

*North Dakota Department of Health*

# **Biennial Report**

*2009 to 2011*

Jack Dalrymple, Governor  
Dr. Terry Dwelle, State Health Officer

Stacy Eberl, Editor



**NORTH DAKOTA**  
**DEPARTMENT *of* HEALTH**

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**Public Health**  
Prevent. Promote. Protect.

# State Health Officer's Message



December 1, 2011

North Dakota Department of Health personnel work tirelessly to safeguard the health of every North Dakotan. While most people know public health is important, they aren't always sure what it is or how it affects their lives. In fact, the efforts of public health touch every North Dakotan every day:

- The NDDoH's environmental scientists monitor the quality of North Dakota's air and water, ensuring that we can breathe clean air, drink clean water and enjoy our beautiful environment.
- Tobacco use, unhealthy diets and poor exercise habits all contribute to chronic diseases and early death. NDDoH personnel work with local public health units and other partners across the state to promote healthy lifestyles and timely medical screenings.
- From H1N1 influenza to norovirus to shigella, disease detectives from the department work hard to identify and contain disease outbreaks. Their efforts to educate the public and track down sources of illness help to protect us all.
- NDDoH personnel work to educate the public and enhance the ability of the state's public health and medical personnel to respond to emergencies such as the emergence of a new influenza virus, tornadoes or floods.
- NDDoH personnel travel across the state conducting inspections of nursing homes, hospitals and hospice programs in an effort to ensure that the people of North Dakota receive quality care when they are most vulnerable.
- Access to health care has become a challenge for many rural residents in North Dakota. To address this issue, NDDoH personnel work with communities to help them sustain and support local health-care services and attract health-care providers.

I am so proud of the work of every public health professional on our Department of Health team. I invite you to read this report and learn more about the goals and accomplishments of the NDDoH during the 2009-2011 biennium.

A handwritten signature in black ink, appearing to read "Terry Dwelle".

Terry Dwelle, M.D., M.P.H.T.M., F.A.A.P., C.P.H.  
State Health Officer

# A Look at the Department

## Mission Statement

The mission of the North Dakota Department of Health (NDDoH) is to protect and enhance the health and safety of all North Dakotans and the environment in which we live.

To accomplish our mission, the NDDoH is committed to:

- Improving the health status of the people of North Dakota.
- Improving access to and delivery of quality health care.
- Preserving and improving the quality of the environment.
- Promoting a state of emergency readiness and response.
- Achieving strategic outcomes within available resources.
- Strengthening and sustaining stakeholder engagement and collaboration.

## Values

The Department of Health values:

- Excellence in providing services to the citizens of North Dakota.
- Credibility in providing accurate information and appropriate services.
- Respect for our employees, our coworkers, our stakeholders and the public.
- Creativity in developing solutions to address our strategic initiatives.
- Efficiency and effectiveness in achieving strategic outcomes.

## Department Overview

The North Dakota Department of Health employs about 350 people dedicated to making North Dakota a healthier place to live.

The department's seven sections are under the administrative supervision of the state health officer and the deputy state health officer. They include the following:

- Administrative Support
- Community Health
- Emergency Preparedness and Response
- Medical Services
- Health Resources
- Special Populations
- Environmental Health

Employees in these sections provide the following core public health services promulgated by Public Health in America:

- Preventing epidemics and the spread of disease
- Protecting against environmental hazards
- Preventing injuries
- Promoting and encouraging healthy behaviors
- Responding to disasters and assisting communities in recovery
- Ensuring the quality and accessibility of health services

The department logo is a representation of both apples and wheat. An apple is the universal symbol of good health and well-being; the wheat represents the richness of North Dakota's environment.



**NORTH DAKOTA**  
DEPARTMENT *of* HEALTH

# State Health Council



## CHAIR

Marlene Kouba, Regent

## VICE CHAIR

Gordon Myerchin, Grand Forks

## SECRETARY

Carmen Toman, Bismarck

## MEMBERS

Dennis E. Wolf, M.D., Dickinson

Howard C. Anderson, R. Ph.,

Turtle Lake

Jerry Jurena, Rugby

Lee Larson, Leeds

Gary Riffe, Jamestown

Hjalmer Carlson, Jr., Minot

2 vacant positions (Oct. 2011)

## State Health Council

The State Health Council serves as the North Dakota Department of Health's governing and advisory body. The council's 11 members are appointed by the governor for three-year terms. Four members are appointed from the health-care provider community, five from the public sector, one from the energy industry and one from the manufacturing and processing industry. The council also has developed several committees to conduct its work including the Audit Committee and the Data Committee.

## Office of Internal Audit

The Office of Internal Audit provides an independent, objective assurance and consulting activity designed to add value and improve the North Dakota Department of Health. The

Office of Internal Audit assists the department in accomplishing its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.

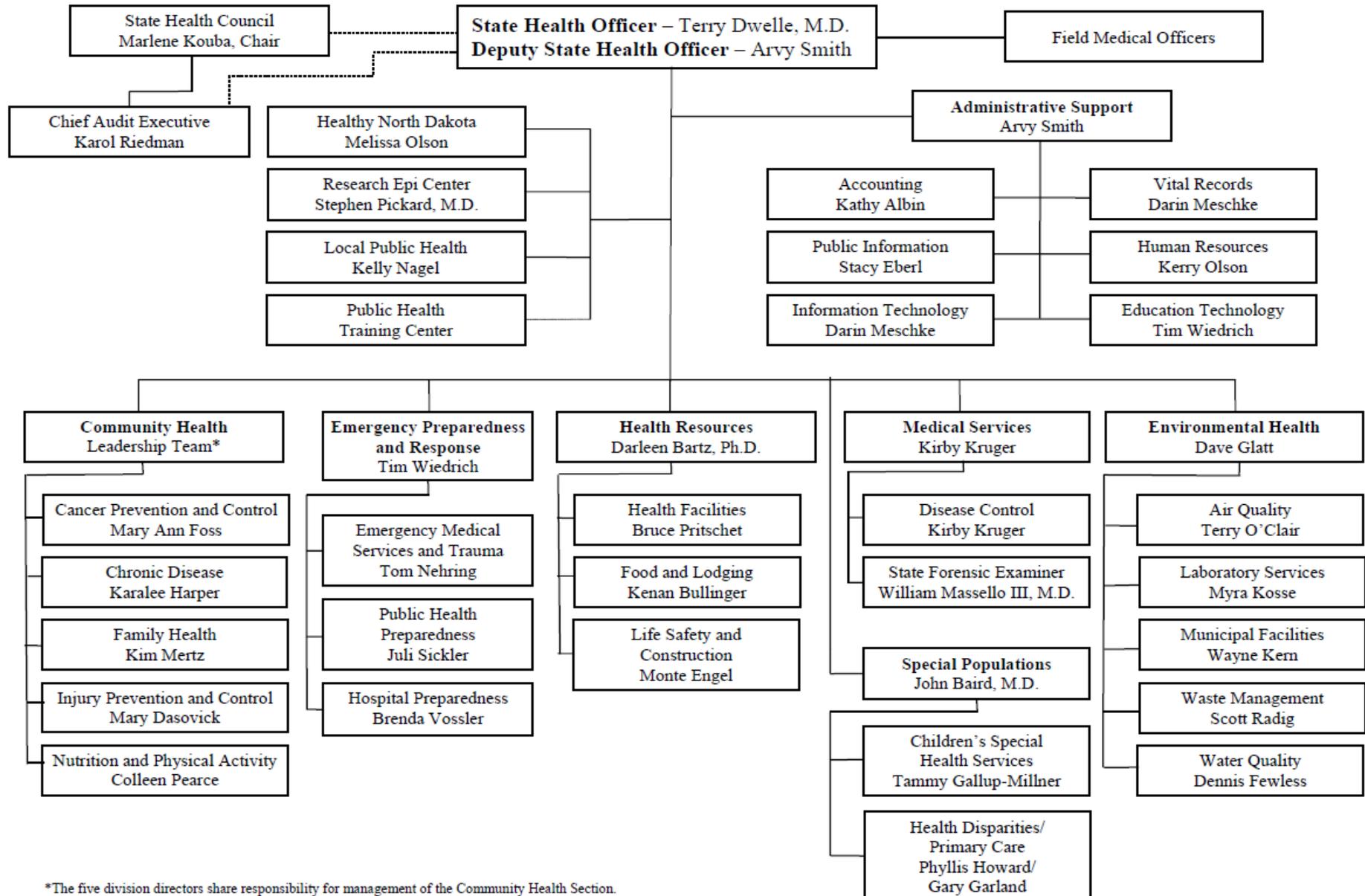
The objectives of the Office of Internal Audit are to provide independent assurance to the State Health Council and management that the department's assets are safeguarded, operating efficiency is enhanced, and compliance is maintained with prescribed laws and management policies. The Office of Internal Audit assists the department with assessments of the department's risk awareness and management of risk, reliability and integrity of the department's data, and achievement of the department's goals and objectives. The Audit Committee of the State Health Council establishes and oversees the Office of Internal Audit.



Standing (left to right): Dr. Terry Dwelle, Howard Anderson, R. Ph., Dr. Dennis Wolf, Jerry Jurena, Hjalmer Carlson, Jr., Lee Larson, Gary Riffe. Sitting (left to right): Carmen Toman, Marlene Kouba, Gordon Myerchin

# Organizational Chart

## North Dakota Department of Health Organizational Chart June 2011



\*The five division directors share responsibility for management of the Community Health Section.

# Office of the State Health Officer



Terry Dwelle, M.D., M.P.H.T.M.  
State Health Officer

The Office of the State Health Officer manages the activities of and provides direction and leadership to the Department of Health. The office is composed of the state health officer, the deputy state health officer, the local public health liaison and *Healthy North Dakota*.

## State Health Officer

The state health officer is appointed by the governor to be the chief administrative officer of the department, as well as a member of the governor's cabinet. The state health officer implements state laws governing the department within the guidance of the governor and the rules adopted by the State Health Council. In addition, the state health officer is a statutory member of about a dozen boards and commissions. The state health officer also supervises the Public Health Training Center.

## Public Health Training Center

The Public Health Training Center – a cooperative effort among the NDDoH, the University of North Dakota, North Dakota State University and the University of Minnesota – is designed to improve public health practice in the state through advanced public health education. As a result of this collaboration, several universities and colleges, including many in North Dakota, will be offering public health curricula. The role of the NDDoH is to work with our academic partners to enhance their curricula with a practical public health approach.

## Deputy State Health Officer

The deputy state health officer addresses administrative policy and practice, allowing the state health officer to focus on medical policy and practice. The deputy also serves as section chief for the Administrative Support Section.

## Accomplishments

- Updated department strategic plan and leadership priorities, including goals and objectives and health indicators. A copy of the department's Strategic Map is on page 79.
- Approved grants and contracts of more than \$72 million in funding to numerous local entities and other public health partners.
- Firmly established the Office of Internal Audit.
- Provided leadership, oversight and training on implementation of North Dakota's immunization strategy.
- Coordinated department 2011 legislative efforts including monitoring over 200 bills, approving all department testimony, guiding the department budget through the legislative process and briefing various organizations on the status and outcome of legislation.
- Coordinated department interim legislative efforts, following activity of 14 interim committees and approving all department testimony.
- Monitored federal funding issues related to federal economic stimulus funding, national health care reform legislation, and federal program funding cuts.

- 
- Served as President Elect for Association of State and Territorial Health Officers Senior Deputies Committee.

### Goals

- Continue to increase programmatic effectiveness through monitoring of health status, identifying needs, updating goals and objectives, aligning department programs and strategies and evaluating results.
- Ensure completion of department fraud risk assessment and implementation of recommended improvements.
- Continue to monitor implementation of new immunization strategy.
- Monitor the status of federal funding levels which are budgeted at 63 percent of the 2011-13 budget.
- Monitor the status of federal health care reform and its impacts on the department.
- Coordinate department 2013 legislative efforts including monitoring bills, approving all department testimony, preparing and guiding the department budget through the legislative process and briefing various organizations on the status and outcome of legislation.
- Coordinate department 2011-13 interim legislative efforts.
- Participate in public health emergency response activities.
- Develop business case for prevention in North Dakota.
- Provide guidance to department on pursuing public health accreditation.

- Serve as President of Association of State and Territorial Health Officers Senior Deputies Committee.

### *Office of Local Public Health*

The Office of Local Public Health acts as liaison to local public health units and other key public and private partners. The local public health liaison administers the state block grant, which provides funding to local public health units, and advises the state health officer about issues related to local public health. In addition, the local public health liaison works with NDDoH staff members to assist public health units during disease outbreaks and natural disasters and with other public health issues.

### Accomplishments

- Served on board of directors of the Association of State and Territorial Local Health Liaison Officials.
- Coordinated completion of the National Public Health Performance Standards Program Assessment of local boards of health and the State Health Council.
- Developed and presented public health orientation and board orientation to local boards of health.
- Facilitated State Health Council performance improvement planning and implementation process.



Arvy Smith  
Deputy State Health Officer



- Administered the regional Public Health Network Pilot Project.
- Coordinated the establishment of the Department of Health/Local Public Health Executive Committee to address critical issues.
- Facilitated Executive Committee strategic planning process. The Executive Committee is a planning group consisting of five local public health unit directors, five Department of Health officials, the local public health liaison, and an individual employed by both local public health and the Department of Health.

### Goals

- Assist in development of a technical assistance program to enhance community health assessments and planning.
- Assist in the development of local public health unit health profiles with web-based accessibility.
- Revise and update local public health information on the NDDoH website.
- Create a coordinated system to assist local public health and the NDDoH in preparing for National Public Health Accreditation.

### *Healthy North Dakota*

In 2002, then Governor John Hoeven launched the *Healthy North Dakota* initiative to provide support, education and encouragement to all North Dakotans seeking to improve their health.

The goal of *Healthy North Dakota* is to support North Dakotans in their efforts to make healthier choices by focusing on wellness and prevention – in schools, workplaces, senior centers, homes and anywhere people live, learn, work and play. Studies show that focusing on wellness and prevention will result in a healthier population, lower health-care costs and an improved quality of life.

*Healthy North Dakota* works with partners to promote and implement health-related laws, policies and programs. Currently, the program is composed of more than 400 North Dakotans representing about 150 agencies, organizations and businesses from across the state.

During the 2009-2011 biennium, partners worked in the following focus areas:

- Tobacco use
- Healthy weight – nutrition and physical activity
- Health disparities
- Worksite wellness
- Oral health
- Cancer
- Early childhood
- School health
- Aging
- Immunizations

- Cardiovascular health
- Injury prevention and control
- Diabetes
- Environmental quality

The NDDoH administers the *Healthy North Dakota* program, providing resources and coordination supporting the program’s partners. The partners work to identify common strategies to address health issues. This process ensures continuity and coordination and creates a more efficient, cost-effective approach to improving health in the state.

Health and wellness are concerns everywhere – from schools and universities to private businesses to hospitals and nursing homes. *Healthy North Dakota* strives to improve the health of every North Dakotan.

### Accomplishments

- Sustained a statewide worksite wellness program.
- Developed easy to use resources including a website (ndworksitewellness.org) and a toolkit “Taking Wellness to Work.”
- Collaborated with the NDPERS worksite wellness program director to provide a cohesive worksite wellness program for public and private employers.
- Provided training and technical assistance to more than 50 worksite wellness specialists and more than 450 summit attendees.
- Conducted a worksite wellness survey of more than 1,100 North Dakota businesses.
- Provided training and technical assistance to

15 *Moving More, Eating Smarter* coalitions to increase local opportunities for healthier eating and more physical activity.

- Piloted a Healthy Kids/Healthy Weight program with local public health and health-care partners.
- Assisted with implementation of the State-wide Vision and Strategy Healthy Kids/Healthy Weight and worksite wellness initiatives.
- Facilitated implementation of the Creating a Hunger Free North Dakota strategic plan.
- Provided information about the benefits of prevention to local, state, federal and non-profit leaders and to North Dakota citizens through the *Healthy North Dakota* website, as well as at meetings and conferences.

### Goals

- Continue to implement Statewide Vision and Strategy initiatives for improving health in North Dakota.
- Continue to implement statewide worksite wellness initiatives.
- Increase number of businesses in North Dakota offering worksite wellness programs.
- Continue to implement the Creating a Hunger Free North Dakota strategic plan.
- Provide leadership coordination to the Patient-Centered Medical Home Coalition.
- Provide leadership coordination to the state’s “Transforming North Dakota’s Communities through Community Engagement” initiative.

- Connect statewide interventions and resources in prevention of early childhood obesity.
- Identify mechanism to sustain program efforts due to elimination of the Preventive Health and Health Services Block Grant.

### *Field Medical Officers*

The field medical officers provide medical direction and support to programs throughout the NDDoH. Areas of emphasis include the health aspects of environmental pollution, newborn metabolic screening, disease control, immunizations, infant mortality, adolescent suicide, cancer cluster investigations, bioterrorism, long-term care, emergency medical services and the Children's Health Insurance Program.

### **Accomplishments**

- Provided consultation concerning programs, projects and patient-care issues.
- Improved communications with private physicians and clinics.
- Provided a variety of continuing medical education sessions on public health issues.
- Developed medical director system consisting of 11 providers who provide guidance to the NDDoH during emergencies, including quarterly training about medical surge.

### **Goals**

- Continue to provide clinical consultation support to NDDoH divisions.
- Provide consultation support for divisional clinical protocol development.
- Continue to provide presentations, education and dialogue forums at medical meetings.
- Continue to provide direction and support during disease outbreaks.
- Continue to provide other special clinical insight and consultation for the Department of Health.

# Administrative Support Section

The Administrative Support Section, which is supervised by the Deputy State Health Officer, provides support services to assist all NDDoH divisions in accomplishing their goals.

The section consists of the following:

- Accounting
- Education Technology
- Public Information
- Information Technology
- Human Resources
- Vital Records

## *Division of Accounting*

The Division of Accounting provides accounting and financial control records that comply with state and federal requirements.

This data is distributed monthly to department managers to help them monitor federal and state grant expenditures, revenue and state appropriations. The division prepares financial reports, reviews grant applications, collects revenue, processes contracts, pays expenses, processes the payroll and submits the department's biennial budget.

### **Accomplishments**

- Submitted the 2011-2013 budget request to the Office of Management and Budget in compliance with the governor's guidelines.
- Provided various financial information requested by the legislature or legislative council during the 2011 legislative session.
- Served as fiscal agent for the newly created Tobacco Prevention and Control Executive Committee.

- Provided training and assistance to department personnel on federal and state grants and appropriation monitoring.
- Reviewed grant applications and cooperative agreements that resulted in receipt of about \$119 million in federal funding.
- Processed about 1,600 contracts providing funding to a variety of entities for public health services.

### **Goals**

- Assist staff and management in securing additional grants or other funding sources.
- Continue to provide financial information to staff and management on a timely basis.
- Continue to provide quality financial reporting to various state and federal organizations.

## *Division of Education Technology*

The Division of Education Technology provides an infrastructure for communicating and training public health and medical personnel through distance learning. Some activities are in response to emergencies and are immediate in nature, and some are delivered over an extended period of time. Most training and communications are archived and accessible on the web.

### **Accomplishments**

- Developed and distributed health alerts, advisories and updates to public health and medical professionals across the state using

- automated telephone technologies, e-mails and faxes.
- Conducted local, regional, statewide and national meetings, presentations and trainings using video conference, desktop conference, teleconference and webcast technologies.
- Created video and audio productions distributed on DVD and by webcast.

### Goals

- Implement refined query capabilities for the health alert network.
- Improve the reliability and expand the use of desktop interactive communication.
- Maintain existing communications and training capabilities.



The Office of Public information helps coordinate the release of information to the public. This picture was taken during a news conference held to educate about H1N1 Influenza (Oct. 2009).

## Office of Public Information

The Office of Public Information supports the department's communication of public health information, policies and resources to the citizens of North Dakota. Duties include coordinating media relations; preparing newsletters, brochures and other materials; coordinating special events; providing or arranging communication training; releasing information through the media; and working with various groups to promote public health.

### Accomplishments

- Provided daily consultation to NDDoH personnel concerning communication and media issues.

