

Healthy People 2010

North Dakota Final Report



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The North Dakota Healthy People 2010 Committee

This committee was formed in 2001 to coordinate HP2010 data collection and tracking for the state of North Dakota.

Members of the committee have represented many programs and divisions within the North Dakota Department of Health.

Current Committee Members:

Clint Boots	Division of Chronic Disease
Ann Lunde	Division of Cancer Prevention and Control
Tera Miller	Division of Nutrition and Physical Activity
Tracy Miller	Division of Disease Control
Kathy Moum	Division of Nutrition and Physical Activity
Alice Musumba	Division of Cancer Prevention and Control
Melissa Parsons	Division of Family Health
Colleen Pearce	Division of Nutrition and Physical Activity
Diana Read	Division of Injury Prevention and Control
Gregg Reed	Division of Family Health
Lindsey VanderBusch	Division of Disease Control
Kimberlie Yineman	Division of Family Health

Introduction

Healthy People is an initiative of the U.S. Department of Health and Human Services. This initiative incorporates several national health objectives. Data are the foundation of Healthy People objectives.

Healthy People presents a comprehensive, nationwide health promotion and disease prevention agenda. It is designed to serve as a roadmap for improving the health of all people in the United States.

Healthy People is committed to a single, overarching purpose: promoting health and preventing illness, disability and premature death.

Healthy People Goals

Achieving a Longer and Healthier Life — The Healthy People Perspective

Healthy People seeks to increase life expectancy and quality of life by helping individuals gain the knowledge, motivation and opportunities they need to make informed decisions about their health. At the same time, Healthy People encourages local and state leaders to develop communitywide and statewide efforts that promote healthy behaviors, create healthy environments and increase access to high-quality health care. Because individual and community health are virtually inseparable, both the individual and the community need to do their parts to increase life expectancy and improve quality of life.

Achieving Equity — The Healthy People Perspective

Although the diversity of the American population may be one of the nation's greatest assets, it also represents a range of health improvement challenges — challenges that must be addressed by individuals, the community and state in which they live, and the nation as a whole.

Healthy People recognizes that communities, states and national organizations will need to take a multidisciplinary approach to achieving health equity — an approach that involves improving health, education, housing, labor, justice, transportation, agriculture and the environment, as well as data collection itself. In fact, current data collection methods make it impossible to assess accurately the health status for some populations, particularly relatively small ones. However, the greatest opportunities for reducing health disparities are in empowering individuals to make informed health-care decisions and in promoting communitywide safety, education and access to health care.

Healthy People is firmly dedicated to the principle that — regardless of age, gender, race or ethnicity, income, education, geographic location, disability and sexual orientation — every person in every community across the nation deserves equal access to comprehensive, culturally competent, community-based health-care systems that are committed to serving the needs of the individual and promoting community health.

The North Dakota Report

Healthy People 2010 goals are composed of 467 objectives organized in 28 focus areas.

This report summarizes 137 Healthy People 2010 objectives in 17 focus areas for the state of North Dakota.

Many Healthy People 2010 objectives are not included in this report due to lack of state-level data. In some cases, objectives were not included due to prioritization by the Healthy People 2010 Committee.

The report is designed so that each focus area is a section that can be pulled from the report and used on its own. Each focus area section includes an introduction, a table of the objectives tracked, charts and a summary.

A key is used in the table to indicate the direction of change from 2000 to 2009 of each objective for North Dakota.

The key is as follows:

	Thumbs down Moved away from target
	Stayed the same
	Thumbs up Moved toward target
	Reached target

Bar charts are included for up to five selected objectives per focus area. Charts are formatted by color to indicate the direction of change desired. If the goal was to **increase** the objective measured, the bars are teal colored and the target line is orange. If the goal was to **reduce** the objective measured, the bars are orange and the target line is teal.

Portions of this introduction were excerpted from:

Healthy People 2010: Understanding and Improving Health, published November 2000 by the U.S. Department of Health and Human Services

For more information about Healthy People, visit these web sites:

National Healthy People 2010 www.healthypeople.gov/2010/
National Healthy People 2020 www.healthypeople.gov
North Dakota www.ndhealth.gov/HealthyPeople2010/

Focus Area 3: Cancer

Goal

Reduce the number of new cancer cases as well as the illness, disability and death caused by cancer.

Overview

Cancer is a group of more than 100 different and distinct diseases characterized by abnormal and uncontrolled cell division, intrusion on and destruction of adjacent tissues, and sometimes spread to other locations of the body and resulting in death.

Cancer is the second leading cause of death in the United States, with 569,490 people in 2010 expected to die from cancer, more than 1,500 people a day. Approximately 11.4 million Americans with a history of cancer were alive in 2006, and about 1,529,560 new cancer cases are expected to be diagnosed in 2010. This estimate does not include most skin cancers (basal and squamous cell skin cancers) and does not include noninvasive cancers of any site except urinary bladder.

In North Dakota, about nine people are diagnosed with cancer each day, and about four people die. Just as in the nation, cancer is the second leading cause of death in the state after heart disease.

In the United States, when adjusted for normal life expectancy (accounting for factors such as dying of heart disease, injuries and diseases of old age), a relative five-year survival rate of 68 percent is seen for all cancers diagnosed between 1999 and 2005, up from 50 percent in the 1975 to 1977 time period. That is, about seven in 10 patients, are expected to be alive five years after diagnosis. Five-year relative survival rates are commonly used to monitor progress in the early detection and treatment of cancer and include people who are living five years after diagnosis, whether in remission, disease free or under treatment.

Screenable cancers that are detected at an earlier stage have a significantly increased positive outcome ultimately reducing mortality. Cancer risks can also be reduced or prevented by engaging in healthy lifestyles, including keeping a healthy weight, avoiding tobacco, limiting alcohol intake and protecting skin from the sun.

3. Cancer

Objective	Data Source	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	HP2010 Target	Status
3-1: Overall cancer deaths – Reduce the rate of cancer deaths per 100,000 population (age adjusted).	Vital Records	183.4	188.1	176.9	181.3	169.4	203.1	190.9	112.4	188.2	170.0	159.9	
3-2: Lung cancer deaths – Reduce the rate of lung cancer deaths per 100,000 population (age adjusted).	Vital Records	44.5	46.7	41.9	44.2	44.2	47.9	52.2	43.9	48.9	44.3	44.9	
3-3: Breast cancer deaths – Reduce the rate of breast cancer deaths per 100,000 female population (age adjusted).	Vital Records	25.4	24.3	25.2	23.7	22.7	23.5	11.8	24.6	23.9	20.8	22.3	
3-4: Cervical cancer deaths – Reduce the rate of cervical cancer deaths per 100,000 female population (age adjusted).	Vital Records	2.3	2.1	1.4	1.4	1.2	2.0	1.1	1.2	1.4	0.8	2	
3-5: Colorectal cancer deaths – Reduce the rate of colorectal cancer deaths per 100,000 population (age adjusted).	Vital Records	20.2	19.8	20.9	19.4	17.3	20.9	18.7	17.4	14.0	18.5	13.9	
3-6: Oropharyngeal cancer deaths – Reduce the rate of oropharyngeal cancer deaths per 100,000 population (age adjusted).	Vital Records	2.9	3.1	4.4	2.4	2.2	9.9	1.4	1.8	1.6	1.7	2.7	
3-7: Prostate cancer deaths – Reduce the rate of prostate cancer deaths per 100,000 male population (age adjusted).	Vital Records	31.9	28.7	28.2	30.8	27.1	27.7	30.2	23.2	29.1	25.8	28.8	
3-8: Melanoma deaths – Reduce the rate of melanoma deaths per 100,000 population (age adjusted).	Vital Records	1.5	1.9	1.7	1.2	2.5	1.5	2.4	2.0	1.7	2.8	2.5	
3-11a: Pap tests – Ever received – Increase the percentage of women who have ever received a pap test.	BRFSS	94%	NA	96%	NA	94%	NA	95%	NA	94%	NA	97%	
3-11b: Pap tests – Received within the preceding three years – Increase the percentage of women who have received a pap test within the preceding three years.	BRFSS	86%	NA	89%	NA	86%	NA	87%	NA	85%	NA	90%	

