

The NDPHA Mission: To positively influence the health of North Dakotans through a state association of health-related professionals.



As I make my transition from president elect to president, I feel it is important to recognize and thank a few members who take time from their busy schedule to address various issues with public health and NDPHA.

First, I would like to thank the past and present members of the Governing Council. In the years that I have been on the Governing Council I have been impressed with the commitment and cooperation that has been exhibited by the group.

Second, I would like to thank the membership that represents the standing committees and various

task forces. In life you can only get something from what you put in to it, and our association mirrors that sentiment. Again, thank you.

Even though our annual conference has recently concluded, I would like to extend the opportunity to solicit comments and recommendations for next year's conference so we can continue to enhance and improve the coordination between NDPHA and the Dakota Conference on Rural and Public Health. Feel free to contact me or other members of the Governing Council. Have a great spring and summer.

Jim Hausauer, President

2005 NDPHA LONGEVITY AWARDS

Several individuals were recognized for their service to public health in North Dakota at the 2005 Dakota Conference on Rural and Public Health held in Bismarck March 8 – 20, 2005. Longevity awards were given to those individuals who have been NDPHA members for 10, 20, & 30 years consecutively.

Receiving 10 year certificates were Mary Dasovick, Mary Ann Foss, Theresa Knox, Dan Mattern, Burton Pfliger, Kelly Radebaugh, Joyce Saylor, Janet Schauer, and Donald Shields.

20-year awards were given to Julie Ferry and Debbie Swanson.

Karen Pederson-Halle was honored for 30 years of service with NDPHA.

PUBLIC HEALTH WORKER OF THE YEAR - 2005



Jodie Fetch
Custer District Health Unit

NDPHA OUTSTANDING SERVICE AWARD - 2005



Carlotta Ehlis
Southwestern District Health Unit

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National Public Health Week



The Grand Forks Public Health Department and University of North Dakota Community Health Nursing Students celebrated National Public Health Week by holding a health fair at the Grand Cities Mall in Grand Forks, ND. The event, which had a theme of “Empowering Americans to Live Stronger, Longer!” attracted more than 80 participants.

Health Information was provided by various community agencies on: immunizations, nutrition, cancer awareness, tobacco prevention, poison prevention, exercise, environmental health, and emergency preparedness. Health screenings included blood pressure, blood sugars, and hemoglobin.



WELCOME NEW MEMBERS

We are pleased to welcome 49 new members of the North Dakota Public Health Association.

Karen Goebel, Sue Kahler, Renae Moch, and Sharon Nelson of Bismarck Burleigh Public Health; Colleen Peterson of Bismarck Fire & Inspection; Marcia Bollingberg, Nichelle Danielson, Tami Dillman, Stephanie Hatten, Wendy Klett, James Michale, Annette Niemeier, Lorraine Patriquin, and Beth Schwartz of Central Valley Health; Theresa Will of City County Health & Home Care; Karen Ehrens of Ehrens Consulting; Brenda Warren and Mike Williams of Fargo Cass Public Health; Susan Brandvold, Melissa Burud, Danell Eklund, Ruth Ganes, and Tess Bossert of First District Health Unit; Mary Burrell, Carolyn Kaltenberg, Terri Keehr, Danielle Kovarik, Bill Lund, Kathy Mack, Stacie Olson, Betty Otteson, and Twyla Streibel of Grand Forks Public Health Dept; Julie Stewart of Nelson Griggs District Health; Melissa Casteel, Erin Fox, Julie Goplin, Paula Kuntz, Kimberly Weis, and Denise Steinbach of the ND Department of Health; Wayne Jones, Darlene Larson, and Patty Well of

Ransom County Public Health; Sherry Adams, Carrie Davis, Maureen Roden, and Joe Wanner of Southwestern District Health; Dana Kitsch of Towner County Public Health; and Daphne Clark and Kathy Engberg of Upper Missouri District Health.



PUBLIC HEALTH AWARENESS DAY AT THE CAPITOL

Public Health Awareness Day at the Capitol was held Wednesday, March 30th. It provided a great opportunity to promote our public health services and efforts to the legislators and to kick off National Public Health Week, April 4 through 10, 2005. The focus for this national event was on “Empowering Americans to Live Stronger, Longer!”

There were a total of 16 local public health units and state department of health programs displayed. NDPHA sponsored a boxed lunch for the legislators, which was very well received.

Public Health Awareness Day at the Capitol was visited by many legislators and provided an opportunity to speak with legislators face to face. It helped make public health more visible in our state.

American Heart Association Honors Senator Byron Dorgan



WASHINGTON, April 11 – The American Heart Association will honor Senator Byron Dorgan (D-N.D.), for his long time efforts in the fight against heart disease and stroke. Dorgan will be presented with the association's National Public Service Award at a reception in Washington, D.C., tonight. Senator Dorgan was a previous recipient of this award in 1997.