- Provided support to eight regional public health public information officers.
- Developed and provided spokesperson and Media 101 training.
- Served as chair of the awards committee for the National Public Health Information Coalition (NPHIC).
- Planned and hosted annual statewide public information conference in 2009 and 2010.
- Provided essential communication and media support during statewide flooding and the emergence of novel H1N1 influenza.
- Activated the department's public health hotline during the H1N1 pandemic and to support flood response in Minot during 2011 flooding.
- Coordinated and edited legislative testimony during 2011 legislative session.
- Completed FEMA's Advanced Public Information Officer's Training.

### Goals

- Continue to provide timely consultation to staff regarding communication issues and media events.
- Provide public information support to NDDoH personnel during emergencies.
- Explore effective strategies and develop a policy for the use of social media.

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## *Office of Information Technology*

The Office of Information Technology provides leadership to information technology (IT) professionals throughout the department in coordinating activities and functions. The office also develops and implements the department's IT plan; monitors IT budgets; assigns IT staff and support; and monitors the security component of the Health Insurance Portability and Accountability Act (HIPAA).

### **Accomplishments**

- Implemented the Division of Disease Control's disease management system known as MAVEN. Maven Electronic Disease Surveillance System (EDSS) allows the NDDoH to enter, manage, process, track and analyze data for disease exposure events. Maven enables the immediate exchange of information between clinics, labs and state health departments. The Maven EDSS security environment displays only the data a user needs and is authorized to see. Through data analysis, EDSS can then extract surveillance data for the identification of a possible public health/environmental emergency. Additional EDSS functions include electronic data exchange and flow of work among groups working on public health disease management, ability for lab reports to be imported electronically, data entry capability, reporting, case management, contact-tracing and outbreak management.

### **Goals**

- Implement cost-effective technology solutions throughout the department.
- Expand the use of web-based solutions for easier access to both internal and external customers.
- Continue to develop and coordinate IT policies, procedures and strategies.

## *Division of Human Resources*

The Division of Human Resources provides a variety of services to the NDDoH, including employee relations, employee recruitment, position classification, training and development, salary administration, policy development, and safety.

### **Accomplishments**

- Assisted managers with recruitment and retention issues.
- Provided technical assistance to management, supervisors and employees regarding laws, rules, policies/procedures and personnel issues.

### **Goals**

- Complete personnel policy updates.
- Develop human resource initiatives that support strategic planning efforts.
- Update performance management process.
- Continue to provide technical support and assistance to management and staff.
- Pursue employee salaries equitable to salaries for similar job classifications in other agencies and organizations.

## Division of Vital Records

The two main functions of the Division of Vital Records are registration and certification of vital events that occur in the state, including births, deaths, fetal deaths, marriages and divorces. In addition, the division provides certified copies of vital event documents as requested by the public. Individuals now can order copies on the department's website using a credit card for payment. Copies are needed for many reasons, including passport applications, school entrance, job applications and Social Security benefits.

### Accomplishments

- Registered 20,846 certificates of live birth; 12,873 certificates of death; 123 certificates of fetal death; 8,609 marriage records; 3,940 divorce records; and 74 delayed registrations of birth.
- Processed 102,815 requests for more than 244,000 certified copies, record searches, amendments and verifications. The fees collected for providing these services were deposited to the state's general fund.
- Compiled annual reports using data collected from vital event certificates.
- Compiled data for specific requests from the public or other state agencies.

### Goals

- Maintain 100 percent registration of all vital events in the state. To achieve this goal,

- extensive querying and follow-up is done.
- Continue timely response to requests for certified copies of vital event documents.

### Vital Signs

On an average **day** in North Dakota:

- **25** babies are born; **8** of them are born out of wedlock, **2** are born to a teenage mother and **4** are born by Caesarian section.
- **16** people die, **4** of them from heart disease and **3** from cancer.
- **12** couples are married, and **6** are divorced.

In an average **week**:

- **1** infant dies.
- **2** people commit suicide.
- **4** people die from diabetes.
- **3** people die from influenza and pneumonia.
- **6** people die as a result of accidents.

In an average **month**:

- **3** children younger than 20 die.
- **8** people die as a result of motor vehicle accidents.
- **4** babies are born outside of a hospital setting.

The average age at death is **76.3**.

# Community Health Section

The Community Health Section is composed of five divisions:

- Cancer Prevention and Control
- Chronic Disease
- Family Health
- Injury Prevention and Control
- Nutrition and Physical Activity

The director from each division is a member of the Leadership Team and serves in rotation as section lead.

The goal of the section is to promote health and prevent illness and disease. Local public health units and other partners across the state provide many of these services.

## Division of Cancer Prevention and Control

The Division of Cancer Prevention and Control works to reduce the incidence of and illness and death from cancer in North Dakota. Programs include:

- Comprehensive Cancer Prevention and Control
- *Women's Way*
- Statewide Cancer Registry

### Accomplishments

#### Comprehensive Cancer Prevention and Control Program

- Completed years three and four of cancer plan implementation at the state and local level now covering the cancer continuum from prevention to cancer survivorship.

- Maintained consistent membership of the North Dakota Cancer Coalition with 75 percent of the nearly 200 members actively engaged in workgroups.
- Completed the second edition of the North Dakota Cancer Control Plan for 2011-2016 with more than 75 percent of the Cancer Coalition members involved in the revision.
- Utilized over \$500,000 of statewide partner contributions to implement the North Dakota Cancer Plan through cancer prevention activities at the local level.
- Ensured life-saving and cost-saving services through the Colorectal Cancer Screening Initiative. Through this state-funded initiative, 175 low-income North Dakotans received colonoscopies; 130 were uninsured and the other 45 had major medical plans with no colorectal cancer screening coverage. Screening results include: 68 participants had polyps removed and of those, 10 participants had polyps which have a greater propensity to develop into colorectal cancer. Currently, the average cost to treat colorectal cancer is approximately \$250,000.

#### Women's Way

- Focused on providing breast and cervical cancer screening for medically underserved, hard to reach North Dakota women, primarily ages 40 through 64.
- Partnered with local public health units, private health-care providers and volunteers to provide breast and cervical cancer screening and diagnostic education and



The Community Health Section's programs focus on the promotion of health and the prevention of illness and disease.



Since September 1997, the *Women's Way* program has screened more than 11,900 North Dakota women for breast and cervical cancer. The screenings detected breast cancer in 227 women and cervical conditions requiring treatment in 288 women.

- services to eligible women in every North Dakota county and on every reservation.
- Screened more than 11,900 women for breast and cervical cancer since September 1997, and have detected breast cancer in 227 women and cervical conditions requiring treatment in 288 women.
- Implemented a Patient Navigation Program at an IHS clinic, resulting in patient navigation services for 29 women and 76 percent (22 women) were eligible for and received *Women's Way* services.
- Partnered with First Lady Mikey Hoeven on an adherence project. Clients due for screening received a letter from the First Lady encouraging them to get screened. The letter motivated 81 *Women's Way* clients to obtain screening.
- Partnered with DMS Health Technologies, Fargo, and Trinity Medical Group, Minot, to bring a mobile mammography unit to rural areas without access to mammograms, resulting in 132 women receiving a mammogram.
- Conducted a recruitment initiative where current *Women's Way* clients referred friends to the program, resulting in 175 new clients.
- Collaborated with state Medicaid to pay for breast and cervical cancer treatment for 244 uninsured clients since the Medicaid-*Women's Way* Treatment Program was implemented.
- Helped sponsor four women's health summits through the North Dakotans Partnering for Women's Health Committee. Approximately 500 women attended each summit.

- Continued to enhance partnerships with organizations such as Healthy North Dakota, the American Cancer Society, North Dakota Affiliate of Susan G. Komen for the Cure, BlueCross BlueShield, the North Dakota Medical Association, North Dakota Statewide Cancer Registry, Comprehensive Cancer Prevention and Control, North Dakota Cancer Coalition and others.
- Conducted evidence-based public education and projects focusing on preventing cancer.

#### **Cancer Registry**

- Achieved gold certification for data timeliness, completeness and quality.
- Responded to 41 data requests and 11 cancer cluster inquiries.
- Conducted a childhood leukemia cancer cluster study.
- Continued to enhance partnerships with medical facilities, physicians, clinics, the Comprehensive Cancer Prevention and Control Program, the Northern Plains Epidemiology Center, the North Dakota Cancer Coalition and others.

#### **Division Goals**

- Collaborate with other chronic disease programs and multi-sector partners to exchange information, augment efforts and enhance capacity for efficient use of resources to benefit North Dakota citizens.
- Continue strategies identified in the state Cancer Control Plan for Comprehensive Cancer Control.

- Sustain active partnerships in North Dakota Cancer Coalition.
- Provide breast and cervical cancer screening and diagnostic services to 3,000 *Women's Way* eligible North Dakota women annually.
- Enhance cancer prevention efforts using evidence-based strategies to motivate all North Dakota citizens to adopt healthy lifestyles.
- Ensure treatment services are provided to uninsured *Women's Way* clients diagnosed with breast or cervical cancer through Medicaid-*Women's Way* Treatment Program.
- Provide screening colonoscopies to 225 eligible North Dakotans through the state-funded Colorectal Cancer Screening Initiative.
- Maintain North American Association of Central Cancer Registries certification.

### *Division of Chronic Disease*

The Division of Chronic Disease works to improve the health and quality of life for North Dakotans who have chronic diseases by promoting healthy behaviors, supporting health-care improvement measures, developing community policies and practices, increasing disease awareness and by reducing the negative health and economic consequences of the state's number one cause of preventable disease and death - tobacco. Programs include:

- Epidemiology
- Healthy People 2010
- Heart Disease and Stroke Prevention
- Tobacco Prevention and Control

### **Accomplishments**

#### Epidemiology

- Monitored and analyzed data to assess disease prevalence, incidence and impact.
- Used performance indicators to monitor and evaluate program progress and effectiveness.
- Responded to data requests from partners and the public; distributed data via reports, fact sheets, presentations and websites.
- Assisted partners with data for research, community engagement, quality improvement and program evaluation.

#### Healthy People 2010

- Provided a framework for prevention by adopting objectives designed to identify the most significant preventable threats to health.
- Monitored state and national goals.

#### Heart Disease and Stroke Prevention Program

- Appointed program staff as the State Health Officer designee on the State Stroke System of Care Task Force, which is charged with the responsibility of providing recommendations for and assisting in the implementation of a plan to establish a statewide, coordinated, efficient system along the continuum of stroke care (prevention, assessment, transport, treatment and rehabilitation).
- Implemented the new chapter to title 23 of the North Dakota Century Code relating to hospital designation as a primary stroke center and related services offered by emer-



The Division of Chronic Disease works to improve the health and quality of life for North Dakotans who have chronic diseases such as diabetes or heart disease.



gency medical services operations. Designated two qualified hospitals as primary stroke centers and drafted the standardized stroke triage assessment tool.

- Enrolled 33 of the 42 eligible hospitals (nearly 80%) in the state stroke registry and provided grants for the registry licensing fee and database entry, stroke training and community education.
- Provided resources, materials and grants to 11 Go Red Action Grant recipients to improve the cardiovascular health of women and their families living in rural communities. Reached almost 20 percent of the state's population with heart healthy messages, actions to prevent or control heart disease and opportunities to adopt healthier lifestyle behaviors.
- Distributed stroke messages via magazines (reached more than 250,000 readers), newspapers, posters, radio and printed materials to reach the elderly and the general public.
- Distributed culturally-sensitive heart disease and stroke prevention messages via tribal radio and GoodHealthTV for American Indians.

### **Tobacco Prevention and Control Program**

- Hosted Incorporating Tobacco Into Health Systems Cessation Conference.
- Utilized and distributed funding from the Centers for Disease Control and Prevention to support local tobacco control initiatives in the four American Indian tribes.

- Continued success of the North Dakota Tobacco Quitline, which provides free counseling and nicotine replacement therapy to any North Dakota tobacco user interested in quitting. During the biennium, the Quitline served more than 13,000 callers. More than 36 percent of the callers were tobacco free six months after completing the program.
- Continued to implement the surveillance and evaluation system to track progress in tobacco prevention efforts. The data is included in the *Chronic Disease in North Dakota: A Status Report of Leading Indicators* to report progress and trends in tobacco prevention efforts.
- Conducted the Youth Tobacco Survey in coordination with the Youth Risk Behavior Survey (YRBS) to assess youth tobacco attitudes and behaviors and evaluate tobacco prevention program efforts. According to the YRBS survey, the percentage of North Dakota youth who currently smoke cigarettes significantly decreased from 40.6 percent in 1999 to 22 percent in 2009.
- Continued to support “Baby and Me Tobacco Free” project with six local public health units. The program provides tobacco cessation support for pregnant women and addresses relapse prevention.
- Worked with 22 health-care systems to assist them in developing a tobacco-user identification system as recommended by the U.S. Department of Health and Human Services Public Health Service.

- Implemented North Dakota Quitnet in February 2010. It is a free, online cessation program for all North Dakota residents. The service may be used independently or in conjunction with the North Dakota Tobacco Quitline.
- Developed an awareness campaign addressing the dangers of SIDS and secondhand smoke with the Partnership for Tobacco Prevention and Cessation for Women of Reproductive Age.
- Updated the North Dakota Comprehensive Tobacco-Free Model School Policy in a partnership between the North Dakota Department of Health and the North Dakota School Board Association. After the policy was updated, the North Dakota School Board Association adopted the policy as their primary School Tobacco Policy and began promoting it to member schools statewide.
- Strengthened the Tribal Tobacco Program in North Dakota by the reformation of the Intertribal Tobacco Abuse Coalition. This includes membership from every tribe and reservation in North Dakota working together to combine resources and strengthen tribal tobacco programs locally and statewide.

### Division Goals

- Improve chronic disease prevention, early diagnosis and disease management by working with communities, health professionals and health systems in the areas of policy, quality improvement and education.
- Reduce illness, disability and death related to heart disease and stroke and related risk factors through education, policy, systems and environmental changes.
- Implement proven public health strategies as outlined in the tobacco and heart disease and stroke state plans.
- Provide grants, training, education and technical assistance to communities and health-care providers.
- Work to eliminate chronic disease disparities based on gender, gender identity, race and ethnicity, income and education, disability, rural locality, age, and sexual orientation.
- Increase the number of nontraditional chronic disease partners.
- Improve chronic disease surveillance and evaluation methods; increase epidemiology capacity.
- Collect, analyze and report data to assess chronic disease prevalence, incidence and impact, and to evaluate programs.
- Share BRFSS and Healthy People 2010 data with health department programs and statewide partners; promote use in state plans.



The percentage of North Dakota youth who smoke cigarettes has decreased significantly in recent years, from 40.6 percent in 1999 to 22 percent in 2009.

## *Division of Family Health*

The Division of Family Health administers state and federal programs designed to improve the health of North Dakota families.

Programs include:

- Abstinence-Only Education
- Behavioral Risk Factor Surveillance System (BRFSS)
- Child and Adolescent Health Services/School Nursing
- Coordinated School Health
- Cribs for Kids Program
- Early Childhood Comprehensive Systems
- Family Planning
- Fetal Alcohol Syndrome
- Maternal and Child Health/Oral Health Epidemiology
- Newborn Screening
- Optimal Pregnancy Outcome
- Oral Health
- Sudden Infant Death Syndrome (SIDS)
- Title V/Maternal and Child Health
- Women's Health

### **Accomplishments**

#### **Abstinence-Only Education Program**

- Provided funds to Make-A Sound Choice and Northern Lights SADD (Students Against Destructive Decisions) to provide abstinence educational programs.

#### **Behavioral Risk Factor Surveillance System**

- Continued the BRFSS survey, a random-digit dialing telephone survey that has tracked

health practices, health conditions and risk behaviors of adults in the U.S. and North Dakota yearly since 1984.

- Initiated “Advanced Letter Notification” to inform the randomly selected households they have been selected to participate in the survey before they receive the survey call. These letters serve as a courtesy notification and provide confirmation that the BRFSS is a legitimate survey.
- Redesigned the BRFSS website so the data is more accessible and user friendly to both technical users and the general public.
- Provided data support for a variety of programs within the department. Significant support was provided to the Comprehensive Cancer Prevention and Control Program for the revision of the North Dakota Cancer Plan and to the Title V/Maternal and Child Health Grant for completion of a statewide needs assessment.
- Provided training to staff and partners concerning BRFSS, data collection, indicators and outcomes for program evaluation and datasets.

#### **Child and Adolescent Health Services/School Nursing**

- Collaborated with the North Dakota School Nurse Organization to host a conference for school nurses, Head Start Health Coordinators and child care nurses.
- Provided consultation, technical assistance and resources to North Dakota school nurses and other health professionals in promoting

- health for children and adolescents.
- Served as child and adolescent health liaison on various disease prevention and health promotion committees.

### **Coordinated School Health (CSH) Program**

- Worked with the Department of Public Instruction (DPI) to apply for a federal CSH cooperative agreement. North Dakota was one of 22 states to receive funding.
- Provided a grant to the South East Education Cooperative (SEEC) for implementation of CSH practices and policies.
- Utilized environmental scan results of school districts within the SEEC to guide program planning implementation.
- Determined recommendations through the CSH Interagency/Community Workgroup to promote healthy lifestyles and educational success.
- Collaborated with DPI on the 2009 and 2011 Youth Risk Behavior Surveys.
- Collaborated with DPI, the Regional Education Association and the North Dakota Association for Health, Physical Education, Recreation and Dance to provide professional development to school personnel on the CSH priority areas of physical activity, nutrition, tobacco and health education.

### **Cribs for Kids Program**

- Implemented the Cribs for Kids (CFK) Program in 2010 in 14 locations throughout the state. The CFK Program is a safe-sleep education and distribution program for low-

income families to help reduce the risk of injury and death of infants due to unsafe sleep environments.

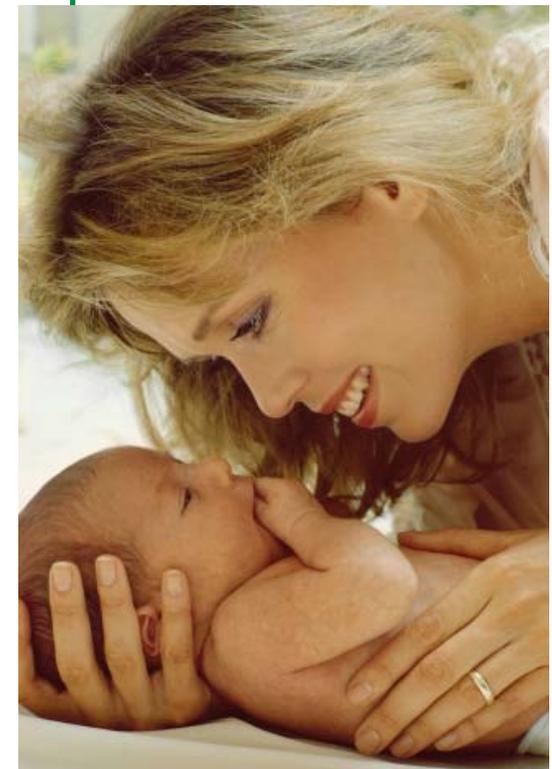
- Distributed safe sleep education and a crib kit that includes a Graco Pack n' Play, crib sheet, pacifier and a swaddle sack to about 100 families in 2010.

### **Early Childhood Comprehensive Systems**

- Continued updating and implementation of the Early Childhood Comprehensive Systems State Plan.
- Supported efforts and partnerships that support families through the *Healthy North Dakota Early Childhood Alliance (HNDECA)*.
- Developed an “Early Childhood Messaging Packet” that was used to educate a variety of audiences on the positive impact of early childhood programs.

### **Family Planning Program**

- Provided medical, education and counseling services to more than 28,000 men and women in North Dakota.
- Continued services to the Cass County Jail and to the Spirit Lake and Standing Rock reservations.
- Received a male service grant for \$39,753. Marketing materials were designed specifically to educate males on the importance of family planning services.
- Provided professional development to local family planning staff on a variety of topics including mandatory reporting laws, sexually transmitted infections, implementation of



The Division of Family Health works to ensure that every baby born in North Dakota grows up healthy and strong.