Objective	Data Source	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	HP2010 Target	Status
3-12a: Colorectal cancer screening – Fecal occult blood test within the preceding two years – Increase the percentage of adults age 50 and older who have received a colorectal cancer screening fecal occult blood test in the preceding two years.	BRFSS	NA	26%	24%	NA	21%	NA	22%	NA	20%	NA	50%	
3-12b: Colorectal cancer screening – Increase the percentage of adults 50 and older who have ever received a sigmoidoscopy or a colonoscopy.	BRFSS	NA	51%	50%	NA	54%	NA	57%	NA	58%	NA	50%	
3-13: Mammograms within the preceding two years – Increase the percentage of women 40 and older who have had a mammogram within the preceding two years.	BRFSS	76%	NA	77%	NA	72%	NA	77%	NA	77%	NA	70%	

 Target reached

 Thumbs up
Moving toward target

 No change

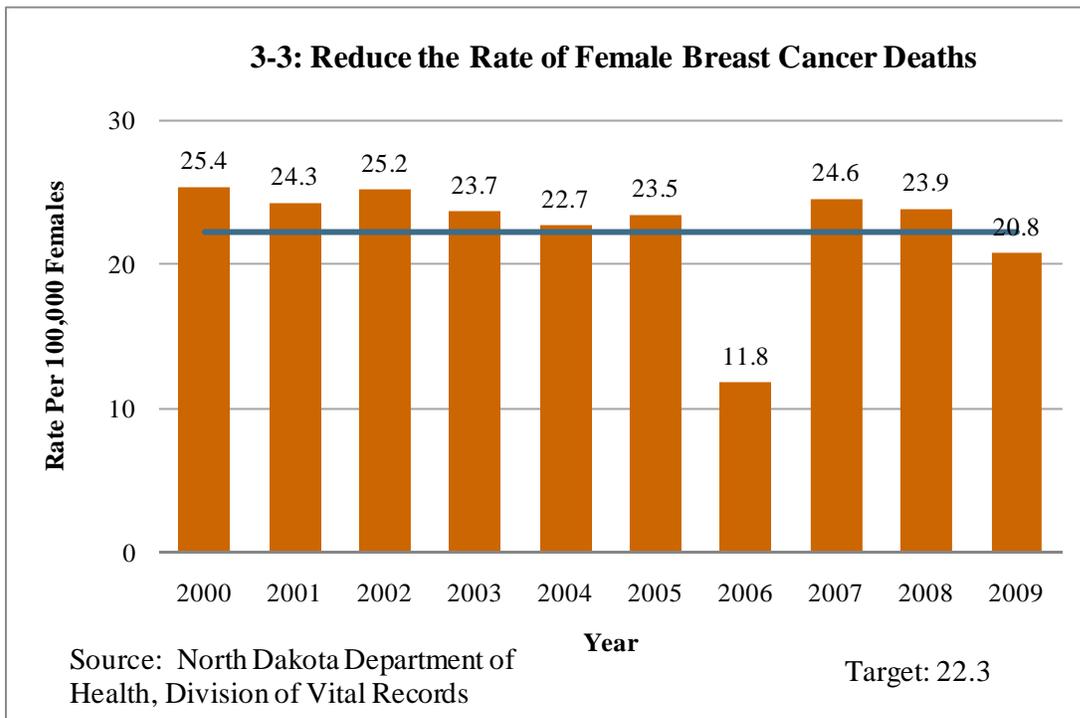
 Thumbs down
Moving away from target

NA = Not Available

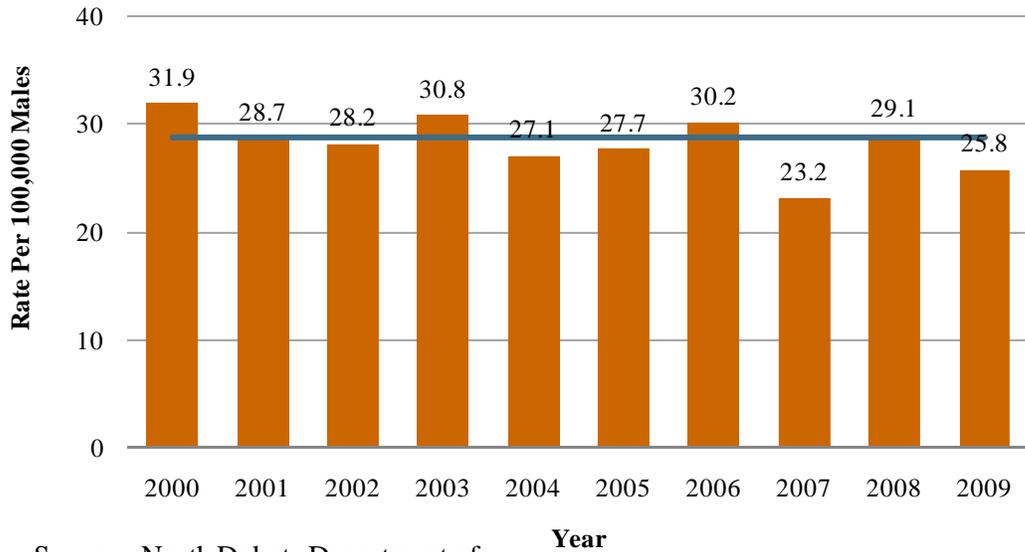
BRFSS = Behavioral Risk Factor Surveillance System

3. Cancer

Five objectives from the Cancer focus area are represented in the following bar charts. Each chart shows the measured value for the objective over the ten year period from 2000 to 2009. A line is included to show the Healthy People 2010 target. Charts are formatted by color to indicate the direction of change desired. If the goal was to **increase** the objective measured, the bars are teal colored and the target line is orange. If the goal was to **reduce** the objective measured, the bars are orange and the target line is teal.



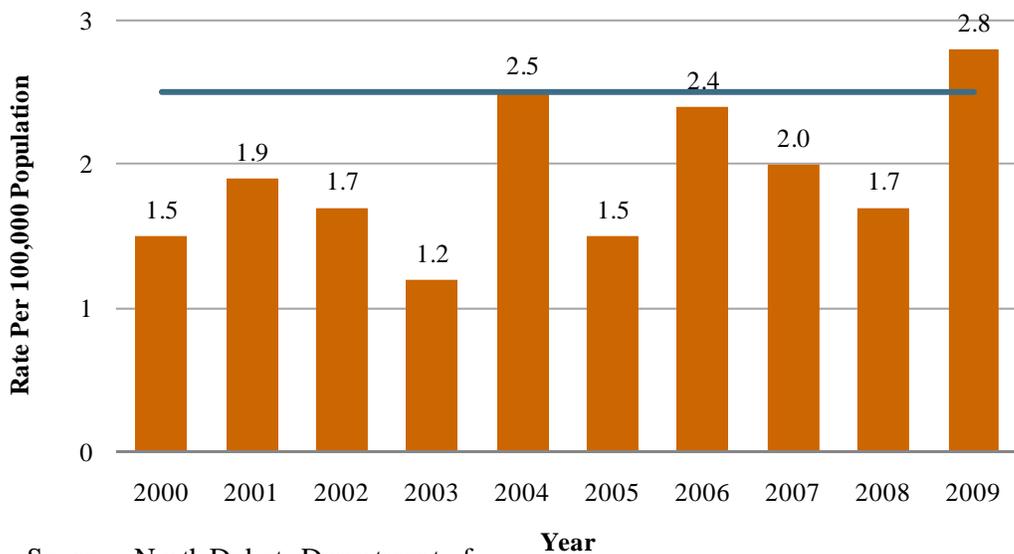
3-7: Reduce the Rate of Prostate Cancer Deaths



