

Health *Connection*

Presenting the *Health Connection*



Dr. Terry Dwelle
State Health Officer

I'm pleased to present the new *Health Connection* newsletter, a publication of the North Dakota Department of Health (NDDoH) designed to keep you informed about public health, the environment and other health-related matters.

This is an exciting and challenging time for public health. We are dealing with emerging diseases such as SARS and West Nile virus, as well as new issues such as the threat of terrorism. At the same time, we are working to fight our old enemies,

including food-borne outbreaks and vaccine-preventable diseases. Through it all, we continue to focus on our mission – ensuring that North Dakota is a healthy place to live and that each person has an equal opportunity to enjoy good health.

Look for an issue of *Health Connection* to be e-mailed or mailed to you quarterly. We welcome any comments about the newsletter or any NDDoH-related issue. Please send comments and suggestions to rfrank@state.nd.us.

Balancing Public Health and Privacy

By Dr. Terry Dwelle
State Health Officer

During this summer's outbreak of West Nile virus, the North Dakota Department of Health was questioned by the media concerning the amount of information released about people who had West Nile virus. Specifically, the media wanted us to report the county of residence of West Nile virus patients. Let me take this opportunity to explain the department's policy.

The Department of Health is charged with two compelling responsibilities: we

must protect both the public's health and the privacy of people infected with disease. In other words, we must balance the protection of individual health information with the need to protect public health, and the way we do that varies according to the disease.

North Dakota law requires us to protect the confidentiality of patients. We can consider releasing information that breaches that confidentiality only if the information

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is related to public safety. In the case of West Nile virus, the location of a patient was not an issue of public safety because monitoring of horses and birds this year and last indicated the virus was prevalent across the state. No one in any area of North Dakota was immune from contracting West Nile virus unless they took precautions.

The Department of Health releases the following information about people who have West Nile virus: age range, whether the patient was hospitalized or not, and the region of residence.

Because West Nile virus is not contagious from person to person, there is no public health or safety reason to report the person's location. However, in the case of infectious diseases such as severe acute respiratory syndrome (SARS) and meningitis that are spread from person to person, the department does release more information, including county of residence. For example, during a meningitis outbreak, we will release specific information – such as a city or a college in which the disease is active – to protect the public.

When West Nile virus first began infecting people in North Dakota last year, the department identified



Mosquitoes have spread West Nile virus across the state. In fact, the virus has been detected in every North Dakota county except one.

the county of residence for West Nile virus patients. However, the first person who died was quickly identified by the media, who then contacted the person's family – despite an appeal to be left alone to grieve. As a result, the department revised the type of information we release.

Our message to North Dakotans has been consistent and emphatic: *West Nile virus is everywhere. That's why everyone – in every corner of the state – needs to protect themselves from mosquito bites.*

The North Dakota Department of Health takes all diseases seriously, including West Nile virus. Safeguarding the health of every North Dakotan while balancing privacy concerns is – and always will be – our focus.

2003 West Nile Virus Activity in North Dakota*

Human cases – 615; Deaths – four North Dakota residents

Positive birds – 189; Positive horses – 41; Positive mosquito pools – 11

Total – 52 of the 53 counties in North Dakota have identified WNV activity in humans, birds, mosquitoes and horses.

**Totals as of Nov. 14, 2003*

Reducing Tobacco Use: A *Healthy North Dakota* Initiative

By Kathleen Mangskau
Director
Division of Tobacco
Prevention and Control

Tobacco use is a significant public health problem in North Dakota. Consider these statistics:

- Thirty-five percent of North Dakota youth in grades nine through 12 are current smokers, compared to the national average of 29 percent.
- Thirteen percent of our youth use smokeless tobacco, compared to the national average of 8 percent.
- Twenty-two percent of adults are current tobacco users, a rate similar to the national average of 23 percent.
- Nineteen percent of pregnant women in North Dakota smoke, compared to 12 percent nationally.

Health Impact

Tobacco use is the leading preventable cause of death and disability in North Dakota. Each year, more than 850 residents die from causes attributed to smoking. Of the 35 percent of youth who are current smokers, 15,600 are projected to die prematurely from causes attributed to smoking.

Exposure to secondhand smoke also causes health problems. Children exposed to secondhand smoke are at a higher risk of sudden infant death syndrome (SIDS), respiratory infections, asthma and ear infections. In adults, exposure to secondhand smoke increases the risk of lung cancer, sinus cancer and heart disease. In addition, use of smokeless tobacco can lead to oral cancer, gum disease and nicotine addiction and increases the risk of cardiovascular disease, including heart attacks.