The Oral Health Program works to improve the oral health of North Dakotans through prevention and education.

new Pap guidelines, the nurse practice act/delegation, infant adoption and contraceptive updates.

- Implemented the Ahlers data system in all Family Planning Clinic sites throughout the state, thereby assuring accurate reporting of data.

#### **Fetal Alcohol Syndrome**

- Provided grant oversight of state funds to the University of North Dakota's Fetal Alcohol Syndrome Center for program activities.

#### **Newborn Screening Program**

- Continued to monitor the statewide courier service to track appropriate turnaround time from blood collection to lab results.
- Provided ongoing training and educational resources to providers/facilities throughout the state.
- Developed a North Dakota health-care facility/provider survey. Results were used to improve services and processes.
- Served as the regional educational and quality assurance coordinator for North Dakota and Iowa.
- Collaborated with the University of Iowa to provide follow-up activities to North Dakota physicians including lab results, follow-up processes and medical consultation.
- Developed a North Dakota/Iowa newborn screening newsletter featuring significant program topics.
- Mailed a memo to health-care providers educating them on changes to the newborn

screening law that occurred during the 2011 legislative session.

#### **Optimal Pregnancy Outcome Program (OPOP)**

- Served nearly 750 pregnant women.
- Developed a Client Visit Record for accurate data collection.
- Participated in the Cribs for Kids program (all OPOP sites).
- Participated in the Partnership for the Prevention and Cessation of Tobacco Use in Women of Reproductive Age.

#### **Oral Health Program**

- Executed the change of the dental hygiene supervision law that allows public health hygienists to practice under general supervision. This change was instrumental to implement the Healthy Smiles fluoride varnish and Seal! ND sealant programs in Sept. 2011.
- Awarded a three-year HRSA workforce grant in collaboration with Bismarck Ronald McDonald Charities, Bridging the Dental Gap and the State Oral Health Program.
- Worked with the Oral Health Coalition to hold a policy priority meeting and data/evaluation committee meeting.
- Surveyed the Oral Health Coalition regarding effectiveness and recruitment of new members.
- Presented national training webinar to the Association of State and Territorial Dental Directors to help other states effectively develop and utilize a communication plan.

- Completed a Basic Screening Survey for third-grade children to determine basic oral health needs.
- Received additional Centers for Disease Control and Prevention (CDC) funding as a result of exceeding program goals/objectives.
- Provided grant oversight to the state funded Donated Dental Services Program, which provides essential dental care for disabled, elderly and medically-compromised individuals who cannot afford care.
- Provided grant oversight of state funds to Ronald McDonald House Charities to plan a mobile dental-care service to provide dental treatment, prevention and education services to low-income and underserved children in the state with limited or unavailable dental services.

#### **Sudden Infant Death Syndrome**

- Provided education and information about sudden infant death syndrome (SIDS) to health-care providers, clinics, birthing hospitals, local public health units and families who suffer a SIDS death.
- Collaborated with the Tobacco Prevention and Control Program to develop an awareness campaign addressing the dangers of secondhand smoke and SIDS.

#### **Title V/Maternal and Child Health (MCH) Block Grant**

- Awarded contracts for about \$1.6 million to nearly all local public health units, four nonprofit agencies and three American Indian

- programs. The funds are used for activities such as maternal care, well-baby clinics, newborn home visits, car seat safety programs, school wellness activities, nutrition and physical activity education, injury prevention, immunizations and oral health care.
- Completed a comprehensive, statewide needs assessment of the maternal and child health population to determine 10 state priorities for the period of 2011-2015.
  - Formed an advisory committee to assist with revising the Title V/MCH funding formula.
  - Completed a statewide needs assessment to identify the counties in the state with the greatest need for evidence-based home visiting programs/services.

#### **Women's Health Program**

- Promoted National Women's Health Week.
- Provided educational resources to a variety of partners on women's health.

#### **Division Goals**

- Promote healthy lifestyle choices through education, awareness and partnerships.
- Continue to collect, analyze and report the BRFSS data.
- Provide training and technical assistance to school nurses to promote health for children and adolescents.
- Work with coordinated school health partners to provide training opportunities on best practice school health models.
- Increase the number of schools that implement a coordinated school health model.

- Expand the Cribs for Kids program.
- Implement the Early Childhood Comprehensive Systems State Plan.
- Reduce the rate of unintended pregnancies.
- Continue to provide grant oversight for state funds awarded to the University of North Dakota's Fetal Alcohol Syndrome Center for program activities.
- Continue to develop newborn screening program policies, protocols and fact sheets.
- Educate health-care professionals and the public about newborn screening.
- Increase the number of pregnant women receiving prenatal care in the first trimester.
- Continue to educate pregnant women about healthy lifestyle choices.
- Implement the school-based Healthy Smiles Fluoride Varnish and the Seal! ND programs.
- Foster partnerships to promote oral health and improve access to dental care.
- Increase awareness about the importance of preventive oral health care.
- Continue coordination of follow-up services for families who suffer SIDS deaths.
- Provide SIDS information and education to health-care providers, parents and caregivers.
- Form and strengthen partnerships with families, American Indians and underrepresented populations.
- Form and strengthen a comprehensive system of age-appropriate screening, assessment and treatment for the MCH population (i.e., Bright Futures).
- Collaborate on women's health issues and disseminate women's health information.

## *Division of Injury Prevention and Control*

The Division of Injury Prevention and Control is dedicated to reducing the frequency and severity of intentional and unintentional injuries to North Dakotans. Programs include:

- Injury/Violence Prevention
- Child Passenger Safety
- Domestic Violence/Rape Crisis
- Suicide Prevention

### **Accomplishments**

#### **Injury/Violence Prevention Program**

- Provided funding to eight domestic violence/rape crisis agencies to implement and evaluate plans for prevention of sexual violence in their communities.
- Began to implement the State Intimate Partner/Sexual Violence Prevention Plan with the goals to build capacity for funding, collect data and partner with other agencies to work on statewide prevention strategies.
- Participated in the Graduated Driver's License Task Force to pass a bill in the 2011 legislative session. The bill wasn't fully adopted, but many changes to the current license bill for minors took effect.
- Presented at statewide and national conferences and workshops.
- Distributed bicycle safety information to three agencies reaching 350 people. Provided each local public health unit with a CD that contained an inclusive Bicycle Safety Activity Kit for children.

- Distributed a new Consumer Product Safety Commission Public playground guidelines publication and a Home Playground publication to local public health.
- Chaired the North Dakota State Injury Prevention Coalition comprised of partners from other state agencies, private businesses, public health and private health care.
- Provided 27,108 stickers, 25,256 magnets, and 16 videos concerning Poison Control to 110 agencies including day cares, hospitals, clinics, public health agencies, schools and other interested parties.
- Prepared a new poison prevention brochure that was distributed statewide.
- Provided two Train-the-Trainer sessions for Poison Prevention 101 in conjunction with the North Dakota Safety Council. Each participant was provided a toolkit for doing presentations in the community and the workplace.
- Collaborated with other state agencies to provide information and expertise concerning ATV, farm, poison and playground safety and falls prevention.

### **Child Passenger Safety Program**

- Measured restraint use by children in 10 communities. Results showed restraint use by 100 percent of infants (increase from 98.7), 88.3 percent of toddlers (a decrease from 92.9), and 83.1 percent of children ages 6 through 10 (an increase from 80.1).
- Conducted seven national child passenger safety certification courses and certified 78

- child passenger safety technicians.
- Provided about 3,393 car safety seats to parents of young children through approximately 40 car seat distribution programs.
- Coordinated or assisted with 153 car safety checkups, inspecting 1,959 car seats.
- Compiled and analyzed car seat checkup data that showed five out of six car seats were used incorrectly in 2010. Of the seats checked, 87.8 percent had at least one error.
- Assisted the U.S. Consumer Product Safety Commission with 20 product recall effectiveness checks.
- Distributed child passenger safety best practice brochures statewide to agencies working with parents/caregivers of children and to law enforcement. Continued to provide child passenger safety technical assistance to certified child passenger safety technicians, professionals and caregivers.
- Assisted with planning and implementing the 2010 Injury Prevention and Control Conference.
- Created and provided educational materials for Child Passenger Safety Month. Approximately 130 partners distributed the materials to schools and gave 1,455 presentations to 51,367 children.

### **Domestic Violence/Rape Crisis Program**

- Funded three centers for safe visitation with and exchange of children in cases of domestic violence, child abuse, sexual assault or stalking.
- Provided state and federal funds to twenty-



The Child Passenger Safety Program works to educate parents about the importance of making sure their children always ride buckled up.

- one domestic violence/rape crisis agencies serving victims of domestic violence, sexual assault and stalking.
- Distributed STOP Violence Against Women funds to law enforcement, judicial, victim-service and other agencies that provide services to victims of violence.
  - Collaborated to update model law enforcement domestic violence policies.
  - Collaborated to complete the North Dakota Model Law Enforcement Sexual Assault Policy.
  - Provided legal assistance to victims seeking to access the protection order process.
  - Awarded \$812,000 in STOP Violence Against Women Recovery Act Funds and projects completed in April 2011.

#### **Suicide Prevention Program**

- Collaborated with Mental Health America of North Dakota in order for the Suicide Prevention Coalition to utilize their non-profit status as a mechanism to receive funding.
- Completed three-year, \$1.2 million Garrett Lee Smith Youth Suicide Prevention Program; established community-based programs in six areas of the state with high rates of youth suicide, including two rural and four tribal projects. Additional state funding was provided to supplement the federal proposed projects.
- Provided state funding to four other agencies to provide prevention training in one tribal and three non-tribal areas of the state.

- Developed suicide prevention public awareness TV and radio campaigns that ran twice statewide, including the tribal areas in 2011.
- Developed suicide prevention brochures and posters as part of the awareness campaign and distributed them statewide.

#### **Division Goals**

- Continue working to reduce childhood injuries and deaths.
- Collaborate with state partners, the CDC and others to increase program planning and evaluation to address sexual violence.
- Continue working to reduce domestic violence, sexual assault and stalking crimes through grants, trainings and partnerships.
- Collaborate with Suicide Prevention Coalition and local grantees to reduce suicides through prevention and early intervention efforts.
- Coordinate a statewide injury prevention conference every other year.

## *Division of Nutrition and Physical Activity*

The Division of Nutrition and Physical Activity (NPA) supports growth and development; prevents overweight and obesity; and prevents and controls diabetes through programs designed to improve healthful eating and physical activity. The vision of NPA is for all North Dakotans to be physically active, eat healthy foods, and live in communities that support those behaviors. Programs include:

- Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- Maternal and Child Health Nutrition
- Healthy Communities
- Diabetes Prevention and Control
- Epidemiology
- Healthy People 2020

### **Accomplishments**

#### **Special Supplemental Nutrition Program for Women, Infants and Children (WIC)**

- Provided healthy food, nutrition education, breastfeeding support and referrals to more than 41,000 women, infants and children.
- Tested and released multiple builds to WICnet, including upgrading the database from SQL Server 2000 to SQL Server 2008, fixing over 100 system defects and making several enhancements to the system functionality. Also tested over 25 reports, including the approval of approximately 10 new reports going into production.

- Provided training to the Local Vendor Coordinators on their annual vendor duties, such as training, monitoring, renewing contracts, managing price surveys and handling new store applications.
- Implemented new food packages for all WIC participants that included adding fresh fruits and vegetables, whole grains and baby food fruits and vegetables and other changes and revisions. This project took over two years to complete and included researching and approving foods, developing materials for staff and participants, updating WICnet, revising policies and procedures, and training staff.
- Used the WIC annual participant survey to assess participant satisfaction with services, share any concerns with the new food packages and solicit ideas for nutrition education.
- Developed nutrition education cards, based on input from local agency staff, focusing on the topics of healthy childhood weight, juice, low-fat milk, whole grains, starting cereal and other baby foods, postpartum nutrition, feeding toddlers, picky eaters and healthy snacks.
- Continued to promote and support breastfeeding as the optimal method for feeding children by offering the Grow and Glow breastfeeding training for WIC staff, supporting staff participation in the state-wide biennial breastfeeding conference, offering training and technical support to the three breastfeeding peer counseling sites, leading the HND Breastfeeding Committee



The Division of Nutrition and Physical Activity emphasizes the importance of eating healthy and being physically active.

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(statewide breastfeeding coalition) and working with the Healthy Communities Program on the breastfeeding in the workplace statewide initiative.

- Added a new fruits and vegetable buying tips section to the monthly participant newsletter, “Pick-WIC Paper,” which continues to be popular with WIC families.
- Ensured program quality by developing staff professional capacity through trainings offered in a variety of program areas like the new food packages, nutrition risk codes, vendor management, breastfeeding promotion and support, and *WICnet*.
- Prepared for WIC Electronic Benefit Transfer (mandated by 2020 for all states) by preparing an EBT planning grant application which was funded \$370,500 for 30 months by the U.S. Department of Agriculture.

#### **Maternal and Child Health Nutrition**

- Participated as a core team member in the MCH Title V Block grant needs assessment planning process and development of performance measures for the next five years.
- Collaborated in the collection of BMI and nutrition data from N.D. third graders in the Oral Health Basic Screening Survey.
- Developed the Healthy Eating and Physical Activity resolution for NDPHA and submitted to NDPHA the request for nutrition to be reinstated as an official section of NDPHA. Both were approved.
- Supported local public health nutritionists in addressing healthier school environments,

servicing on breastfeeding coalitions and promoting physical activity with Head Start, and child care.

#### **Healthy Communities**

- Provided technical assistance and training to 13 Moving More, Eating Smarter community coalitions to support activities related to healthy eating and active living.
- Provided technical assistance and training to state and local partners on effective obesity prevention strategies, with a focus on policy and environmental change strategies.
- Established the Infant-Friendly Worksites Designation Program, recognizing businesses that have established breastfeeding support policies.
- Promoted breastfeeding in the workplace through television and online ads, print materials, and displaying and presenting at various conferences.
- Developed a breastfeeding website to share information with the public and partners.
- Trained child care consultants and providers about increasing physical activity in child care settings.
- Promoted physical activity in child care settings through television and online ads.

#### **Diabetes Prevention and Control Program**

- Transitioned the partnership with BlueCross BlueShield of North Dakota from the North Dakota Diabetes Care Provider Report to a MediQHome system.

- Provided technical assistance and consultation to the Dakota Diabetes Coalition in addressing diabetes prevention, access and technology. Helped the Dakota Diabetes Coalition receive and maintain its 501 (c) (3) status.
- Distributed prevention messages via magazines, newspapers, posters, television and printed materials to reach American Indians, the elderly and the general public.
- Started a partnership with the Great Plains Tribal Chairman's Health Board and the Indian Health Services to coordinate a data-sharing agreement with the tribes regarding diabetes audit data.
- Redesigned the Diabetes Prevention and Control Program and the Dakota Diabetes Coalition websites into one website that is user-friendly and can be used as a resource for state partners.

### **Epidemiology**

- Monitored and analyzed data to assess disease prevalence, incidence and impact.
- Used performance indicators to monitor and evaluate program progress and effectiveness.
- Responded to data requests from partners and the public; distributed data via reports, fact sheets, presentations and websites.
- Assisted partners with data for research, community engagement, quality improvement and program evaluation.

### **Healthy People 2020**

- Provided a framework for prevention by adopting objectives designed to identify the most significant preventable threats to health.
- Monitored state and national goals.

### **Division Goals**

#### **WIC**

- Ensure that North Dakota WIC is ready for EBT by the 2020 deadline by working with stakeholders (staff, vendors, ITD, etc.) and using the Vendor Advisory committee as a conduit to the vendor community.
- Continue to provide quality nutrition services to WIC participants by using participant-centered counseling strategies and providing state-developed nutrition education materials.
- Continue to provide vendors information on food product changes and WIC eligibility.
- Continue to work with the Healthy Communities Program on the North Dakota Department of Health's breastfeeding in the workplace initiative, as well as promoting the federal and state laws related to breastfeeding.
- Continue to support the WIC breastfeeding peer counseling program.
- Continue to help address obesity prevention through personalized nutrition education and counseling and referrals to appropriate health-care providers for additional services as needed.

### **Diabetes**

- Increase the number of patients being served by MediQHome and the number of providers participating in MediQHome to improve the quality of care for those living with diabetes.
- Develop and maintain a comprehensive diabetes surveillance and evaluation system that includes the identification of disparities, is accessible to partners, supports comprehensive data analysis, results in strategic interpretation and dissemination of findings, addresses programmatic goals and objectives and is utilized for planning, implementing and evaluating Diabetes Prevention and Control Program activities.

### **All**

- Address increasing childhood obesity rates by encouraging physical activity and healthy eating habits, encouraging physical activity and education in schools and child care settings, promoting and supporting breastfeeding, and promoting fruits and vegetables.
- Continue to provide resources, information, and training to NPA Program partners to build their capacity to provide quality education, information and services.
- Continue to work with the Healthy North Dakota Breastfeeding Committee to disseminate breastfeeding promotion and support information throughout the state, provide technical assistance to local breastfeeding coalitions and promote the infant-friendly worksite designation program and explore

ways to address other breastfeeding promotion and support issues.

- Participate in Healthy North Dakota committees (including breastfeeding, coordinating, healthy eating/physical activity and early childhood) and other appropriate coalitions and task forces to ensure nutrition and physical activity issues are represented.
- Ensure the NPA coalitions, committees, etc., have broad and diverse representation among the members.
- Support work toward achieving the MCH national goals of increasing the percentage of mothers who breastfeed their infants at hospital discharge and increasing the percentage of healthy-weight adults.
- Encourage healthier communities by collaborating with health-care providers, public health, tribes and non-traditional partners to implement local policies and environmental change to improve nutrition, increase physical activity and reduce chronic diseases.
- Monitor nutrition, physical activity and weight data, and assess need for additional data sources.

# Emergency Preparedness and Response Section

The Emergency Preparedness and Response Section is responsible for the planning and coordination of the public health and medical response to daily emergencies as well as large-scale disasters.

The section consists of the following:

- Emergency Medical Services and Trauma
- Hospital Preparedness
- Public Health Preparedness

## Division of Emergency Medical Services and Trauma

The Division of Emergency Medical Services and Trauma is the lead agency for North Dakota's emergency medical services (EMS) system. The division conducts the following activities:

- Annually licenses 134 ground- and six air-ambulance services that meet standards for service availability, equipment and training.
- Updates and maintains training, testing, certification and licensure programs for First Responder, EMS basic and advanced life support personnel, including emergency medical technicians and paramedics.
- Administers an EMS grant program of \$600,000 (\$470,000 starting July 1, 2011) per year for training ambulance service personnel.
- Administers a grant for "access-critical" ambulance services to assist with staffing.
- Implements and maintains a statewide trauma system.

- Provides technical assistance to EMS services regarding patient care, system design, administration and operation issues.
- Maintains data system with about 20,000 EMS certification and licensure records.
- Maintains ambulance run-report data system that adds about 65,000 records per year.
- Provides critical incident stress debriefing services to EMS, law enforcement and fire personnel engaged in EMS.
- Coordinates and maintains Emergency Medical Services for Children Program.
- Inspects and licenses EMS training institutions.
- Approves continuing education curricula.

## Accomplishments

- Trained, tested and certified about 1,550 new personnel and 3,300 existing personnel. Courses included first responder, emergency medical technician, emergency medical technician – intermediate and paramedic.
- Provided licensing and inspection services for 141 ambulance services.
- Conducted distance learning through a videotape-based library system that provides continuing education material to 250 sites.
- Provided 34 critical incident stress debriefings to EMS personnel; conducted training for 366 EMS providers in healthy stress-coping techniques.
- Maintained a trauma system that designates 43 trauma centers, develops trauma transport plans, maintains a trauma registry, and trains EMS and trauma center personnel.



The Division of Emergency Medical Services and Trauma provides training for the state's emergency medical responders.

- Conducted emergency medical services for children programs that advocate specialized training and recommend equipment for pediatric emergency care.
- Awarded a total of \$1.25 million in staffing grants to 38 rural ambulance services helping to ensure continuous availability to respond to medical and traumatic emergencies.
- Administered and assisted in the implementation of the Rural EMS Improvement Project throughout the state ending June 30, 2011.
- Provided guidance and education to EMS Instructors throughout the state to adapt to new EMS Education Standards.

