

North Dakota Department of Health

Biennial Report

2011 to 2013

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

Stacy Eberl, Public Information Officer, Editor



NORTH DAKOTA
DEPARTMENT *of* HEALTH

600 E. Boulevard Ave., Dept. 301
Bismarck, N.D. 58505-0200
701.328.2372
www.ndhealth.gov

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Public Health
Prevent. Promote. Protect.

State Health Officer's Message



December 1, 2013

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 influenza to norovirus to tuberculosis, 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 2011-2013 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



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.

CHAIR

Gordon Myerchin, Grand Forks

VICE CHAIR

Wade Peterson, Mandan

SECRETARY

Mike Jones, Bismarck

MEMBERS

Dennis E. Wolf, M.D., Dickinson

Howard C. Anderson, R. Ph.,

Turtle Lake

Jerry Jurena, Rugby

Marlene Kouba, Regent

Duane Pool, Bismarck

Greg Allen, Jamestown

2 vacant positions (Oct. 2013)

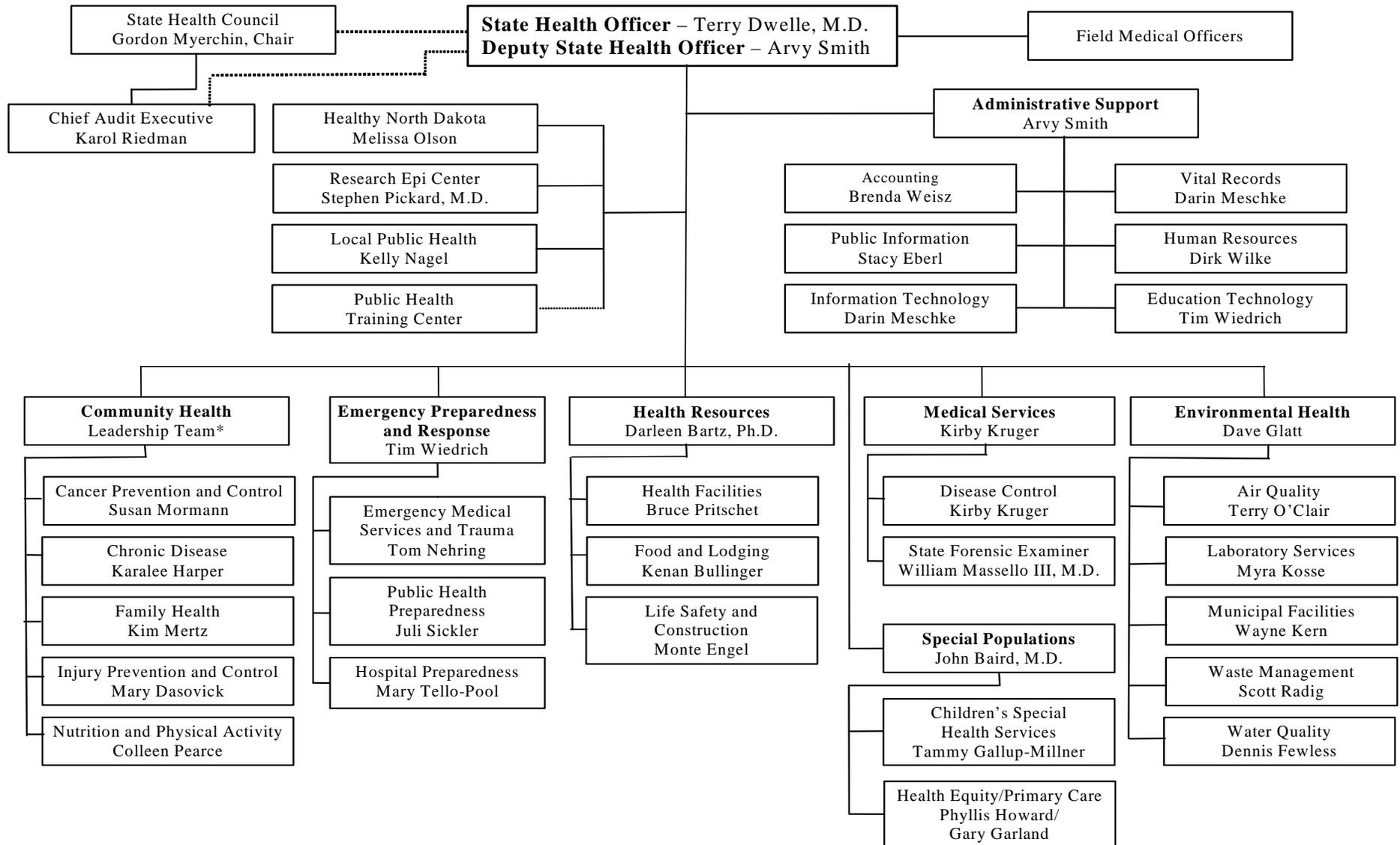
Office of Internal Audit

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.

Organizational Chart

North Dakota Department of Health Organizational Chart January 2013



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

This chart reflects the departmental structure during the 2011-2013 biennium. Some adjustments were made after the end of the biennium that are not reflected here. To view the most recent org. chart, visit <http://www.ndhealth.gov/DoH/Overview/>.

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 through advanced public health education and appropriate analysis of public health data. 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 82.
- Approved grants and contracts of more than \$72 million in funding to numerous local entities and other public health partners.
- Worked with Office of Internal Audit to complete department fraud risk assessment.
- Coordinated department 2013 legislative efforts including monitoring over 250 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 sequestration.
- Served as Chair of Association of State and Territorial Health Officers Senior Deputies Committee, which includes planning and facilitation of senior deputy annual conference

and new senior deputy orientation.

- Provided oversight and direction to development and implementation of new ethics, social media, travel, whistleblower and cellular device policies.
- Developed and provided public health policy and funding briefing for government officials.

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 implementation of fraud risk assessment recommended improvements.
- Provide oversight and direction to development of standard process for employee performance evaluations, new employee orientation, annual training and management training.
- Monitor the status of federal funding levels, which are budgeted at 66 percent of the 2013-15 budget.
- Coordinate department 2015 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 2013-15 interim legislative efforts.
- Provide guidance to department on pursuing public health accreditation.
- Coordinate development of department operations manual, document library and

related policies.

- Serve as Chair of Association of State and Territorial Health Officers Senior Deputies Committee, which includes planning and facilitation of senior deputy annual conference and new senior deputy orientation.

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. The liaison serves as the performance improvement manager, coordinating efforts in public health accreditation and quality improvement. 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.
- Served as the department accreditation coordinator. Conducted a National Public Health Accreditation standards and measures review and gap analysis process for the department.
- Facilitated state and local public health data roundtables.



Arvy Smith
Deputy State Health Officer

- Developed and presented public health orientation and board orientation to local boards of health.
- Facilitated State Health Council performance improvement planning and implementation process.
- Administered the Southeast Collaborative regional public health network project.
- Served as co-Primary Investigator and contract manager for North Dakota's Community Transformation grant.
- Facilitated and coordinated Executive Committee regular meetings. 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 NDDoH.
- Led the creation of the department's performance management system.
- Conducted a local level environmental health capacity survey and facilitated a statewide improvement planning process.

Goals

- Assist in development of a technical assistance program to enhance community health assessments and planning.
- Assist in the development and implementation of a state health improvement plan.
- 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

Launched in 2002, the *Healthy North Dakota* initiative continues to provide support, education and encouragement to all North Dakotans seeking to improve their health. *Healthy North Dakota's* mission makes it unique among other programs:

Inspire and support North Dakotans to improve physical, mental and emotional health for all **by building innovative statewide partnerships.**

Healthy North Dakota helps keep state agency, program, university and non-profit groups and coalitions connected and integrated, reducing duplication of effort and helping groups to work toward common prevention goals when possible. Specifically, *Healthy North Dakota* has identified and filled gaps in prevention efforts, provided consistent language and messaging for prevention, connected partners working on similar activities, and helped to successfully obtain grants.

Healthy North Dakota is infrastructure. Large grant-makers and health organizations, such as the Centers for Disease Control and Prevention (CDC) and the Bush Foundation, recognize that such infrastructure is necessary and important for working together to solve problems to reduce chronic diseases such as diabetes, cancer and heart disease.

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. 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.

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

During the 2011-13 biennium, partners worked in the following focus areas:

- Worksite wellness
- Healthy weight – nutrition and physical activity
- Prevention of chronic diseases including heart disease, diabetes and cancer
- Health inequities
- Oral health
- Health at stages of life including early childhood, school age, maternal and seniors
- Immunizations
- Injury prevention and control
- Links between physical and mental health

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. *Healthy North Dakota* is funded by a grant from the Centers for Disease Control and Prevention.

Accomplishments

- Sustained the statewide worksite wellness program that was launched in 2009.
- Developed easy-to-use resources including a website (ndworksitewellness.org) and a toolkit “Taking Wellness to Work.” Over 1,000 toolkits have been distributed to businesses in N.D.
- 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 approximately 200 people representing 120 North Dakota worksites and more than 700 summit attendees.
- Conducted a worksite wellness survey of more than 1,100 North Dakota businesses.
- Convened the state’s health-care leaders, the Statewide Vision and Strategy for a Healthier North Dakota group, and assisted with implementation of 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 ND.
- Continue to implement statewide worksite wellness initiatives. As of Sept. 2013, the worksite wellness initiative will be sustained and primarily funded by Blue Cross Blue Shield of North Dakota due to the success and public response to the worksite wellness initiative, thus ensuring sustainability.
- Increase number of businesses in North Dakota offering worksite wellness programs.
- Continue to implement the *Creating a Hunger Free North Dakota* coalition's strategic plan, which envisions a hunger-free state through education and outreach, advocacy, raising awareness and sustainability.
- Work as part of the state's "Transforming North Dakota's Communities through Community Engagement" initiative.
- Connect statewide interventions and resources in prevention of childhood obesity.
- Identify and work to eliminate the core conditions that cause poor health.
- 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.

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 2013-2015 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 2013 legislative session.
- Served as fiscal agent for the Tobacco Prevention and Control Executive Committee for the first year of the biennium.

- 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 \$103 million in federal funding.
- Processed about 1,500 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.
- Continue to process financial transactions accurately and in a timely fashion.

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 using automated telephone technologies, e-mails and faxes.

- Conducted local, regional, statewide and national meetings, presentations and trainings using videoconference, desktop conference, teleconference and webcast technologies.
- Created video and audio productions distributed on DVD and by webcast.
- Replaced obsolete videoconference units with current high definition systems.

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.
- Complete conversion of hospital communication systems to Ethernet-based technology.
- Enable access to content through tablets and smart phones.

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 on the executive board for the National Public Health Information Coalition (NPHIC).
- Provided essential communication and media support during crisis and emergency situations such as flooding and a tuberculosis outbreak.
- Coordinated and edited legislative testimony during 2013 legislative session.
- Participated in the state's National Partnership Program by traveling to Ghana to help provide a public affairs workshop.
- Developed and implemented a social media policy for the department. Launched a department Facebook page and Twitter account.

Goals

- Continue to provide timely consultation to staff regarding communication issues and media events.
- Provide public information support to NDDoH personnel during emergencies.
- Continue to provide media and crisis communications training for department employees.
- Participate in process and support the department's activities needed for achieving National Public Health Accreditation.
- Increase social media followers and integrate the use of social media into emergency response activities.



The Office of Public information helps coordinate the release of information to the public. This picture was taken during a news conference held in Aug. 2012 at UND to announce the SIM-ND Program.

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

- Worked with the Underground Storage Tank Program in the Division of Waste Management to implement an updated database tracking system to track all facilities that have Regulated Underground Storage Tanks or Leaking Underground Storage Tanks in N.D. They also implemented an online training system that allows owners and operators of facilities with Regulated Underground Storage Tanks to complete the new EPA training requirements using the online system. This included viewing training modules and taking an online test at the completion of the training. This was rolled out successfully and received very positive feedback from users who indicated it was easy to use.

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.
- Completed update to personnel policy manual and forms.
- Created grievance procedures for sub-recipients of department grants.
- Received two-year approval by Office of Civil Rights for Equal Employment Opportunity Plan.

Goals

- 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 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 22,714 certificates of live birth; 13,431 certificates of death; 136 certificates of fetal death; 9,208 marriage records; 4,256 divorce records; 58 delayed registrations of birth; and 190 births occurring at home or outside of a hospital setting.
- Processed 99,743 requests for more than 251,000 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:

- **31** babies are born; **9** of them are born out of wedlock, **2** are born to a teenage mother and **4** are born by Caesarian section.
- **18** people die, **4** of them from heart disease and **4** from cancer.
- **12** couples are married, and **6** are divorced.

In an average **week**:

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

In an average **month**:

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

The average age at death is **75.1**

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*, breast and cervical cancer screening
- Statewide Cancer Registry
- Behavioral Risk Factor Surveillance System (BRFSS)

Accomplishments

Comprehensive Cancer Prevention and Control Program

- Increased North Dakota Cancer Coalition (NDCC) membership to an average of 230

members and maintained 75 percent active membership. There are six active coalition workgroups addressing cancer-related issues from prevention to end-of-life care.

- Utilized \$1,795,144 of NDCC partner-leveraged funds and in-kind contributions to implement interventions from the North Dakota Cancer Control Plan at the state and local level.
- Provided 199 screening colonoscopies for low-income uninsured and underinsured North Dakotans 50 to 64 years of age with state funds from the colorectal cancer screening initiative. Fifty-seven of those screened had colon polyps removed, which had the potential to become cancerous over time.
- Worked with the NDCC treatment and survivorship workgroups to conduct two surveys with North Dakota Cancer Centers to assess access to care for cancer patients and survivors. Cancer center staff and cancer patients/survivors provided input via the surveys regarding barriers to care and access or lack of resources/services during and following treatment. Individual facility survey results were used by each cancer center to make internal changes to improve patient care during and after treatment.
- Developed a collaborative relationship with the Medical Association in which the NDCC Chair (a medical oncologist) provides cancer-related information pertinent to general practitioners across the state via the Medical Association electronic newsletters. Coalition



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

chair feedback from physicians shows this as an effective means of providing cancer-related information.