Currently serving his third term in the U.S. Senate, Dorgan is a founding co-chair of the association initiated and managed Congressional Heart and Stroke Coalition, begun in 1995.

“Senator Dorgan’s dedication to the association’s cause has no congressional equal,” said Alice Jacobs, M.D., president of the American Heart Association. “He remains a strong advocate for investing in heart and stroke research, and he continues to fight for issues that are of great importance to the association.”

Dorgan has been a champion for increased funding for heart and stroke research, understanding that research holds the key to finding cures. He was also a co-sponsor of both the Cardiac Arrest Survival Act and the Community Access to Emergency Defibrillation Act, and was responsible for securing funding to place Automated External Defibrillators (AEDs) in federal buildings. He also introduced the Medicare Cholesterol Screening Coverage Act of 2003, which was included in the Medicare reform legislation signed into law by President Bush that guarantees coverage of preventive cardiovascular screenings for all seniors.

The American Heart Association is proud to present this award to Senator Dorgan once again for his great leadership and support in the fight against heart disease and stroke.



Diane Helgeson, MS, RN, Associate Professor

After 38 dedicated years of service, the College of Nursing is sad to say goodbye to Diane Helgeson, Associate Professor in the Department of Family & Community Nursing, who will be retiring after the spring 2005 semester.

Diane is credited with many things in her years at the CON, including developing a policy and procedure manual under Dean Inez Hinzvark, preserving the history of the CON through oral histories, and salvaging photos and memorabilia when the program moved into its present building. However, the most important contribution is a true dedication to integrating life

experiences with her teaching techniques to better prepare our students for life after graduation. Whether it is her consulting with the Alzheimer’s Support Group, the challenges and rewards of being a foster parent, or her involvement in numerous professional organizations, Diane weaves a piece of herself into her teaching.

As you may imagine, many things have changed in the nursing profession and in the educational setting over the past 38 years. Technology has become a mainstay in hospitals and other health facilities. According to Diane, “this is a wonderful advancement, but we must not lose the important interpersonal skills; the power of the human touch. Take time to visit with patients, listen to their concerns and fears. Time is the best gift you can give to someone.” The level of skills required of the students has also increased as a result of advanced techniques and technology. The student body itself has also changed. “Students now have families and jobs to juggle with their heavy school schedule. They are from a different generation, but if you are willing to listen you will learn a lot.”

Diane has enjoyed her time at the College of Nursing immensely and will miss working with her students. “Interacting with students keeps me young and it is a joy to watch them grow and develop.” There will be no sitting still in her post-teaching years; she and her husband plan on traveling to see children and grandchildren, she will be performing volunteer work in the community and spending time working on quilting and other crafts.

RESOLUTIONS ADOPTED AT THE 2005 NPDHA ANNUAL MEETING

North Dakota Public Health Association Resolution Supporting Healthy North Dakota

Recognizing *Healthy North Dakota's* vision of healthy people, healthy communities and that *Healthy North Dakota* is a framework supporting North Dakotans in their efforts to make healthy choices by focusing on wellness and prevention – in schools, workplaces, senior centers, homes and anywhere people live, work and play.

Whereas, about half of all deaths are due to preventable behaviors and exposures, and drive much of our state's escalating health problems.

Whereas, focusing on prevention and wellness will result in a healthier population, lower health-care costs and improved quality of life for all North Dakotans.

Whereas, *Healthy North Dakota* is a statewide initiative that focuses on improving the health of every North Dakotan.

Whereas, *Healthy North Dakota* is a community-driven process, which includes a dynamic statewide partnership that continues to grow as new stakeholders become engaged.

Whereas, *Healthy North Dakota* works through an established framework, which is further expanded through the networks, memberships and professional relationships each individual and organization brings to the table.

Whereas, committees comprised of more than 400 North Dakotans representing about 150 agencies, organizations and businesses from across the state are providing leadership in identifying the strategies for building a *Healthy North Dakota*.

Concluding that, the health and well being of all North Dakotans must be protected by establishing a supportive framework to support North Dakotans in their efforts to make healthy choices.

Therefore be it resolved that the North Dakota Public Health Association:

Endorses *Healthy North Dakota* as a framework supporting North Dakotans in their efforts to make healthy choices.

Supports the work and recommendations of *Healthy North Dakota* to inspire and support North Dakotans to improve physical, mental and emotional health for all by building innovative statewide partnerships.

Supports policy activities through the North Dakota Legislature that provide funding for *Healthy North Dakota* Initiatives.

