district is dissolved on the second January first following the election. If a majority of the votes cast on the question in a majority of the counties are against dissolution, no other election on this issue may be held for two years.
2. If a health district has been in operation for two years, any county may withdraw from the district as provided under this section. If a petition is filed with the withdrawing county's auditor which is signed by qualified electors of the county equal to ten percent or more of the votes cast in that county at the last general election, an election on the question of withdrawal must be presented to the qualified electors in the county at the next election in the county. If a majority of the votes cast on the question favor withdrawing from the district, the county is withdrawn from the district on the second January first following the election. If a majority of the votes cast on the question are against withdrawal, no other election on this issue may be held for two years.
3. A tribal health district may be dissolved by the tribal council or governing body at any time.

23-35-07. Health district funds - Financial report.

1. Except for a tribal health district, a district board of health shall prepare a budget for the next fiscal year at the time at which and in the manner in which a county budget is adopted and shall submit this budget to the joint board of county commissioners for approval. In the year for which the levy is sought, a district board of health, except for a tribal health district, seeking approval of a property tax levy under this chapter must file with the county auditor of each county within the health district, at a time and in a format prescribed by the county auditors, a financial report for the preceding calendar year showing the ending balances of each fund held by the health district during that year. The amount budgeted and approved must be prorated in health districts composed of more than one county among the various counties in the health district according to the taxable valuation of the respective counties in the health district. For the purpose of this section, "prorated" means that each member county's contribution must be based on an equalized mill levy throughout the district, except as otherwise permitted under subsection 3 of section 23-35-05. Within ten days after approval by the joint board of county commissioners, the district board of health shall certify the budget to the respective county auditors and the budget must be included in the levies of the counties. The budget, not including gifts, grants, donations, and contributions, may not exceed the amount that can be raised by a levy of five mills on the taxable valuation, subject to public hearing in each county in the health district at least fifteen days before an action taken by the joint board of county commissioners. Action taken by the joint board of county commissioners must be based on the record, including comments received at the public hearing. A levy under this section is not subject to the

limitation on the county tax levy for general and special county purposes. The amount derived by a levy under this section must be placed in the health district fund. The health district fund must be deposited with and disbursed by the treasurer of the district board of health. Each county in a health district quarterly shall remit and make settlements with the treasurer. Any funds remaining in the fund at the end of any fiscal year may be carried over to the next fiscal year.

2. Except for a tribal health district, the district board of health, or the president and secretary of the board when authorized or delegated by the board, shall audit all claims against the health district fund. The treasurer shall pay all claims from the health district fund. The district board of health shall approve or ratify all claims at the board's quarterly meetings.

23-35-08. Boards of health - Powers and duties.

Except when in conflict with a local ordinance or a civil service rule within a board of health's jurisdiction, or a tribal code, ordinance, or policy, each board of health:

1. Shall keep records and make reports required by the department.
2. Shall prepare and submit a public health unit budget.
3. Shall audit, allow, and certify for payment expenses incurred by a board of health in carrying into effect this chapter.
4. May accept and expend any gift, grant, donation, or other contribution offered to aid in the work of the board of health or public health unit.
5. May make rules regarding any nuisance, source of filth, and any cause of sickness which are necessary for public health and safety.
6. May establish by rule a schedule of reasonable fees that may be charged for services rendered. Services may not be withheld due to an inability to pay any fees established under this subsection. If a tribal board of health establishes fees for services rendered, the fees may not exceed the highest corresponding fee of any of the public health units that border the tribal public health unit.
7. May make rules in a health district or county public health department, as the case may be, and in the case of a city public health department may recommend to the city's governing body ordinances for the protection of public health and safety.
8. May adopt confinement, decontamination, and sanitary measures in compliance with chapter 23-07.6 which are necessary when an infectious or contagious disease exists.
9. May make and enforce an order in a local matter if an emergency exists.
10. May inquire into any nuisance, source of filth, or cause of sickness.
11. Except in the case of an emergency, may conduct a search or seize material located on private property to ascertain the condition of the property as the condition relates to public health and safety as authorized by an administrative search warrant issued under chapter 29-29.1.
12. May abate or remove any nuisance, source of filth, or cause of sickness when necessary to protect the public health and safety.
13. May supervise any matter relating to preservation of life and health of individuals, including the supervision of any water supply and sewage system.
14. May isolate, kill, or remove any animal affected with a contagious or infectious disease if the animal poses a material risk to human health and safety.
15. Shall appoint a local health officer.
16. May employ any person necessary to effectuate board rules and this chapter.
17. If a public health unit is served by a part-time local health officer, the board of health may appoint an executive director. An executive director is subject to removal for cause by the board of health. The board of health may assign to the executive director the duties of the local health officer, and the executive director shall perform these duties under the direction of the local health officer.
18. May contract with any person to provide the services necessary to carry out the purposes of the board of health.
19. Shall designate the location of a local health officer's office and shall furnish the office with necessary equipment.

20. May provide for personnel the board of health considers necessary.
21. Shall set the salary of the local health officer, the executive director, and any assistant local health officer and shall set the compensation of any other public health unit personnel.
22. Shall pay for necessary travel of the local health officer, the local health officer's assistants, and other personnel in the manner and to the extent determined by the board.

23-35-09. Abatement and removal of nuisance, source of filth, and cause of sickness.

1. If necessary for the protection of public health to abate or remove any nuisance, source of filth, or cause of sickness, the board of health shall serve notice on the owner or occupant of the property requiring the owner or occupant, at the owner's or occupant's expense, to remove or abate the nuisance, source of filth, or cause of sickness within a time specified by the board, not exceeding thirty days. If the owner or occupant fails to comply with the notice to remove or abate or if the nuisance, source of filth, or cause of sickness exists on property of nonresident owners or on property the owners of which cannot be found, the board of health may remove or destroy the nuisance, source of filth, or cause of sickness at the expense of the appropriate city or county, which shall charge the expense against the lot, piece, or parcel of land on which the work is done.
2. The governing body of the city or county may levy and assess against the property the cost of the removal or destruction of a nuisance, source of filth, or cause of sickness, and the member of the governing body who is responsible for streets shall return and file the assessment in the office of the auditor of the city or county. The auditor shall publish, in the same manner as provided under section 40-22-06, the amount of the assessment together with a notice of the time and location the governing body will meet to consider the approval of the assessment. Each assessment must be recorded, collected, and paid as other taxes are recorded, collected, and paid.
3. If a board of health determines it necessary for the preservation of public health to enter any building within the board's jurisdiction to examine, destroy, remove, or prevent any nuisance, source of filth, or cause of sickness and is refused entrance into the building, the local health officer, or a designated agent of the local health officer, may make a complaint under oath to a district judge within the jurisdiction of the board of health stating the facts in the case which the local health officer, or a designated agent of the local health officer, has knowledge. If a warrant is issued and if requested by a board of health, a county sheriff or city police department shall provide assistance to that public health unit in any action to search or seize material in or on any private property to destroy, remove, or prevent the nuisance, source of filth, or cause of sickness, if there is probable cause to believe a public health hazard or public health nuisance exists on or in that property, and shall carry out any other preventive measures the public health unit requests. For purposes of this subsection, a request from a public health unit means a request for assistance which is specific to a public health nuisance and is not a continuous request for assistance.

23-35-10. District boards of health - Acquiring and disposing of property.