- Funded a total of 16 community sub-contracts to local organizations across the state, totaling \$81,800 over the two-year time period, to conduct grass roots cancer prevention and control projects. Projects include increasing cancer screening rates on a reservation, development of physical activity/nutrition programs in schools/worksites and communities, skin cancer prevention and cancer survivorship programs.
- Collaborated with Heart Disease and Stroke Program, Healthy North Dakota & *Women's Way*, along with two community sub-contract awardees, to fund and conduct an in-depth evaluation of the two sub-contract projects (a rural community physical activity program and a reservation cancer screening program). Evaluation results will be published in peer reviewed journals with the intent to move these project concepts, over time, into the category of evidence-based interventions by the Community Preventive Services Task Force.
- Provided educational information via a statewide press release and education campaign regarding bone marrow donation with the National Bone Marrow Registry “Be The Match.” Additionally, we collaborated with tribal health, clinic staff, the community college staff and nursing students from the Fort Berthold Reservation to conduct a successful bone marrow donor drive on April

13, 2013, in New Town, N.D., with 13 community members signing up for the registry. This bone marrow donor drive was a first for a North Dakota reservation. The team, along with staff from “Be The Match,” has developed a planning template for use by other reservations across the country to conduct future bone marrow donor drives in their communities.

- Conducted research for and provided training on implementing policy, systems and environmental change approaches into their programming to increase sustainability of interventions that improve the health of North Dakotans. Education was shared at sites such as the 2013 Dakota Conference on Rural and Public Health, 2013 North Dakota Academy of Nutrition and Dietetics meeting, 2012 SACCHO meeting and the 2012 North Dakota Cancer Coalition Cancer Summit. A six-hour regional training was developed and piloted in February 2013, which will be continued in the upcoming biennium.

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 services to eligible women in every North Dakota county and on every reservation.

- Screened more than 12,900 women for breast and cervical cancer since September 1997, and have detected breast cancer in 255 women and cervical conditions requiring treatment in 314 women.
- 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 153 women receiving a mammogram.
- Provided services for Fort Berthold Reservation women from January 2012 through June 2013, which included women's breast and cervical education, *Women's Way* enrollments, and encouragement or assistance with appointment scheduling. Eighty-four (84) women enrolled and received screening with support from the Fort Berthold *Women's Way* Coordinator.
- Partnered with North Dakota Community Health Centers to identify women eligible for the *Women's Way* program. A letter was sent on behalf of the First Lady encouraging them to make an appointment for breast and cervical cancer screening and to contact their local *Women's Way* program for enrollment. All Community Health Centers in the state participated in this effort.
- Provided a letter from the First Lady to all county Social Services Directors to be disseminated to potential *Women's Way* clients to encourage breast and cervical cancer screening.
- Sent letters to all *Women's Way* clients age 50-64 regarding the opportunity to receive a screening colonoscopy for themselves and other

family and friends with the state funded colorectal cancer screening initiative - 109 of the 199 participants who were screened in the biennium were screened as a result of this.

- Collaborated with state Medicaid to pay for breast and cervical cancer treatment for 270 uninsured clients since the Medicaid-*Women's Way* Treatment Program was implemented.
- Conducted evidence-based public education and projects focused on preventing cancer and population-based screening.
- Helped sponsor three women's health summits through the North Dakotans Partnering for Women's Health Committee. Approximately 400 women attended each summit.
- Continued to enhance partnerships with organizations such as Healthy North Dakota, the American Cancer Society, BlueCross BlueShield, the North Dakota Medical Association, North Dakota Statewide Cancer Registry, Comprehensive Cancer Prevention and Control, North Dakota Cancer Coalition and others.

Cancer Registry

- Maintained operations of existing population-based central cancer registry utilizing University of North Dakota (UND) as the bona fide agent. Effective July 1, 2012, the North Dakota State Cancer Registry was transferred to the Department of Pathology in the School of Medical and Health Sciences at UND in Grand Forks.
- Achieved gold certification for data timeliness,



Since September 1997, the *Women's Way* program has screened more than 12,900 North Dakota women for breast and cervical cancer. The screenings detected breast cancer in 255 women and cervical conditions requiring treatment in 314 women.



North Dakota Cancer Coalition

Planning for a cancer-free future.

completeness and quality.

- Responded to more than 40 data requests and cancer cluster inquiries.
- Collaborated with CDC National Program for Cancer Registries and ICF on an internal data quality evaluation.
- Submitted a success story to National Program for Cancer Registries in June 2013.
- 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, the Cancer Registrar Association of the Dakotas and others.

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.
- Continued “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.
- Initiated cell phone survey to supplement landline surveys in appreciation of the fact that more than 40 percent of North Dakota households are cell-phone-only households.
- 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 revision, Chronic Disease division for updating fact sheets and burden documents, and to the Healthy People 2020 objectives monitoring.

- Provided training to staff and partners concerning BRFSS, data collection, indicators and outcomes for program evaluation and datasets.

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 implementation of strategies identified in the state Cancer Control Plan for Comprehensive Cancer Control.
- Sustain active partnerships in North Dakota Cancer Coalition.
- Enhance cancer prevention efforts using evidence-based strategies to motivate all North Dakota citizens to adopt healthy lifestyles.
- Ensure women are being screened, diagnosed and treated for breast and cervical cancer.
- 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:

- Coordinated Chronic Disease Prevention Program
- Heart Disease and Stroke Prevention
- Tobacco Prevention and Control

Accomplishments

Coordinated Chronic Disease Prevention

- Conducted first Chronic Disease Conference.
- Completed the ND State Plan to Prevent and Manage Chronic Disease 2012-2017, with the assistance of approximately 50 stakeholders.

Heart Disease and Stroke

Prevention Program

- Enrolled 35 of the 42 eligible hospitals (83%) in the state stroke registry and provided grants for the registry licensing fee and database entry, stroke training and community education.
- Distributed stroke messages to reach the elderly and general public via magazines, newspapers, posters, radio & printed materials.
- Developed the Million Hearts™ Community Action Grant Program-B Grant to do its part

in reaching the goal to prevent 1 million heart attacks and strokes. Worked in conjunction with the AHA Greater Midwest Affiliate to put into practice Aspirin, Blood Pressure, Cholesterol, and Smoking Cessation (ABCS) priority strategies to control and manage high blood pressure and sodium reduction through the use of policies and systems change in health care and worksite settings.

- Partnered with the Tobacco Prevention and Control Program to implement the Million Hearts Community Action Grant Program-S grant to begin cessation centers within four tertiary centers statewide to work on the ABCS of Heart Disease and Stroke.

Tobacco Prevention and Control Program

- Utilized and distributed funding from the Centers for Disease Control and Prevention to support local tobacco control initiatives on the four American Indian Reservations
- Coordinated with the North Dakota University System regarding the Campus Tobacco Prevention Project to increase cessation services/awareness at North Dakota colleges and universities.
- Continued success of NDQuits, which provides free phone and online coaching and nicotine replacement therapy (for those who qualify) to any North Dakota tobacco user interested in quitting. During the biennium, NDQuits served more than 7,000 unique tobacco users. More than 31 percent of members were tobacco free six months after completing the program.



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.



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.

- 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 the “BABY & ME - Tobacco Free” program with six local public health units. The program provides tobacco cessation support and relapse prevention for pregnant women.
- Continued 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 distributed the policy to 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.

- Developed partnerships with dental safety net clinics and family planning clinics to integrate Ask, Advise, Refer into the clinic setting and electronic medical record.
- Developed a Million Hearts grant program, in coordination with the American Heart Association, to establish cessation centers in the major health-care systems throughout the state and to systematically provide tobacco use assessment and treatment in the hospitals.

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.

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:

- Coordinated School Health
- Cribs for Kids
- Early Childhood Comprehensive Systems
- Family Planning
- Fetal Alcohol Syndrome
- Maternal Child Health/Oral Health Epidemiology
- Newborn Screening
- Optimal Pregnancy Outcome
- Oral Health
- School Nursing
- Sudden Infant Death Syndrome (SIDS)
- Title V/Maternal and Child Health
- Women's Health

Accomplishments

Coordinated School Health (CSH)

- Partnered with the Department of Public Instruction (DPI) to manage a Coordinated School Health (CSH) grant to increase physical

activity and nutrition and decrease tobacco use in students. North Dakota was one of 22 states to receive funding.

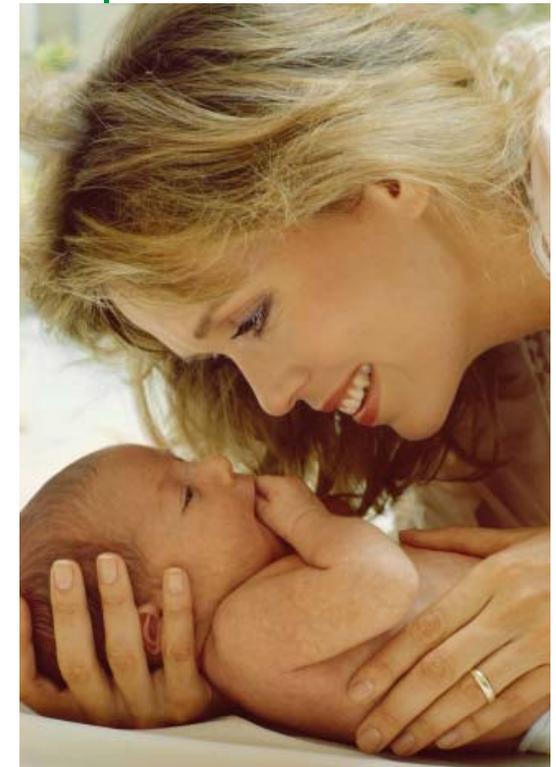
- Collaborated with DPI, the Regional Education Association and the North Dakota Association for Health, Physical Education, Recreation and Dance to provide professional development to school personnel on the CSH priority areas of physical activity, nutrition, tobacco and health education.
- Continued to support the South East Education Cooperative (SEEC) in their efforts to promote the implementation of CSH practices and policies.
- Utilized environmental scan results of school districts within the SEEC to guide program planning implementation.
- Collaborated with DPI on the 2011 and 2013 Youth Risk Behavior Surveys (YRBS).

Cribs for Kids

- Provided safe sleep education and distributed approximately 740 crib kits that include a Graco Pack n' Play, crib sheet, pacifier and a swaddle sack to 14 partner locations throughout the state to be distributed to low-income families to help reduce the risk of injury and death of infants due to unsafe sleep environments.
- Developed a database to help identify areas of greater need for cribs and education.

Early Childhood Comprehensive Systems

- Continued implementation of the Early Childhood Comprehensive Systems State Plan.



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

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

Family Planning

- Provided medical, education and counseling services to nearly 25,000 men and women through 23 locations statewide.
- Collaborated with the State Suicide Prevention Program to provide suicide screenings to over 6,000 family planning clients.
- Provided professional development to local family planning staff on a variety of topics including mandatory reporting laws, sexually transmitted infections, implementation of new Pap guidelines, CPT coding, suicide prevention assessments and the Affordable Care Act.

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

- Provided ongoing education and technical assistance to health-care providers throughout the state including visits to 13 birthing facilities.
- Provided information to newborn screening partners regarding new screening recommendations for Critical Congenital Heart Disease and

Severe Combined Immunodeficiency.

- Continued to monitor the statewide courier service to track appropriate turnaround time from blood collection to lab results.
- Collaborated with the University of Iowa and health-care providers to provide follow-up services through lab processing, medical consultation, short-term follow-up and referral.
- Served as the regional co-coordinator for the North Dakota, South Dakota and Iowa tri-state collaborative.
- Collaborated with the Division of Vital Records to incorporate newborn screening information into the birth certificate process.

Optimal Pregnancy Outcome Program (OPOP)

- Served nearly 450 pregnant women through six local sites.
- Participated in the Cribs for Kids Program (all local OPOP sites).
- Participated in the Partnership for the Prevention and Cessation of Tobacco Use in Women of Reproductive Age.

Oral Health

- Received an “A” from the Pew Children’s Dental Campaign Report (one of only five states to do so). The grading criterion was based on expanding school-based sealant programs, updating hygienist supervision law, having adequate data collection systems and reaching Healthy People 2010 sealant objectives.
- Applied fluoride varnish and/or dental seal-

ants to over 1,800 students in about 50 schools statewide.

- Participated in and supported a Pediatric Dental Day on the Spirit Lake American Indian Reservation in September 2011. A large group of pediatric dentists, general dentists, dental students, hygienists, dental assistants and office staff from across the state volunteered their time. As a result, 232 children were seen with 1,100 dental procedures performed at an estimated value of \$108,000.
- Launched Smiles for Life, an online educational curriculum approved by the North Dakota Board of Dental Examiners, that allows medical providers to apply fluoride varnish. The curriculum is also being incorporated into the medical school and nursing programs statewide.
- Worked in collaboration with Bismarck Ronald McDonald House Charities through the HRSA Workforce grant on the Care Mobile and Bridging the Dental Gap clinic for providing services in long-term care facilities.
- 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.
- Facilitated the purchase of fluoridation equipment for two communities with funding from the Centers for Disease Control and Prevention.
- Supported efforts to increase medical/dental collaboration and raise awareness on the connection between oral health and overall

health using a grant from the DentaQuest Foundation to participate in its Oral Health 2014 Initiative.