Source: North Dakota Department of Health, Division of Vital Records

Target: 28.8

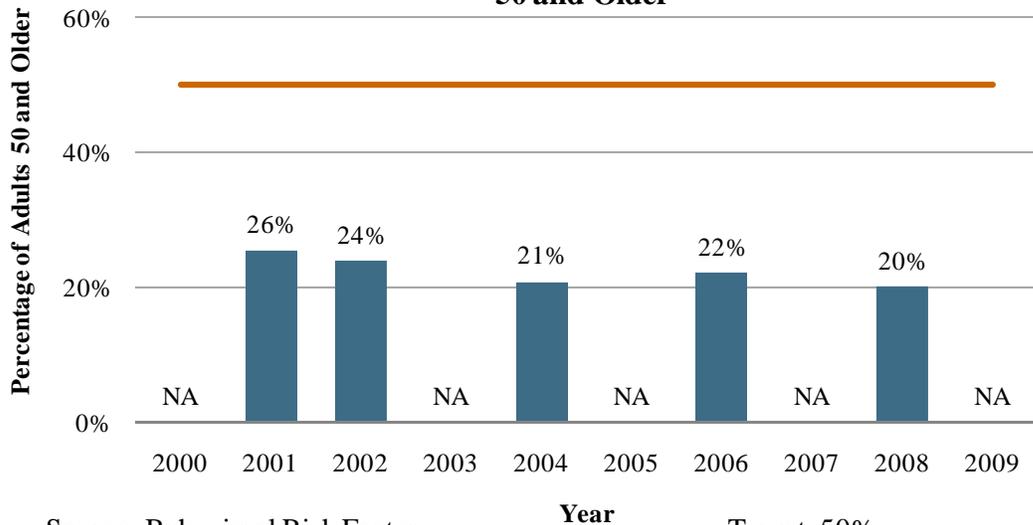
3-8: Reduce the Rate of Melanoma Deaths



Source: North Dakota Department of Health, Division of Vital Records

Target: 2.5

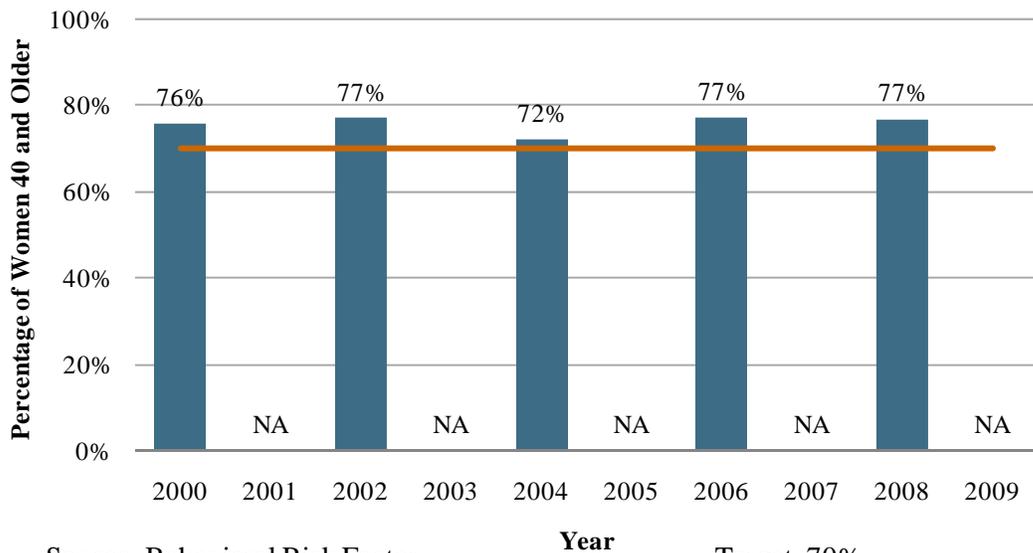
**3-12a: Increase Colorectal Cancer Screening
Fecal Occult Blood Test Within the Preceding Two Years
50 and Older**



Source: Behavioral Risk Factor Surveillance System

Target: 50%
NA = Not Available

**3-13: Increase Mammograms Within the Preceding Two Years
Women 40 and Older**



Source: Behavioral Risk Factor Surveillance System

Target: 70%
NA = Not Available

Of the 13 cancer objectives tracked for North Dakota, here is how we did:

	Thumbs down Moved away from target	3
	Stayed the same	1
	Thumbs up Moved toward target	2
	Reached target	7

From 2000 to 2009, Healthy People 2010 targets were reached for seven cancer objectives. Lung, breast, cervical, oropharyngeal and prostate cancer death rates decreased and surpassed their targets. In addition, colorectal cancer screening by sigmoidoscopy or colonoscopy for adults 50 and older and mammograms for women 40 and older increased and also surpassed targets. Colorectal cancer screening by fecal occult blood test for adults 50 and older decreased to 20 percent in 2008, well below the target of 50 percent. The melanoma death rate increased from 1.5 to 2.8 per 100,000 population, moving away from the target of 2.5.

For more information about cancer in North Dakota, visit www.ndhealth.gov/cancer/.

Focus Area 5: Diabetes

Goal

Through prevention programs, reduce the disease and economic burden of diabetes, and improve the quality of life for all persons who have or are at risk for diabetes.

Overview

Diabetes poses a significant public health challenge for the United States. Diabetes now affects nearly 26 million people in the United States, according to 2010 prevalence data estimates released by the U.S. Centers for Disease Control and Prevention. This means that over 8 percent of the U.S. population has diabetes.

In addition to the 26 million with diabetes, another 79 million people are estimated to have prediabetes, a condition that puts people at increased risk for diabetes.

The changing demographic patterns in the United States are expected to increase the number of people who are at risk for diabetes and who eventually develop the disease.

Diabetes is a disease associated with high levels of blood glucose resulting from defects in insulin production that cause sugar to build up in the body. It is the seventh leading cause of death in the country and can cause serious health complications including heart disease, blindness, kidney failure and lower-extremity amputations.

In North Dakota in 2009, approximately 37,000 adults and 720 children (younger than 18) were living with diagnosed diabetes. Each year about 3,600 new cases are diagnosed.