### **Goals**

- Maintain or strengthen EMS in rural North Dakota through policymaking, technical assistance and grant opportunities.
- Improve rural EMS with a grant to develop access-critical services that supplement staffing. Strategies include:
  - \* Implementation of new grant-dispersal policies that focus on the most vulnerable ambulance services.
  - \* Revision of licensure requirements to facilitate regionalization of EMS services.
  - \* Development of quick-response units to replace struggling ambulance services, when appropriate.
- Carry out the recommendations of the Rural EMS Improvement Project.
- Promulgate administrative rules based on statutory changes made in the 2011 legislative session and other rules as needed.

- Offer guidance and assistance to those ambulance services who are dramatically affected by oil exploration and development.

### *Division of Hospital Preparedness*

The Division of Hospital Preparedness facilitates emergency planning activities with hospitals, long-term care facilities, emergency medical services and clinics. Through contracts with the North Dakota Healthcare Association and the North Dakota Long Term Care Association, the division encourages and assists medical facilities to develop and exercise emergency response plans and to integrate response with the NDDoH's emergency operations center.

### **Accomplishments**

- Developed hospital evacuation and shelter-in-place plans.
- Integrated long-term care facilities into Hospital Preparedness Program activities.
- Sponsored and coordinated Health and Medical Emergency Preparedness Conference.

### **Goals**

- Strengthen facility capacity for management of mass fatalities.
- Strengthen response partnership through education and training on specific response resources and capabilities.

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## *Division of Public Health Preparedness*

The Division of Public Health Preparedness coordinates emergency preparedness and planning activities with local public health units and tribal nations. Through a partnership and contractual relationship, the division establishes systems that enhance the ability of public health to respond to emergencies in a manner that protects and restores the health of North Dakotans.

### **Accomplishments**

- Coordinated public health response to 2010 and 2011 spring floods, including establishment of medical shelters.
- Successfully implemented Department Operations Center communications and activity during response.
- Acquired and implemented patient transportation assets and electronic vehicle staging system.
- Established 100 percent rating for Strategic National Stockpile program.
- Acquired mobile clinic capacities in state medical cache.
- Established and exercised primary receiving, staging and storing site for mass prophylaxis and countermeasure distribution.

### **Goals**

- Establish plans and acquire resources for state medical shelters and pre-hospital staging areas.
- Maintain secure state medical cache.
- Maintain essential public health and medical emergency response and recovery infrastructure.
- Continue development and enhancement of mass prophylaxis and countermeasure distribution and dispensing operations.



The Emergency Preparedness and Response Section conducts exercises with partners across the state in an effort to ensure North Dakotans are protected during a public health emergency, including an influenza pandemic.

# Medical Services Section

The goal of the Medical Services Section is to prevent disease and disability in North Dakota. The section is responsible for disease prevention, surveillance and identification, as well as epidemiologic investigation and forensic examinations.

The section includes the following:

- Disease Control
- State Epidemiologist
- Forensic Examiner

## Division of Disease Control

The Division of Disease Control identifies and analyzes disease trends and implements appropriate intervention activities to reduce illness and death. The division also acts as a resource for health-care providers and the public regarding public health issues and often works with the media to provide timely public education. Programs include:

- Epidemiology and Surveillance
- HIV/AIDS/Ryan White
- Immunization
- Sexually Transmitted Diseases and Hepatitis
- Tuberculosis

Health-care providers and laboratories statewide notify the division of mandated reportable diseases. During the biennium, division personnel collected information about or conducted investigations into about 13,800 cases of reportable conditions. In addition, division personnel work closely with private

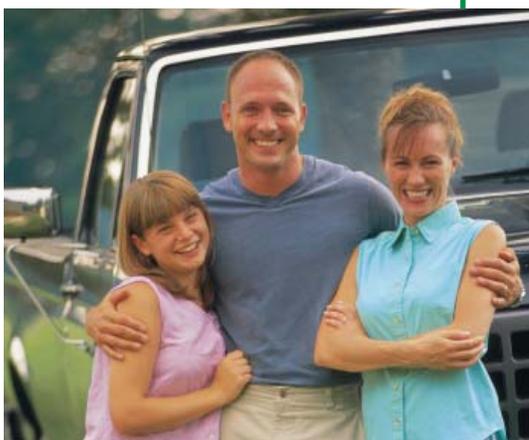
health-care providers and facilities, local public health units, and the public to reduce the incidence of communicable diseases and help ensure the health of North Dakotans.

## Epidemiology and Surveillance Program

The Epidemiology and Surveillance Program works to strengthen collaboration between epidemiology, laboratory and health information system practices through the CDC Epidemiology and Laboratory Capacity Grant. The goal of this program is to increase disease surveillance and response, build epidemiology, laboratory and health information systems infrastructure, provide training and education, and improve disease reporting systems.

## Accomplishments

- Conducted enhanced surveillance and responded to the 2009 H1N1 influenza pandemic, including the follow-up of more than 3,250 reported cases during the 2009-2010 influenza season.
- Participated in Influenza Incidence Surveillance Project to determine the incidence of medically attended influenza-like illness, as well as the incidence of influenza and other respiratory virus pathogens.
- Participated in a multi-state collaboration for evaluating a distributed model for influenza-like illness surveillance.
- Participated in multi-state investigation regarding Native American/Alaskan Native increased mortality with 2009 H1N1 influenza virus and the investigation was pub-



The Medical Services Section works to safeguard all North Dakotans by reducing illness and death caused by infectious diseases.

lished in the CDC's Morbidity and Mortality Weekly Report. The outcome of this publication was the addition of Native Americans and Alaskan Natives on the list of groups at increased risk for severe influenza.

- Investigated and responded to a rabid dog in a North Dakota animal shelter in collaboration with the Minnesota Department of Health and the CDC and the investigation was published in CDC's Morbidity and Mortality Weekly Report.
- Facilitated surveillance of flood-related illnesses, injuries and deaths.
- Implemented new electronic disease surveillance system called MAVEN.
- Completed migration of historical reportable disease condition data into new electronic disease surveillance system.
- Developed tickborne disease website.
- Collaborated with the North Dakota Game and Fish Department, University of North Dakota, and North Dakota State University to conduct statewide tick surveillance that identified areas in the state with endemic populations of the deer tick (tick that transmits Lyme Disease and other tickborne pathogens).
- Collaborated with the Minnesota Department of Health, Wisconsin Department of Health and the CDC to investigate human infections with a newly identified Ehrlichiosis muris-like pathogen transmitted by ticks.
- Developed tribal-specific public service announcements concerning rabies exposure and risk and about food safety.

- Collaborated with the North Dakota State University Veterinary Diagnostic Laboratory on testing of equine and avian samples for West Nile virus.
- Developed a Healthcare-Associated Infections website.
- Completed the North Dakota Healthcare-Associated Infections prevention plan and manual.
- Hosted Healthcare-Associated Infection trainings and developed educational materials.
- Developed case definitions for Carbapenem Resistant *Enterobacteriaceae* (CRE) and implemented a surveillance protocol.
- Assisted a long-term care facility in the state with a point prevalence survey for Carbapenem Resistant *Enterobacteriaceae* (CRE).
- Revised the North Dakota Department of Health's mandatory reportable conditions list and created updated morbidity report cards.
- Coordinated with the Division of Food and Lodging and Division of Laboratory Services to host a foodborne outbreak investigation training for epidemiologists, laboratorians and environmental health inspectors.
- Collaborated with the CDC on two multistate outbreaks of Salmonella in Italian-style meats and eggs.

#### **HIV/AIDS/Ryan White Programs**

##### ***HIV/AIDS Prevention Program***

The mission of the HIV/AIDS Program is to reduce and prevent transmission of HIV and to reduce the associated illnesses and deaths of



The NDDoH encourages North Dakotans to take precautions to avoid contracting West Nile virus.

HIV-infected people. HIV prevention services are conducted at 30 contractual sites, including local public health units, substance abuse treatment centers, college/university student health centers, family planning clinics, a homeless clinic and Community Action Agencies. The services include HIV testing, pre- and post-test risk-reduction counseling, partner notification, referrals, education and prevention case management.

### **Accomplishments**

- Completed annual *Comprehensive HIV Prevention Plan* in collaboration with the North Dakota Community Planning Group.
- Continued to implement a quality assurance (QA) program for the 30 state-funded HIV counseling and testing sites. Compliance with written protocols, record keeping, specimen collection and handling, appropriateness of services and referrals, and staff training and education are reviewed. To date, 19 sites have received a QA assessment and are doing an excellent job.
- Accomplished a 98 percent rate of HIV results given at counseling and testing sites.
- Conducted a retreat for HIV positive individuals that focused on increasing health knowledge and improving quality of life utilizing a whole health approach.
- Provided HIV education and awareness at the Fargo and Bismarck Pride Fests.

### ***HIV/AIDS Surveillance Program***

The HIV/AIDS Surveillance Program monitors the incidence and prevalence of HIV/AIDS in North Dakota residents through active disease surveillance activities. North Dakota statute has mandated HIV and AIDS reporting since 1984. The data collected through surveillance activities assists in the planning of HIV policy and resource allocation.

North Dakota continues to have one of the lowest incidence and prevalence of HIV/AIDS in the United States. From 1984 through June 30, 2011, 510 infections have been reported in the state.

### **Accomplishments**

- Updated the Epidemiological Profile for HIV.
- Updated the policies and procedures manual.
- Began using Maven for HIV case related data.

### ***Ryan White CARE Act Part B Program***

The Ryan White Program assists eligible low-income HIV-positive North Dakota residents in accessing and maintaining health care and supportive services. Services available include case management, financial assistance to obtain HIV medications and primary medical services. As of June 30, 2011, there were 105 clients receiving services through the Ryan White program.

### **Accomplishments**

- Administered a Ryan White client satisfaction survey to all clients.

- Conducted client audits on all Ryan White clients to ensure the program is compliant with the federal rule of being “the payer of last resort.”
- Developed a tiered formulary for the AIDS drug assistance program.
- Updated the quality management plan.
- Incorporated the Ryan White comprehensive plan with the *Comprehensive HIV Prevention Plan*.
- Received award for innovation in program during the poster session at the All Titles Conference in Washington, D.C. for *Optimizing Existing Programs through Client Audits*.

### **Immunization Program**

The Immunization Program works to ensure that children and adults are protected against vaccine-preventable diseases. Program staff investigate cases of vaccine-preventable diseases, provide education to providers and the public, monitor immunization rates, manage the federal Vaccines For Children (VFC) program and maintain the North Dakota Immunization Information System (NDIIS).

The National Immunization Survey (NIS) estimates that 77.6 percent of North Dakota children ages 19 to 35 months were up-to-date on their immunizations (DTaP, polio, MMR, *haemophilus influenzae* type B, hepatitis B, chickenpox, and pneumococcal) in 2010. The goal for Healthy People 2020 is 80 percent.

The NIS estimates that 83 percent of North Dakota adolescents were up-to-date on tetanus, diphtheria, and pertussis (Tdap)

vaccine, 77 percent for meningococcal vaccine, and only 26 percent of girls were up-to-date for human papillomavirus (HPV) vaccine in 2010. The goal for Healthy People 2020 is 80 percent for each vaccine.

### **Accomplishments**

- Collaborated with BlueCross BlueShield of North Dakota, the University of North Dakota and local public health units to bill insurance for vaccinations.
- Worked to integrate the North Dakota Immunization Information System (NDIIS) and electronic medical records.
- Utilized the media and coalitions to educate about the importance of childhood immunizations.
- Implemented upgrades to the NDIIS, including adding forecasting and reminder/recall for immunizations.
- Held a statewide immunization conference in 2010 with more than 300 providers in attendance.
- Implemented the new 13-valent pneumococcal vaccine.
- Conducted site visits at 70 percent of enrolled providers in the state.
- Investigated the first case of measles in the state since 1987.
- Coordinated the North Dakota Immunization Advisory Committee.
- Responded to a national shortage of *Haemophilus influenzae* type B vaccine.
- Provided tetanus-containing vaccines to uninsured and underinsured adults in response



The Immunization Program works to ensure that children receive lifesaving vaccinations.

[www.ndhealth.gov/knowyourrisk](http://www.ndhealth.gov/knowyourrisk)



The department's HIV/AIDS, STD and Viral Hepatitis programs provide services designed to reduce and prevent the transmission of STDs and to reduce illnesses and deaths of North Dakotans infected with STDs.

to flooding.

- Coordinated the H1N1 influenza vaccination effort during the 2009-2010 pandemic, including distribution of vaccine, provider and public education and promotion.
- Assisted in the response to flooding in the Red River Valley, Minot and Bismarck/Mandan, including staffing a hotline to respond to questions about tetanus and providing tetanus-containing vaccine to uninsured and underinsured adults.
- Presented at national conferences, including the National Immunization Conference, Association of Immunization Managers Conference, American Immunization Registry Association Regional Forum and the American Public Health Association Conference.

### **STD Program**

The goal of the Sexually Transmitted Disease (STD) Program is to prevent and control the spread of sexually acquired infections. Staff members provide education, partner notification, and referral for screening and clinical services. Program staff provide technical assistance and issue guidance regarding prevention, testing and treatment of STDs.

### **Accomplishments**

- Continued to provide free chlamydia, gonorrhea and syphilis medication for infected people and their partners unable to pay.
- Provided free examinations, testing and counseling in six North Dakota cities for chlamydia, gonorrhea and syphilis to patients

who are at risk and unable to pay.

- Followed-up or investigated nearly 5,000 cases of chlamydia, gonorrhea and syphilis.
- Screened more than 33,000 females and 7,000 males for chlamydia and gonorrhea.
- Established expedited partner therapy to improve services and access to treatment.
- Performed data quality control of STD data in the electronic disease surveillance system.
- Developed a new educational STD brochure for statewide distribution.

### **Viral Hepatitis Program**

The goal of the Viral Hepatitis Program is to reduce and prevent the transmission of viral hepatitis and associated illnesses, including cirrhosis and liver cancer. Eleven sites are contracted to provide testing, counseling, referrals, vaccinations and education.

### **Accomplishments**

- Updated the Viral Hepatitis Epidemiology Profile.
- Coordinated educational campaigns for American Indians, veterans and the public.
- Provided hepatitis counseling training for HIV/hepatitis C counselors.
- Performed data quality control of the electronic disease surveillance system.

### **Tuberculosis Program**

The Tuberculosis (TB) Program works to prevent, control and eliminate TB in North Dakota. Program activities include identifying and reporting all cases of active TB, ensuring

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completion of treatment, identifying and screening all people who have had contact with infectious cases of TB and offering laboratory services.

TB continues to be a labor intensive program requiring long term, directly observed therapy for active disease and close monitoring of preventive therapy. In addition, cases tend to occur in populations that present challenges which include substance abuse, homelessness and language barriers. Drug resistant TB also remains a concern.

TB continues to be a disease of low incidence in the state, with seven cases being the average annual number of reported cases between 2006 and 2010.

### **Accomplishments**

- Continued to hold TB advisory board meeting twice a year.
- Completed the final draft of the TB elimination plan and TB outbreak plan.
- Investigated a cluster of TB in northeastern North Dakota and one case of drug-resistant TB.
- Worked with 2011 legislature to update the TB control statute.

### **Division Goals**

- Develop a new HIV state plan in coordination with federal guidelines.
- Identify more avenues to utilize rapid HIV testing in high-risk populations.
- Continue to increase HIV education and awareness in North Dakota.

- Increase partner follow-up of HIV-positive individuals.
- Develop a medication adherence plan for Ryan White Program clients.
- Continue conducting biennial client audits to continue to ensure the Ryan White Program is “the payer of last resort.”
- Ensure all Ryan White Program clients that do not have insurance, Medicaid or Medicare apply for the pre-existing condition insurance plan.
- Increase immunization rate for children 19 months to 35 months to 90 percent.
- Increase immunization rates for adolescents to 90 percent for Tdap, meningococcal and HPV.
- Collaborate with stakeholders and connect the NDIIS to electronic medical records throughout the state.
- Connect the NDIIS to CDC’s new online vaccine ordering system, VTrcks.
- Ensure accountability for vaccines supplied through the federal VFC program.
- Develop strategic plan for Viral Hepatitis Program.
- Ensure data quality in electronic disease surveillance system.
- Conduct quality assurance site visits for TB programs at local public health units.
- Conduct an annual training and educational meeting for TB nurses.
- Coordinate and participate in the HIV/TB/STD/Hepatitis Symposium.
- Promote rapid treatment of diagnosed cases of STDs.

- Ensure rapid notification of partners for syphilis and gonorrhea.
- Provide health-care providers with accurate, updated information regarding the diagnosis, treatment and management of STDs.

### *State Epidemiologist*

The state epidemiologist coordinates epidemiological studies, investigations and surveillance activities; conducts data analysis; and provides technical expertise and consultation. Additional responsibilities include collaborating on disease surveillance, control, prevention and health intervention activities and providing information to health-care providers, community organizations and the media.

### **Accomplishments**

- Co-authored rabies outbreak, H1N1 among American Indians, and West Nile virus articles for *Morbidity Mortality Weekly Report*.
- Co-authored West Nile virus article in *Public Health Reports*.
- Co-authored Cipro-resistant meningitis article in *New England Journal of Medicine*.
- Presented at Council of State and Territorial Epidemiologist's conference on increased influenza risks among N.D. American Indians.
- Provided several poster presentations at various conferences.
- Served as Region VIII director, National Association of Vector-Borne Disease Control Officials.
- Collaborated with two state universities to

conduct tick surveillance, which documented the tick that transmits Lyme disease is well established in northeastern North Dakota.

- Participated in continued injury and illness surveillance during statewide flooding.
- Collaborated with partners to assess injuries and illnesses related to energy development.
- Conducted multiple educational programs, news conferences and issued several news releases before, during and after the 2009 H1N1 influenza pandemic.

### **Goals**

- Increase the number of national, local and private laboratories reporting electronically.
- Improve epidemiological assistance to Indian Health Service (IHS), tribal health clinics and Great Plains Tribal Health Board.
- Evaluate electronic reporting to identify areas of improvement.
- Increase surveillance for occupational health related data.
- Provide epidemiological consultation to Department of Health personnel, private providers, and the public.

## State Forensic Examiner

The role of the state forensic examiner is to provide medical examiner services to county coroners and law enforcement officials in the investigation of sudden and unexpected deaths in North Dakota.

Once a case has been referred to the state forensic examiner, the body is brought to Bismarck for an autopsy. Services provided include autopsy or examination of the body, photographic documentation, toxicology analysis, collection of evidence, follow-up with investigating agencies, certification of cause and manner of death, and court testimony as needed.

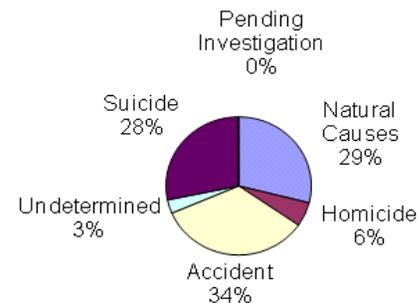
### Accomplishments

- Accepted 598 cases during the biennium (an increase of 9% over previous biennium); performed autopsies and examinations.
- Provided education statewide to law enforcement officers, county coroners and other agencies involved in death investigations.
- Participated in the North Dakota Child Fatality Review Panel, the Mass Fatalities Incident Response Course and the National Disaster Medical System.
- Received referrals of cases from all geographical areas of the state, with local county coroners responding very favorably to availability of forensic examiner services.
- Worked toward an expanded role for the state forensic examiner in a statewide death investigation system that includes centralized reporting of all suspicious and violent deaths.

### Goals

- Pursue adequate system to handle the significantly increasing caseload.
- Continue to provide educational activities including periodic statewide seminars for county coroners, law enforcement officers and other officials involved with death investigations.
- Continue to perform duties and to provide vital information to county coroners, law enforcement personnel, public health officials and families of the deceased in an effective, timely and courteous manner.
- Continue to participate in planning and preparedness for mass fatality events.
- Achieve certification by national accrediting organization.