- Completed a Basic Screening Survey for Older Adults to assess the status of oral health among older adults in long-term care facilities.
- Completed and distributed *Oral Health in North Dakota—Burden of Disease and Plan for the Future*.
- Surveyed the Oral Health Coalition regarding effectiveness and recruitment of new members.

School Nursing

- Provided consultation, technical assistance and resources to North Dakota school nurses and other health professionals in promoting health for children and adolescents.
- Served as school nursing and health liaison on various disease prevention and health promotion committees.
- Collaborated with nursing partners to host educational opportunities for school nurses, Head Start Health Coordinators and child care nurses through the ND School Nurse Organization and the public health nursing conference.
- Revised *Head Lice: A Lousy Problem* booklet and distributed statewide.

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



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

Control Program to run a media campaign addressing the dangers of secondhand smoke and SIDS.

- Developed an access database to better determine areas of higher educational needs.

Title V/Maternal and Child Health (MCH)

Block Grant

- Awarded contracts for about \$1.3 million to nearly all local public health units, four non-profit agencies and two 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.
- Published and distributed *Title V/MCH Needs Assessment 2011-2015*.
- Provided educational training to over 100 health-care professionals on Bright Futures: Guidelines for Health Supervision for Infants, Children and Adolescents. Bright Futures is a national health promotion and disease prevention initiative that addresses children's health needs in the context of family and community.
- Developed the *Information About Pregnancy and Abortion* booklet and updated *A Connection Directory for Families and Agencies* as a requirement of the Abortion Control Law.
- Revised *Parenting: The First Year* magazine, North Dakota's own magazine for parents of babies birth to 12 months, and distributed to hospitals, clinics and local public health units.
- Participated on the planning committee for the

Women's Health Conference.

Women's Health

- 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.
- Expand the Cribs for Kids program.
- Work with chronic disease and school health partners to provide training opportunities on best practice school health policies and practices related to physical activity.
- 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 educational materials and resources.
- Educate health-care professionals and the public about newborn screening.
- Increase the number of pregnant women receiving prenatal care in the first trimester.
- Partner with the March of Dimes North Dakota Chapter to improve birth outcomes.
- Seek additional funding to support the school-based Healthy Smiles Fluoride Varnish and the Seal! ND programs.
- Increase the number of medical facilities providing fluoride varnish applications and oral health education.
- Foster partnerships to increase medical/dental

- collaboration.
- Increase awareness about the importance of preventive oral health care as it relates to overall health.
- Increase the number of long-term care facilities receiving direct oral health services.
- Conduct the Basic Screening Survey of Third Grade Children.
- Provide training and technical assistance to school nurses to promote health for children and adolescents.
- Continue coordination of follow-up services for families who suffer SIDS deaths.
- Provide SIDS and safe sleep information and education to health-care providers, families and caregivers, and the public.
- 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 four domestic violence/rape crisis agencies to implement and evaluate plans for prevention of sexual violence in their communities.
- Started implementation of 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.
- Hosted the 2012 Injury Prevention and Control Conference with 180 people in attendance.
- 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 various brochures and information fact sheets including the Consumer Product Safety Commission Public playground guidelines; the Home Playground, Home Safety Checklist; and information on bicycle safety, helmet safety, and older adult falls prevention.
- Provided materials about the Poison Control Helpline including 42,600 stickers, 44,338 magnets, 9,421 brochures and 25 videos to 110 agencies including day cares, hospitals, clinics, public health agencies, schools and other interested parties.
- Chaired the North Dakota State Injury Pre-



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

vention Coalition comprised of partners from other state agencies, private businesses, public health and private health care.

- Coordinated training for 19 Community Leaders for the Stepping On Senior Falls Prevention Program - trained 4 Master Trainers for the state.
- Conducted 13 different sets of workshops of “Stepping On” across N.D. with 170 older adults taking part.
- Provided seven Train-the-Trainer sessions for Poison Prevention 101 in conjunction with the North Dakota Safety Council with over 120 participants. Each participant was provided a toolkit for making presentations in the community and the workplace.

Child Passenger Safety Program

- Measured restraint use by children in 10 communities. Results showed restraint use by 99 percent of infants (decrease from 100), 92 percent of toddlers (an increase from 88), and 88 percent of children ages 6 through 10 (an increase from 83).
- Conducted eight national child passenger safety certification courses and certified 98 child passenger safety technicians.
- Provided 3,143 car safety seats to parents of young children through approximately 40 car seat distribution programs.
- Formed a statewide Child Passenger Advisory Committee to assist with program activities.
- Coordinated or assisted with 130 car safety checkups, inspecting 1,667 car seats.
- Compiled and analyzed car seat checkup data

that showed five out of six car seats were used incorrectly in 2011. Of the seats checked, 84 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 planning and implementing the 2012 Injury Prevention and Control Conference.
- Created and provided educational materials for Child Passenger Safety Month. Approximately 123 partners distributed the materials to schools and gave 1,123 presentations to 44,448 children.

Domestic Violence/Rape Crisis Program

- Funded seven centers for safe visitation with an exchange of children in cases of domestic violence, child abuse, sexual assault or stalking.
- Provided state and federal funds to 21 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.
- Provided the domestic violence/rape crisis agencies training opportunities through meet-

ings and national webinars on reaching out to older victims, addressing new recommendations regarding sheltering clients, grant writing, and Civil Rights requirements.

- Awarded the Grants to Encourage Arrest to collaborate with Minot State University's Rural Crime and Justice Center, UND's Tribal Justice Institute and the ND Council on Abused Women's Services to work with law enforcement, domestic violence/rape crisis programs and state's attorneys to enhance policies and collaboration to improve the response to domestic violence in northwest N.D.
- Collaborated with the ND Council on Abused Women's Services as part of the Shelter Committee to provide training and resources to local domestic violence shelters and/or safe visitation centers.

Suicide Prevention Program

- Completed and launched Suicide Prevention Program website.
- Participated in the backpack project with Coordinated School Health to deliver resiliency information and activities to parents of 200 fourth graders after the flooding of 2011.
- Launched yellow ribbon flag project, an awareness project of 28 yellow ribbon flags signifying the 28 North Dakotans younger than age 24 who died by suicide in 2010. The project is designed to travel to middle and high schools as well as colleges throughout North Dakota.
- Provided several grants to facilitate Applied Suicide Intervention Skills Training (ASIST)

throughout North Dakota including training 28 trainers, of which two were American Indian, to conduct training on reservations. Also trained a total of 505 people in the communities.

- Provided bullying prevention grants to four agencies.
- Provided grants to two agencies to purchase and distribute Kognito suicide online training for teachers and emergency department personnel.
- Provided 18 grants to medical facilities or public health units to conduct depression and suicidal ideation screenings across North Dakota.
- Provided grants to Boys and Girls Club for culture camp and suicide prevention coordinator activities.
- Provided several grants for community awareness and trainings.
- Collaborated with Indian Affairs Commission to host and attend Children's Sacred Bundle Gatherings on the reservations quarterly.
- Completed a survey of professionals of 11 occupations and partners across the state analyzing what services exist for suicide prevention, what services are lacking and how to improve them with assistance from the Suicide Prevention Program.
- Worked with the Hospital Association to provide a standardized screening tool and assessment for patients presenting with suicidal ideation and suicide attempts.
- Worked with the various military committees on several awareness projects for suicide



The Suicide Prevention Program focuses on education of warning signs and symptoms of suicide and how to get help.

prevention including newsletters and veteran “stand downs.” Brought a public awareness speaker for veteran community.

- Provided a grant to have FirstLink provide follow-up calls on an outgoing basis (right now they only participate in incoming calls) and partner with one large hospital emergency room to refer patients with suicidal ideation and attempts to receive the follow-up calls from FirstLink.
- Worked with Odney Advertising to complete a new public service announcement targeting messages for military and veterans.
- Worked with KAT Communication to develop culturally competent GoodHealth TV programs and public service announcement for our American Indian population.

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)
- Breastfeeding Promotion and Support
- Maternal and Child Health Nutrition
- Healthy Communities
- Diabetes Prevention and Control
- Worksite Wellness

Accomplishments

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

- Provided healthy food, nutrition education, breastfeeding support and referrals to more than 46,400 women, infants and children.
- Used the WIC annual participant survey to assess participant satisfaction with services, share any concerns with the food packages and/or vendors, evaluate participant nutrition education materials and assess breastfeeding promotion and support services.
- Developed nutrition education cards based on input from local agency staff, focusing on the topics of family meals, physical activity tips for

toddlers and preschoolers, vitamin D, postpartum weight loss, increasing calories for those that are underweight, constipation, community services and referral agencies, iodine, feeding children, breakfast, heartburn, preschool nutrition and safe fish consumption.

- Continued to promote and support breastfeeding as the optimal method for feeding infants and children by offering breastfeeding training for all WIC staff, supporting staff participation in the statewide biennial breastfeeding conference, offering training and technical support to the three breastfeeding peer counseling sites, providing support for staff to become certified as International Board Certified Lactation Consultants, working with Medicaid on providing coverage for breast pumps, and developing breastfeeding friendly WIC clinic recommendations with the ND WIC Breastfeeding Committee. Also, WIC staff partnered with other agencies across the state by leading the HND Breastfeeding Committee (statewide breastfeeding coalition) and working with the statewide initiative on breastfeeding in the workplace.
- Ensured program quality by developing staff professional capacity through trainings offered in a variety of program areas like nutrition services, nutrition risk codes and World Health Organization (WHO) growth charts, vendor management, breastfeeding promotion and support and WICnet.
- Participated in a pilot project with wichealth.org, which allows participants to complete their required nutrition education

online. Wichealth.org is stage-based, participant-centered, behavior change nutrition education.

- Used an EBT planning grant to hire an EBT planning contractor and completed the feasibility for ND EBT application in preparation for WIC Electronic Benefit Transfer (mandated by 2020 for all states). State staff also visited two states with EBT systems (online and offline) to gain a better understanding of how the system works and implications for N.D.
- Transitioned to a new MIS Maintenance and Operations contractor for WICnet (the web-based management information system that supports services to WIC families). With the new contractor, WIC staff implemented several system builds, including the new WHO growth charts and risk code revisions.
- Prepared an advanced planning document (formal request with documentation) for the USDA for a MIS system upgrade to a system managed by states in the Mountain Plains Consortium.
- Negotiated a new infant formula rebate contract (with Mead Johnson) securing additional funds (estimated \$2 million each year) that goes to support an additional 2,500 participants each month.

Healthy Communities and Maternal and Child Health Nutrition

- Provided technical assistance and training to state and local partners on evidence-based chronic disease prevention strategies, with a focus on policy and environmental change.



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



Many programs in the Division of Nutrition and Physical Activity work together to promote breastfeeding and improve support for breastfeedings in all settings.

- Promoted physical activity in child care settings through television and online ads.
- Supported local public health nutritionists in addressing healthier school environments, breastfeeding, and nutrition and physical activity in early childhood; defined best practices for physical activity in child care and integrated that into trainings for child care providers.
- Facilitated periodic calls with community MCH nutritionists to share ideas and receive updates, and convened annual face-to-face meetings with local Maternal and Child Health Nutritionists and the North Dakota Public Health Nutrition groups.
- Distributed *Fit Kids=Happy Kids* posters and handouts to 436 schools and to child care providers across the state in an effort to reduce obesity and promote physical activity.
- Developed an informational display and hand out promoting the role of the public health nutritionists in obesity prevention.

Breastfeeding Promotion and Support

- Promoted the Infant-Friendly Worksite Designation Program and recognized the 46 businesses that have established breastfeeding support policies affecting 12,300 employees.
- Promoted breastfeeding in the workplace through television and online ads, print materials, and displaying and presenting at various conferences.
- Established and promoted the availability of the State Capitol Nursing Mother's Room.
- Facilitated the HND Breastfeeding Committee

meetings and facilitated the development of their 5-year strategic plan.

Worksite Wellness

- Engaged employees through group walks, Fruit and Vegetable Demonstrations, Destination to Health Program and Wellness Picnics for all NDDoH employees.
- Participated in NDPERS Worksite Wellness Coordinator monthly calls.
- Developed tools for the Employee Wellness team to use in order to become a more effective team.

Diabetes Prevention and Control Program

- Provided technical assistance and consultation to the Dakota Diabetes Coalition (DDC) in addressing diabetes prevention, access and technology. Helped the Dakota Diabetes Coalition maintain its 501 (c) (3) status and apply for grants.
- Assisted the DDC in offering mini grants to its members.
- Coordinated an annual diabetes summit with the DDC.
- Distributed prevention messages via magazines, newspapers, posters, television and printed materials to reach American Indians, the elderly and the general public.
- Partnered with the Great Plains Tribal Chairman's Health Board to host two meetings to identify opportunities for state programs to partner with tribal programs in North Dakota.
- Trained 22 partners and 9 sites on the National Diabetes Prevention Program, and helped each

site become a CDC-recognized site. Two sites are on American Indian reservations.

- Printed and distributed materials to support the National Diabetes Prevention Program.
- Provided resources to the Dining with Diabetes program.
- Completed a Diabetes Health Disparities Report.
- 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.
- Identified indicators to monitor for Healthy People 2020.

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.
- Pursue a long-term sustainable solution for the ND WIC management information system by preparing an IAPD for the upgrade of WICnet.
- Coordinate activities, services and information with health-care providers to improve the quality of life for WIC families.

