

Health *Connection*

Presenting the Health Connection



Dr. Terry Dwelle
State Health Officer

Greetings from the North Dakota Department of Health. I'm pleased to present the latest edition of the *Health Connection* newsletter.

In this issue, you'll find an article about former First Lady Rosalynn Carter's recent visit to North Dakota highlighting childhood immunization efforts in the state. The *Healthy North Dakota* article focuses on the importance of breastfeeding and ways to increase breastfeeding rates. In addition,

you'll find information about the department's recent performance standards assessment, as well as an explanation of possible changes to the nation's rules governing lead levels in drinking water.

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.

Every Child By Two Visits North Dakota *Former First Lady Rosalynn Carter Promotes Immunizations*

By Heather Weaver
Immunization Program
Manager
Division of Disease Control

Former First Lady of the United States Rosalynn Carter and former First Lady of Arkansas Betty Bumpers visited North Dakota June 10 to promote the importance of childhood immunizations.

In 1991, the former first ladies founded Every Child By Two (ECBT), an organization that strives to raise awareness of the critical need for timely immunizations and for a systematic method of ensuring the immunization of all American children by

age 2. Mrs. Carter and Mrs. Bumpers have worked on immunization issues since their husbands were governors in the early 1970s and have been credited with the passage of laws mandating school-age vaccination requirements.

During the June 10 North Dakota event, Mrs. Carter and Mrs. Bumpers held a news conference at the Manvel Migrant School near Grand Forks, N.D., to highlight child- (*ECBT Visit* cont. on p. 2)

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hood immunization efforts and to promote the North Dakota state-wide immunization registry. The former first ladies also read a story about immunizations to the school children. Following the visit, Mrs. Carter and Mrs. Bumpers attended an immunization luncheon at the North Dakota Museum of Art, Grand Forks, N.D. Other guests included Mikey Hoeven, First Lady of North Dakota and *Healthy North*

Dakota spokesperson; Dr. Michael Brown, mayor of Grand Forks; Dr. Stephen Cochi, acting director of the National Immunization Program, Centers for Disease Control and Prevention; and Dr. Terry Dwelle, North Dakota state health officer, North Dakota Department of Health.

“We are honored to welcome Rosalynn Carter and Betty Bumpers and their Every Child By Two organization to North Dakota,” First Lady Mikey Hoeven said. “We in North Dakota cherish our children and know that childhood immunizations are one key to becoming a healthy, productive adult.”

At the luncheon, several individuals and health organizations were honored for their significant contributions to immunizations



Former First Lady of Arkansas Betty Bumpers (left), Former First Lady of the United States Rosalynn Carter (center) and First Lady of North Dakota Mikey Hoeven (right) highlight the importance of immunizations with students from the Manvel Migrant School.

in North Dakota. In addition, 27 public health units and private clinics throughout the state received awards for achieving childhood immunization rates higher than 90 percent in 2003.

“At 83.9 percent, North Dakota’s immunization rate is seventh in the nation,” said State Health Officer Terry Dwelle, M.D. “Although the majority of North Dakota children are immunized, we must continue our efforts to immunize every North Dakota child. Unfortunately, too many of our children still suffer unnecessary vaccine-preventable diseases, such as whooping cough and chickenpox.”

For more information, contact Heather Weaver, North Dakota Department of Health, at 701.328.3386.

Committee Focuses on Increasing Breastfeeding Rates

By Karen Oby
Maternal and Child Health
Nutrition Coordinator
Division of Nutrition and
Physical Activity

Nearly every day, the media carries stories about rising medical costs, increased insurance rates and the need for disease-prevention efforts. Although many prevention efforts take years to show results, one intervention – increasing the breastfeeding rates – could show results within one year.

Currently, fewer than 60 percent of North Dakota mothers are breastfeeding their babies when they leave the hospital, and only about 40 percent are still breastfeeding when their babies reach 12 weeks of age. Research shows that breastfeeding is necessary for healthy infants, children, mothers and society. Research also indicates that feeding babies formula increases many health-related costs.

Nationally, the cost of treating diseases and conditions preventable by breastfeeding is more than \$3.6 billion a year. Breastfeeding protects children against asthma, allergies, diabetes, overweight and obesity, and mothers who breastfeed are less likely to have premenopausal breast cancer, ovarian cancer, thyroid cancer, osteoporosis and lupus.



The *Healthy North Dakota* Breastfeeding Committee – comprised of stakeholders from across the state – is focusing on increasing breastfeeding rates by targeting three areas: (1) the health-care system, (2) the community, and (3) the workplace.

The Health-Care System

Just providing literature or counseling during routine office visits does not effectively promote breastfeeding. Instead, other supportive efforts have proven to work. For example, referring pregnant women and their significant-others to structured breastfeeding education and behavioral-counseling programs increases the breastfeeding success rate.

In addition, supportive hospital protocols can be effective, such as the Baby-Friendly Hospital Initiative, which awards hospitals “baby-friendly” status. To receive the award, hospitals must meet rigorous standards, such as rooming-in, helping mothers initiate breastfeeding within 30 minutes of giving birth, and not accepting free or low-cost supplies of formula, bottles or pacifiers.