1. A district board of health may acquire by lease, purchase, construction, or gift for district health office use and control property for all purposes authorized by law or necessary to the exercise of the powers granted in this chapter. The district board of health may finance the purchase, construction, or equipping of a building on owned or leased property for the use and purpose for which the health district is formed and carry out the functions of the health district in either of the following ways:
 - a. The district board of health may issue and sell bonds in an aggregate amount not exceeding two times the authorized tax revenues of the district for the year in which the bonds are to be issued and sold; or

- b. The district board of health may mortgage or otherwise encumber the building constructed in an amount not exceeding two times the authorized tax revenue of the district for the year in which the construction is to be commenced.
2. Bonds issued under this section and income under this section are exempt from any taxes except inheritance, estate, and transfer taxes. The indebtedness for which the bonds are issued, or for which a mortgage may be given as under this section, is neither an obligation or an indebtedness of this state nor of the counties or cities comprising the district board of health. Any indebtedness under this section may be foreclosed in any manner provided by law. The district board of health may convey or transfer property acquired as provided under this section. If, upon dissolution of a health district, any balance remains in the health district fund after all obligations have been paid, the balance must be transferred to the general fund of the counties comprising the health district in proportion to the assessed valuation most recently used in preparing the health district budget under this chapter. If any county in the district withdraws from a health district, any assets and inventory of supplies and equipment located in the county for use in health district programs and services remain the property of the district for use elsewhere in the district.

23-35-11. Budget.

A city, county, or health district, as the case may be, shall prepare a county public health unit budget for the next fiscal year at the time and in the manner a county budget is adopted and submit the budget to the board of county commissioners for approval, shall prepare a city public health unit budget for the next fiscal year and submit the budget to the governing body of the city for approval, or shall prepare a district budget as provided under this chapter. In the case of a city board of health, the board shall certify the expenses to the governing body for payment out of the general fund of the city. The governing body or auditor shall audit any expenses incurred in quarantining or disinfecting any property outside an incorporated city and shall pay for any expenses out of the general fund of the county.

23-35-12. Local health officers.

1. A local health officer shall serve a term of five years, subject to removal for cause by the governing body or the district board of health. The health officer must be a physician licensed to practice medicine in this state and need not be a resident of the public health unit. The appointee shall qualify by filing the constitutional oath of office in the manner provided for the members of the board of health. If the state health officer finds a local health officer is failing to perform the duties of the position, the state health officer may report the case to the governing body of the appropriate city, county, or district board of health. At the next meeting of the city's or county's governing body or district board of health, the governing body or district board of health shall declare the office vacant and may appoint another physician to fill the unexpired term, or shall report the matter to the board of health, and the board shall declare the office vacant and promptly shall appoint another physician to fill the unexpired term.
2. Within the jurisdiction of the board of health, a local health officer:
 - a. Shall keep a record of the official acts of the local health officer.
 - b. Shall enforce every law and rule relating to preservation of life and health of individuals.
 - c. May exercise the powers and duties of the board of health under the supervision of the board of health.
 - d. May make sanitary inspections of any place within the jurisdiction in which the local health officer finds a probability a health-threatening condition exists.
 - e. May investigate public water and ice supplies suspected of contamination and initiate necessary condemnation proceedings.
 - f. May enforce school cleanliness; inspect any school that may be overcrowded, poorly ventilated, or unsanitary; and, when necessary, report cases of any unsanitary or unsafe school building to the board of health for investigation.

- g. May take any action necessary for the protection of public health and safety.
 - h. May determine when confinement and decontamination is necessary for the safety of the public. The local health officer may establish confinements consistent with procedures provided under chapter 23-07.6 and perform any acts required for decontamination when necessary.
 - i. Shall maintain an office within the jurisdiction of the public health unit consistent with any terms of appointment.
 - j. May select and discharge any assistant health officer in the public health unit, consistent with any terms of appointment.
3. A local health officer may request the assistance of a county sheriff or city health department in the same manner as provided under subsection 3 of section 23-35-09.

23-35-13. Penalty.

A person who violates any order, ordinance, or rule prescribed by any board of health or health officer or any rule adopted under this chapter is guilty of a class B misdemeanor.