- Continue to provide quality nutrition services to WIC participants by using participant-centered counseling strategies and providing state-developed nutrition education materials.
- Implement online nutrition education, wichealth.org, in all WIC agencies across the state.
- Strengthen vendor management and the WIC food delivery system by continuing to provide vendors information on food product changes and WIC eligibility and other necessary resources.
- Continue to work with the North Dakota Department of Health's breastfeeding in the workplace initiative, as well as to promote 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 an accredited Diabetes Self-Management Education (DSME) Program and increase the number of providers participating in an accredited DSME Program 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 obesity rates through trainings and providing assistance to partners on strategies that support increasing access to physical activity opportunities and access to healthy food in schools, early childhood settings, and worksites.
 - Continue to provide resources, information, and training to Nutrition and Physical Activity 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, promote the infant-friendly worksite designation program, and explore ways to address other breastfeeding promotion and support issues.
 - Participate in Healthy North Dakota and other appropriate coalitions and task forces to ensure nutrition and physical activity issues are represented.
 - Ensure the NPA coalitions and committees 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 changes 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 142 ground- (including substations and industrial) and nine air-ambulance services that meet standards for service availability, equipment and training.
- Updates and maintains training, testing, certification and licensure programs for emergency medical responders, EMS basic and advanced life support personnel, including emergency medical technicians, advanced emergency medical technicians & paramedics.
- Provides technical assistance to EMS services regarding patient care, system design, administration and operation issues.
- Inspects and licenses EMS training institutions.
- Approves continuing education curricula.
- Administers an EMS grant program of \$940,000 per biennium to help cover training costs of ambulance service personnel.

- Maintains data system with about 12,000 active EMS certification and licensure records.
- Maintains ambulance run-report data system that adds about 70,000 records per year.
- Maintains a distance learning DVD-based library system for EMS continuing education.
- Maintains a statewide trauma system.
- Coordinates and manages the statewide critical incident stress management team providing critical incident stress debriefing services.
- Coordinates and maintains Emergency Medical Services for Children Program.
- Provides oversight for the SIM-ND program, which provides training and education in trauma events through the use of simulators.
- Administers the STEMI program, an initiative aimed at improving the system of care for heart attack patients, and the community paramedic program.
- Administers the Community Paramedic Program.
- Maintains a relationship with the ND EMS Association as well as maintaining a presence in the EMS community overall with representation at conferences, trainings, etc.

Accomplishments

- Trained, tested and certified about 1,550 new personnel and 3,300 existing personnel. Courses included first responder, emergency medical responder, emergency medical technician, emergency medical technician – intermediate, advanced emergency medical technician and paramedic.
- Provided licensing for 151 ambulance services



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

- and 80 quick response units.
- Provided guidance and education to EMS Instructors throughout the state to adapt to new EMS Education Standards and the North Dakota Continued Competency Pilot with National Registry of EMTs.
 - Offered guidance and assistance to those ambulance services dramatically affected by oil exploration and development.
 - Provided 61 critical incident stress debriefings to EMS personnel and coordinated with DES to provide training for 34 new state critical incident stress management team members.
 - Maintained a trauma system that designates 45 trauma centers, develops trauma transport plans, maintains a trauma registry, and trains EMS and trauma center personnel.
 - Conducted emergency medical services for children programs that advocate specialized training and recommend equipment for pediatric emergency care.
 - Awarded a total of \$4.5 million in rural EMS assistance grants to 62 rural ambulance services helping to ensure continuous availability to respond to medical and traumatic emergencies and to assist in the development of a statewide EMS system.
 - Cooperated with the Energy Infrastructure and Impact Office to review and interview grant applicants and distribute \$5.5 million to EMS agencies most affected by the oil exploration and development in North Dakota.
 - Chosen by National Registry of EMTs for the Continued Competency Pilot Project for recertification of EMS providers.

- Created and provided leadership of the EMS Advisory Council.
- Established Facebook page, resulting in an average of 157 reaches per week.
- Revised and updated the EMS protocols and distributed to medical directors and EMS agencies across North Dakota.

Goals

- Maintain or strengthen EMS in rural North Dakota through policymaking, technical assistance, and grant opportunities.
- Carry out the recommendations of the Rural EMS Improvement Project.

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

- Conducted monthly Emergency Operations plan reviews with hospitals and long-term care facilities.
- Integrated long-term care regional representation into monthly HPP Executive Committee.
- Sponsored and coordinated Health and

- Medical Emergency Preparedness Conference.
- Successfully responded to a “no-notice” flood event requiring evacuation and repatriation of a hospital and a long-term care facility.
 - Enhanced communication capabilities via BT-WAN, radio, and HC Standard upgrades.

Goals

- Enhance and streamline volunteer registration, credentialing, and deployment process.
- Strengthen facility capacity for management of mass fatalities.
- Strengthen response partnership through education and training on specific response resources and capabilities.
- Continue to maintain public health and medical large-scale emergency systems for incident command, tactical communications, public health and medical supplies and equipment caches, planning and response contracts, just-in-time training, and staffing.

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. The division coordinates and supports emergency preparedness activities across

the health-care continuum through maintaining incident command and control, sustaining tactical communications, maintaining the state medical cache, providing planning and response contracts, providing just-in-time training, and utilizing the Emergency System for Advanced Registry of Volunteer Health Professionals.

Accomplishments

- Coordinated public health response to 2013 flood event, including evacuation of vulnerable populations.
- Successfully implemented Department Operations Center communications and activity.
- Acquired and implemented patient transportation assets and electronic vehicle staging system.
- Acquired mobile clinic capacities in state medical cache.
- Established and exercised primary receiving, staging and storing site for mass prophylaxis and countermeasure distribution.

Goals

- Enhance plans and strengthen resources for state medical shelters and pre-hospital staging areas.
- Maintain secure state medical cache.
- Continue to maintain public health and medical large-scale emergency systems for incident command, tactical communications, public health and medical supplies and equipment caches, planning and response contracts, just-in-time training, and staffing.
- Maintain mass prophylaxis and countermeasure distribution and dispensing operations.



The Emergency Preparedness and Response Section conducts exercises with partners across the state in efforts to ensure North Dakotans are protected during a public health emergency.

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 Prevention/HIV Surveillance/STD/Tuberculosis/Viral Hepatitis/Ryan White
- Immunization

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 inci-

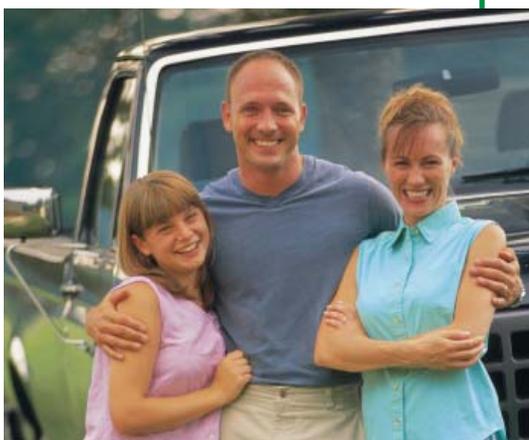
dence of communicable diseases and help ensure the health of North Dakotans.

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

- Collaborated with the North Dakota Game and Fish Department, USDA Wildlife Services, Board of Animal Health and the CDC on enhanced rabies surveillance in response to an increase in rabies positive animals and reported skunk sightings.
- 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.
- Developed new health-care associated infection educational brochures for Methicillin-resistant *Staphylococcus aureus* (MRSA), Vancomycin Resistant Enterococcus (VRE) and Clostridium difficile Infection (CDI).
- Developed a syndromic surveillance implementation messaging guide for North Dakota health-care facilities.



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

- Investigated, in collaboration with the CDC, a respiratory illness outbreak associated with high mortality in a North Dakota long-term care facility, which included respiratory pathogen testing that identified a rhinovirus as the likely causative agent of the outbreak.
- Participated in a multi-state investigation of a human anthrax case with recent travel to North Dakota.
- Participated in a multi-state investigation of listeria cases associated with cantaloupes.
- Facilitated surveillance of 2011 flood-related illnesses, injuries and deaths.
- Partnered with the CDC Biosense program to re-structure syndromic surveillance in North Dakota and implement HL7 syndromic messages with local facilities.
- Completed the development of the National Electronic Telecommunications System for Surveillance & the National STD Management Information System in the division's MAVEN system, which eliminated disease double data entry for reporting to the CDC.
- Investigated a foodborne outbreak with associated gastrointestinal illness at a county jail and coordinated with the CDC on specimen collection and testing to determine outbreak etiology.
- Provided mosquito control funds to small communities in North Dakota, which were used to combat mosquito populations in particular during community-wide celebrations, tournaments, centennials and other outdoor community events.
- Developed and printed the North Dakota

Child Care/School Infection Control Manual to serve as a tool to encourage common understanding about infectious diseases in group care setting for children among caregivers/teachers, parents/guardians and health-care professionals.

- Collaborated with the North Dakota State University Veterinary Diagnostic Laboratory on testing of equine and avian samples for West Nile virus.
- Hosted Healthcare-Associated Infection trainings and developed educational materials.
- Investigated and responded to a rabid cat in a North Dakota impound.
- Coordinated with the Division of Food and Lodging and Division of Laboratory Services to develop a foodborne outbreak investigation manual that provides information on the roles and responsibilities of those involved in foodborne outbreak investigations, as well as provide essential activities, objectives and tools for investigations during an outbreak.
- Collaborated with the North Dakota Board of Animal Health on the development of rabies online training for veterinarians, peace officers and health-care providers.
- Coordinated with the North Dakota Board of Animal Health and the CDC on the investigation of rabid pigs on a North Dakota farm.

HIV Prevention/HIV Surveillance/STD/Tuberculosis/Viral Hepatitis/Ryan White Programs

In 2012, the HIV/AIDS/TB Programs, as well as the STD/Viral Hepatitis Programs, were



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

www.ndhealth.gov/knowyourrisk



The Division of Disease Control provides services designed to reduce and prevent the transmission of STDs and to reduce illnesses and deaths of North Dakotans infected with STDs.

consolidated under one program manager within the Division of Disease Control. The above programs have also been integrated under one advisory group, the ND Community Planning Group, to cross-cut prevention activities toward certain populations at-risk for all of the above conditions instead of a siloed approach to reaching target groups. The HIV/STD/TB/Viral Hepatitis/Ryan White Programs work together to provide comprehensive educational opportunities to stakeholders in North Dakota. These activities include a biannual symposium that focuses on educating medical professionals on the latest trends in disease transmission, treatment and prevention efforts. The most recent symposium was held in April 2012.

HIV/AIDS Prevention Program

The mission of the HIV/AIDS Prevention Program is to reduce and prevent transmission of HIV and to reduce the associated illnesses and deaths of HIV-infected people. HIV prevention services are conducted at 17 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/STD/TB/Viral Hepatitis Prevention Plan* in collabora-

tion with the North Dakota Community Planning Group.

- Continued to implement a quality assurance (QA) program for the 17 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.
- Accomplished a 99 percent rate of HIV results given at counseling and testing sites.
- Continued to offer an annual 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.
- Conducted outreach testing events in partnership with the American Red Cross to offer HIV, Hepatitis C and STD testing in medically underserved areas of the state. These areas include Indian reservations and oil country.

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, 2013, 606 infections have been reported in the state.

Accomplishments

- Updated the Epidemiological Profile for HIV.
- Updated the policies and procedures manual.
- Competently used MAVEN to monitor all HIV-related surveillance data, which allows for enhanced surveillance for reportable co-morbid conditions.

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, 2013, there were 172 clients enrolled to receive services through the Ryan White Program. This number is up from 105 reported at the end of the last biennium.

Accomplishments

- Administered a Ryan White client satisfaction survey to all clients.
- Conducted audits on all Ryan White clients to ensure the program is compliant with the federal rule of being “the payer of last resort.”
- Maintained a comprehensive and rich formulary for the AIDS drug assistance program (ADAP).
- Received a competitive grant to increase the monetary resources needed to sustain the

ADAP program.

- Migrated from using a siloed client-level management system, CareWARE, to MAVEN. This allows for patients to seamlessly navigate from HIV diagnosis to care and to monitor if there are needs for re-engagement in care. This approach also reduces the burden of data entry and allows for more focus on the patients themselves.
- Hired a quality management coordinator to assess where the program can reduce costs and improve service delivery for clients.
- Presented at the Council of State and Territorial Epidemiologists (CSTE) Annual Meeting in 2012 about the work done to integrate Ryan White client-level tracking into MAVEN.

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.
- 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.

- Educated providers about the ability to use expedited partner therapy to improve services and access to treatment.
- Performed data quality control of STD data in the electronic disease surveillance system, MAVEN.

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. Thirteen sites are contracted to provide testing, counseling, referrals, vaccinations and education.

Accomplishments

- Consolidated Viral Hepatitis Prevention planning with HIV/STD & TB planning through the ND Community Planning Group.
- 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, MAVEN.
- Developed a strategic plan for Viral Hepatitis Program.

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 completion of treatment, identifying and screening all people who have had contact with infec-

tious cases of TB and offering laboratory services.

The TB Program 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. In late 2012, a large outbreak in Grand Forks County yielded an unprecedented number of cases of active and latent tuberculosis infections. While the outbreak continues, as of June 30, 2013, there have been 26 cases of active tuberculosis, 69 latent infections and over 1,700 people tested for tuberculosis around our known active cases.

The patients presenting with TB disease in this outbreak are on alternative regimens of treatment to contend with a mutation in the bacteria that might express resistance to the drugs commonly used to treat tuberculosis. This adds a substantial cost to the management of this outbreak, which requires daily observed medication therapy by local health personnel to each of the active cases as well as the latent cases for 4 to 9 months, depending on the treatment regimen prescribed to the patient.

Accomplishments

- Identified and rapidly conducted an outbreak

investigation in Grand Forks County, which has yielded the largest outbreak of tuberculosis in recent time in North Dakota. The outbreak has yielded nearly four times the number of active cases North Dakota generally sees in a year. Work will continue to monitor the extent of this outbreak into the 2013-15 biennium.