5. Diabetes

Objective	Data Source	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	HP2010 Target ^(a)	Status
5-1: Diabetes education – Increase the percentage of adults diagnosed with diabetes who have received formal diabetes education.	BRFSS	57%	53%	50%	56%	NA	54%	57%	60%	57%	57%	60%	—
5-2: New cases of diabetes – Reduce the rate of newly diagnosed cases among adults (rate per 1,000 adult population).	BRFSS	4.1	8.0	6.5	6.3	NA	7.8	6.5	6.0	6.9	7.4	3.8	👎
5-3: Overall cases of diagnosed diabetes – Reduce the rate of diagnosed diabetes among adults (percentage of adult population).	BRFSS	5.2%	5.1%	6.1%	6.2%	5.9%	6.7%	6.7%	6.3%	7.6%	7.5%	5.0% ^(b)	👎
5-5: Diabetes deaths – Reduce the rate of deaths where diabetes is the underlying or multiple cause of death (rate per 100,000 population, age adjusted).	Vital Records	68	77	79	86	80	79	78	83	80	82	46	👎
5-6: Diabetes-related deaths – Reduce the rate of deaths where diabetes is the underlying or multiple cause of death (rate per 1,000 population with diabetes, age adjusted).	Vital Records	9.7	12.1	9.7	10.2	11.0	9.6	8.7	10.6	8.0	8.6	7.8	👎
5-7: Cardiovascular Disease (CVD) deaths in persons with diabetes – Reduce the rate of deaths where CVD is the underlying cause of death and diabetes is a contributing cause of death (rate per 100,000 population with diabetes, age adjusted).	Vital Records	360	411	321	303	345	302	254	314	217	255	299	★
5-12: Glycosylated hemoglobin (A1C) measurement – Increase the percentage of adults with diagnosed diabetes who received at least two A1C measurements in the past year.	BRFSS	73%	82%	83%	67%	NA	77%	71%	72%	66%	69%	72%	👎
5-13: Annual dilated eye examinations – Increase the percentage of adults with diagnosed diabetes who receive an annual dilated eye examination.	BRFSS	76%	72%	79%	70%	NA	76%	74%	76%	83%	70%	76%	👎

Objective	Data Source	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	HP2010 Target ^(a)	Status
5-14: Annual foot examinations – Increase the percentage of adults with diagnosed diabetes who receive an annual foot examination from a health professional.	BRFSS	80%	77%	84%	75%	NA	80%	83%	80%	78%	74%	91%	
5-17: Self-monitoring of blood glucose at least daily – Increase the percentage of adults with diagnosed diabetes who monitor their own blood glucose at least daily.	BRFSS	64%	57%	62%	60%	NA	65%	65%	60%	61%	62%	61%	

 Target reached

 Thumbs up
Moving toward target

 No change

 Thumbs down
Moving away from target

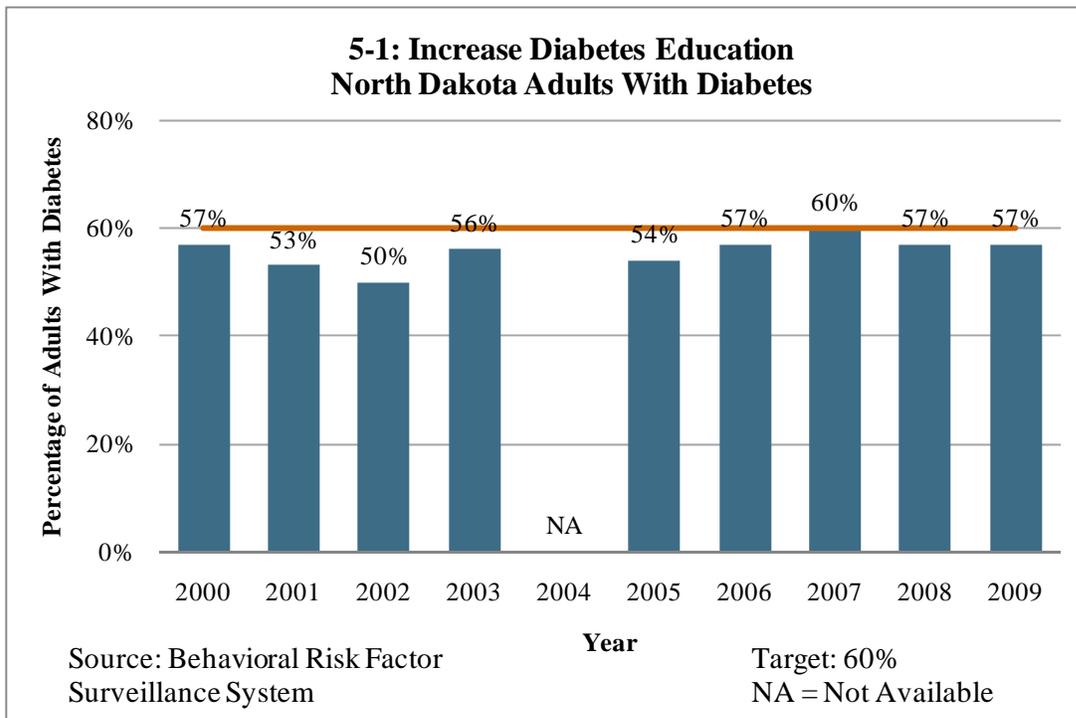
NA = Not Available
BRFSS = Behavioral Risk Factor Surveillance System

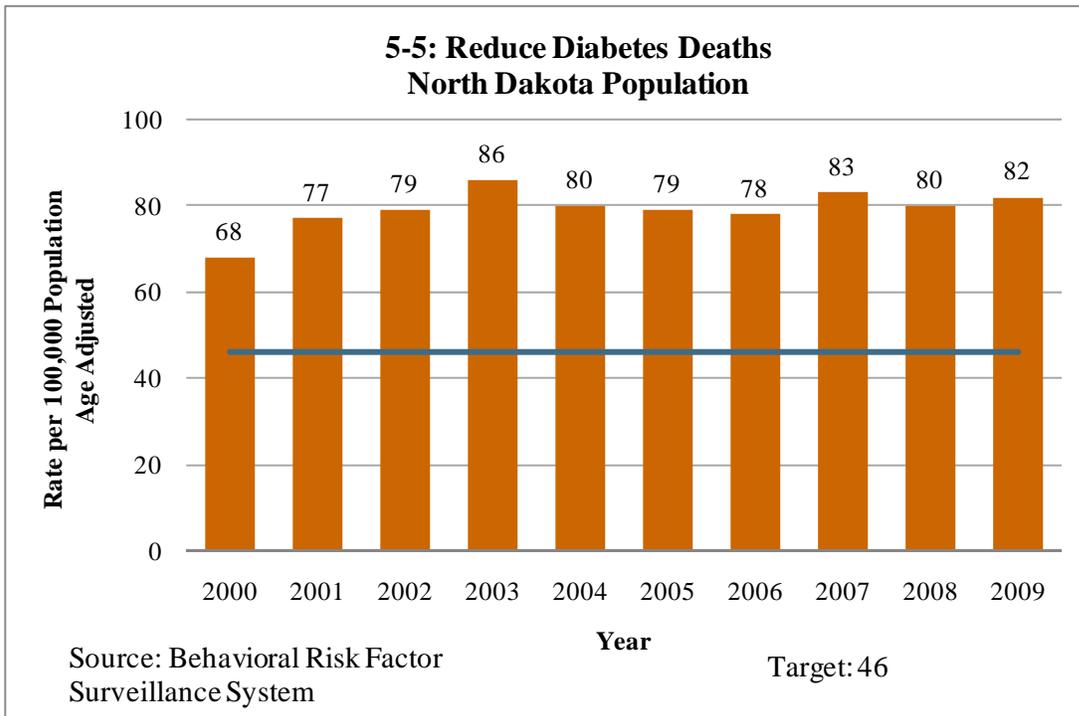
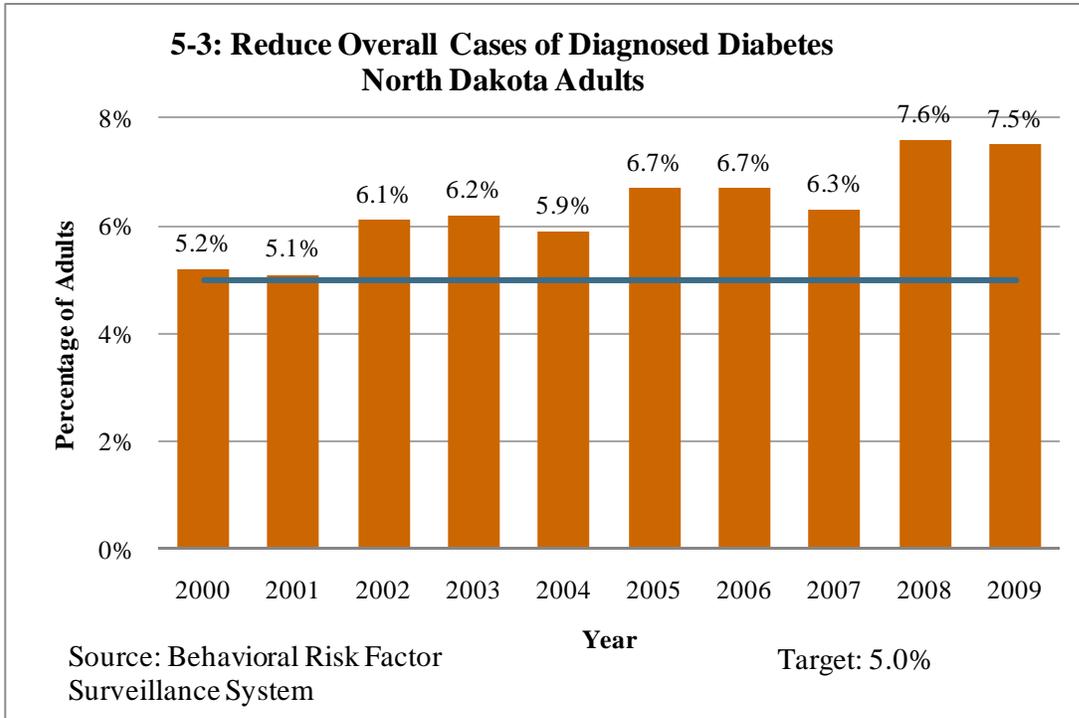
(a) National targets from CDC Wonder DATA 2010, retrieved July 2010. Some targets have been revised since the original publication of HP2010.