**Coroner Referrals (598)  
2009-2011 Biennium  
Manner of Death**



# Health Resources Section

The Health Resources Section consists of the divisions of Health Facilities, Food and Lodging and Life Safety and Construction. The section works to promote quality care and services for the people of North Dakota by:

- Licensing inpatient and outpatient health-care facilities, basic-care facilities, home-health agencies and hospice programs.
- Licensing and inspecting restaurants, bars, lodging facilities, mobile-home parks, campgrounds, bed-and-breakfast facilities, retail food stores, meat markets, bakeries, and assisted-living facilities (food services and building safety).
- Licensing and inspecting tanning and body art establishments and electrologists.
- Conducting certification surveys of all facilities and programs that provide service to people eligible for the federal Medicare and Medicaid programs; certification is voluntary but required for the provider to receive payment through Medicare and Medicaid.
- Certifying clinical laboratories that test human body substances for medical purposes.
- Administering alternative health-care projects program and nurse aide training and competency evaluation programs and registry.
- Conducting onsite inspections of new construction and remodeling in health-care facilities licensed by the Division of Health Facilities.



The Division of Health Facilities conducts surveys of nursing homes to ensure the safety and health of residents.

## Division of Health Facilities

The Division of Health Facilities strives to ensure that North Dakota's inpatient care facilities and outpatient programs and staff provide services consistent with generally accepted practice and meet applicable health-care standards.

The division licenses the following:

- General acute, primary care and specialized hospitals – 50
- Nursing facilities – 84
- Home-health agencies – 27
- Hospice programs – 15
- Basic-care facilities – 67

The division certifies the following:

- Long-term care nursing facilities – 84
- Hospitals, including swing beds and general acute services – 32 critical access hospitals; one psychiatric hospital and two transplant hospitals
- Intermediate-care facilities for the mentally retarded – 67
- Home-health agencies – 21
- Hospice programs – 14
- Rural health clinics – 58
- State-surveyed clinical laboratories – 61
- Ambulatory surgical centers – 12
- End-stage renal dialysis units – 16
- Portable X-ray units – 1
- Comprehensive outpatient rehabilitation facility – 1
- Psychiatric residential treatment facilities – 6

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Staff members conduct periodic surveys to determine compliance with state licensure requirements and federal certification Conditions of Participation or Conditions of Coverage contained in Title XVIII (Medicare), Title XIX (Medicaid) and the Clinical Laboratory Improvement Amendments of the Social Security Act. In addition, the division is responsible for investigating quality-of-care complaints.

The licensure and certification surveys are conducted by surveyors who represent a wide range of professional disciplines, including clinical laboratory scientists, licensed social workers, licensed registered dietitians, registered nurses, physical therapists, speech therapists and qualified developmental disabilities professionals.

The division approves nurse aide training and competency evaluation of 56 programs plus 15 medication assistant training programs consistent with state licensing rules and/or federal certification requirements for long-term care facilities. The department's nurse aide registry maintains a record of individuals who successfully complete an approved competency evaluation.

### **Accomplishments**

- Continued to convene quarterly meetings of the Long Term Care Advisory Committee, which consists of representatives from the long-term care community and other stakeholders.
- Conducted several workshops in conjunction

with the state's provider associations. The workshops focused on care-related services identified through the survey process.

- Maintained state approval for 33 paid feeding assistant programs to assist with nourishment and hydration of dependent long-term care residents.
- Developed and implemented an online nurse aide registry that allows name and address changes and online renewals.
- Maintained website to house program-specific information accessible by the public.

### **Goals**

- Maintain the average survey interval of 12 months or less for long-term care facilities.
- Address complaints in a manner consistent with federal and state guidelines.
- Ensure that new surveyors receive adequate training to pass the national Surveyor Minimum Qualifications Test on the first attempt.
- Certify critical access hospitals as permitted by the federal Rural Hospital Flexibility Act.
- Promote consistency in the survey process.
- Train all long-term survey staff to use the quality indicator survey (QIS) process. The QIS process incorporates the use of computer software to standardize and increase the consistency of the survey process for all long-term care facilities.
- Transition the nurse aide registry and billing system to the Department of Health.

## *Division of Food and Lodging*

The Division of Food and Lodging is responsible for protecting public health through licensing and inspection of 578 restaurants, 397 bars and limited restaurants, 479 lodging facilities, 578 mobile-home parks and campgrounds, 67 bed-and-breakfast facilities, 586 retail food stores, 48 meat markets, 23 bakeries, 64 assisted-living facilities, five tattoo/body art facilities, 112 tanning facilities, and 19 electrologists. Inspection procedures ensure that these licensed establishments meet both sanitation and certain fire/life safety standards before opening to the public and while in operation.

Under an agreement with the Department of Human Services, staff members also license and inspect 23 preschools and day-care centers that prepare food. In addition, staff members license and inspect 70 schools and migrant food-service sites through an agreement with the Department of Public Instruction. The division provides educational courses in safe food handling, reviews plans for new establishments and extensive remodeling projects, and helps investigate possible foodborne illness outbreaks.

The division serves as the U.S. Food and Drug Administration's liaison in the state on issues related to manufactured food, adulterated and misbranded food, and food recalls.



The Division of Food and Lodging protects the public's health by inspecting restaurants to ensure the food is cooked and handled properly.

## **Accomplishments**

- Conducted more than 6,557 inspections of licensed facilities.
- Continued standardization of local public health inspectors.
- Drafted administrative rule changes for the state food code, assisted living facilities and bed and breakfasts.
- Stayed current in plan reviews and pre-operational inspections with the heavy, increased workload affiliated with new food and lodging facilities in oil country.

## **Goals**

- Update memorandums of understanding with local public health units.
- Continue to standardize local public health unit inspector procedures.
- Continue exploring the possibility of posting inspection results for various facilities on department website.
- Finalize rule adoption for changes to the state food code, assisted living facilities and bed and breakfast facilities.

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## *Division of Life Safety and Construction*

The focus of the Division of Life Safety & Construction is to protect and safeguard the citizens of North Dakota by ensuring a safe environment for the elderly and disabled living in institutional settings.

Several types of health-care facilities are required to meet specific construction and Life Safety Code (fire safety) requirements in order to be licensed and participate in the Medicare/Medicaid programs. Life Safety Code surveys are done in the following types of facilities: nursing facilities, hospitals, critical access hospitals, basic care facilities, ambulatory surgical centers, end stage renal dialysis units and intermediate care facilities for the intellectually disabled.

The division also reviews construction plans and specifications for licensed health-care facilities for compliance with licensing and construction standards. Construction inspections are conducted to verify compliance with these standards. Additions, remodeling and installations in nursing facilities, hospitals, critical access hospitals and basic care facilities require review and approval.

### **Accomplishments**

- Created the Division of Life Safety and Construction. The Life Safety Code Program, which was previously located within the Division of Health Facilities, was moved to this new division.
- Created the construction inspection program after approval and funding from the 2009 legislature.
- Hired and trained staff to complete the work of the division.

### **Goals**

- Continue working to solidify the structure of the division
- Work to improve the delivery of services to our customers (Centers for Medicare and Medicaid Services, health-care providers, architects, engineers, contractors and the public).



The Division of Life Safety and Construction helps to ensure a safe environment for the elderly and disabled living in institutional settings.

# Special Populations Section



The Division of Children's Special Health Services provides services for children with special health-care needs and their families.

The Special Populations Section works to improve access to medical services for individuals and families in North Dakota through (1) assistance to help pay for evaluation and treatment of children with special health-care needs and for support of their families; (2) assessment of inequities in health status and utilization and support of programs that strive to eliminate health disparities; and (3) assistance to communities to plan and sustain high-quality health-care systems, especially in underserved areas.

The section consists of the following:

- Division of Children's Special Health Services
- Primary Care Office
- Office for the Elimination of Health Disparities

## *Division of Children's Special Health Services*

The Division of Children's Special Health Services (CSHS) provides services for children with special health-care needs and their families and promotes family-centered, community-based, coordinated services and systems of health care. Programs include:

- Specialty Care Diagnostic and Treatment Program
- Multidisciplinary Clinics
- Metabolic Food Program
- Russell-Silver Syndrome Program
- Care Coordination Program

- Information Resource Center
- Children with Special Health Care Needs Service System
- State Systems Development Initiative

## **Accomplishments**

### **Specialty Care Diagnostic and Treatment Program**

- Assisted more than 300 families each year to pay for medical services for their eligible children, helping to ensure early diagnosis and access to specialty care.
- Administered a special program for children with Russell-Silver Syndrome.
- Continued to collaborate with the North Dakota Medicaid Program in the development of the new Medicaid Management Information System.
- Revised and updated the CSHS eligibility and claims procedures manual.

### **Multidisciplinary Clinics**

- Supported multidisciplinary clinics coordinating management of chronic health conditions for about 1,100 children each year.
- Disseminated an annual clinic directory to about 2,000 providers across the state.
- Incorporated use of "Ages and Stages" questionnaires in cleft lip and palate clinics to enhance monitoring of young children's physical, social and emotional development.

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### **Metabolic Food**

- Provided metabolic food and low-protein modified food products for about 25 individuals who have phenylketonuria (PKU) and maple syrup urine disease (MSUD).
- Provided informational support to policymakers and Medicaid staff regarding coverage of disease-specific formula (medical food) for individuals with inborn errors of metabolism.

### **Care Coordination**

- Provided technical assistance and training to local staff to enhance delivery of CSHS programs.
- Funded care coordination services through medical home pilot practices serving children and youth with special health-care needs.

### **Information Resource Center**

- Completed review of the information resource center to ensure materials provided are current and of good quality.
- Provided funding to Family Voices of North Dakota to support health information and education center activities.
- Developed and disseminated three condition-specific resource booklets.
- Provided requested health information that linked families to needed services and resources through a variety of strategies (e.g., outreach mailings, toll-free number, e-mail, website, Facebook, etc.).

### **Children with Special Health Care Needs Service System**

- Continued partnering with the North Dakota Center for Persons with Disabilities (NDCPD) to implement early hearing detection and intervention grants.
- Participated on more than 30 committees advocating for a community-based system of services for families, children and youth with special health-care needs.
- Partnered with the NDCPD on Integrated Services grant activities focusing on medical home, healthy transition and family partnerships.
- Added a module to the early hearing detection and intervention web-based information system that enables physicians to access infant hearing test results.
- Enhanced family partnerships by supporting a CSHS Family Advisory Council, family leadership training opportunities, and development of a family support network.

### **State Systems Development Initiative**

- Developed and disseminated the following reports: North Dakota Birth Defects Monitoring System Summary Report 2001-2005, North Dakota Five-Year Needs Assessment (2011-2015) for the Maternal and Child Health Services Title V Block Grant Program, and North Dakota Five-Year Needs Assessment (2011-2015) for the Maternal and Child Health Services Title V Block Grant Program Executive Summary.



The Primary Care Office manages loan repayment programs that help place physicians, dentists and other health-care providers into North Dakota communities.

- Maintained the North Dakota Birth Defects Monitoring System.
- Helped conduct a comprehensive Title V needs assessment and planning process for the maternal and child health population.

### **Division Goals**

- Provide direct services to 2,000 children each year.
- Continue eligibility and claims payment for children enrolled in the Specialty Care Diagnostic and Treatment Program while transitioning to the new Medicaid Management Information System.
- Expand multidisciplinary clinic services available within the state.
- Work with partners to expand coverage of disease-specific formula and low-protein modified food products for individuals with inborn errors of metabolism.
- Collaborate with partners to promote availability of health benefits counseling services for children and youth with special health-care needs.
- Enhance daily operations of the Information Resource Center by using electronic outreach and information dissemination.
- Support initiatives that lead to a community-based system of services for children with special health-care needs. Focus areas include screening, medical home, family partnership and satisfaction, adequate insurance, community-based service systems, and transition.

- Disseminate results of a comprehensive five-year needs assessment and actively engage partners in collaborative work efforts to improve the health of North Dakota's maternal and child population.
- Continue monitoring health status of the maternal and child health population.

### *Primary Care Office*

The Primary Care Office is responsible for providing technical assistance and administrative support to communities to help maintain local health-care infrastructures.

Duties include:

- Designating workforce-shortage areas.
- Managing dental, physician, advanced-practice nursing and veterinary loan repayment programs.
- Managing the J-1 Visa Waiver program for foreign medical graduates.
- Promoting the development of Federally Qualified Community Health Centers.
- Partnering with the UND School of Medicine and Health Sciences (Center for Rural Health) to administer the National Health Service Conference in North Dakota.
- Serving on the North Dakota Oral Health Coalition and Health Disparities Committee to improve access to oral health services and reduce health disparities.

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## Accomplishments

- Placed five physicians, four midlevel practitioners, six dentists and six veterinarians in North Dakota communities through the dental, physician, advanced-practice nursing and veterinarian loan repayment programs.
- Placed 20 foreign medical doctors in areas of need through the J-1 Visa Waiver program.
- Continued support of Federally Qualified Community Health Centers serving 11 North Dakota communities.

## Goals

- Place six dentists, eight physicians, eight midlevel practitioners, six veterinarians and 10 foreign physicians in areas of need.
- Award four dentists with grants to practice in underserved areas.
- Designate six dental shortage areas.
- Conduct six community meetings for the development of Federally Qualified Community Health Centers.
- Serve on health policy committees.
- Develop two Community Health Centers.

## *Office for the Elimination of Health Disparities*

The Office for the Elimination of Health Disparities was established in July 2007, with a mission to provide leadership to raise the awareness of and to eliminate health disparities affecting North Dakota citizens. The vision of the office is health equity for all North Dakotans. In order to fulfill its mission, the office works to address quality care in health status, utilization or access due to structural, financial, personal and cultural barriers.

## Accomplishments

- Expanded membership of the Health Disparities Committee.
- Expanded the network of stakeholders to include partnerships with tribal, state, federal, and local health agencies; the Great Plains Tribal Chairmen's Health Board; Northern Plains Tribal Epidemiology Center; Office of Minority Health, Region VIII Office; and the Migrant Services Network.
- Increased the online library holdings.
- Developed website located at [www.ndhealth.gov/oehd](http://www.ndhealth.gov/oehd).
- Sponsored two North Dakota Tribal Forums on Health Disparities in partnership with tribal leaders, and state and federal agencies.
- Expanded partnerships with tribal diabetes, emergency preparedness and dental programs.

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### Goals

- Increase awareness of health disparities.
  - Strengthen leadership at the community, local and state levels for addressing health disparities.
  - Improve coordination and utilization of evidence-based promising practices with evaluation.
  - Seek permanent funding for the Office for Elimination of Health Disparities.
- Expand partnerships to include private medical providers, migrant services and tribal programs.
  - Strengthen health care through collaboration and coordination of culturally-appropriate and integrated programs; addressing the changing health needs of tribes, rural residents and the elderly; and ensuring the development of programs.



The vision of the Office for the Elimination of Health Disparities is to achieve health equity for all people.

# Environmental Health Section

To safeguard North Dakota's air, land and water resources, the Environmental Health Section's five divisions work with federal agencies (e.g., Environmental Protection Agency, Department of Agriculture, Centers for Disease Control and Prevention, Nuclear Regulatory Commission, and Food and Drug Administration), special interest groups, local governments, health-care providers, veterinarians and the citizens of the state.

Staff members deal with issues that affect the comfort, health, safety and well-being of all North Dakota citizens and their environment. Compliance with state and federal environmental laws is accomplished through permitting, inspecting, sampling, analytical services and monitoring activities. Laboratory services ensure a rapid response to public health threats.

An important section goal is to maintain delegation of all federal environmental programs for North Dakota and to ensure that the regulated community complies with state environmental statutes.

The Environmental Health Section consists of the following divisions:

- Air Quality
- Waste Management
- Municipal Facilities
- Water Quality
- Laboratory Services

Division activities are coordinated by the section chief's office. Employees oversee quality assurance procedures; help coordinate public information efforts; assist with staff training; and coordinate computer and data

management activities, emergency response efforts and funding requests.

The section supports local responders, the department's Emergency Preparedness and Response Section and the Department of Emergency Services during initial response to environmental incidents. The section customarily takes the lead role in post-emergency environmental clean-up activities.

The section chief's office coordinates the annual state/EPA agreement, which defines the scope of environmental program responsibilities and commitments.

An assistant attorney general assigned to the section chief's office provides legal counsel to the section and assistance with enforcement procedures regarding violations of state environmental laws. During the biennium, this involved resolving violations of air, water pollution, hazardous waste and solid waste management statutes and rules.

The section encourages public participation through opportunities for public comment, public hearings and the establishment of ad hoc task forces and advisory groups.



The Environmental Health Section protects the public's health by safeguarding the quality of North Dakota's air, land and water resources.

## *Division of Air Quality*

The Division of Air Quality consists of two major programs responsible for protecting the state's air quality resources and for ensuring control of radiation. Staff scientists, meteorologists, engineers and technicians also provide technical assistance during environmental emergencies.

### **Air Pollution Control Program**

The Air Pollution Control Program is responsible for protecting and fostering the state's air quality resources. The program promotes clean air activities and initiates enforcement actions to correct air pollution problems.

Program staff members' primary responsibilities include evaluating permit applications, conducting computer modeling of potential impacts to air quality, issuing permits that restrict emission levels to ensure that standards are met, inspecting facilities to ensure compliance, investigating air pollution complaints, and operating a statewide ambient air quality monitoring network.

### **Radiation Control and Indoor Air Quality Program**

The Radiation Control and Indoor Air Quality Program performs two major functions: (1) monitoring the development and use of ionizing and nonionizing radiation sources to protect the health and safety of North Dakotans and the environment and (2) evaluating and mitigating asbestos, radon, lead and other

indoor air quality concerns, as well as implementing a public awareness and education program concerning these health risks.

### **Accomplishments**

- Maintained attainment status for all state and national Ambient Air Quality Standards.
- Worked to ensure that North Dakota meets all federal ambient air quality standards during the 2009-2011 biennium, one of only 10 states to do so.
- Evaluated 128 applications for Permits to Construct to determine effects on air quality, including ethanol plants, grain elevators, natural gas processing facilities and compressor stations.
- Responded to and assisted in the mitigation of environmental and public health emergencies involving industrial mishaps, flood evacuations and medical supply distribution.
- Distributed environmental information to the public and provided education and outreach on a variety of environmental issues by holding public information meetings, scheduling discussion sessions with local public health units, and participating in college and other agency seminars.
- Finalized the State Implementation Plan for Regional Haze.
- Updated Radiological Health Rules to reflect the latest technology used in the state and adopted the Nuclear Regulatory Commission rules by reference.
- Implemented medical X-ray operator training requirements for nonregistered technologists.



North Dakota is one of only 10 states that met all federal ambient air quality standards during the 2009-2011 biennium.

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## Division Goals

- Maintain delegation and responsibility for federally mandated programs.
- Further define and develop radiological emergency response capabilities.
- Continue education and outreach activities to keep the public informed about environmental issues specific to air and radiation.
- Provide cross training to staff to improve versatility and job satisfaction and to provide an effective public response.
- Continue to respond to indoor air quality concerns by direct intervention and assistance to local public health personnel.
- Coordinate training programs to improve radiation technology education for facilities that offer such services to the public.
- Develop staff capabilities for greenhouse gas reporting, regulation and permitting of greenhouse gas sources.
- Expand modeling capability through implementation of new air quality models and updating of input databases.
- Help state sources comply with new EPA rules.
- Enhance public outreach by providing more air quality modeling guidance and tools on the division's website.

