

STATE HEALTH COUNCIL

October 6, 2022

A meeting of the State Health Council (SHC) was called to order by State Health Council Chair, Sherry Adams at 9:30 a.m. on Thursday, October 6, 2022 via videoconference with eight of the nine council members present.

Members present:

Sherry Adams, Dickinson
Darrold Bertsch, Beulah
Dr. Daniel Churchill, Bismarck
Mary Gumke, Watford City
Dr. Missy Henke, Bismarck
Dr. Carrie Ann Ranum, Hettinger
Kristin Roers, Fargo
Dr. Mark Strand, Fargo

Members absent:

Kevin Dauphinais, Fort Totten

Staff members present:

Dr. Nizar Wehbi, State Health Officer
Dirk Wilke, Executive Director, Public Health
Allyson Hicks, Attorney General's Office, General Counsel
Kalee Werner, Primary Care Office
Dr. Christie Massen, Division Director, Laboratory Services
Dr. Tracy Miller, State Epidemiologist
Kelly Nagel, Systems and Performance
Nicole Weigel, Testing and Collection
Clint Fleckenstein, Emergency Preparedness Multi-Media Specialist
Miranda Oothoudt, Recording Secretary

Minutes

Mary Gumke moved the approval of the May 24, 2022 minutes as distributed. Second by Dr. Mark Strand and the MOTION CARRIED with no dissention.

Role of the Health Council post-merger

Allyson Hicks, General Counsel, outlined how the role change of the SHC has changed since the merger of the Department of Health and the Department of Human Services. She explained that the powers and duties of the SHC are set forth in the ND Century Code 23-01-03. The largest role of the Council prior to the merger was approval of all Department of Health administrative rules. With the merger, that power was removed from the Council making the Council much more of an advisory body. The Council still

provides for the development, establishment, and enforcement of basic standards for hospitals; however, the ability to make rules was removed, so again, this is in an advisory capacity with the Public Health Division of the ND Department of Health and Human Services. The biggest role remaining for the SHC is oversight of the State Loan Repayment Programs, including the categories of Healthcare Professionals (NDCC 23-12.3), Veterinarians (NDCC 43-29.1), Dentists (NDCC 43-28.1), and Long-term Care Nurses (NDCC 23-01-03.3). Responsibilities of this role include developing the application criteria of the programs and selecting who can apply, but again, with the loss of the rule-making authority, this is going to have to be a partnership with the Public Health Division of ND HHS, with whom the final decision-making authority lies.

After some discussion and clarification, Dr. Mark Strand suggested that this discussion be added to the agenda of the next meeting so that the issue can be developed with focus on the SHC role and what the Public Health Division of HHS wants from the Council and also what the Council would like to offer to them.

State Loan Repayment Program

Kalee Werner, Primary Care Office Manager, presented data relating to applications and awards over the past couple of years showing that the program continues to grow. She also outlined the defaults and changes in practice locations to show trends in the program.

Dr. Mark Strand suggested that the SHC consider adding employees in public health as a new category in the State Loan Repayment Program in order to incentivize them to work in public health as opposed to private entities. He read a resolution drafted this summer by the ND Public Health Association that reads,

“That the North Dakota Public Health Workforce Loan Repayment Program be established for individuals who have earned a Masters or Doctorate in Public Health degree from one of North Dakota’s accredited public health programs, are certified in Public Health, and have a practice location in a North Dakota locale or public state health organization.”

SHC meeting frequency

Questions about the State Loan Repayment Program led to discussion about how frequently SHC meetings need to be held. It was asked of Kalee that she create a timeline of deadlines of the State Loan Repayment Programs so that it can be determined when decisions will be required from the SHC.

Kalee also presented a site transfer request from a licensed addition counselor. Knowing that this particular person will still serve in a very underserved area combined with the fact that the employer had agreed to pick up the remainder of the match, Kristin Roers made a motion to accept the site transfer. Darrold Bertsch seconded the motion. By a roll call vote, the MOTION CARRIED with 5 yeas, 0 nays and 3 absent.

Role of the SHC in regards to the goal of becoming the healthiest state in the nation

Dr. Wehbi suggested that this topic be discussed more in depth at the next meeting because there has been so much focus on the merger and COVID response over the past year and half. Work relating to a strategic plan for the goals to becoming the healthiest state in the nation are just being finalized.

State Health Officer Update

Dr. Wehbi provided an update on the work that the Department of Health and Human Services saying that many activities related to the COVID response are wrapping up and the focus is on transitioning to an endemic state. The Department is trying to revert to some normalcy with particular attention to other areas of operation and public health.

There have been 36 days since the official integration that created the Department of Health and Human Services and the transition is going well with the majority of team members not noting much change. They are still doing their daily work, interacting with ND citizens and providing services.

Recently, a primary item that is taking the majority of time is budgeting. HHS programs require about five billion dollars and that planning takes many hours. Team members are also busy preparing for the next legislative session which begins in January.

Kristin Roers asked if anything from the integration is already showing to be a large win. The following items were mentioned by Dr. Wehbi and Dirk Wilke:

1. Communications- The former Department of Health had already developed a robust media platform and strong social media presence. This was a strength of that department which is now being leveraged by the former Department of Human Services.
2. The ability to share data- being a single department removes roadblocks and creates efficiency in this area and ensuring that we have a single data source.
3. Emergency Preparedness- there were two separate programs that were running and now there isn't that duplication.
4. Incident Command- the merger has allowed for gap staffing to be filled when is needed.

Kristin Roers made a motion to adjourn and it was seconded by Dr. Mark Strand. A vote was taken and there was no opposition.

The meeting adjourned at 11:23 a.m.

Submitted,

Dr. Mark Strand, Secretary

A recording of the meeting can be viewed at www.youtube.com/watch?v=ZHYCi0EUWoQ