(b) North Dakota state target

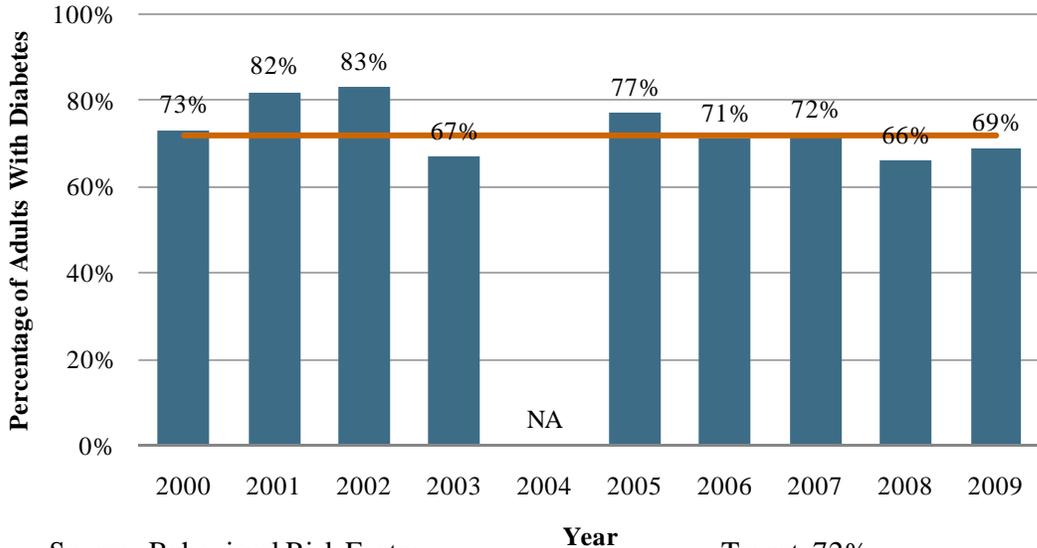
5. Diabetes

Five objectives from the Diabetes focus area are represented in the following bar charts. Each chart shows the measured value for the objective over the ten year period from 2000 to 2009. A line is included to show the Healthy People 2010 target. Charts are formatted by color to indicate the direction of change desired. If the goal was to **increase** the objective measured, the bars are teal colored and the target line is orange. If the goal was to **reduce** the objective measured, the bars are orange and the target line is teal.





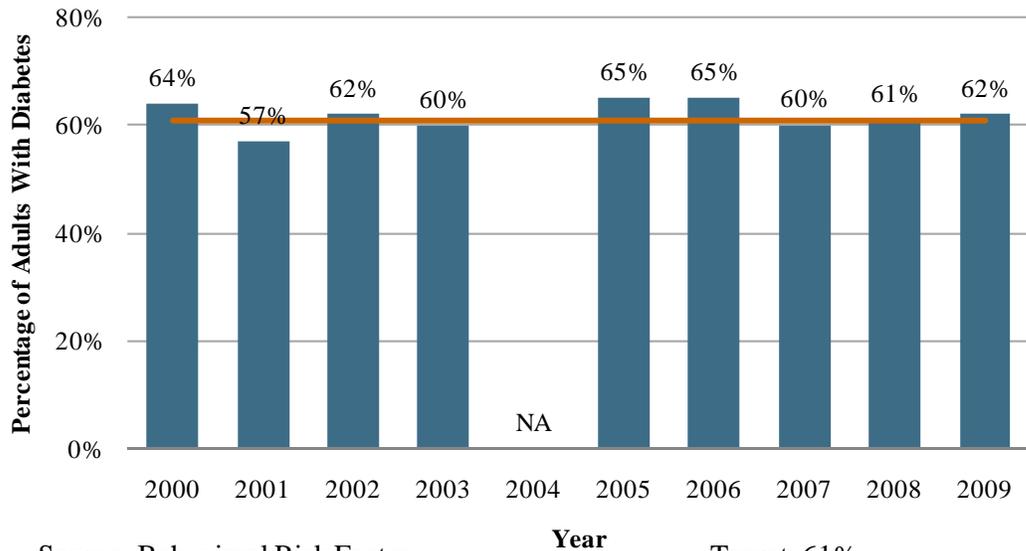
5-12: Increase Adults With Diabetes Receiving at Least Two A1C Measurements Annually



Source: Behavioral Risk Factor Surveillance System

Target: 72%
NA = Not Available

5-17: Increase Adults With Diabetes Self-monitoring Blood Glucose Daily



Source: Behavioral Risk Factor Surveillance System

Target: 61%
NA = Not Available

Of the 10 diabetes objectives tracked for North Dakota, here is how we did:

	Thumbs down Moved away from target	6
	Stayed the same	1
	Thumbs up Moved toward target	1
	Reached target	2

From 2000 to 2009, diabetes prevalence among adults increased from 5.2 percent to 7.5 percent. For adults with diabetes, health-care targets were not reached for A1C measurements (two annually), annual dilated eye examinations and annual foot examinations. Targets were met for reducing the rate of cardiovascular disease deaths in individuals with diabetes and for the percentage of adults with diabetes who monitor their own blood glucose at least daily. The percentage of adults with diabetes receiving diabetes education remained the same at 57 percent, short of the target of 60 percent.