## *Division of Waste Management*

The Division of Waste Management works to safeguard public health through programs designed for generators of solid and hazardous waste and operators of underground storage tanks. Programs include:

- Hazardous Waste Program
- Underground Storage Tank Program
- Solid Waste Program
- Abandoned Motor Vehicle Program

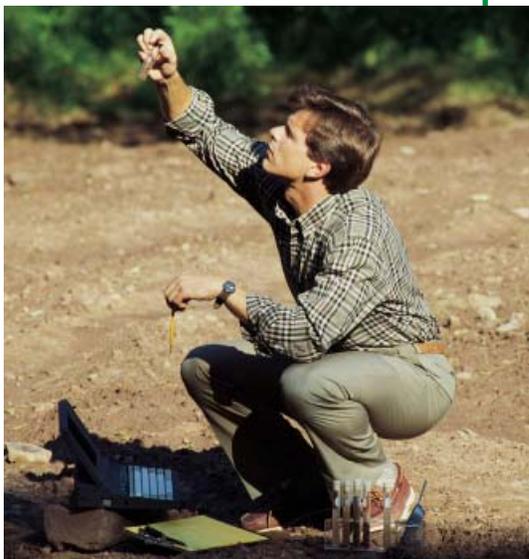
### Hazardous Waste Program

The Hazardous Waste Program regulates facilities that generate, store, treat, dispose of or transport hazardous waste. The program encourages practices that minimize or eliminate hazardous waste generation and works to ensure that hazardous waste does not adversely affect human health or the environment.

In addition to other inspections, the program conducts polychlorinated biphenyls (PCBs) inspections at facilities or sites known or suspected to have equipment containing PCBs. The program also coordinates assessments and cleanups at Brownfield sites, which are properties owned by a city, county or development organization that are underdeveloped due to actual or perceived contamination.

### **Accomplishments**

- Inspected about 80 facilities that generate or manage hazardous waste; provided compliance assistance to other similar facilities.



The Division of Waste Management responds to and assists in the cleanup of environmental contamination.

- Conducted free-of-charge compliance training for about 250 attendees at six locations.
- Conducted 31 PCB inspections; assisted businesses and tribes in investigating and managing regulated PCB waste; and promoted the management of unregulated PCB waste as regulated PCB waste.
- Conducted permitting and inspections of the regulated community of about 700 businesses that have notified the division of hazardous waste activities. These include hazardous waste generators; transporters; and treatment, storage and disposal facilities.
- Worked with five facilities to investigate and remediate contaminated soil or ground water; one facility completed corrective action.
- Responded to citizen complaints and assisted in the cleanup of environmental spills.
- Assessed eight Brownfield properties in seven communities and removed contamination at two sites in two communities. These activities were conducted at the request of a community, county or other governmental entity.

### Goals

- Continue to inspect facilities that generate or manage hazardous waste and to provide compliance assistance.
- Reissue appropriate hazardous waste permits.
- Continue to review investigation reports, proposed remedies and remediation progress at facilities conducting cleanup activities.
- Continue to conduct PCB inspections and to promote the proper handling and disposal of

- regulated and unregulated PCB waste.
- Seek additional funding for Brownfield assessment and remediation, if needed.
- Conduct training that provides a general overview of regulations and requirements and helps businesses comply with state rules.
- Maintain partnership with the regulated community to positively impact compliance.

### Underground Storage Tank Program

The Underground Storage Tank Program (UST) regulates petroleum and hazardous-substance storage tanks, establishes technical standards for the installation and operation of underground tanks, maintains a tank notification program, establishes financial responsibility requirements for tank owners, and provides for state inspection and enforcement.

UST regulations are designed to find and correct problems created by leaks and spills, prevent future leaks and spills, and ensure that owners and operators can pay to correct the problems created by leaking tank systems. Leaking USTs can cause fires or explosions that threaten human safety and can contaminate nearby soil, ground water or surface water.

The program also works with retailers and manufacturers to ensure that specifications and standards for petroleum and antifreeze are met.

### Accomplishments

- Regulated more than 900 active tank facilities for a total of 2,300 tanks. Compliance is monitored by on-site visits at least once every three years, as well as mail-in self-

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certification. Program staff observed 70 tank closures, conducted upwards of 900 on-site inspections, and investigated and monitored cleanup of more than 23 leaking UST sites.

- Conducted routine collection and analysis of 520 petroleum samples; notified petroleum retailers of analytical results, including octane and distillation end points.
- Registered all antifreeze manufacturers and 136 bulk antifreeze retailers in the state.
- Utilized Leaking Underground Storage Tank (LUST) Trust Fund money to investigate suspected UST releases and to conduct corrective actions when a release had occurred but the responsible party was recalcitrant, unable to pay or could not be identified. LUST Trust Fund money was used to provide safe drinking water to two homes and to remove petroleum vapors from the lower level of a commercial building.
- Continued outreach to tank owners about proper maintenance and operation of USTs. More than 9,400 USTs have been removed during the 20 years the UST Program has been in existence. Many of these tanks leaked or had the potential to leak.

### **Goals**

- Assist tank owners with contamination assessment/cleanup activities following upgrade and/or replacement of USTs or when leaks occur.
- Provide compliance monitoring, inspections and public outreach to inform tank owners about the proper operation of USTs (e.g.,

leak detection, spill reporting, etc.).

- Provide online owner/operator training to the tank owners to comply with the EPA guidelines regarding delivery prohibition, secondary containment and owner/operator training.
- Use LUST Trust Fund money to investigate and properly close additional abandoned UST sites throughout the state.
- Collect petroleum samples from retailers and respond to product and labeling deficiencies.
- Review antifreeze registration requests and respond to formulation and labeling deficiencies.

### **Solid Waste Program**

The Solid Waste Program regulates the collection, transportation, storage and disposal of nonhazardous solid waste. The program promotes resource recovery, waste reduction and recycling activities that preserve and enhance the quality of the state's natural resources. The program also assists individuals, businesses and communities to provide efficient, environmentally acceptable solid waste management systems and administers the state Pollution Prevention (P2) program to increase efficiency and reduce pollution at the source, rather than after it is produced.

### **Accomplishments**

- Regulated 13 municipal solid waste landfills, 26 transfer stations, three industrial waste landfills, 12 coal-combustion waste landfills, 24 coal-combustion waste impoundments, four oilfield waste treatment and disposal



The Solid Waste Program promotes recycling to help preserve the state's natural resources.

facilities, 215 inert waste landfills, six land-treatment operations and numerous compost facilities.

- Implemented nutrient management requirements to help food processing and livestock facilities manage and recycle organic waste materials.
- Worked with sugar beet plants to improve management of nutrient-rich materials so as to recover and use nutrients in a more sustainable and environmentally favorable manner.
- Approved permit for Petrocomp Oilfield Waste landfill in Bowman County that will provide treatment and disposal capacity for much of the oilfield waste in southwest North Dakota.
- Worked to upgrade the design and operation requirements and increase capacity for oilfield waste facilities in the energy development areas.
- Responded to emergencies, particularly related to debris cleanup from floods in Minot, Jamestown, Valley City, Fargo, Bismarck, Mandan and other communities.
- Conducted annual landfill operator training and certification sessions attended by solid waste professionals from around the state.
- Promoted recycling and beneficial use of construction and demolition materials, use of wood for landscaping and energy recovery, use of compost for landscaping, use of coal-combustion material for construction, and use of agricultural processing byproducts for animal feed or soil amendment.
- Conducted outreach and technical assistance regarding abandoned and dangerous buildings and emergency disaster debris.
- Worked with the Green Building Committee to investigate and provide information about ways the NDDoH can increase building efficiency and reduce energy consumption.
- Provided more than 20 training sessions about solid waste and recycling issues to local and regional groups, North Dakota Department of Transportation training sessions, regional North Dakota Local Technical Assistance Program workshops and tribal workshops.
- Worked with nonprofit organizations to develop educational materials, host workshops and partner in grant opportunities.
- Encouraged auto scrap-metal companies to adopt pollution-prevention practices.
- Initiated compliance and enforcement actions on two releases of fly ash in oilfield waste treatment activities and on issues at a municipal solid waste landfill.
- Worked to resolve issues concerning scrap-tire accumulations and stockpiles.
- Provided education concerning volume-based waste services, product stewardship, electronic waste issues and recycling; cosponsored recycling and inert-waste workshops and annual solid waste symposiums; and gave presentations concerning waste reduction, recycling, composting, disposal and waste hauling.

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## Goals

- Promote integrated waste management, including waste reduction, reuse, recycling, composting and energy recovery.
- Promote “Pay as You Throw” or volume-based waste services and fees which are perceived as more fair, and encourage waste reduction and recycling.
- Continue implementing beneficial uses of materials to help reduce the need for newly manufactured products, as well as the amount of waste in landfills.
- Promote development of effective solid waste practices and facilities, including long-term solutions for solid-waste needs.
- Evaluate and implement improvements in operation of oilfield waste processing and disposal facilities.
- Continue education efforts through training, workshops and educational materials.
- Work with counties and cities to evaluate options for abandoned and dangerous buildings, emergencies, economic development and sustainable growth.
- Work with solid-waste facilities to preserve and enhance capacity and reduce disposal.
- Continue implementation of the National Vehicle Mercury Switch Removal Program for auto recyclers and scrap-metal facilities.
- Work with new and expanding industries on sound, integrated and sustainable waste management practices.
- Evaluate and update solid waste guidance and rules regarding landfill development,

final closure and integrated waste management.

## Abandoned Motor Vehicle Program

The Abandoned Motor Vehicle Program focuses on assisting political subdivisions in the cleanup of scrap metal.

## Accomplishments

- Worked with local public health units to complete projects in Stark, Grand Forks and Emmons counties, as well as in several smaller communities.
- Completed a survey of Wells County.
- Collected and recycled about 1,000 tons of scrap metal.

## Goal

- Promote the use of Abandoned Motor Vehicle Program funds to clean up unwanted scrap and to evaluate alternative uses and management of scrap tires.

## *Division of Municipal Facilities*

The Division of Municipal Facilities administers programs that help communities, industries and citizens of North Dakota in the areas of water supply and treatment and wastewater collection and treatment: (1) the Public Water Supply Supervision Program; (2) the Drinking Water State Revolving Loan Fund Program; and (3) the Clean Water State Revolving Loan Fund Program.

### **Public Water Supply Supervision (PWSS) Program**

The PWSS Program works with the 541 public water systems in North Dakota to ensure that drinking water meets all standards established by the Safe Drinking Water Act. This is accomplished by monitoring contaminants and providing technical assistance to the systems. The program provides training for and certification of operators in charge of water treatment and distribution facilities and wastewater collection and treatment plants. There are 1,061 certified operators in the state. Program staff members also administer the state's fluoridation program and provide technical assistance to private water systems.

Four inspectors/trainers inspect 398 public water and wastewater systems to ensure that facilities comply with state and federal public health standards. Program activities contribute to the proper operation and maintenance of these facilities.



The Division of Municipal Facilities helps to ensure safe drinking water through a variety of programs and activities.

### **Drinking Water State Revolving Loan Fund (DWSRF)**

The DWSRF Program provides low-interest loans to help public water systems finance the infrastructure needed to comply with the Safe Drinking Water Act. Eligible borrowers can obtain financing to construct water treatment works at below-market interest rates. Through June 30, 2011, loans totaling about \$286 million have been approved to assist North Dakota water systems. Program staff members also review about 150 drinking water projects each year to ensure compliance with state design criteria before construction.

### **Clean Water State Revolving Loan Fund (CWSRF)**

The CWSRF Program provides low-interest loans to fund conventional wastewater and nonpoint source pollution control needs. Eligible borrowers can obtain financing to build wastewater treatment works at below-market interest rates. Through June 30, 2011, loans totaling about \$312 million have been approved to assist North Dakota wastewater systems. Program staff members also review about 150 projects each year to ensure compliance with state design criteria before construction.

### **Accomplishments**

- Complied with all major federal program requirements and maintained federal delegation responsibilities for EPA programs.
- Maintained a community water system

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compliance rate of 96 percent with health-based standards under the Safe Drinking Water Act; this rate is among the highest in the region and the nation.

- Issued loans totaling about \$598 million through the Drinking Water and Clean Water State Revolving Loan Fund programs to North Dakota communities through June 30, 2011, for addressing drinking water and wastewater compliance and infrastructure needs.
- Obligated successfully all funds available to North Dakota's CWSRF and DWSRF Programs for drinking water/wastewater infrastructure improvement projects through the American Recovery and Reinvestment Act of 2009 (29 projects totaling about 37 million).

### **Goals**

- Maintain state delegation and responsibility for the PWSS, DWSF and CWSRF Programs.
- Maintain or increase community water system compliance with health-based standards under the Safe Drinking Water Act.
- Continue to assist North Dakota communities in addressing drinking water and wastewater compliance and infrastructure improvement needs through the DWSRF and CWSRF programs

### ***Division of Water Quality***

The main statute providing water quality protection is the federal Clean Water Act of 1972, which has resulted in many water quality improvements. Even before the federal act, North Dakota had its own law to protect water

quality – the North Dakota Water Pollution Control Act of 1967. The NDDoH monitors lakes, reservoirs, rivers, streams and wetlands, helping to ensure that the water stays clean for people today and in the future.

Polluted water may carry diseases that cause illness and increase health-care costs. Contaminated water costs more to treat and is less appealing for recreational uses. In addition, polluted water affects the plants and animals that depend upon it.

Water quality has improved since passage of the Clean Water Act in 1972, but much remains to be done to achieve the goal of restoring and maintaining the quality of the state's and nation's waters.

### **Water Quality Standards**

Water quality standards establish the beneficial uses of the state's water and assign numeric criteria for chemical concentrations necessary to achieve those uses. The standards provide guidance to the North Dakota Pollutant Discharge Elimination System Program and set goals for the Nonpoint Source Pollution Management Program and the Section 303(d) Total Maximum Daily Load Program.

The Clean Water Act requires that the standards be reviewed and, if necessary, revised every three years to meet the needs of the state and to incorporate the latest scientific information. EPA has provided guidance for the review process, which is under consideration by the NDDoH.



The Division of Water Quality protects the public's health and the environment by monitoring the state's lakes, streams and rivers.

### **Special Project: Devils Lake**

The NDDoH is the lead agency for monitoring water quality and providing technical information in the Devils Lake basin. Monitoring consists of seven sites in the basin's chain of lakes. The NDDoH also conducts special studies as needed. Implementation of the Devils Lake Water Management Plan is necessary to achieve long-term flooding solutions.

The NDDoH provides technical assistance for protection and maintenance of water distribution and wastewater treatment systems and provides regulatory oversight for threatened fuel storage areas, potential hazardous materials sites and other environmental threats.

The NDDoH implemented an emergency rule changing the sulfate limit from 450 to 750 milligrams per liter in the river from its headwaters to 0.1 mile downstream from Baldhill Dam. This change was incorporated to the Standards of Quality for Waters of the State in January 2011. An outlet from East Devils Lake to the Sheyenne River is being built and will be operational during the spring of 2012. The NDDoH will provide estimates of downstream water quality and potential effects to beneficial uses of the water.

### **Pollutant Discharge Elimination System (NDPDES) Permit Program**

Point source pollution comes from a specific source, like the end of a pipe. Environmental regulations in the last 30 years have resulted in a significant reduction in pollution from major point sources like municipal and

industrial wastewater treatment facilities.

Since 1975, the program has issued about 500 wastewater discharge permits (25 percent industrial and 75 percent municipal) and 287 notices of intent for coverage under the temporary discharge permit. Starting in 1992, permits have been required for stormwater discharges associated with large construction activities and industrial facilities. Since 2003, permits have been required for stormwater discharges from designated small municipal separate storm sewer systems (MS4s) and small construction activity.

A total of 2,002 facilities are covered by general permits for stormwater discharges; 1,594 for construction activity, 390 for industrial activity and 18 for MS4 discharges. The primary focus continues to be meeting the obligations of Phases I and II of EPA's Stormwater Rule.

Impacts to water from livestock operations are an increasing concern in North Dakota. Currently, 792 livestock facilities are approved to operate, most of which are cattle, hog and dairy facilities that are part of a farmer's total farm operation. In recent years, the number of large concentrated animal feeding operations (CAFOs) proposed in the state has increased.

With all the recent oilfield activities in the northwestern part of the state, the NDPDES Program has been actively involved with wastewater issues associated with temporary housing. The program has provided assistance/permitted more than 40 temporary housing systems (man-camps).

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## Accomplishments

- Provided assistance to communities and individuals during 2009, 2010 and 2011 spring flooding. Worked closely with Fargo, Valley City, Jamestown, Bismarck, Mandan and Minot on wastewater-related issues.
- Maintained less than 1 percent backlog of NDPDES permits.
- Issued 662 municipal and stormwater general permit renewals and 67 new permits.
- Conducted 275 stormwater inspections and five stormwater audits, six industrial pretreatment inspections, and 88 industrial and municipal wastewater compliance evaluations; processed 958 requests to discharge, including follow-up correspondence. The Discharge Monitoring Report - Quality Assurance Program reviewed 60 studies.
- Reviewed and entered data from 6,854 discharge monitoring reports.
- Issued 274 pumper licenses for 473 units through the Septic Pumper Licensing Program.
- Reissued stormwater general permits for construction and industrial activity.
- Revised industrial, mining and construction stormwater permit forms to improve compliance with permit conditions, including developing templates for stormwater pollution prevention plans and site inspection records.
- Conducted annual conferences on stormwater management, erosion and sediment-control practices, and permit requirements.
- Developed guidance for Reasonable Potential Determination and Whole Effluent Toxicity implementation document for use in determining permit limits.
- Developed guidance for enforcement penalty calculations.
- Revamped and expanded General Permit for Temporary Discharges to cover more discharges and meet the needs of the program.
- Implemented updates and improvements to data management system, monitored compliance in the NDPDES Program, including stormwater, pretreatment, majors/minors, animal feeding operations, septic pumpers, hydrostatic testing and dewatering; tracked 12,598 significant correspondences.
- Inspected 314 animal feeding operations; issued 64 “approvals to operate,” including 11 large CAFOs.
- Inspected more than 90 percent of state-permitted CAFOs annually.
- Updated and standardized NDPDES permit and fact sheet consistent with EPA; updated standardized sample-identification and sample-collection forms consistent with the Division of Laboratory Services-Chemistry.
- Provided information and presentations about stormwater permit requirements at 13 events, including workshops for homebuilders, contractors, highway department supervisors and engineers.
- Developed an information document about stormwater permitting for residential construction.
- Held 24 producer-group/public meetings; conducted 50 site visits at producers’ requests.

- Conducted ground water sampling at 30 large CAFOs and soil sampling at more than 10 CAFOs to verify permit compliance.
- Participated/presented program materials at the annual operator training and the North Dakota Water Pollution Control Conference.

### **Nonpoint Source (NPS) Pollution Management Program**

One of the main challenges to maintaining or improving the quality of the state's surface water is NPS pollution, which does not come from one point. It includes runoff from construction sites, city streets, livestock feedlots and agricultural lands. Runoff carries pollutants – including sediment, nutrients and pesticides – and deposits them in the state's waters.

### **Accomplishments**

- Maintained more than \$7 million in Section 319 financial commitments with 40 local projects to cost-share agricultural practices, provide education, deliver technical assistance to agricultural producers, design manure management systems and evaluate water quality trends or conditions.
- Provided technical assistance to develop 10 new projects seeking FY 2012 funding.
- Expended more than \$6 million in Section 319 funding to support local projects that cost share best management practices, such as manure management systems, livestock watering facilities and fencing, riparian buffers, septic systems and nutrient management.

### **Surface Water Quality Monitoring and Assessment Program**

The state's surface water resources are significant. Currently, the NDDoH recognizes 247 public lakes and reservoirs totaling 761,674 surface acres. The two largest are Lake Sakakawea and Devils Lake. There are 54,606 miles of rivers and streams in the state. Estimates of river and stream miles are based on the National Hydrography Dataset and include ephemeral, intermittent and perennial rivers and streams. In addition, the state contains about 2.5 million acres of wetlands, the majority of which are located in what is commonly called the Prairie Pothole Region.

### **Total Maximum Daily Load (TMDL)**

Section 303(d) of the Clean Water Act requires pollution-reduction targets to be developed for surface waters considered water-quality limited and requires load allocations, waste load allocations and TMDLs. Typically, surface waters not meeting their designated beneficial uses are included on the TMDL list.

Regional TMDL/watershed liaison staff work with local stakeholders to develop water quality assessments and TMDLs based on the Section 303(d) list of impaired waters. Regional staff provide technical assistance to local soil conservation districts and water resource boards, assist in the development of nonpoint source pollution management projects, provide technical expertise to local stakeholder groups and assist with youth and adult information/education events.