Immunization Program

The mission of the Immunization Program is to continue to protect the health of North Dakotans by preventing and mitigating vaccine-preventable diseases through immunization, by managing immunization resources and immunization information systems, and by identifying and promoting evidence-based public health best practices.

The National Immunization Survey (NIS) estimates that 72.2 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 2012. The goal for Healthy People 2020 is 80 percent.

The NIS estimates that 89.5 percent of North Dakota adolescents were up to date on tetanus, diphtheria, and pertussis (Tdap) vaccine, 88.1 percent for meningococcal vaccine, and only 40.9 percent of girls were up to date for human papillomavirus (HPV) vaccine in 2012. The goal for Healthy People 2020 is 80 percent for each vaccine.

According to the 2012-2013 school immunization survey, 90.11 percent of kindergarten students were up to date for polio, 89.68 percent

for diphtheria/tetanus/pertussis, 88.83 percent for measles/mumps/rubella, 93.94 percent for hepatitis B, and 89.32 percent for chickenpox. Less than 2 percent of children entering kindergarten claimed an exemption to the school immunization requirements. Healthy People 2020 goals for kindergarten entry immunization rates are 95 percent.

According to the BRFSS, in 2011 58 percent of North Dakotans 65 and older received influenza vaccine and 70.1 percent received pneumococcal vaccine. The Healthy People 2020 goal for influenza and pneumococcal vaccination of people 65 and older is 90 percent.

Accomplishments

- Established interoperability between the North Dakota Immunization Information System (NDIIS) and electronic medical records of large health systems from around the state.
- Promoted immunization to the public through media campaigns, educational brochures and social media.
- Held a statewide immunization conference in 2012 with more than 250 providers in attendance.
- Implemented the new college immunization requirement for meningococcal vaccine.
- Participated in a state performance audit of the Vaccines For Children Program.
- Conducted site visits at more than 70 percent of enrolled providers in the state.
- Implemented a new vaccine ordering system on the NDIIS.
- Coordinated the North Dakota Immunization



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

Advisory Committee.

- Investigated 214 cases of pertussis (whooping cough) in 2012, a three-fold increase from the previous year.
- Received an immunization information system sentinel site grant (one of six states). Sentinel sites have achieved high data quality standards to use their IIS for program evaluation and vaccine use assessments. Sentinel sites partner with CDC to track patterns in immunization practices and assess vaccination coverage among children younger than 19 years of age in their sentinel site geographic regions.
- Collaborated with the Emergency Preparedness and Response Section to conduct mass vaccination back-to-school clinics in northwest North Dakota.
- Received seven competitive Prevention and Public Health Fund grants to improve local public health billing for immunizations.
- Presented at national conferences, including the Association of Immunization Managers and American Immunization Registry Association Conference.
- Responded to vaccine shortages of various vaccines, including influenza vaccine during the 2012-2013 flu season.

Division Goals

- Expand upon work done to increase testing for HIV, Hepatitis C and STDs in high-risk individuals in medically underserved areas.
- Continue to increase HIV education and awareness in North Dakota.
- Increase partner follow-up of HIV-positive

individuals.

- Re-engage HIV-positive individuals not in Ryan White and not in care.
- 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 Medicaid through the federally run insurance exchange. Patients who do not qualify for Medicaid or other federally run insurance programs will be required to procure insurance through the exchange as their avenue for receiving ADAP services.
- Increase immunization rate for all age groups to Healthy People 2020 goals.
- Improve enforcement of school immunization requirements.
- Continue to connect the NDIIS to electronic medical records throughout the state.
- Ensure accountability for vaccines supplied through the federal VFC program.
- Ensure data quality in electronic disease surveillance system.
- Increase the number of facilities sending syndromic surveillance data to the division.
- Continue to coordinate the exchange of electronic syndromic, laboratory and immunization information with the state HIN.
- Conduct annual training and educational opportunities for medical professionals to:
 - Promote rapid treatment of diagnosed cases of HIV, Viral Hepatitis and STDs.
 - Ensure rapid notification of partners for HIV, syphilis and gonorrhea.

- Provide health-care providers with accurate, updated information regarding the diagnosis, treatment and management of HIV, STDs, TB and Viral Hepatitis.
- Work to integrate comprehensive sexual health screening and risk assessment into general practice at the primary care level in N.D.
- Conduct occupational injury assessments in oil country.

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 multi-state alcohol attributable risk article for submission to the *Morbidity Mortality Weekly Report*.
- Co-authored a draft manuscript for an article on the multi-state American Indian/Alaskan Native influenza mortality study.
- Authored a presentation given at Council of State and Territorial Epidemiologist's conference on influenza illness among vaccinated and unvaccinated children during the 2009-10 and 2010-11 influenza seasons in North Dakota.
- Co-authored several poster presentations at Council of State and Territorial

Epidemiologist's on the state's new surveillance system and TB outbreak.

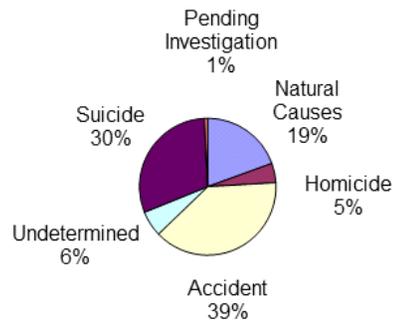
- Facilitated several sessions at Rural Health Conference, Council of State and Territorial Epidemiologist Conference, National Disaster Epidemiology Conference and the National Tribal Health conference.
- Served as the North Dakota Representative on the Association of State and Territorial Health Officials Public Health Informatics workgroup.
- Served as Region VIII director, National Association of Vector-Borne Disease Control Officials.
- Served as the NDPHA Vice-President and President-elect.
- Collaborated with partners to assess injuries and illnesses related to energy development and developed newsletter to provide data.
- Participated/developed news releases/educational campaigns/media events on variety of topics in the Division of Disease Control.

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

**Coroner Referrals (708)
2011-2013 Biennium
Manner of Death**



The role of the state forensic examiner is to provide forensic 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, photo-

graphic 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 708 cases during the biennium (an increase of 18.5% 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 and personnel 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.

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 on-site inspections of new construction and remodeling in health-care facilities licensed by the Division of Health Facilities.

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 – 80
- Home-health agencies – 25
- Hospice programs – 13
- Basic-care facilities – 68

The division has certification responsibilities for the following:

- Long-term care nursing facilities – 80
- Hospitals, including 36 critical access hospitals, 6 general acute hospitals, 2 long-term acute care hospitals, 3 psychiatric hospitals, 1 rehabilitation hospital, and 2 transplant hospitals.
- Intermediate-care facilities for Individuals with Intellectual Disabilities – 68
- Home-health agencies – 18
- Hospice programs – 12
- Rural health clinics – 52
- Clinical laboratories – 616
- 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



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

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 54 programs plus more than 60 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.
- 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.

Division of Food and Lodging

The Division of Food and Lodging is responsible for protecting public health through licensing and inspection of 551 restaurants, 340 bars and limited restaurants, 472 lodging facilities, 622 mobile-home parks and campgrounds, 51 bed-and-breakfast facilities, 540 retail food stores, 38 meat markets, 14 bakeries, 61 assisted-living facilities, four tattoo/body art facilities, 67 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 17 preschools and day care centers that prepare food. In addition, staff members license and inspect 48 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 has one FDA commissioned standardization officer. This employee standardizes and certifies that other state and local health inspectors are proficient and provide comprehensive application of the state's food code regulations.

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.

Accomplishments

- Conducted more than 6,123 inspections of licensed facilities.
- Continued standardization of state and local public health inspectors.
- Promulgated and successfully updated 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 state and local public health unit inspectors.
- Pursue the purchase and implementation of a new information data management system that will allow the division to conduct and send electronic inspections and send electronic license renewals for all licensed facilities. Inspection results will also be posted on the division's website.
- Begin reviewing the new 2013 FDA Model Food Code for changes we will propose to adopt as administrative rules changes to our state food code regulations.



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

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 individuals with intellectual disabilities.

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.



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

Accomplishments

- Hired and trained two new Life Safety Code surveyors. Surveyors completed federal training and attained national Fire Inspector 1 certification.
- Provided training at provider association-sponsored conferences.
- Completed conversion of historical health-care construction plans from microfiche to digital.
- Maintained website for information accessible by the public.

Goals

- Continue working to convert existing files from paper to digital.
- 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).
- Promote consistency in the survey process.
- Maintain average survey interval of 12 months or less for nursing facilities and intermediate care facilities for individuals with intellectual disabilities.
- Update construction standards for hospitals, nursing facilities, and basic care facilities.

Special Populations Section

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 of Health Equity

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
- Russell-Silver Syndrome Program
- Care Coordination
- Information Resource Center
- Children with Special Health Care Needs Service System
- State Systems Development Initiative

Accomplishments

Specialty Care Diagnostic and Treatment Program

- Assisted about 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 and testing of the new Medicaid Management Information System.
- Revised the *Family Handbook*, a publication that



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

provides guidance to families served through the Diagnostic and Treatment programs.

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.
- Assured delivery of quality clinic services through ongoing monitoring and technical assistance, periodic site visits, and annual collaboration and mentoring opportunities.
- Updated cleft lip and palate clinic and cardiac program procedural guides.

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).
- Initiated a new electronic notification process to inform clients about shipping dates of metabolic food orders.
- Initiated care coordination services for infants identified through the Newborn Screening Program to help families with costly diagnostic testing and linkages to needed resources.

Care Coordination

- Provided technical assistance and training to local staff to enhance delivery of CSHS programs. Efforts focused on enhancements of care coordination plans and electronic forms.
- Funded care coordination services through

select medical home practices, local public health nurses, and county social service staff serving children and youth with special health-care needs.

- Conducted outreach to facilitate enrollment into a medical home care coordination online course to support children with special health-care needs and their families.

Information Resource Center

- Provided funding to Family Voices of North Dakota and the ND Hands & Voices Chapter to support health information and education center activities.
- Provided requested health information that linked families and providers to needed services and resources through a variety of strategies (e.g., outreach mailings, toll-free number, e-mail, website, Facebook, conferences, 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.
- Continued support of a 10-member Family Advisory Council.
- Assisted transition-aged youth and their families through a variety of activities (e.g.,

transition outreach packets, displays at transition fairs, participation on the ND Transition Community of Practice, transition presentations, etc.).

State Systems Development Initiative

- Maintained the North Dakota Birth Defects Monitoring System and completed annual reporting in the Congenital Malformation Report published by the National Birth Defects Prevention Network.
- Provided extensive data required for the annual Title V MCH block grant applications.
- Developed and disseminated 10 fact sheets highlighting priority needs that were identified for the state's maternal and child health population.
- Provided funding to update the CSHS Division's client server application.

Division Goals

- Provide direct services to 2,000 children each year.
- Transition eligibility and claims payment functions to the new Medicaid Management Information System.
- Initiate an annual re-evaluation process for the Diagnostic Services Program.
- Implement changes to the Cardiac Care for Children Program to achieve administrative efficiencies and evaluate results.
- Promote access to health insurance by enhancing consumer assistance with implementation of the Affordable Care Act in N.D.
- Enhance daily operations of the Information

Resource Center by using electronic outreach and information dissemination.

- Initiate new assessment activities for the upcoming five-year Title V MCH needs assessment while continuing to engage partners in collaborative work efforts to improve the health of North Dakota's maternal and child population.
- Develop reports and fact sheets using data from the 2009/2010 National Survey of Children with Special Healthcare Needs and 2011/2012 National Children's Health Survey.
- Develop a North Dakota Birth Defects Monitoring System Summary report or data brief.
- Provide information and training on life course, social determinants of health and health equity.
- 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.
- Respond effectively to transitions including "revisioning" required with the Title V Maternal and Child Health Services Block Grant and movement of the CSHS Division into the Community Health Section.



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

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 (Department of Family and Community Medicine) to administer the National Health Service Conference in N.D.
- Serving on the North Dakota Oral Health Coalition and Health Disparities Committee to improve access to oral health services and reduce health disparities.

Accomplishments

- Placed seven physicians, three midlevel practitioners, six dentists and six veterinarians in North Dakota communities through the dental, physician, advanced-practice nursing and veterinarian loan repayment programs.
- Placed 22 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 eight dentists in private practice, five dentists in public or non-profit practice, nine physicians, six midlevel practitioners, and six veterinarians in areas of need.
- Transition duties of the Primary Care Office through contract with the University of North Dakota School of Medicine and Health Sciences (Department of Family and Community Medicine) to effectively manage the J-1 Visa Waiver program for medical graduates, designate workforce-shortage areas, promote the development of Federally Qualified Community Health Centers and manage the loan repayment programs.

Office of Health Equity

The Health Equity Office 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. The name of the office was changed to reflect fairness and justice. The office is committed to ensuring that health is equally distributed by addressing the social determinants in fighting health disparities.

Accomplishments

- Partnered with Three Affiliated Tribes of Fort Berthold to have legislation passed in the 2013 North Dakota Legislative Assembly to establish a tribal public health unit on the Fort Berthold Indian Reservation as a special project.
- Partnered with Spirit Lake Tribal Health to address Community Health Representative Case Management Certification. The North Dakota Department of Human Services received approval from the Centers for Medicare and Medicaid to amend the state plan. This amendment authorizes qualified Community Health Representatives to provide Targeted Case Management for Medicaid-eligible individuals in need of long-term care services on the Indian reservations.
- Established a committee of committed individuals from the Three Affiliated Tribes tribal leadership, North Dakota Department of Health, and North Dakota State University academics from the Masters in Public Health Program to develop a Model Health Code Manual for the Three Affiliated Tribes to supplement the development of the local public health unit on the reservation.
- Conducted Behavioral Risk Factor Surveillance System (BRFSS) survey on the Fort Berthold Indian reservation.
- Maintained and expanded website and its holdings located at www.ndhealth.gov/oehd.