Efforts in the area of diabetes for the next 10 years will focus on diabetes prevention through lifestyle changes, and increasing the percentage of people with diabetes who receive recommended health-care services and who actively engage in their own self-care practices.

For more information about diabetes in North Dakota, visit www.diabetesnd.org.

Focus Area 9: Family Planning

Goal

Improve pregnancy planning and spacing and prevent unintended pregnancy.

Overview

The foremost recommendation of *The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families* calls for the nation to adopt a social norm in which all pregnancies are intended — that is, clearly and consciously desired at the time of conception. Emphasizing personal choice and intent, this norm speaks to planning for pregnancy, as well as to avoiding unintended pregnancy.

Family planning remains a keystone in attaining a national goal aimed at achieving planned, wanted pregnancies and preventing unintended pregnancies. Family planning services provide opportunities for individuals to receive medical advice and assistance in controlling if and when they get pregnant and for health providers to offer health education and related medical care.

Reducing unintended pregnancies is possible and necessary. Unintended pregnancy in the United States is serious and costly and occurs frequently. Socially, the costs can be measured in unintended births, reduced educational attainment and employment opportunity, greater welfare dependency, and increased potential for child abuse and neglect. Economically, health-care costs are increased. An unintended pregnancy, once it occurs, is expensive, no matter the outcome. Medically, unintended pregnancies are serious in terms of the lost opportunity to prepare for an optimal pregnancy, the increased likelihood of infant and maternal illness, and the likelihood of abortion. The consequences of unintended pregnancy are not confined to those occurring in teenagers or unmarried couples. In fact, unintended pregnancy can carry serious consequences at all ages and life stages.

9. Family Planning

Objective	Data Source	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	HP2010 Target	Status
9-2: Birth spacing within 24 months of a previous birth – Reduce the percentage of females ages 15 to 44 with a live birth during the year who had at least one previous live birth in the previous 24 months.	Vital Records	23%	22%	23%	26%	29%	21%	30%	24%	23%	23%	6%	—
9-7: Adolescent pregnancy – Reduce the pregnancy rate per 1,000 adolescent females ages 15 to 17 years.	Vital Records	16.3	15.3	13.2	13.7	12.4	16.9	14.8	17.9	16.0	14.0	43.0	★

★ Target reached

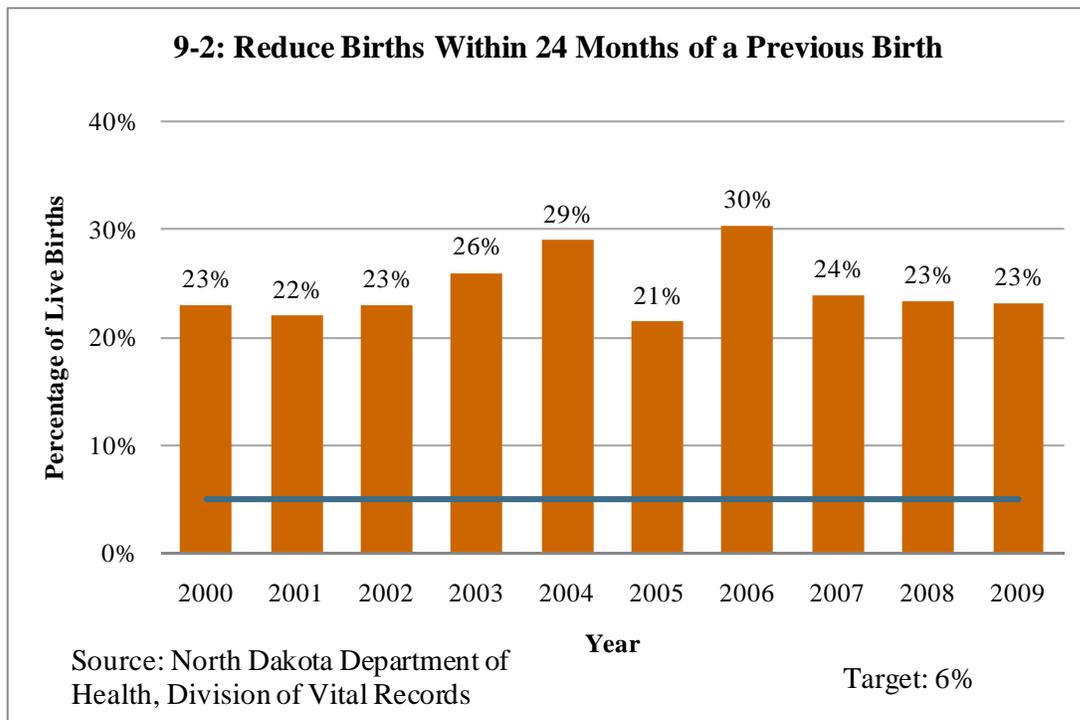
👍 Thumbs up
Moving toward target

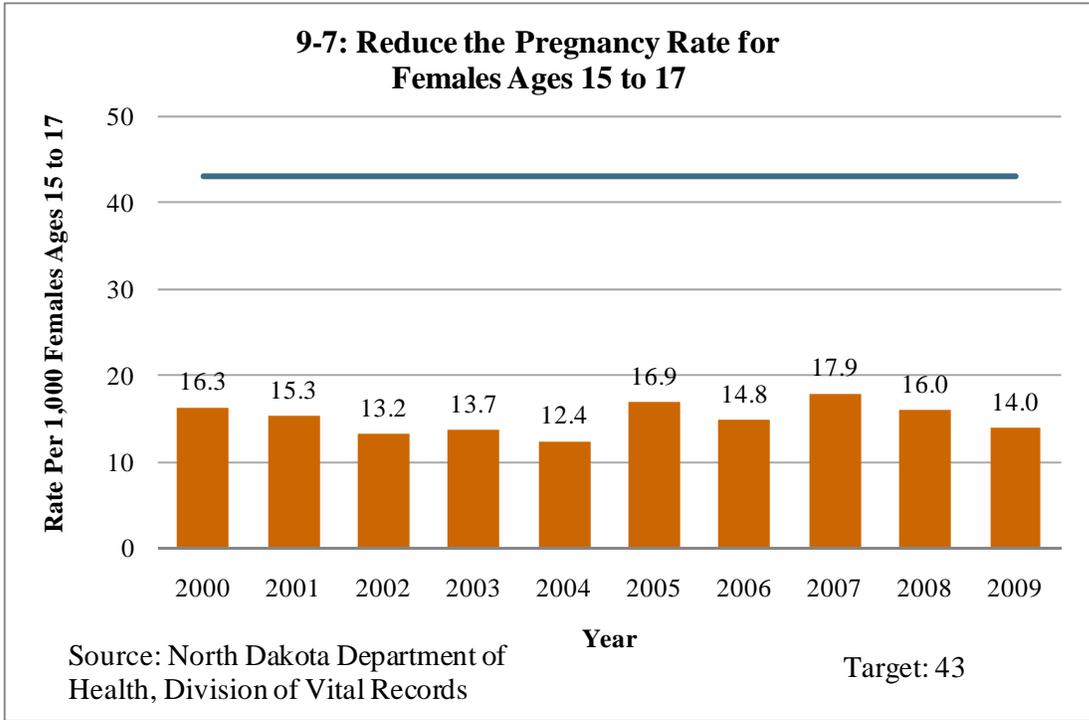
— No change

👎 Thumbs down
Moving away from target

9. Family Planning

Two objectives from the Family Planning focus area are represented in the following bar charts. Each chart shows the measured value for the objective over the ten year period from 2000 to 2009. A line is included to show the Healthy People 2010 target. Charts are formatted by color to indicate the direction of change desired. If the goal was to **increase** the objective measured, the bars are teal colored and the target line is orange. If the goal was to **reduce** the objective measured, the bars are orange and the target line is teal.