Economic Impact

The economic impact of tobacco use also is significant. Tobacco use costs the state \$351 million annually in both medical expenses and lost productivity. That's \$552 for each man, woman and child in the state. In fact, the health costs related to smoking total \$7.82 for each pack sold and taxed in North Dakota.

Progress

The Community Health Grant Program, funded with tobacco settlement dollars appropriated by the 2001 Legislative Assembly, has created new opportunities to help reduce tobacco use in North Dakota. Funds from the Centers for Disease Control and Prevention Office on Smoking and Health also support state and local efforts. Using these funding sources, all 28 local public health units in the state have developed tobacco initiatives that implement best practice programs which have shown results in other states. Some highlights from the past year include:



School Programs

- About 350 schools implemented evidence-based tobacco prevention curricula.
- Nearly 900 teachers were trained in use of the curricula.

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Tobacco, cont. from p. 3

- Tobacco prevention programs reached nearly 30,000 students.
- Nearly 50 individuals have been trained to provide cessation services to students and 23 sessions have already been held.
- Forty-seven school districts implemented tobacco-free school grounds policies reaching more than 64,000 students. That means 57 percent of the state's students are protected by these enhanced policies.

Community Programs

- Twenty-three local public health units formed community coalitions to address tobacco concerns at the local level.
- Public education programs about smoking prevention and reducing exposure to secondhand smoke were implemented across North Dakota.
- Fargo and West Fargo are considering the implementation of smoke-free restaurant ordinances.

Tobacco Cessation Programs

- Tobacco cessation programs are now available in 56 locations in 37 counties across the state.
- Seventy-seven individuals have been trained to provide cessation services.
- More than 850 people have been served by local cessation programs.

Other Tobacco Prevention Initiatives

Plans are underway to develop cessation services for state employees and a statewide quitline that will serve all North Dakotans who want to quit using tobacco.

What Else Needs To Be Done?

Fortunately, a great deal is known about how to prevent and control tobacco use. Practices that have been found to be the most effective in reducing tobacco use among youth and adults include:

- Implementing private, nongovernmental policies, as well as governmental policies, regulations and laws, that prohibit tobacco use in worksites, restaurants, sports arenas and other public places.
- Increasing the unit price for tobacco products through state legislation.
- Implementing mass media campaigns designed to inform and motivate people to quit or remain tobacco free.
- Implementing multicomponent cessation programs that include:
 - Health-care provider reminders to ask about and counsel patients about tobacco use.
 - Reduction of patient out-of-pocket costs for cessation services.
 - Development of telephone support and quitlines.

We have the ability to reduce the health and economic burden of tobacco use dramatically by implementing proven tobacco control and prevention strategies. Reaching this goal will require collaboration among the state's decision makers, public health officials, business leaders and community members. The *Healthy North Dakota* initiative is working to make this happen.

Department of Health Issues Devils Lake Permit

By Mike Sauer
Senior Environmental
Scientist
Division of Water Quality

Devils Lake has risen about 25 feet since 1993, resulting in more than \$350 million in damages and infrastructure investments. If the lake were to rise from its current elevation of 1446.34 mean sea level to 1459 feet (the natural spillway elevation), an additional \$900 million of potential damages would occur.



Devils Lake's rising water has caused millions of dollars in damages.

In order to relieve some of the pressure on Devils Lake, the state engineer applied to the Department of Health for a North Dakota Pollutant Discharge Elimination System permit to discharge water from West Bay of Devils Lake to the Sheyenne River. The department developed a draft permit, held public hearings, responded to comments and subsequently issued a permit Aug. 22, 2003.

The permit contains numerous provisions to protect water quality and beneficial uses of the water, including municipal water supplies and aquatic life. Because of the

complexity of this issue, an adaptive management plan must be implemented to ensure compliance with all permit conditions.

Several entities – including the province of Manitoba, the Minnesota Department of Natural Resources and the People to Save the Sheyenne – object to the issuance of a permit and have petitioned the department to reconsider. The department has 30 days to decide whether to revoke, modify or allow the permit to stand.

In Upcoming Issues ...

- Air Quality
- Emergency Preparedness and Response
- Asthma Study
- Long-Term Care



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