Goals

- Increase awareness of health disparities.
- Strengthen leadership at the community, local and state levels for addressing health equity.
- Coordinate and utilize evidence-based promising practices.
- Seek permanent financial support for the Health Equity Office.
- 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 and access to health programs.



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

Environmental Health Section



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

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.

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.

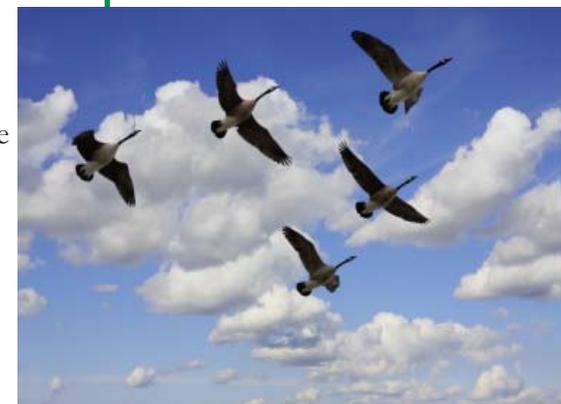
Radiation Control and Indoor Air Quality Program

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 2011-2013 biennium, one of only eight states to do so.
- Evaluated approximately 186 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/recovery 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 one amendment and one supplement to the State Implementation Plan for Regional Haze.
- Prepared case, analysis, supporting documents and strong arguments to challenge EPA's Federal Implementation Plan for Regional Haze.



North Dakota is one of only 8 states that met all federal ambient air quality standards during the 2011-2013 biennium.

- 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.

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 inspections conducted at facilities generating or managing hazardous waste, the program also 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 other quasi- governmental entity that are underdeveloped due to actual or perceived contamination.

Accomplishments

- Inspected about 90 facilities that generate or manage hazardous waste; provided compliance

- assistance to numerous other facilities that generate hazardous waste.
- Reissued one hazardous waste storage/corrective action (remediation) permit and one corrective action only permit.
 - Conducted 32 PCB inspections; assisted businesses managing regulated PCB waste; and promoted the management of unregulated PCB waste as regulated PCB waste.
 - Worked with five permitted facilities that are remediating contaminated soil and/or ground water.
 - Responded to citizen complaints and assisted in the cleanup of environmental spills.
 - Reviewed and responded to various documents submitted to the program including site assessments related to property transactions. No further “remediation required” and/or regulatory assurance letters were issued to prospective property purchasers and/or lenders.
 - Removed contamination at six Brownfield sites in six communities. These activities were conducted at the request of a community, county or other governmental entity.
 - Issued approximately 315 solid waste transporter permits.
 - Assisted 14 schools with managing their obsolete or excess classroom laboratory chemicals.
 - Collected approximately 155 pounds of elemental mercury for recycling.
 - Received and investigated approximately 175 solid waste rejection forms received from permitted solid waste landfills or transporters.

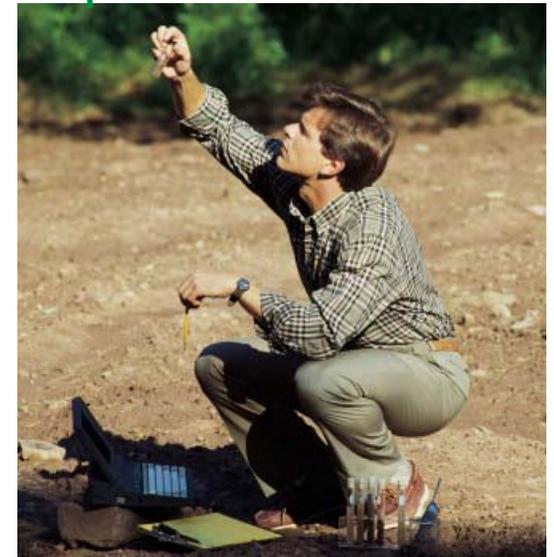
Goals

- Continue to inspect facilities that generate or manage hazardous waste and to provide compliance assistance to regulated facilities.
- 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, as time and resources allow, for the regulated community that provides an overview of state rules and requirements.
- 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 underground storage tank systems. Leaking USTs can contaminate nearby soil, ground water or surface water



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

and threaten human safety

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

Accomplishments

- Regulated more than 860 active tank facilities for a total of 2,250 tanks. Compliance is monitored by on-site visits at least once every three years, as well as mail-in self-certification. Program staff observed 69 tank closures, conducted upwards of 740 on-site inspections, and investigated and monitored cleanup of more than 33 leaking UST sites.
- Conducted routine collection and analysis of 440 petroleum samples; notified petroleum retailers of analytical results, including octane and distillation end points.
- Registered all antifreeze manufacturers and retailers in the state.
- Used 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 cleanup and/or removal of leaking or potential leaking USTs at facilities throughout the state.
- Continued outreach to tank owners about proper maintenance and operation of USTs. More than 7,500 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.).
- Enforce guidelines regarding delivery prohibition, secondary containment and owner/operator training.
- Continue to 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, environmen-

tally 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.

The disposal of oilfield special and industrial waste increased by more than 10,000 percent at Department of Health-regulated landfills.

Accomplishments

- Revised plans and permits for five existing special and industrial waste landfills, and facilitated significant upgrades and/or expansions to capacity to manage nearly 1.1 million tons of oilfield waste in 2012. In addition, five new facilities have been permitted, two more are under permit review, and at least three applications are anticipated within the next year to manage the extremely saline and/or oily waste from oilfield drilling, spills and cleanups.
- Assisted four existing Municipal Solid Waste (MSW) landfills in western North Dakota in handling the increased amount and complexity of municipal and industrial solid waste in the region.
- Assisted facilities in implementing changes to deal with co-mingled chemicals, including reactive waste which started fires within the facilities; worker exposure to unknown chemicals; co-mingled low-level Technologically Enhanced Naturally Occurring Radioactive Materials (TENORM); safety issues from substandard hauling equipment; damage to equipment from scrap metal co-mingled in

loads; and challenges in retaining trained landfill staff.

- Conducted more than seven workshops in western North Dakota to train operators, waste generators and waste haulers about the increased complexity and volume of waste coming to MSW Landfills.
- Evaluated issues, and inspected and enforced rules on illegal disposal of waste materials, particularly in western counties and in rural areas across the state.
- Worked with North Dakota tribes on waste management issues, including a new transfer station within the Turtle Mountain Band of Chippewa Reservation.
- Continued regulation of 13 MSW landfills, 26 transfer stations, three industrial waste landfills, 12 coal-combustion waste landfills, 24 coal-combustion waste impoundments, 215 inert waste landfills, six land-treatment operations and numerous compost facilities.
- Approved more than 200 new waste hauler permits for transportation of oilfield-related waste.
- 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.
- Co-sponsored with the North Dakota Solid Waste and Recycling Association (NDSWRA) the annual Solid Waste Symposium in



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

Dickinson (September 2011) and Fargo (September 2012).

- 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.
- 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.
- Continued outreach on issues including volume-based waste services, product stewardship, electronic waste, inert-waste management, waste reduction, recycling, composting, disposal and waste hauling.

Goals

- Promote integrated waste management, including waste reduction, reuse, recycling, composting and energy recovery.
- Work with counties and cities to evaluate options for abandoned and dangerous buildings, emergencies, economic development and sustainable growth.
- Conduct training and workshops addressing challenges in inert waste management in rural areas, particularly dealing with abandoned and dangerous buildings, disaster debris manage-

ment and normal economic activities.

- Help evaluate management and potential rule changes for managing low-level radioactive materials generated in oil exploration and production.
- Continue permitting, inspection and compliance work on oilfield waste management facilities.
- 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 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 Burleigh County.
- Assisted units of government with emergency removals in Ward County.

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 the following 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 628 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 1,009 certified operators in the state. Program staff members also administer the state's fluoridation program and provide technical assistance to private water systems.

Six inspectors/trainers inspect 419 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.

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, 2013, loans totaling about \$385 million have been approved to assist North Dakota water systems. Program staff members also review about 200 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



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

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, 2013, loans totaling about \$366 million have been approved to assist North Dakota wastewater systems. Program staff members also review about 200 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 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 \$751 million through the Drinking Water and Clean Water State Revolving Loan Fund programs to North Dakota communities through June 30, 2013, for addressing drinking water and wastewater compliance and infrastructure needs.

Goals

- Maintain state delegation and responsibility for the PWSS, DWSRF 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 Dis-

charge 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.

Accomplishments

- Completed the internal triennial review, developed proposed amendments and began the rule making process.

Special Projects

The NDDoH is the lead agency for monitoring water quality, providing technical review and ensuring water quality standards are adhered to for the protection of state waters. The NDDoH takes a proactive approach to this responsibility by participating on multiple local, state and international water-related boards and committees.

Accomplishments

- Provided monitoring and 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.

- Implemented an emergency rule changing the sulfate limit from 450 to 750 milligrams per liter in the Sheyenne River from its headwaters to 0.1 mile downstream from Bald Hill Dam. The change was incorporated to the Standards of Quality for Waters of the State. An outlet from East Devils Lake to the Sheyenne River became operational during the spring of 2012. The NDDoH provided and will continue to provide estimates of downstream water quality and potential effects to beneficial uses of the water.
- Provided technical assistance for protection and maintenance of water distribution and wastewater treatment systems and provided regulatory oversight for threatened fuel storage areas, potential hazardous materials sites and other environmental threats.
- Provided comment to the State Water Commission on 77 water-related projects and permits.
- Provided comment and review on oilfield-related pipelines such as the BakkenLink, Sandpiper and Hawkeye.
- Provided comment on multiple environmental impact assessments, such as the Maple River and Drayton Dam, Fargo Flood Diversion and Little Missouri Crossing.

Water Quality Certification

The NDDoH administers the Clean Water Act, Section 401 water quality certification. Water quality certification provides the state a tool to protect water quality by addressing the aquatic resource impacts of federally issued



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

permits and licenses. Under Section 401, a federal agency cannot issue a permit or license for an activity that may result in a discharge to waters of the U. S. until the state has granted or waived certification. Types of projects reviewed for certification included dredge projects on the Missouri River to alleviate flood potential; river crossings by highways, pipelines, and utilities; and bank stabilization and levies.

Accomplishments

- Provided water quality certification or conditional certification to 33 projects.
- Denied or conditionally denied water quality certification to three projects.

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 wastewater discharge permits. 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. 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, most of these 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 as smaller beef producers expand their operations.

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 and illegal discharges. Oilfield activity has resulted in an increased number of construction and industrial permits, and the presence of more septic pumpers doing business.

Accomplishments

- Conducted training for the regulated community, including CAFOs, municipal wastewater systems, stormwater contractors, waste haulers and oil production companies.
- Printed and distributed packets to provide homebuilders and developers information on stormwater permitting requirements.
- Developed guidance on the permitting process for new housing.
- Maintained less than a 2 percent backlog of NDPDES permits with no priority permits backlog.
- Issued general permit (NDG-42) for package plant treatment systems to streamline the permitting process for new wastewater treatment plants.
- Achieved EPA inspection goals for all autho-

rized programs.

- Developed inspection procedures for septic pumpers.
- Maintained compliance with EPA's Technical Review Criteria at more than 90 percent of facilities.
- Initiated 13 enforcement actions to ensure a level playing field for all entities and to protect water resources.

Nonpoint Source (NPS) Pollution Management Program

One of the primary challenges to maintaining or improving the quality of the state's surface water resources is nonpoint source (NPS) pollution because this pollution does not come from one point. NPS pollution 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

- Expended approximately \$9.5 million in Section 319 funding to support 51 locally sponsored projects. These projects included 25 watershed projects, 14 education/demonstration projects, four support projects and eight assessment projects. The projects used the funding to cost-share agricultural practices, conduct education events, deliver technical assistance to agricultural producers, design manure management systems and evaluate water quality trends or conditions.

- Provided technical assistance for the development of six new projects seeking FY 2013 funding
- Supported various best management practices (BMPs) with nearly 45 percent of the Section 319 expenditures (i.e., \$4.2 million). Over 70 percent of these BMP expenditures were used to install practices that improve livestock grazing and manure management.
- Applied typical BMPs, which included practices such as 18 manure management systems, more than 100,000 feet of fence and water pipelines to improve grazing on rangeland/pastureland, 208 acres of riparian buffers, 85 septic systems and 2,252 feet of streambank restoration.

Surface Water Quality Monitoring and Assessment Program

The state's surface water resources are significant. Currently, the NDDoH recognizes 253 public lakes and reservoirs totaling 766,334 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.

Watershed Management and Total Maximum Daily Loads (TMDLs)

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.

Accomplishments

- Implemented a revised ambient water quality monitoring network which consists of 81 Level 1, 2 and 3 sites. The revised network consolidates the monitoring networks from the North Dakota State Water Commission, the U.S. Geological Survey and the NDDoH.
- Held the first annual North Dakota Water Quality Monitoring Conference on February 27-29, 2012, through the North Dakota Water Quality Monitoring Council.
- Completed a comprehensive biological assessment of perennial rivers and streams in the

Red River basin in North Dakota.