The Workplace

Because they plan to return to work, many women do not even begin breastfeeding, and many others quit breastfeeding when they return to work. Supportive workplaces are essential for women who breastfeed, especially in North

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U.S. Government Addresses Lead and Copper in Drinking Water

By Larry Thelen
*Drinking Water Program
 Manager
 Division of Municipal
 Facilities*

The recent discovery of unusually high levels of lead in drinking water in Washington, D.C., could lead to major changes in the federal Safe Drinking Water Act and, consequently, for drinking water systems in North Dakota.

The Safe Drinking Water Act's Lead and Copper Rule, which took effect July 1991, is designed to protect public health by minimizing lead and copper levels in drinking water. Exposure to lead, which enters drinking water mainly from plumbing material corrosion, can cause damage to brain cells, red blood cells, kidneys and livers. The regulations established requirements for corrosion-control treatment, source-water treatment, lead service line replacement and public education. These requirements are triggered by the levels of lead and copper in the water, which is measured in samples collected at consumers' taps. The action level for lead is 0.015 milligrams per liter, and the action level for copper is 1.3 milligrams per liter.

In North Dakota, 348 public water systems are required to monitor for lead and copper.

Initially, the Safe Drinking Water Act required systems to monitor during two consecutive six-month periods, followed by

collecting samples once a year for three years and then once every three years if the action levels were not exceeded. Presently, 95 percent of systems are on these reduced-monitoring schedules.

When the rule was first implemented, about 105 systems in North Dakota ex-

ceeded the lead and/or the copper levels. Today, none of the systems in North Dakota exceed the lead level, and only 10 systems in North Dakota exceed the copper level. The systems that exceed the copper levels are using corrosion control treatments to reduce their copper levels.



Because of the discovery of high lead levels in Washington, D.C., the U.S. Environmental Protection Agency (EPA) and Congress are reviewing how states have implemented the rule to determine if proper enforcement actions are being taken. In the U.S. Senate, a bill has been introduced called the Lead-Free Drinking Water Act of 2004, which would amend the Safe Drinking Water Act with regard to regulation of lead. If passed, the bill would:

- Require EPA to establish a maximum contaminant level to replace the action level for lead if it is "practicable."
 - Accelerate the replacement of lead service lines in systems that exceed the
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Dakota, where 77 percent of women who have young children are in the workforce – the second highest rate in the nation.

To promote breastfeeding, employers can provide health insurance coverage that supports breastfeeding and can make the workplace baby-friendly by allowing a mother to bring her baby to work for the first six months, providing privacy and flexible work schedules, and increasing the length of paid maternity leave.

The Community

To help increase the number of mothers who breastfeed their babies, communities should create supportive environments where women may breastfeed comfortably.

The *Healthy North Dakota* Breastfeeding Committee is planning activities to develop community support for breastfeeding women, such as peer counseling and mother-to-mother support groups.

In addition, state legislatures across the nation are taking steps to protect the rights of women and infants to breastfeed and to make it easier to continue breastfeeding. Legislative proposals, laws and resources are available on the National Conference of State Legislatures website at www.ncsl.org/programs/health/breast.htm.

For more information, contact Karen Oby, *Healthy North Dakota* Breastfeeding Committee, at 701.328.2496.

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- accepted lead level.
- Require systems that exceed the lead level to provide filters certified for lead removal for each residence, school and day-care facility in the service area.
- Establish routine public education programs about lead.
- Require one-time testing for lead in all community water systems within 18 months of the bill's enactment.
- Develop protocols to ensure that tests for lead are conducted at six-month intervals and that increased testing is conducted after any substantial modification in drinking water treatment.
- Require systems to reevaluate and optimize corrosion control plans within one year of change in water treatment or exceedance of lead levels.
- Revise the SDWA definition of "lead-free" from 8 percent to 0.2 percent lead and make it unlawful to install in any residence anything but lead-free plumbing fixtures as of Jan. 1, 2005.
- Provide \$30 million per year to test and remove lead from schools.

If this bill becomes law, it would place new demands on the resources of North Dakota and public water systems throughout the state. For more information, contact Larry Thelen at 701.328.5257.

Health Department Completes Performance Standards Assessment

By Kelly Carlson
Local Health Liaison

Last fall, the North Dakota Department of Health began the process of assessing public health performance across the state in an effort to ensure the delivery of essential public health services to the people of North Dakota.

The National Public Health Performance Standards Program (NPHPSP) is an initiative developed by national partners and led by the Centers for Disease Control and Prevention. The purpose of the program is to provide measurable performance standards that center on the 10 Essential Public Health Services, focus on the overall public health system, describe an optimal level of performance and support a process of quality improvement.

The NPHPSP assesses public health capacities and activities in three areas: the state public health system, the local public health system, and local public health governance.

The process began with an assessment of the state system, which includes all public, private and voluntary entities that provide services essential to the health of

the public statewide. Partners from throughout the state public health system gathered to develop a collective assessment. The partners included representatives from higher education, associations of medical service providers, health-care associations, insurance providers, local and state public health and other state government agencies.

This spring, the Department of Health received a CDC report summarizing the assessment results. Next, the participants reconvened to discuss the results, to identify challenges and opportunities, to establish strategies for inclusion in a health-improvement plan and to move forward with quality improvement efforts. The action planning stage will be ongoing.

The assessment process was beneficial in improving organizational communication, promoting cohesion and collaborative work among the partners, and providing a system-wide view of the delivery of public health services. The Department of Health looks forward to working with partners and stakeholders to strengthen the effectiveness of our state's public health system.

In Upcoming Issues ...

- Air Quality
- Emergency Preparedness and Response
- *Healthy North Dakota*



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