Of the two family planning objectives tracked for North Dakota, here is how we did:

	Thumbs down Moved away from target	0
—	Stayed the same	1
	Thumbs up Moved toward target	0
	Reached target	1

Over the last 10 years, the percentage of mothers having births less than two years apart has fluctuated between 21 and 30 percent of all mothers, far higher than the 6 percent national goal.

The adolescent pregnancy rate has remained in the low to mid teens per 100,000 population; this is below the Healthy People 2010 target rate of 43.

For additional information, please review the North Dakota Department of Health Family Planning website at www.ndhealth.gov/family-planning.

Focus Area 10: Food Safety

Goal

Reduce foodborne illnesses.

Overview

Foodborne illnesses impose a burden on public health and contribute significantly to the cost of health care. Foodborne illness is a preventable and underreported public health problem. It presents a major challenge to both general and at-risk populations. Each year, millions of illnesses in the United States can be attributed to contaminated foods.

The U.S. Centers for Disease Control and Prevention (CDC) estimates that each year roughly one out of six Americans (or 48 million people) gets sick, 128,000 are hospitalized, and 3,000 die from foodborne diseases. In addition to acute illness, some microorganisms can cause delayed or chronic illness. Foodborne chemical contaminants may cause chronic rather than acute problems, and specific estimates of their impact on health and the economy are not available.

The success of improvements in food production, processing, preparation and storage practices can be measured through the reduction in outbreaks of disease caused by foodborne pathogens. An outbreak occurs when two or more cases of a similar illness result from eating the same food. Smaller outbreaks — those with fewer cases — may be a direct result of improved food preparation practices and better epidemiologic follow-up once cases are identified.

10. Food Safety

Objective	Data Source	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	HP2010 Target	Status
10-1a: Infections caused by key foodborne pathogens – Campylobacter species – Reduce the rate of infection per 100,000 population.	CDC NETSS	16.5	13.2	12.9	12.5	16.4	14.9	13.7	14.2	14.2	25.9	12.3	
10-1b: Infections caused by key foodborne pathogens – Escherichia coli O157:H7 – Reduce the rate of infection per 100,000 population.	CDC NETSS	3.6	4.2	3.1	2.2	2.3	2.5	1.4	1.4	1.9	0.9	1	
10-1d: Infections caused by key foodborne pathogens – Salmonella species – Reduce the rate of infection per 100,000 population.	CDC NETSS	11.4	11.4	8.6	7.2	6.7	13.4	8.6	12.6	12.3	26.1	6.8	

 Target reached

 Thumbs up
Moving toward target

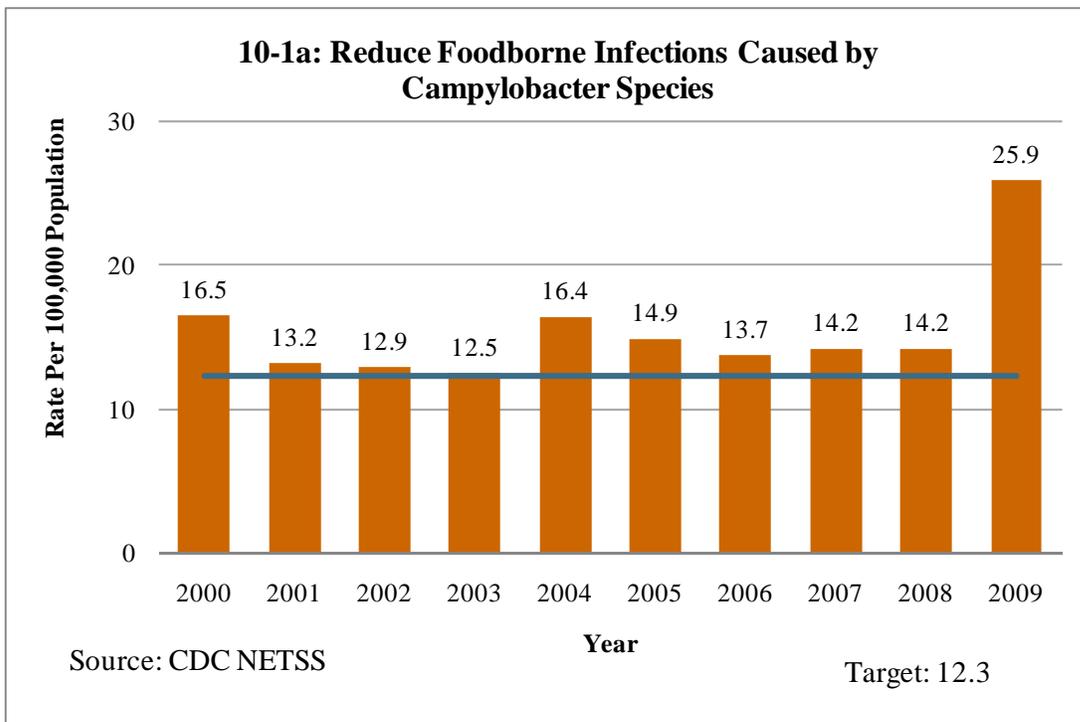
— No change

 Thumbs down
Moving away from target

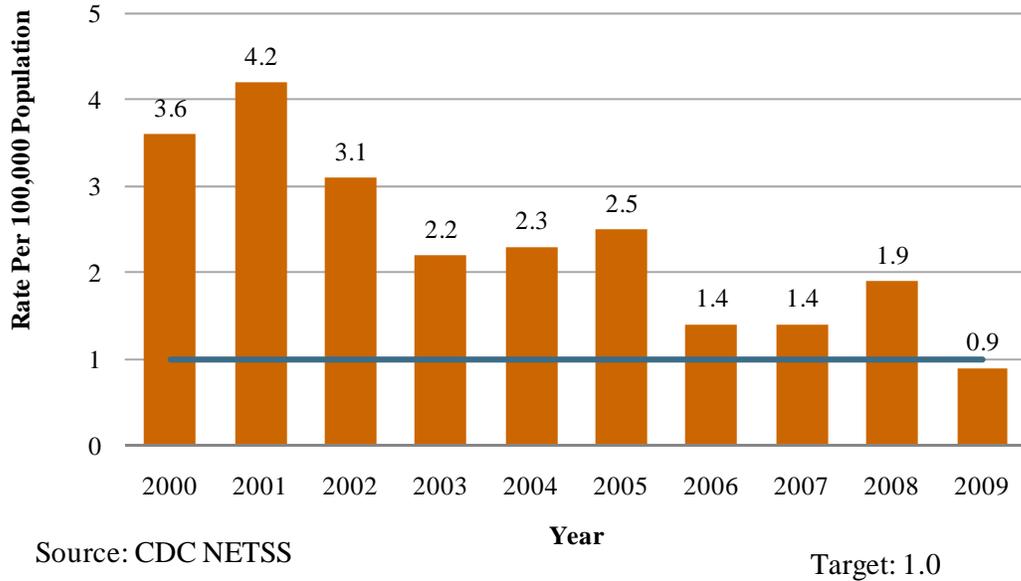
CDC NETSS = Centers for Disease Control and Prevention National Electronic Telecommunications System for Surveillance