Adopted by North Dakota Public Health Association, March 8, 2005

Contact information: Melissa Olson, North Dakota Department of Health, Office of the State Health Officer, mjolson@state.nd.us, 701-328-4908.

North Dakota Public Health Association Resolution Supporting Physical Activity State Level Infrastructure

Recognizing the need to establish a dedicated program manager within the Department of Health to develop, implement, and evaluate a comprehensive statewide plan to increase physical activity levels among all North Dakotans, to help prevent and control obesity and chronic disease.

Whereas, physical inactivity has contributed to an unprecedented epidemic of obesity in the state.

Whereas, over the past ten years the prevalence of *obese* adults in North Dakota increased from 13 percent to over 23 percent (BRFSS).

Whereas, over the past ten years the prevalence of *overweight* adults increased from a rate of 34 percent to 41 percent (BRFSS).

Whereas, only 35% of middle school and 37% high school students participate in daily physical activity (2003 YRBS).

Whereas, less than 50% of ND adults meet the recommendations for moderate or vigorous physical activity and nearly 8 percent reported no physical activity or exercise (2003 BRFSS).

Concluding that, physical health and well-being of all North Dakotans must be protected by encouraging increased physical activity at home, in the workplace and schools.

Therefore be it Resolved that the North Dakota Public Health Association:

Endorses and supports the establishment of a dedicated program manager within the Department of Health to provide training and technical assistance on physical activity, represent the physical interests, and work with related partners.

Supports funding through the North Dakota Legislature in the North Dakota Department of Health Budget for Physical Activity Infrastructure.

Be it further resolved that a copy of this resolution be provided to each North Dakota legislator.

Adopted by North Dakota Public Health Association, March 8, 2005

Contact information: Colleen Pearce, North Dakota Department of Health, Division of Nutrition and Physical Activity, cpearce@state.nd.us, 701-328-2496.

North Dakota Public Health Association Resolution for Holding Meetings in Smoke-Free Cities

Whereas, numerous studies have found that breathing secondhand smoke also is a cause of disease in healthy nonsmokers, including heart disease, stroke, respiratory disease, and lung cancer; and

Whereas, the Public Health Service's National Toxicology Program has listed secondhand smoke as a known carcinogen (U.S. DHHS, 2000, citing Cal. EPA, 1997); and

Whereas, the U.S. Centers for Disease Control has issued a warning that anyone at risk for heart disease should avoid entering smoke-filled environments; and

Whereas, secondhand smoke is particularly hazardous to elderly people, individuals with cardiovascular disease, and individuals with impaired respiratory function, including asthmatics and those with obstructive airway disease; and

Whereas, local and state governments throughout the country have successfully passed smoke-free air laws to protect people from the harmful effects of secondhand smoke; and

Whereas it is consistent with the policy of North Dakota Public Health Association (NDPHA) to strongly favor policies and laws that limit exposure to secondhand smoke; and

Whereas cities that have adopted smoke-free air laws should be rewarded with increased convention and tourism business; and

Whereas NDPHA should use its market clout and expend its financial resources in cities that have adopted a smoke-free air law;

Therefore be it resolved that North Dakota Public Health Association:

Encourages the planning committee for the Dakota Conference on Rural and Public Health to consider holding all future meetings only in cities that have passed smoke free laws; and

Be it further resolved that if no such city exists or can accommodate a meeting, the conference will be held only in smoke-free meeting facilities; and

Be it further resolved that North Dakota Public Health Association strongly encourages other organizations to adopt similar resolutions.

Adopted by North Dakota Public Health Association, March 8, 2005

Contact: Debbie Swanson, Grand Forks Public Health Department 701-787-8113
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North Dakota Public Health Association
Resolution Supporting a Tobacco Tax Increase

Whereas, tobacco use is a significant public health problem and tobacco use is the leading cause of preventable death and disability in North Dakota and in the United States.ⁱ

Whereas, the 2000 Report of the Surgeon General states “raising tobacco excise taxes is widely regarded as one of the most effective tobacco prevention and control strategies. Increasing the price of tobacco products will decrease the prevalence of tobacco use, particularly among adolescents and young adults.”ⁱⁱ

Whereas, current research indicates that interventions to increase the unit price for tobacco products are effective both in reducing the number of people who start using tobacco and increasing the number who quit.ⁱⁱⁱ

Whereas, youth smoking and smokeless tobacco use rates in North Dakota rank among the highest in the nation and smoking rates among pregnant women are at 17 percent compared to 12 percent nationwide, and among Native Americans, the smoking rate is 45 percent, twice the rate as non-natives.^{iv}

Whereas, the current excise tax in North Dakota on cigarettes is 44 cents per pack, ranking 36th in the nation. The last significant increase in the tax occurred in 1993 when the tax was raised from 29 cents to the current 44 cents per pack. Since January 1, 2002, 35 states have passed 45 separate cigarette tax increases. South Dakota and Montana have increased their tax levels above the North Dakota rate.^v

Therefore, be it resolved, that the North Dakota Public Health Association

Supports passage and enactment of a state law significantly increasing the North Dakota cigarette excise tax, with equal increases on other tobacco products.