- 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 and the U.S. Army Corps of Engineers, the NDDoH sampled Lake Sakakawea bi-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 Lakes Assessment (NLA). As part of the NLA, the department sampled 50 lakes and reservoirs in 2012 and 2013. Results will be used to assess the overall condition of lakes and reservoirs in the U.S. and in North Dakota.
- Submitted the *2012 Integrated Section 305(b) Water Quality Assessment Report and Section 303(d) List of Waters Needing Total Maximum Daily Loads*, summarizing the state's water quality conditions and fulfills CWA reporting requirements by providing a list of impaired waterbodies needing TMDLs.
- Received EPA approval for 24 TMDLs, including nutrient TMDLs for Homme Dam, Braddock Dam, Brush Lake and Crooked Lake, and 20 bacteria TMDLs for rivers and streams.
- Worked with local stakeholders on TMDL projects and watershed assessments for Matejcek Dam, the upper Sheyenne River, Antelope Creek (Grant County) and Turtle River.

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 facilities regarding issues related to 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 the North Dakota Rural Water Association 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. The department has seen a large increase in both community and non-community water systems resulting from energy development.
- Began preparation of a pamphlet summarizing the Source Water Protection Program.

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



North Dakota contains 253 recognized lakes and reservoirs totaling 766,334 surface acres.



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

- inject waste into Class I injection wells.
- Reviewed a permit application for a new Class I injection well; began preparing an Aquifer Exemption for the facility to allow injection into an underground source of drinking water.
- Conducted about 60 inspections at facilities located in high-risk areas such as wellhead protection areas and other sensitive areas. The inspections identified 170 new Class V wells.
- 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 400 wells in 25 aquifers for trace metals, general water chemistry parameters, nitrates and pesticides; summarized data in annual reports.
- Continued working with the State Water Commission, area irrigators and producers to mitigate the nitrate contamination in the Karlsruhe aquifer; collected about 65 samples from 25 wells.
- Developed a sampling program designed to evaluate potential impacts of oil activity on glacial drift aquifers in northwestern N.D.

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.

- Evaluated impacts during statewide flooding events, including the release of oil and drilling fluids resulting from flooding of the Little Missouri River.
- 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. The project provided safe drinking water to several communities through the Southeast Water Users District (SEWUD) water treatment and distribution system. Private drinking water wells were sampled to evaluate arsenic concentrations; qualified individuals received safe drinking water through the SEWUD water treatment and distribution system.

Division Goals

- Adopt proposed amendments to the Standards of Quality for Waters of the State.
- Provide necessary and increasing oversight on pipeline breaks, tanker truck rollovers, and numerous 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.
- Provide necessary and increasing oversight for temporary housing facilities to ensure wastewater is disposed of properly.
- 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.
- Develop a comprehensive nutrient reduction strategy for lakes, reservoirs, rivers and streams that, when implemented, will help the state target and prioritize watersheds and BMPs to achieve cost-effective water quality improvements.
- Develop and launch a webpage that will publish statewide spill reports.

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

- Received and analyzed 23,200 samples for approximately 274,350 analytes.
- Provided analytical support to help public water systems comply with federal and state drinking water rules and regulations. Almost 5,000 samples were tested for more than 22,550 analytical components. Included in this



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.

program are:

- o Testing for trace metals such as arsenic, lead and copper.
- o Testing for parameters such as levels of nitrates and fluorides.
- o Testing for disinfection by-products such as haloacids and trihalomethanes.
- o Testing for synthetic organic compounds like pesticides, volatiles and total organic carbon.
- 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 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 ground water program (approximately 3,000 samples).
- Provided water quality and sulfate testing on approximately 1,250 samples from upstream and downstream of the Devils Lake outlet (approximately 28,000 analytes).
- 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. Examples included:
 - o An unauthorized release of water from a farm in South Dakota that was

likely high in manganese and iron. The water was released into Shortfoot Creek, which flows into North Dakota in Sargent County.

- o Samples collected near Williston were received in support of the investigation of a petroleum release into the Yellowstone River in Montana.
- o Testing of flood waters from the Souris River system.
- o Development of an oilfield response kit. These kits are placed at selected locations in the oilfield and filled with a variety of sampling containers that can be used to collect water and/or soil samples in the event of an oilfield environmental contamination incident. Placement of these kits in the field will allow for a rapid response to any incident.
- o Oilfield-related testing of 376 samples for about 16,400 analytes. Some of these include:
 - ◆ Production water associated with a pipeline leak
 - ◆ Well blowout
 - ◆ Foaming fire in Watford City
 - ◆ Dust control produced brine

Goals

- Maintain or increase laboratory efficiency and responsiveness.
- Provide continued analytical support for

environmental protection, public health, agriculture and petroleum regulatory programs.

- Continue to provide analytical testing support for the department's oilfield response and other emergencies.
- 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.

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 111,195 specimens resulting in 211,953 analytical tests.
- Maintained mosquito surveillance program for West Nile virus and other arboviruses.

- Responded to a number of outbreaks that included multiple foodborne outbreaks; a Carbapenem-resistant Enterobacteriaceae outbreak involving North Dakota and Minnesota in May 2012; and several tuberculosis outbreaks including a tuberculosis (TB) outbreak at Dickinson State University in July of 2012; and an ongoing outbreak of tuberculosis centered in the Grand Forks area beginning in September of 2012 (resulting in an increase of 21.1 percent in TB tests).
- Participated in a multi-state (MT, WY, CO, SD, UT and ID) joint proposal for shared services for antimicrobial susceptibility testing for TB. Colorado submitted the proposal to the Association of Public Health Laboratories and the Centers for Disease Control and Prevention (CDC) and was selected as one of the awardees for "Exploring Novel Approaches to Shared TB Laboratory Services."
- Responded to four suspicious substance events. In all four instances, samples were received, analyzed and found to contain no hazardous materials. The lab also assisted in a CDC-coordinated multi-state investigation of a case of inhalation anthrax in August 2011. Inhalational anthrax is very rare. This case received national attention including an article on the case that was published in a scientific journal.
- Provided bacterial water testing and support during flood and flood recovery efforts. Free water testing was offered beginning in June

-
- 2011 until the flooding impacts lessened.
- Completed the Clinical Laboratory Improvement Amendments (CLIA) laboratory inspection and recertification process. Maintained federal testing certification for dairy products (FDA) and drinking water (EPA) and renewed the registration to handle and store select agents (CDC). In addition, an unannounced inspection by the Federal Aviation Administration in July of 2012 found the lab was fully compliant with all Department of Transportation and International Air Transportation Association requirements for packaging and shipping of infectious substances.
 - Continued to support a statewide courier system to transport clinical laboratory specimens from a network of hospitals/clinics/public health units to the lab on a daily basis.
 - A total of 25,588 lab-reportable condition results were electronically reported to the Division of Disease Control's MAVEN system and other public health partners via HL7 message.
 - Continued to support testing for seasonal and novel influenza viruses.
 - Submitted a total of 385 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.
 - Assisted state partners, including the Division of Disease Control and the Game and Fish Department, by conducting rabies testing as part of a project to establish the frequency of rabies in the endemic populations. The years

2012 and 2013 saw an increase of 38.8 percent in rabies testing as part of this project.

- In June of 2011, the Northern Plains Consortium, of which the lab is a partner, received a \$20,000 CDC grant to define the ideal public health laboratory system in rural states and identify the best practices for collaboration to achieve that ideal.
- Continued to build strong partnerships with the North Dakota Laboratory Response Network (NDLRN) sentinel site laboratories to respond to disease outbreaks and bioterrorism. Hosted multiple training workshops on rule-out testing of biothreat agents with the NDLRN. 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 annually and free of charge to about 100 clinical participants around the state.

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.
- Update and distribute a new Directory of Services and conduct a customer satisfaction survey.

Microbiology Testing

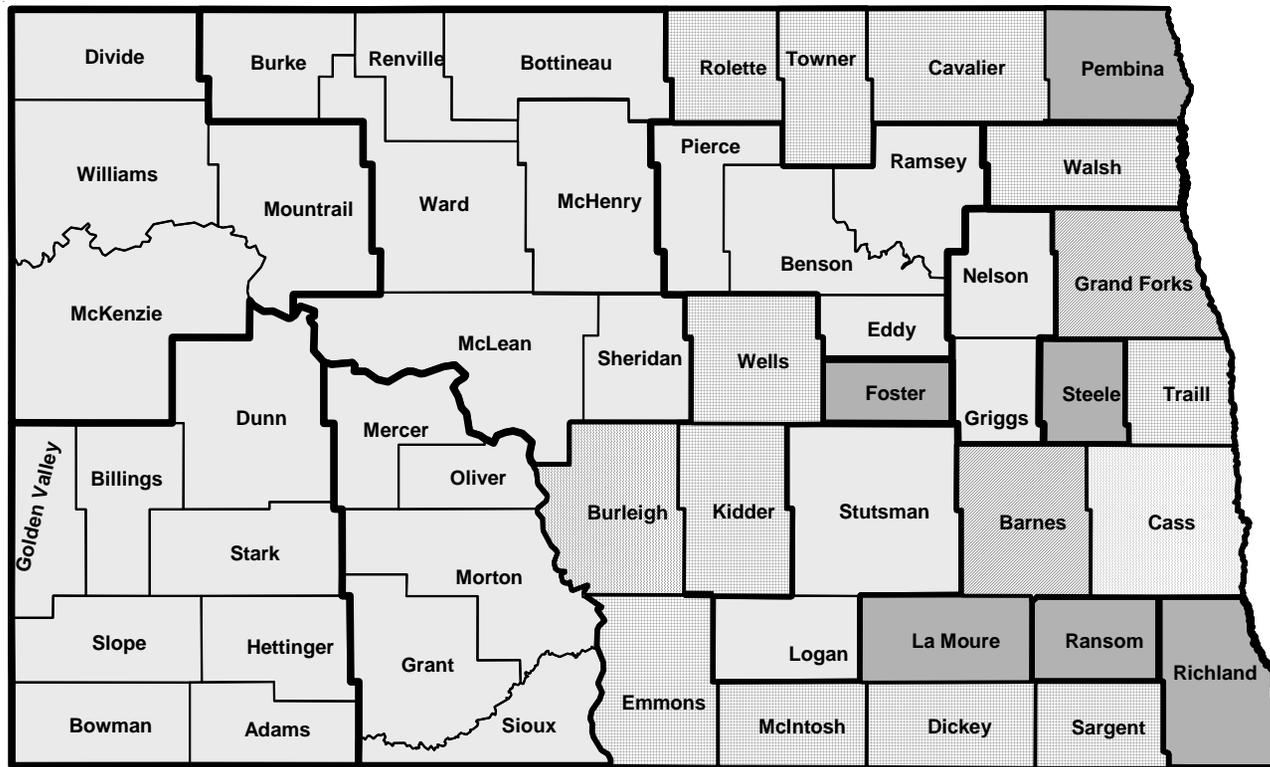
Category	Number of Tests
Dairy Products	4,956
HIV	42,330
Tuberculosis	17,062
Mycology/Legionella/Parasites	4,751
Hepatitis A, B, C	20,110
Rabies (human exposure)	1,611
STDs	81,425
Virology/Immunology	8,678
Water Analyses	21,944
Bacterial/Biothreat	7,492
Mosquito Surveillance	1,594
Total	211,953

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 coordination. 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.



- | | | | |
|---|--------------------------------------|--|--|
|  | Multi-County Health District |  | City/County Health Department |
|  | Single-County Health District |  | Single-County Health Department |
|  | City/County Health District | | |

Health Unit	Location	Administrators
Bismarck-Burleigh Public Health	Bismarck	Renae Moch, MBA, CMPE
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	Allen McKay
LaMoure County Public Health Department	LaMoure	Tony Hanson
McIntosh District Health Unit	Ashley	Cheryl Reis-Schilling
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, 2011, through June 30, 2013

	<u>Total Expenditures</u>	<u>Annual Per Capita Expenditures</u>
District Health Units		
Cavalier County Health Dist	\$ 598,966	\$ 75.86
Central Valley Health Unit	4,252,690	93.02
City County Health Dept	1,794,460	81.45
Custer District Health Unit	2,186,482	24.24
Dickey County Health District	553,210	52.51
Emmons County Public Health	318,775	45.66
First District Health Unit	7,852,067	42.46
Foster County Health District	437,156	64.44
Kidder County District Health Unit	265,517	54.72
Lake Region Dist Health Unit	2,868,039	57.08
McIntosh Dist Health Unit	254,297	46.22
Nelson Griggs District Health	539,205	49.54
Rolette County Public Health	802,821	27.91
Sargent County District Health	388,505	49.86
Southwestern Dist Health Unit	3,814,994	45.13
Towner County Public Health	242,280	52.26
Traill District Health Unit	582,382	36.07
Upper Missouri Dist Health Unit	3,461,414	37.92
Walsh County Health Dept	880,912	39.87
Wells County Dist Health Unit	597,525	69.95
City/County Health Departments		
Bismarck-Burleigh Public Health	5,150,703	30.02
Fargo Cass Public Health	15,963,440	51.11
Grand Forks Public Health Dept	6,841,361	50.70
County Health Units		
LaMoure Public Health Unit	213,302	25.92
Pembina County Health Unit	292,679	20.13
Ransom County Health Dept	610,109	56.03
Richland County Health Dept	2,238,028	69.00
Steele County Public Health	119,391	30.01
Total Local Public Health Funding	\$ 64,120,710	\$ 45.82 Average Per Capita