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## Accomplishments

- Maintained a network of 34 monitoring sites on 19 rivers to assess trends and to describe the general chemical character of the state's major river basins; cooperated with the U.S. Geological Survey in maintaining seven of the 34 sites.
- Facilitated the formation of the North Dakota Water Quality Monitoring Council, made up of water quality researchers, scientists, engineers and managers from federal, state, university, local government and private organizations. The Council's mission is "to promote and facilitate collaboration for effective collection, analysis and sharing of water quality data."
- Completed a comprehensive biological assessment of the Red River mainstem, including sampling macro-invertebrates and fish at 54 sites. Data will be combined with other available data and used to develop a report describing the current ecological condition of the Red River in the U.S. and, to the extent possible, identifying major stressors affecting these aquatic communities.
- Monitored water quality in Devils Lake four times a year and maintained monitoring program on Lake Sakakawea. In conjunction with the North Dakota Game and Fish Department, the NDDoH sampled Lake Sakakawea weekly during the open-water period to assess the lake and provide estimates of its cold-water habitat.
- Participated in the U.S. EPA-sponsored National Wetlands Condition Assessment. Working with researchers at North Dakota State University, 53 wetland sites were sampled in 2011. Results will be used to assess the overall condition of wetlands in the U.S. and in North Dakota.
- Sampled 15 lakes and reservoirs each year as part of the Lake Water Quality Assessment Project. These data and the water quality assessment which will be derived from these data will be used to support: (1) Section 305(b) reporting; (2) Section 303(d) listing and de-listing decisions; (3) water quality standard development; and (4) fisheries management.
- Submitted the *2010 Integrated Section 305(b) Water Quality Assessment Report and Section 303(d) List of Waters Needing Total Maximum Daily Loads*, which summarizes the state's water quality conditions and fulfills CWA reporting requirements by providing a list of impaired waterbodies needing TMDLs.
- Received EPA approval for 35 TMDLs, including one nutrient TMDL for Fordville Dam, two dissolved oxygen TMDLs, and 32 bacteria TMDLs for rivers and streams.
- Worked with local stakeholders on TMDL projects and watershed assessments for Homme Dam, Braddock Dam/Long Lake Creek, Brush Lake/Crooked Lake/Turtle Creek, the upper Sheyenne River, Danzig Dam/Hailstone Creek, Harmon Lake and the upper James River.



North Dakota contains 247 recognized lakes and reservoirs totaling 761,674 surface acres.

### **Ground Water Program**

North Dakota's ground water protection programs are designed to control potential sources of contamination and to restore ground water impacted by contaminants. The degree to which contamination incidents are investigated or remediated depends upon the contaminant, its impact on the beneficial use of the resource and the risk to the public or the environment.

### **Wellhead and Source Water Protection Programs**

The Source Water Protection Program serves as an umbrella of protection efforts for all public water systems, including ground water- and surface water-dependent systems. The Wellhead Protection Program continues for ground water-dependent systems. The Source Water Protection Program for surface water-dependent systems involves (1) the delineation of protection areas along rivers or reservoirs and (2) an inventory of potential contaminant sources within the protection areas. These programs help the NDDoH define the susceptibility of public water systems to potential contaminant sources.

### **Accomplishments**

- Maintained 100 percent compliance with Source Water Protection/Wellhead Protection Program requirements.
- Continued to work with consultants and oilfield-related issues regarding wellhead protection areas and placement of activities and projects.

- Eliminated Safe Drinking Water Act violations for several water systems through hydrogeologic investigations and studies.
- Conducted meetings with community water systems to develop proactive approaches for safeguarding drinking water supplies. Worked in conjunction with North Dakota Rural Water in public outreach and meetings.
- Educated community water systems about zoning issues and the impacts of new facilities within wellhead protection areas.
- Provided new wellhead delineations and updated reports for water systems that installed new wells or plugged existing wells.

### **Underground Injection Control Program**

The Underground Injection Control (UIC) Program helps prevent contamination of underground sources of drinking water by injection wells (e.g., domestic waste, industrial wastewater or motor vehicle waste disposal).

The five classes of underground injection wells are defined according to the types of fluid they inject and where the fluid is injected. The Division of Water Quality regulates Class I and Class V underground injection wells.

### **Accomplishments**

- Conducted inspections at two facilities that inject waste into Class I injection wells.
- Conducted about 40 inspections at facilities located in high-risk areas such as wellhead protection areas and other sensitive areas.

- Increased oversight in the northwestern part of the state due to the increase in oilfield activities.
- Obtained closure of several high-risk wells located in wellhead protection areas or other sensitive ground water areas.
- Conducted public outreach to UIC well owners and other state agencies concerning new rule requirements.
- Continued to work with licensed sewer and water contractors concerning Class V wells.

### **Ambient Ground Water Monitoring Program**

The maintenance of a baseline description of ground water quality is an essential element of any statewide, comprehensive ground water protection program. In recent years, concern for the quality of the environment and drinking water has increased as many states have experienced ground water contamination from a variety of point and nonpoint sources of pollution. The goal of the Ambient Ground Water Monitoring Program is to assess the quality of North Dakota's ground water resources with regard to agricultural chemical contamination.

Several glacial drift aquifers have been monitored since 1992. Fifty aquifers considered most vulnerable to contamination are included in the program. Conducting the monitoring on five-year cycles, preferably using most of the same wells for sampling, provides a temporal assessment of agricultural chemical occurrence in specific aquifers.

### **Accomplishments**

- Sampled about 350 wells in 29 aquifers for trace metals, general water chemistry parameters, nitrates and pesticides; summarized all collected data in annual reports.
- Continued working with the State Water Commission, area irrigators and producers to mitigate the nitrate contamination in the Karlsruhe aquifer.

### **Spill Reporting/Emergency Response/Environmental Investigation and Cleanup**

Any spill or discharge of waste that may pollute the state's water must be reported immediately. Some releases may require immediate response by trained personnel; others may require investigation beyond initial cleanup to determine the full environmental impact.

### **Accomplishments**

- Responded to many spills and releases as a result of the large increase in oilfield activity within the state. Spills resulted from pipeline breaks, vehicle accidents, reserve pit overflows and materials-handling mishaps.
- Worked with the Safe Drinking Water Program to investigate the occurrence of an agricultural herbicide in a municipal water system; conducted soil and well sampling and provided advice concerning the issue.
- Evaluated impacts during statewide flooding events, including release of oil and drilling fluids resulting from flooding of the Little Missouri River.



The NDDoH works to ensure that North Dakota's water stays clean for people today and in the future.

- Worked with livestock producers to locate new facilities in areas with minimal risk to ground water and to upgrade waste-handling systems at existing facilities.
- Continued working with EPA, the local rural water district and rural residents on the Arsenic Trioxide Superfund site in southeastern North Dakota; provided safe drinking water to several communities through the Southeast Water Users District system; sampled private wells to evaluate arsenic concentrations.

### **Division Goals**

- Provide necessary and increasing oversight on pipeline breaks, tanker truck rollovers, and numerous miscellaneous oil and saltwater spills in the oil patch of western North Dakota.
- Maintain state funding for Nonpoint Source pollution projects.
- Continue to use a watershed approach in all monitoring, assessment and control programs.
- Provide education about the public's impact on water quality; increase awareness of local and state efforts to provide the quality of water necessary to meet all beneficial uses, such as drinking, fishing and swimming.
- Increase educational outreach to building contractors regarding stormwater issues.
- Continue dialogue with local zoning authorities on issues such as water quality and odors related to large CAFOs.
- Continue monitoring mercury and other contaminants in fish to ensure protection of

special populations such as children and pregnant women when consuming fish caught in the state.

- Expand monitoring for pesticides in surface and ground water to ensure that drinking water supplies are not contaminated and that they stay safe for North Dakota residents.
- Continue to complete TMDLs consistent with EPA's expected schedule.
- Continue to improve the biological monitoring program for rivers and streams by selecting and sampling additional reference sites.
- Increase monitoring of emerging contaminants, such as pharmaceuticals and personal care products in water.

### *Division of Laboratory Services*

The Division of Laboratory Services has two principal programs: Chemistry and Microbiology.

#### **Chemistry**

The chemistry laboratory provides analytical chemistry data to environmental protection, public health, agricultural and petroleum regulatory programs in the state. The laboratory also maintains a certification program for North Dakota laboratories that provide environmental testing services.

The NDDoH's environmental protection programs use laboratory data to monitor and/or regulate air quality; solid and hazardous waste; municipal wastewater; agricultural runoff; surface, ground and drinking water

quality; petroleum products; and other media of environmental or public health concern. The Department of Agriculture uses data to regulate livestock feed, pet foods, and agricultural and home-use fertilizers.

The laboratory consists of six analytical sections and one certification section. The analytical sections include:

- **Demands Lab:** Performs biochemical oxygen demand, total suspended solids and pH tests; provides analytical data used to determine compliance with permit requirements of municipal and industrial wastewater discharges.
- **Feed and Fertilizer Lab:** Provides analytical data to the Department of Agriculture; tests agriculture feeds and fertilizers, pet foods, and lawn and garden fertilizers to determine compliance with labeling.
- **Mineral Lab:** Tests matrices such as water and soil for major cation and anion parameters or general chemical quality. Typical analyses include sulfates, fluoride, chloride, chemical oxygen demand, nitrate, sodium, ammonia and total Kjeldahl nitrogen.
- **Organic Lab:** Provides identification and quantification of insecticides, herbicides, volatile and semi-volatile organic compounds, polychlorinated biphenyls (PCBs) and other synthetic organic compounds in drinking, surface and ground water; soil; river and lake sediments; foliage; fish tissue; sludge; oil; landfill wastes; and samples from other environmental sources.

- **Petroleum Lab:** Tests products such as gasoline and diesel for product quality.
- **Spectroscopy (or Metals) Lab:** Identifies and quantifies metal concentrations in drinking water sources and distribution systems, surface and ground water resources, fish, hazardous and solid wastes, river and lake sediments, and other environmental media.

### Accomplishments

- Provided analytical support to help public water systems comply with federal and state drinking water rules and regulations. Almost 8,000 samples were tested for more than 36,000 analytical components, including nitrates, metals such as lead and copper, fluoride, pesticides, and volatile organic compounds such as benzene and toluene. Included in this program were:
  - Testing of drinking water systems for haloacetic acids and trihalomethanes – some of the more common byproducts of chlorination disinfection.
  - Analytical demonstration of capability tests, determinations of method detection limits and proficiency testing for renewal and maintenance of certification under the Safe Drinking Water Act.
- Continued to participate in and successfully complete several laboratory performance evaluation programs. In addition, the laboratory certifies the state's other environmental laboratories and reviews and recognizes other



The Division of Laboratory Services conducts tests to identify diseases that may threaten the public's health or chemical compounds that may threaten the state's environment.

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states' certifications programs for out-of-state laboratories that meet the requirements of North Dakota's certification program.

- Continued to provide analytical chemistry data to the State Water Commission.
- Provided water quality and sulfate testing on 1,849 samples from above and below the Devils Lake outlet.
- Continued to provide analytical support to the environmental programs within the department.
- Continued to assist the Environmental Health Section during environmental emergencies, including providing 24-hour services during major emergencies to ensure timely response. Analyses associated with emergency situations were performed on the following:
  - Samples related to major flooding in many areas
  - Several unknown white powder and suspicious substances and mail events
  - Response samples to a liquid fertilizer release in June 2010
  - Samples from possible pesticide misapplications in 2010
  - Response samples taken from a pesticide spill area
  - Water samples from an area near Columbus, site of a July 2010 fish kill
  - Samples from an oil well fire near Arnegard in March 2011
  - Response samples from oilfield-related investigations (increased significantly this biennium)

- Oil leaks near Killdeer in October 2009 and September 2010
- Oilfield brine spills in April and May 2010
- Site used by well-drilling operations to clean equipment
- Area suspected as being used for improper oilfield disposal in December 2010
- Possible inappropriate dumping from an oilfield water/brine truck in March 2010
- Continued increasing cases since April 2011

- Analyzed about 26,000 samples for about 340,810 chemistry analytes.

### Goals

- Maintain or increase laboratory efficiency and responsiveness.
- Provide continued analytical support for environmental protection, public health, agriculture and petroleum regulatory programs.
- Continue membership in performance evaluation programs; maintain current EPA laboratory certification and obtain certification for new drinking water components as they become regulated by EPA.
- Continue to develop and update the chemical all-hazards laboratory component of the state's comprehensive public health emergency preparedness and response plan.

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## **Microbiology**

The microbiology laboratory (i.e., the public health laboratory) performs testing in the areas of bacteriology, mycology, parasitology, immunology, virology, molecular diagnostics, bioterrorism response, and dairy and water bacteriology. The laboratory is responsible for providing rapid, accurate detection and identification of organisms that may threaten the public's health. Outbreak response and control is dependent upon the laboratory's continuing commitment to maintain and develop new technologies and advanced testing capabilities in advance of new and emerging organisms and biothreat agents. In addition, the laboratory provides training and consultation expertise regarding safety and testing methodologies.

## **Accomplishments**

- Received and processed 119,284 specimens resulting in 216,424 analytical tests.
- Maintained mosquito surveillance program for West Nile virus and other arboviruses.
- Updated and distributed service directory and customer satisfaction survey.
- Maintained federal testing certification for clinical specimens, dairy products and drinking water.
- Continued National Laboratory Systems grant to promote education and training on antimicrobial susceptibility testing and molecular based tuberculosis testing.
- Completed the Clinical Laboratory Improvement Amendments laboratory inspection and recertification process.
- Renewed registration of the laboratory facility to handle and store select agents. This included two on-site visits by Centers for Disease Control and Prevention select agent program inspectors, numerous upgrades to the HVAC system, and additions to policy and procedure manuals.
- Developed and implemented a clinical laboratory technician internship program. This provided a curriculum, training material and expertise in support of clinical rotations for Rasmussen College laboratory science students. Four students have participated in the intensive four-week training and education program.
- Instituted a molecular respiratory virus panel assay capable of detecting 12 different respiratory viruses simultaneously from a single sample.
- Implemented a statewide courier system to transport clinical laboratory specimens from a network of hospitals/clinics/public health units to the Division of Laboratory Services-Microbiology on a daily basis. This network has reduced shipping costs, reduced specimen transport times, provided more timely lab analysis and served in times of urgent need for rapid specimen/supply transport.
- Instituted HL7-based electronic reporting from the Division of Laboratory Services-Microbiology LIMS to the Ahlers system, which supports public health and family planning facilities. This process reports electronic laboratory results in real time to 21 local public health and family planning

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facilities, which import the electronic laboratory report data directly into their electronic medical records systems.

- Enhanced biosafety and security systems to improve system performance in meeting new select agent requirements.
- Reported, via HL7 message, 10,924 reportable condition results electronically to the Division of Disease Control's Maven system.
- Added capacity for testing for seasonal and novel influenza viruses.
- Submitted a total of 376 bacterial DNA fingerprint patterns to the Centers for Disease Control and Prevention's national PulseNet database to assist in nationwide, foodborne outbreak disease detection efforts.
- Responded to multiple foodborne outbreaks.
- Provided bacterial water testing and support during flood and flood recovery efforts.
- Laid the framework for cooperative agreements with border states for continuation of operations during emergencies. A border-state courier specimen exchange and a proficiency round-robin exercise were coordinated by the Division of Laboratory Services-Microbiology to test its intrastate continuance of operations plans. Multiple trainings were developed or provided through the partnership developed with the health department laboratories in South Dakota, Montana and Wyoming. These trainings included information and guidance on antimicrobial susceptibility testing, molecular diagnostics and tuberculosis educational campaigns.
- Participated in multiple exercises with the Civil Support Group.
- Continued to build strong partnerships with North Dakota LRN sentinel site laboratories to respond to disease outbreaks and bioterrorism.
- Presented information at annual North Dakota Clinical Laboratory Science meetings.
- Provided ongoing training to National Guard Civil Support Team concerning use of kits for collecting and transporting chemical or biological agent samples.
- Designed five exercises to test laboratory security, biosafety, incident response and interoperability between the Division of Laboratory Services and the National Guard Civil Support Team.
- Hosted multiple workshops on rule-out testing of biothreat agents with personnel from the state's sentinel site laboratories. The Division of Laboratory Services-Microbiology also hosted a packaging and shipping workshop and developed a new online packaging and shipping course featuring a national subject matter expert. Training and certification through this online course are provided free of charge to about 100 participants annually.
- Participated in Department Operation's Center exercises and as part of incident command during flood and influenza events.
- Responded to eight white powder and suspicious substance events.

## Goals

- Maintain or increase laboratory efficiency and responsiveness.
- Provide continued support to department staff, physicians, health-care facilities, local public health units, veterinarians, state and federal agencies, and the public.
- Continue membership in proficiency programs and maintain current certifications, including CLIA and state licensure.
- Maintain statewide courier system.
- Upgrade biosafety and security to meet new select-agent requirements.
- Continue to enhance data management systems developing electronic capabilities to improve efficiency and accuracy in laboratory test ordering and reporting with customers.

## Microbiology Testing

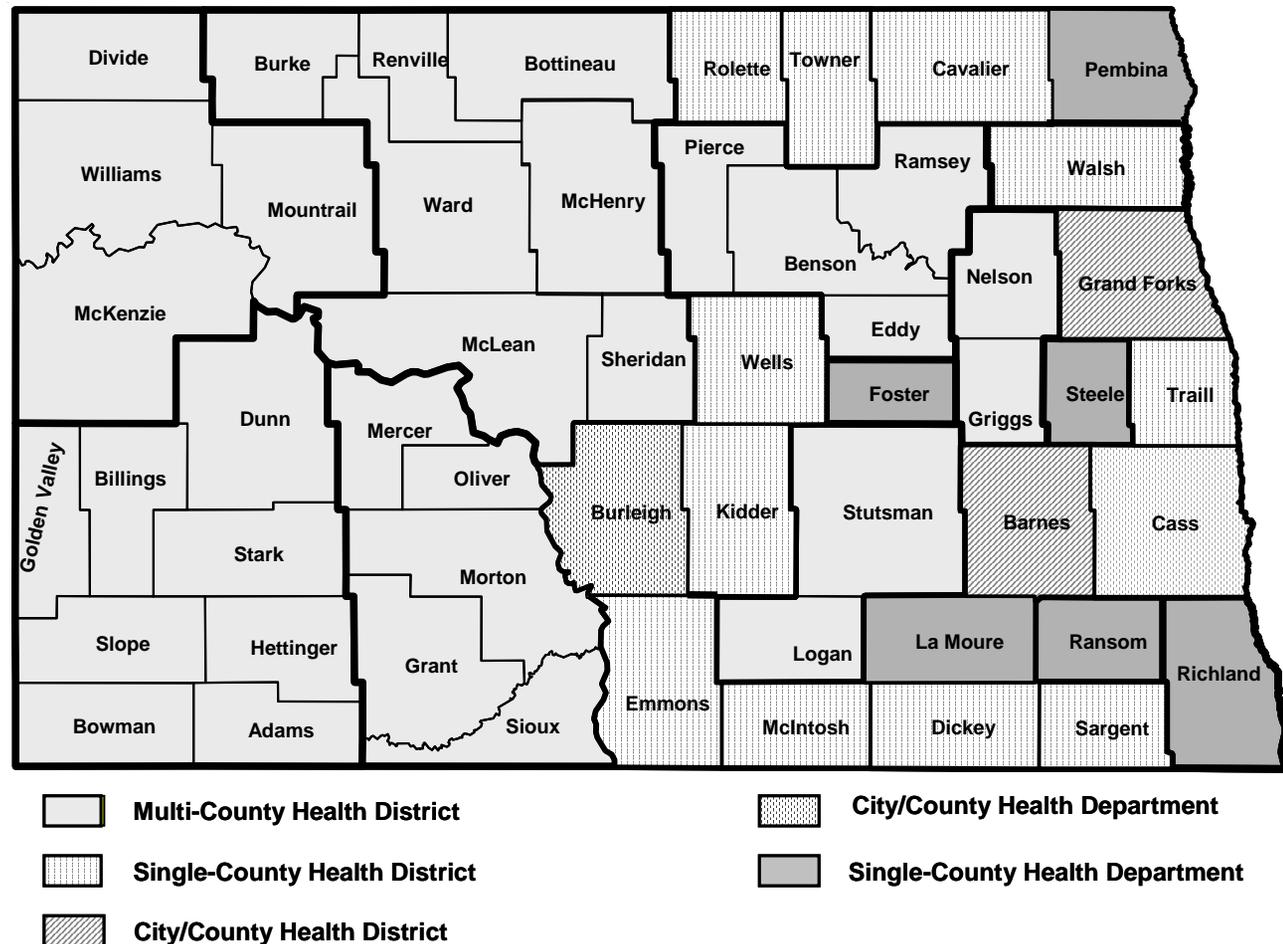
Category	Number of Tests
Dairy Products	5,060
HIV	39,332
Tuberculosis	13,876
Mycology/Legionella/Parasites	3,304
Hepatitis A, B, C	18,273
Rabies (human exposure)	1,161
STDs	87,324
Virology/Immunology	13,964
Water Analyses	20,671
Bacterial/Biothreat	10,862
Mosquito Surveillance	2,597
Total	216,424

# Local Public Health Units

North Dakota's public health system is made up of 28 single- and multi-county local public health units (LPHUs).