Adopted by North Dakota Public Health Association, March 8, 2005

Contact: Kelly Buettner Schmidt, Tobacco Education, Research & Policy Initiative, ND Center for Persons with Disabilities Minot State University,
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REFERENCES

(see end notes)

North Dakota Public Health Association
Resolution Supporting 100% Smoke Free Public Places and Workplaces
Including Restaurants and Bars

Whereas, the leading cause of death and disease in North Dakota and in the United States^{vi} is tobacco use, which includes deaths from exposure to secondhand smoke.

Whereas, exposure to secondhand smoke results in both immediate^{vii} and long term health effects.^{viii}

Whereas, numerous studies have found that breathing secondhand smoke is a cause of disease in healthy nonsmokers, including heart disease, stroke, respiratory disease, and lung cancer and that secondhand smoke is responsible for the early deaths of up to 65,000 Americans annually.^{ix}

Whereas, secondhand smoke is particularly hazardous to elderly people, individuals with cardiovascular

disease, and individuals with impaired respiratory function, including asthmatics and those with obstructive airway disease. Children exposed to secondhand smoke have an increased risk of asthma, respiratory infections, sudden infant death syndrome, developmental abnormalities, and cancer. ^x

Whereas, a significant amount of secondhand smoke exposure occurs in the workplace. Employees who work in smoke-filled businesses suffer a 25-50% higher risk of heart attack and higher rates of death from cardiovascular disease and cancer, as well as increased acute respiratory disease and measurable decrease in lung function. ^{xi}

Whereas, the Centers for Disease Control and Prevention (CDC) recommends eliminating nonsmokers' exposure to secondhand smoke as one of four overall strategies of a comprehensive tobacco control program to reduce disease, disability and death related to tobacco use. ^{xii}

Whereas, secondhand smoke is a Class A Carcinogen of which there is no safe level of exposure. ^{xiii} A growing number of states and communities have enacted smoke free policies to reduce or eliminate exposure to this harmful substance, with the current trend of protection being total elimination in all public places and workplaces, including restaurants and bars.

Whereas, policies requiring workplaces and public places to be smoke free also decreases the social acceptability of tobacco use and lessens the role modeling of smoking behavior to children.

Whereas, in North Dakota, twenty percent of the state's population remains unprotected from the health effects of secondhand smoke. ^{xiv} And 80 - 140 North Dakotans die from others' smoking (secondhand smoke and pregnancy smoking). ^{xv}

Whereas, the Centers for Disease Control and the ND State Health Officer issued a warning that exposure to secondhand smoke can pose acute risks, and all patients at increased risk of coronary heart disease or with known coronary artery disease should be advised to avoid all indoor environments that permit smoking. ^{xvi}

Whereas, the Environmental Protection Agency has determined that secondhand smoke cannot be reduced to safe levels in businesses by high rates of ventilation. Air cleaners, which are only capable of filtering the particulate matter and odors in smoke, do not eliminate the known toxins in secondhand smoke. ^{xvii}

Whereas, smoke-filled workplaces result in higher worker absenteeism due to respiratory disease, lower productivity, higher cleaning and maintenance costs, increased health insurance rates, and increased liability claims for diseases related to exposure to secondhand smoke. ^{xviii}

Whereas, policies to reduce smoking indoors reduce exposure to secondhand smoke and can also result in both a reduction in the number of cigarettes smoked each day and an increase in the number of smokers who quit. ^{xix}

Whereas, numerous economic analyses examining restaurant and hotel receipts and controlling for economic variables have shown either no difference or a positive economic impact after enactment of laws requiring workplaces to be smoke free. Creation of smoke free workplaces is sound economic policy and provides the maximum level of employee health and safety. ^{xx}

Therefore, be it resolved, that the North Dakota Public Health Association:

Supports local community efforts and state legislation to require 100% smoke free public places and workplaces, including restaurants and bars.

Will send a copy of this resolution to all members of the North Dakota Legislature and will provide a copy of this resolution to all NDPHA members involved in promoting smoke-free workplaces in their communities to enhance their advocacy efforts.

Contact: Kelly Buettner Schmidt, Tobacco Education, Research & Policy Initiative, ND Center for Persons with Disabilities Minot State University, 701-858-3256, schmidtk@minotstateu.edu.

REFERENCES

End Notes

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