Financial Summary

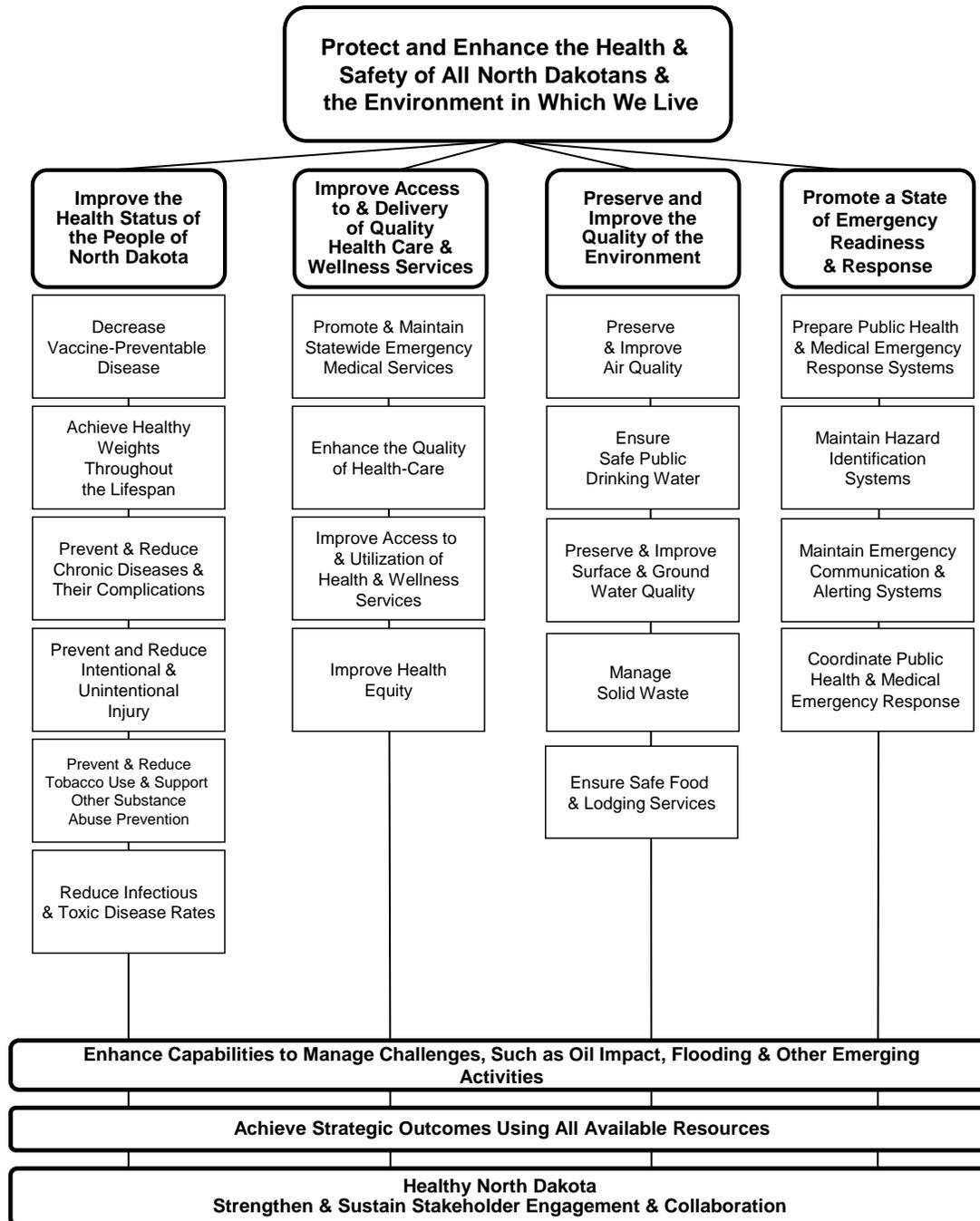
North Dakota Department of Health Appropriations Summary For the Period July 1, 2011, through June 30, 2013

Description	Original Appropriation	Emergency Commission Sep-12	HB 1023 Deficiency Bill	Total Department Appropriation
Salaries & Wages	\$ 49,351,659	\$ 145,449	\$ 126,000	\$ 49,623,108
Operating Expenses	50,272,030	134,865		50,406,895
Capital Assets	1,998,073			1,998,073
Grants	58,528,038			58,528,038
Tobacco Prevention & Control	6,162,396			6,162,396
WIC Food Payments	24,158,109			24,158,109
Contingent Appropriation - EPA	864,371		300,000	1,164,371
Federal Stimulus Funds	3,492,228			3,492,228
Total	<u>\$ 194,826,904</u>	<u>\$ 280,314</u>	<u>\$ 426,000</u>	<u>\$ 195,533,218</u>
General Fund	\$ 33,878,151	\$ 280,314	\$ 426,000	\$ 34,584,465
Federal Funds	126,288,123			126,288,123
Special Funds	34,660,630			34,660,630
Total	<u>\$ 194,826,904</u>	<u>\$ 280,314</u>	<u>\$ 426,000</u>	<u>\$ 195,533,218</u>

**North Dakota Department of Health
Expenditures by Section
For the Period July 1, 2011, through June 30, 2013**

Description	Administrative Services Section	Medical Services Section	Health Resource Section	Community Health Section	Environmental Health Section	Emergency Preparedness & Response Section	Special Populations Section	Total Expenditures
Salaries & Wages	\$ 5,469,700	\$ 4,373,183	\$ 6,567,534	\$ 5,281,247	\$ 20,400,891	\$ 2,245,708	\$ 1,395,386	\$ 45,733,649
Operating Expenses	1,863,437	7,064,022	1,470,802	6,360,105	7,488,440	3,240,694	397,483	27,884,983
Capital Assets		268,854	10,567	6,179	980,881	381,963	6,549	1,654,993
Grants	3,010,927	1,115,461		17,847,471	11,270,657	12,217,229	2,258,001	47,719,746
Tobacco Prevention & Control				5,485,311				5,485,311
WIC Food Payments				18,097,955				18,097,955
Contingent Appropriation - EPA					717,570			717,570
Federal Stimulus Funds	51,886	459,698		137,133	1,939,481		201,139	2,789,337
Total	<u>\$ 10,395,950</u>	<u>\$ 13,281,218</u>	<u>\$ 8,048,903</u>	<u>\$ 53,215,401</u>	<u>\$ 42,797,920</u>	<u>\$ 18,085,594</u>	<u>\$ 4,258,558</u>	<u>\$ 150,083,544</u>
Total FTEs	37.75	31.00	48.50	45.65	159.25	14.00	10.85	347.00

Strategic Map 2011 – 2015



Copies of the following publications can be accessed on the North Dakota Department of Health website at www.ndhealth.gov or by calling 701.328.2372.

Community Health Section

Newsletters

- Building Blocks to Safety/Buckle Update
- Focus on Oral Health
- Parenting the First Year Magazine
- Healthcare Provider Examiner
- Pick-WIC Paper

Reports

- Chronic Disease in North Dakota – A Status Report for 2012
- Healthy People 2010 North Dakota Final Report (Feb. 2011)
- 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 2011 Annual Report
- 2011 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 Healthy People 2020 Indicators
- Oral Health Program Accomplishments 2012-2013

- Oral Health Program Policy Tool Workshop Report, June 2010
- Oral Health in North Dakota – Burden of Disease and Plan for the Future (2012-2017).
- North Dakota Health Disparities Diabetes September 2011
- 2011-2016 North Dakota Cancer Control Plan
- 2013 Burden of Cancer Report-Professional
- 2013 Burden of Cancer Report-Public
- North Dakota Oral Health Surveillance Plan
- North Dakota WIC 2011 Annual Report
- 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

Other

- Screening for a Healthy Baby (brochure)
- Head Lice: A Lousy Problem
- 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)
- Fluoride Varnish (fact sheet for parents)
- Smiles for Life Fluoride Varnish (fact sheet for medical professionals)
- Smiles for Life Geriatric Oral Health (fact sheet for medical professionals)

- 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)
- Parenting the First Year Magazine
- Your Own Special Goodbye (booklet)
- Title V/Maternal and Child Health State Performance Measure Fact Sheets
- A Connection Directory for Families and Agencies
- Information About Pregnancy and Abortion
- Family Planning brochure
- 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
- 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)
- HPV and Cervical Cancer (fact sheet)
- Pap Test Guidelines (fact sheet)
- Taking Care of You: Information about Breast Health (brochure)

- Taking Care of You: Information about Pap Tests (brochure)
- *Women's Way* Program Card
- *Women's Way* Program Card (Spanish)

Medical Services Section

Newsletters

- Epi Report
- Immunization Newsletter
- Pump Handle
- Occupational Health Report

Reports

- HIV/AIDS/STD/Hepatitis/TB Annual Profile
- Ryan White Care Plan
- Comprehensive HIV/STD/Hepatitis/TB Prevention Plan
- Weekly Influenza Summary (during flu season)
- West Nile Virus Weekly Summary (during WNV season)
- Zoonotic Report (during summer months)
- Enteric Weekly Report

Other

- Foodborne Outbreak Manual
- Child Care/School Infection Control Manual

Administrative Support Section

Reports

- North Dakota Department of Health 2009-2011 Biennial Report
- Vital Events Summary

- C-Section Report
- Induced Termination of Pregnancy Report
- Fast Facts Report

Health Resources Section

Newsletters

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

Special Populations Section

Reports

- Incidence and Prevalence of Birth Defects in ND, reported in the annual Congenital Malformation Report published by the National Birth Defects Prevention Network
- North Dakota Five-Year Needs Assessment (2011-2015) for the Maternal and Child Health Services Title V Block Grant Program Executive Summary

Other

- Ten fact sheets were developed highlighting the following Title V MCH state priority measures:
 - Partnerships with Families and American Indians
 - Comprehensive Screening, Assessment and Treatment
 - Quality Health Care Through Medical Homes
 - Family Support Services and Parent Education
 - Access to Quality Health Care

- Optimal Mental Health and Social-Emotional Development
- School and Child-Care Health Services
- Violence and Bullying
- Deaths Due to Injuries among Children and Young Adults
- Healthy Eating and Physical Activity
- Resource booklets were developed for children with the following conditions: Asthma, Diabetes, Metabolic Disorders, Autism Spectrum Disorders and Cardiac Conditions
- Health Care Coverage Options pamphlet

Emergency Preparedness and Response Section

Newsletters

- DEMST Newsletter

Reports

- North Dakota Data Report
- Rural EMS Improvement Project

Other

- North Dakota Briefing Book
- ND EMS Protocol Manual
- ND Critical Incident Stress Management Team: Providing Care for the Care Providers
- NDLTCA Directory and Buyers Guide
- NDLTCA Emergency Preparedness Quick Guide and Directory
- Critical Systems for Public Health Management of Floods, North Dakota (Journal of Public Health Management & Practice: May/June 2013-Volume 19-Issue3-p 259-265)

Environmental Health Section

Newsletters

- Official Bulletin
- Green Apple newsletter

Reports

- Air Quality Monitoring Data Summary (2011 and 2012)
- Annual Drinking Water Compliance Report (2011 and 2012)
- Annual Capacity Development Program Report (2011 and 2012)
- State of North Dakota Capacity Development Report to the Governor (2011)
- North Dakota Hazardous Waste Compliance Guide
- North Dakota 2012 Integrated Section 305(b) Water Quality Assessment Report and Section 303(d) List of Waters Needing Total Maximum Daily Loads
- Chemical, Physical and Biological Characterization of Devils Lake 1995-2011 (February 2012)
- 2011 North Dakota Lake Water Quality Assessment Reports (February 2012)
- Chemical, Physical and Biological Characterization of Devils Lake 1995-2012 (February 2013)
- State/Industry Ambient Monitoring Network Air Quality Reports
- Annual Mosquito Report (2011 and 2012)
- An Ecological Assessment of Perennial, Wadeable Streams in the Red River Basin - North Dakota (2013)

- Assessment of the Fish Assemblages and Habitat Quality in the Red River of the North, 2010 - U.S. Mainstem Portion: Wahpeton to Pembina, ND (2011)
- Development of a Fish Index of Biotic Integrity for Wadeable Streams of the Lake Agassiz Plain (48) Ecoregion (2011)

Other

- North Dakota Air Pollution Control Rules
- Air Quality Analysis Guide
- Oilfield Impacts and the North Dakota Department of Health Environmental Health Section
- “Our Water – Keeping It Clean” articles in the North Dakota Water magazine
- Air Regulations for Grain Facilities Guide
- Oil and Gas Production Facilities Permitting and Compliance Guide
- Small Water System Infrastructure Funding Guide
- Waste Management Guidelines/fact sheets:
 - o Debris Removal
 - o Disaster Debris and Demolition Waste Separation
 - o Fuel Product Posting Rules
 - o Guideline 7 - Variance for Land Treatment of Refined Petroleum Contaminated Soil: Single Application Sites
 - o Guideline 9 - Signs Required at Solid Waste Management Facilities
 - o Guideline 42 - Oilfield Exploration and Production Associated Waste Activities

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- o Handling Petroleum Contaminated Soil
 - o Housing in the Oil Field: Environmental and Permitting Issues
 - o Summary Information on Underground Storage Tanks
 - Various Waste-related Listings:
 - o All Transporters
 - o Approved Landfill Facilities That Will Accept Friable Asbestos-containing Material for Disposal
 - o Brownfields Sites in North Dakota
 - o Composting Facilities
 - o Concrete/Asphalt Recycling Facilities
 - o Electronic Recycling Facilities
 - o Emergency Response Contractors
 - o Hazardous Waste Management Companies
 - o Hazardous Waste Transporters
 - o Industrial Waste Transporters
 - o Infectious Waste Transporters
 - o Infectious Waste Treatment/Disposal Facilities
 - o Lighting Recyclers Mercury Recyclers
 - o Municipal Solid Waste Landfills
 - o Oilfield Production/Brine Water Transporters
 - o Oilfield Waste Management Facilities
 - o Oilfield Waste Transporters
 - o Polychlorinated Biphenyl (PCB) Transporters
 - o Scrap Tire Transporters
 - o Special Waste Landfills
 - o Statistical Inventory Reconciliation (SIR) Vendors
 - o Sump and Pit Waste Transporters
 - o Transfer Stations
 - o Underground Storage Tank Contractors
 - o Universal Waste Recyclers
 - o Used Oil Transporters