Services offered by each LPHU vary, but all provide services in the areas of maternal and child health, health promotion and education, disease control and prevention, and emergency response preparation and coordina-

tion. Some local public health units maintain environmental health programs; others partner with another local public health unit or the NDDoH to provide environmental services, such as public water system inspections, nuisance and hazard abatement, and food service inspections.



<b>Health Unit</b>	<b>Location</b>	<b>Administrators</b>
Bismarck-Burleigh Public Health	Bismarck	Paula Flanders, R.N.
Cavalier County Health District	Langdon	Terri Gustafson, R.N.
Central Valley Health District	Jamestown	Robin Izler, R.N.
City-County Health District	Valley City	Theresa Will, R.N.
Custer Health	Mandan	Keith Johnson
Dickey County Health District	Ellendale	Roxanne Holm
Emmons County Public Health	Linton	Bev Voller, R.N.
Fargo Cass Public Health	Fargo	Ruth Bachmeier, R.N.
First District Health Unit	Minot	Lisa Clute
Foster County Public Health	Carrington	Lisa Solwey, R.N.
Grand Forks Public Health Department	Grand Forks	Don Shields
Kidder County District Health Unit	Steele	Janel Brousseau
Lake Region District Health Unit	Devils Lake	Karen Halle, R.N.
LaMoure County Public Health Department	LaMoure	Tony Hanson
McIntosh District Health Unit	Ashley	Cathy Brendel
Nelson/Griggs District Health Unit	McVille	Julie Ferry, R.N.
Pembina County Health Department	Cavalier	Jeanne Chaput
Ransom County Public Health Department	Lisbon	Julie Barker
Richland County Health Department	Wahpeton	Debra Flack, R.N., M.S.
Rolette County Public Health District	Rolla	Barb Frydenlund, R.N.
Sargent County District Health Unit	Forman	Colleen Sundquist
Southwestern District Health Unit	Dickinson	Sherry Adams
Steele County Public Health Department	Finley	Brittany Ness, R.N.
Towner County Public Health District	Cando	Sherry Walters, B.S.N., R.N.
Traill District Health Unit	Hillsboro	Brenda Stallman, R.N.
Upper Missouri District Health Unit	Williston	Javayne Oyloe
Walsh County Health District	Grafton	Wanda Kratochvil, R.N.
Wells County District Health Unit	Fessenden	Karen Volk, R.N.

## Local Public Health Unit Expenditures

For the Period July 1, 2009, through June 30, 2011

	<u>Total Expenditures</u>	<u>Annual Per Capita Expenditures</u>
<b>District Health Units</b>		
Cavalier County Health District	\$ 558,976	\$ 69.99
Central Valley Health Unit	3,984,675	86.29
City County Health Department	1,760,117	79.53
Custer District Health Unit	2,718,995	27.27
Dickey County Health District	No Report	No Report
Emmons County Public Health	345,022	48.59
First District Health Unit	6,925,948	39.25
Kidder County District Health Unit	175,347	36.01
Lake Region Dist Health Unit	3,118,023	62.73
McIntosh Dist Health Unit	252,987	45.03
Nelson Griggs District Health	528,015	47.60
Rolette County Public Health	721,213	25.87
Sargent County District Health	374,006	48.84
Southwestern Dist Health Unit	3,976,453	51.12
Towner County Public Health	130,108	28.96
Traill District Health Unit	539,735	33.23
Upper Missouri Dist Health Unit	3,419,977	44.41
Walsh County Health Department	859,510	38.65
Foster County Health District	205,845	30.79
Wells County Dist Health Unit	425,565	50.58
<b>City/County Health Departments</b>		
Bismarck-Burleigh Public Health	6,264,700	38.52
Fargo Cass Public Health	15,422,253	51.48
Grand Forks Public Health Dept	7,115,772	53.21
<b>County Health Units</b>		
LaMoure Public Health Unit	No Report	No Report
Pembina County Health Unit	157,333	10.61
Ransom County Health Department	No Report	No Report
Richland County Health Department	2,330,277	71.39
Steele County Public Health	115,544	39.38
<b>Total Local Public Health Funding</b>	<b>\$62,426,396</b>	<b>\$ 49.20</b>

# Financial Summary

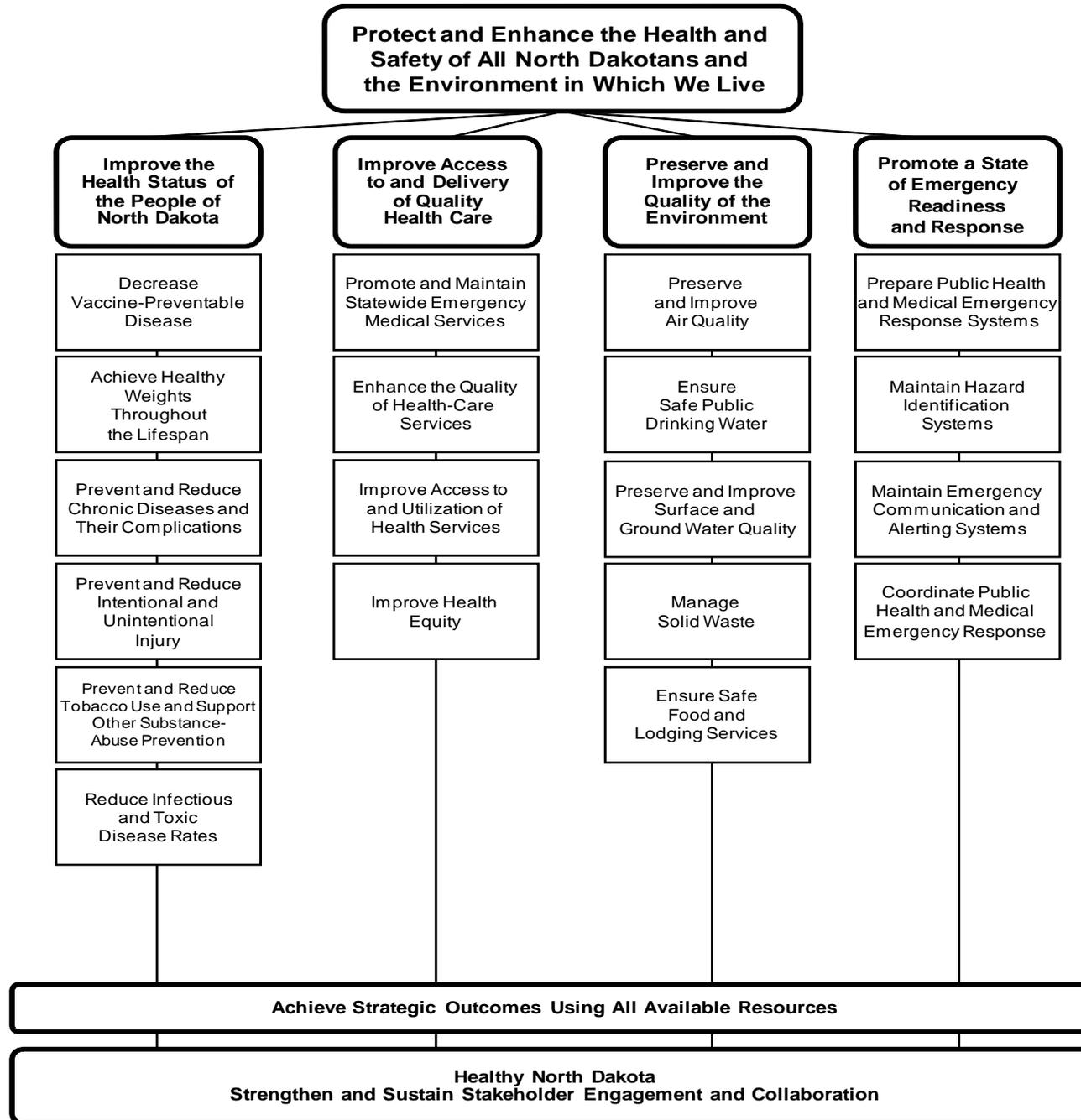
## North Dakota Department of Health Appropriations Summary For the Period July 1, 2009, through June 30, 2011

Use of Funds	Original Appropriation	Equity Adjustments	Carryover Colorectal Cancer	Emergency Commission Sep-09	Emergency Commission Dec-09	Internship Program Feb-10	Emergency Commission Mar-10	Emergency Commission Mar-10	EPA Litigation Emergency Clause	Total Department Appropriation
Salaries & Wages	\$ 44,861,868	\$ 320,940		\$ 480,000		\$ 2,600				\$ 45,665,408
Operating Expenses	44,635,794			640,000					500,000	45,775,794
Capital Assets	1,813,268			200,000						2,013,268
Grants	63,831,510		38,233	3,600,000						67,469,743
Tobacco Program	9,079,685	1,060								9,080,745
WIC Food Payments	25,063,375									25,063,375
Federal Stimulus Funds	13,247,325				7,076,990		364,148	548,470		21,236,933
Community Health Trust	2,405,371									2,405,371
Fund Contingency										
Total	<u>\$ 204,938,196</u>	<u>\$ 322,000</u>	<u>\$ 38,233</u>	<u>\$ 4,920,000</u>	<u>\$ 7,076,990</u>	<u>\$ 2,600</u>	<u>\$ 364,148</u>	<u>\$ 548,470</u>	<u>\$ 500,000</u>	<u>\$ 218,710,637</u>
General Funds	\$ 27,081,665	\$ 150,000				\$ 2,600			\$ 500,000	\$ 27,734,265
Federal Funds	138,272,849	172,000		4,920,000	7,076,990		364,148	548,470		151,354,457
Special Funds	39,583,682		38,233							39,621,915
Total	<u>\$ 204,938,196</u>	<u>\$ 322,000</u>	<u>\$ 38,233</u>	<u>\$ 4,920,000</u>	<u>\$ 7,076,990</u>	<u>\$ 2,600</u>	<u>\$ 364,148</u>	<u>\$ 548,470</u>	<u>\$ 500,000</u>	<u>\$ 218,710,637</u>

**North Dakota Department of Health**  
**Expenditures by Section**  
For the Period July 1, 2009, through June 30, 2011

<b>Use of Funds</b>	<b>Administrative Services</b>	<b>Medical Services Section</b>	<b>Health Resource Section</b>	<b>Community Health Section</b>	<b>Environmental Health Section</b>	<b>Emergency Preparedness &amp; Response Section</b>	<b>Special Populations Section</b>	<b>Total Expenditures</b>
Salaries & Wages	\$ 5,056,189	\$ 3,791,315	\$ 5,926,611	\$ 4,948,414	\$ 19,012,963	\$ 2,197,521	\$ 1,303,870	\$ 42,236,883
Operating Expenses	1,320,886	4,647,376	1,263,005	6,558,757	7,269,150	5,036,246	475,341	26,570,761
Capital Assets	6,517	254,259		24,714	950,457	357,873	0	1,593,820
Grants	2,675,000	2,469,378		17,492,836	17,054,051	13,574,237	2,263,070	55,528,572
Tobacco Program				4,900,218				4,900,218
WIC Food Payments				17,915,331				17,915,331
Federal Stimulus Funds	117,512	603,614	17,191	1,061,704	8,834,372		42,300	10,676,693
Community Health Trust				407,956				407,956
Fund Contingency								
Total	<u>\$ 9,176,104</u>	<u>\$ 11,765,942</u>	<u>\$ 7,206,807</u>	<u>\$ 53,309,930</u>	<u>\$ 53,120,993</u>	<u>\$ 21,165,877</u>	<u>\$ 4,084,581</u>	<u>\$ 159,830,234</u>
Total FTEs	38.43	30.25	46.00	47.80	156.25	13.50	11.27	343.50

# Strategic Map 2007 – 2009



# Publications

Copies of the following publications can be accessed on the North Dakota Department of Health website at [www.ndhealth.gov](http://www.ndhealth.gov) or by calling 701.328.2372.

## **Community Health Section**

### **Newsletters**

- Building Blocks to Safety/Buckle Update
- Focus on Oral Health
- Heel Stick News
- Parenting Newsletter
- Healthcare Provider Examiner
- Pick-WIC Paper

### **Reports**

- Chronic Disease in North Dakota – A Status Report for 2010
- North Dakota State Stroke Registry – January 2011 Report
- Healthy People 2010 North Dakota Final Report (Feb. 2011)
- Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Needs Assessment for North Dakota (Sept. 2010)
- North Dakota Five-Year Needs Assessment (2011-2015) for the Maternal and Child Health Services Title V Block Grant Program
- North Dakota Five-Year Needs Assessment (2011-2015) for the Maternal and Child Health Services Title V Block Grant Program - Executive Summary
- North Dakota Family Planning Annual Reports (2009 and 2010)
- 2009 Youth Risk Behavior Survey
- Oral Health Third-Grade Basic Screening Survey Data Tables

- Oral Health Third-Grade Basic Screening Body Mass Index Data Tables
- 2009 Oral Health Facts Summary
- Oral Health Facts - Trends in Youth Oral Health, March 2011
- Oral Health Healthy People 2010 Indicators
- Oral Health Program Accomplishments 2010-2011
- Oral Health Program Policy Tool Workshop Report, June 2010
- North Dakota Health Disparities Diabetes September 2011
- The Burden of Cancer in North Dakota
- The Burden of Cardiovascular Disease in North Dakota
- North Dakota Oral Health Surveillance Plan
- North Dakota WIC 2010 Annual Report
- WIC Food Consumption and Buying Habits
- On the Path to a Healthier Tomorrow – North Dakota’s Strategic Plan To Prevent and Reduce Tobacco Use (2008-2013)
- 2009 North Dakota Youth Tobacco Survey Summary
- The Impact of North Dakota’s Smoke-Free Law on Restaurants and Bar Taxable Sales
- North Dakota Suicide Prevention Plan
- Child Restraint Misuse In North Dakota
- North Dakota Injury Plan 2010
- 2010 North Dakota Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program Needs Assessment

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## **Other**

- Newborn Screening Healthcare Guidelines
- Emergency Guidelines for North Dakota Schools Manual
- Health Guidelines For North Dakota Schools Manual
- Dental Care for Your Child (brochure)
- Dental Sealants (fact sheet for parents)
- Directory of Dental Access Programs (fact sheet)
- Fluoride Facts for Parents (brochure)
- Oral Cancer, Are You at Risk? (brochure)
- Oral Health Facts - Programs and Services (fact sheet)
- Oral Health and Diabetes (fact sheet)
- Oral Health for Children with Special Health Care Needs (fact sheet)
- Your Own Special Goodbye (booklet)
- Diabetes in Children Fact Sheet 2009
- Diabetes Fact Sheet 2011
- Comprehensive Tobacco-Free School Policy Tool Kit
- Home Safety Checklist
- A Connection for Families and Agencies – Resources for North Dakota Children Ages Birth to 8
- Coordinated School Health Blueprint
- Coordinated School Health Guidebook
- Handbook for Public Playground Safety
- Poison Brochure
- Easy Steps to Properly Fit a Bicycle Helmet
- A Bicycle Helmet for My Child
- Helmet Fit Checklist

- Guidelines for Becoming a Recognized Infant-Friendly Worksite (brochure)

## **Medical Services Section**

### **Newsletters**

- Epi Report
- Immunization Newsletter
- Pump Handle

### **Reports**

- HIV/AIDS/STD/Hepatitis/TB Annual Profile
- Ryan White Care Plan
- Comprehensive HIV Prevention Plan
- Weekly Influenza Summary (during flu season)

### **Other**

- Healthcare-Associated Infections Prevention Plan and Reference Manual

## **Administrative Support Section**

### **Reports**

- North Dakota Department of Health 2007-2009 Biennial Report
- Vital Events Summary
- C-Section Report
- Induced Termination of Pregnancy Report

## **Environmental Health Section**

### **Newsletters**

- Official Bulletin
- Green Apple newsletter
- The MicroChem Connection newsletter

## **Reports**

- Air Quality Monitoring Data Summary (2009 and 2010)
- Annual Drinking Water Compliance Report (2009 and 2010)
- State of North Dakota Capacity Development Program Report (2009 and 2010)
- North Dakota Hazardous Waste Compliance Guide
- North Dakota 2010 Integrated Section 305(b) Water Quality Assessment Report and Section 303(d) List of Waters Needing Total Maximum Daily Loads
- State/Industry Ambient Monitoring Network Air Quality Reports
- Annual Mosquito Report (2009 and 2010)

## **Other**

- North Dakota Air Pollution Control Rules
- Standards of Quality for Waters of the State
- “Our Water – Keeping It Clean” articles in the North Dakota Water magazine
- Directory of Services 2011-2013 (Division of Laboratory Services-Microbiology)
- A Guide to Understanding North Dakota’s Infectious Waste Regulations
- Air Regulations for Grain Facilities Guide
- Oil and Gas Production Facilities Permitting and Compliance Guide
- Solid Waste Guidelines:
  - General Native Grass Seeding
  - Evaluating Final Vegetative Cover of Closed Landfill Areas

- Compost Facility Guidelines
- Environmentally Friendly Auto and Metal Salvage Facilities
- Beneficial Use of Inert Waste
- Septage, Sump and Pit Waste and Restaurant Grease Trap Waste Management
- Solid Waste Fact Sheets:
  - Pay as You Throw in North Dakota
  - Using Compost and Wood Chips
  - Electronic Recycling Facilities
  - Glass Recycling
- Land Application Worksheet
- Department of Transportation Projects Inert Waste Disposal Variance Application
- North Dakota’s Pharmaceutical Waste Guidance
- North Dakota Solid Waste and Recycling newsletter and e-newsletter articles
- Flood Fact Sheets:
  - Emergency Health Precautions for Flooded Areas
  - Flood Preparedness and Response for Food Establishments
  - Home Heating Oil
  - Mold in Homes
  - Proper Waste Disposal
  - Proper Well Disinfection
  - Sandbag Cleanup After a Flood
  - Private Sewer and Septic Systems
  - Asbestos Hazards Due to Flooding
  - Commercial Underground Storage Tanks
  - Debris Removal Guidelines

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## Health Resources Section

### Newsletters

- CLIA Bits
- Dialysis Dialogue
- Hospital Happenings
- Long Term Care Highlights

## Special Populations Section

### Reports

- North Dakota Birth Defects Monitoring System Summary Report 2001-2005
- North Dakota Five-Year Needs Assessment (2011-2015) for the Maternal and Child Health Services Title V Block Grant Program
- North Dakota Five-Year Needs Assessment (2011-2015) for the Maternal and Child Health Services Title V Block Grant Program Executive Summary

## Emergency Preparedness and Response Section

### Newsletters

- DEMST Newsletter

### Reports

- North Dakota Data Report (2006-2007; 2007-2008)
- Rural EMS Improvement Project (REMSIP) Final Report
- REMSIP Pembina County Report
- REMSIP Cass County Report
- REMSIP Oil Impact Report

### Other

- North Dakota Briefing Book (2008)
- 2009 Response Areas Map Book
- REMSIP Medical Director Guide
- REMSIP Quality Guide-How Good Is Your Ambulance Service?
- REMSIP Quality Checklist
- REMSIP Leader's Survival Guide