10. Food Safety

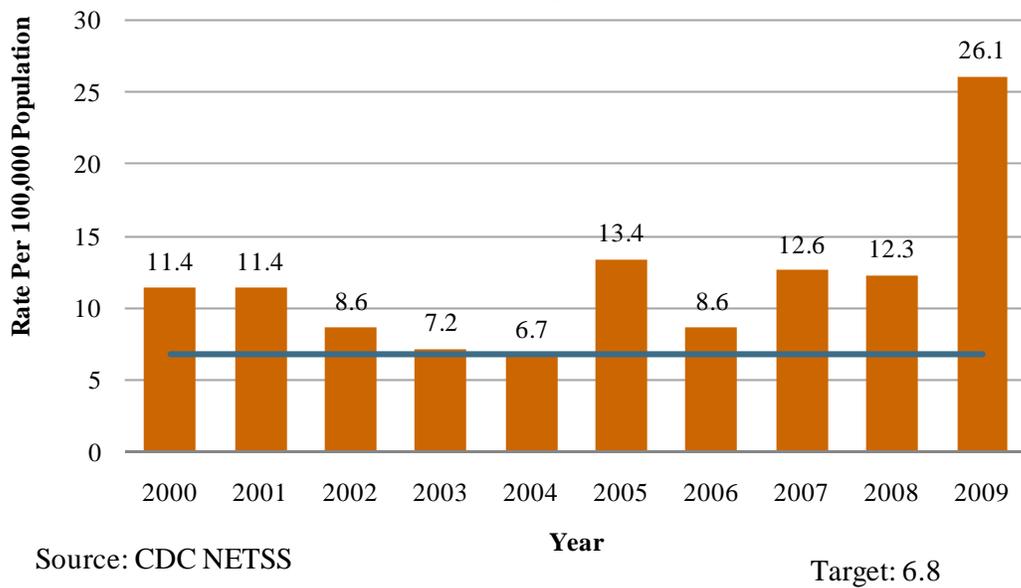
Three objectives from the Food Safety focus area are represented in the following bar charts. Each chart shows the measured value for the objective over the ten year period from 2000 to 2009. A line is included to show the Healthy People 2010 target. Charts are formatted by color to indicate the direction of change desired. If the goal was to **increase** the objective measured, the bars are teal colored and the target line is orange. If the goal was to **reduce** the objective measured, the bars are orange and the target line is teal.



10-1b: Reduce Foodborne Infections Caused by Escherichia Coli O157:H7



10-1d: Reduce Foodborne Infections Caused by Salmonella Species



Of the three food safety objectives tracked for North Dakota, here is how we did:

	Thumbs down Moved away from target	2
	Stayed the same	0
	Thumbs up Moved toward target	0
	Reached target	1

From 2000 to 2009, rates of three types of foodborne infections were tracked. For *Campylobacter* species and *Salmonella* species, the rates peaked in 2009 at 25.9 per 100,000 population and 26.1 per 100,000 population respectively. The rate for *Escherichia coli* trended down to a rate of 0.9 per 100,000 population in 2009, surpassing the target of 1.0.

For more information about food safety in North Dakota, visit www.ndhealth.gov/disease/GI/.

Focus Area 12: Heart Disease and Stroke

Goal

Improve cardiovascular health and quality of life through the prevention, detection and treatment of risk factors; early identification and treatment of heart attacks and strokes; and prevention of recurrent cardiovascular events.

Overview

Heart disease is the leading cause of death for all people in the United States and stroke is the third leading cause of death (2007). Heart disease and stroke continue to be major causes of disability and significant contributors to increases in health-care costs in the United States.

Epidemiologic and statistical studies have identified a number of controllable factors that increase the risk of heart disease and stroke, including high blood pressure, high cholesterol, physical inactivity, tobacco smoke and being overweight or obese. In addition, clinical trials and prevention research studies have demonstrated effective strategies to prevent and control these risk factors and thereby reduce illnesses, disabilities and deaths caused by heart disease and stroke.

In North Dakota, although we have seen decreases in the death rates for heart disease and stroke over the past 10 years, heart disease remains the leading cause of death and stroke is the sixth leading cause of death. In 2009, 27 percent of adults had high blood pressure, and 35 percent of adults had high cholesterol.

12. Heart Disease and Stroke

Objective	Data Source	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	HP2010 Target	Status
12-1: Coronary heart disease deaths – Reduce the coronary heart disease death rate per 100,000 population (age adjusted).	Vital Records	217	210	205	205	185	190	190	134	175	179	166	
12-7: Stroke deaths – Reduce the stroke death rate per 100,000 population (age adjusted).	Vital Records	55	60	56	58	56	48	46	23	40	38	48	
12-9: High blood pressure – Reduce the percentage of adults who report high blood pressure.	BRFSS	NA	24%	25%	24%	NA	23%	NA	26%	NA	27%	16%	
12-14: High blood cholesterol – Reduce the percentage of adults screened who report high blood cholesterol.	BRFSS	NA	30%	35%	33%	NA	35%	NA	37%	NA	35%	17%	
12-15: Blood cholesterol screening within five years – Increase the percentage of adults screened within the previous five years.	BRFSS	NA	71%	69%	70%	NA	72%	NA	73%	NA	76%	80%	

 Target reached

 Thumbs up
Moving toward target

— No change

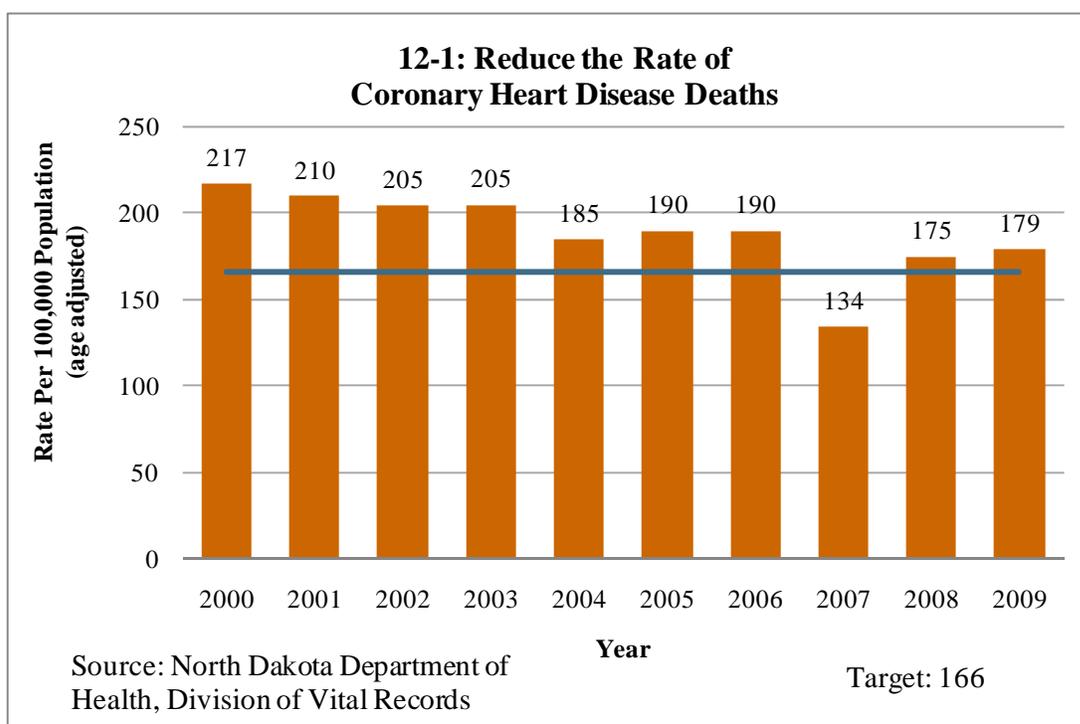
 Thumbs down
Moving away from target

NA = Not Available

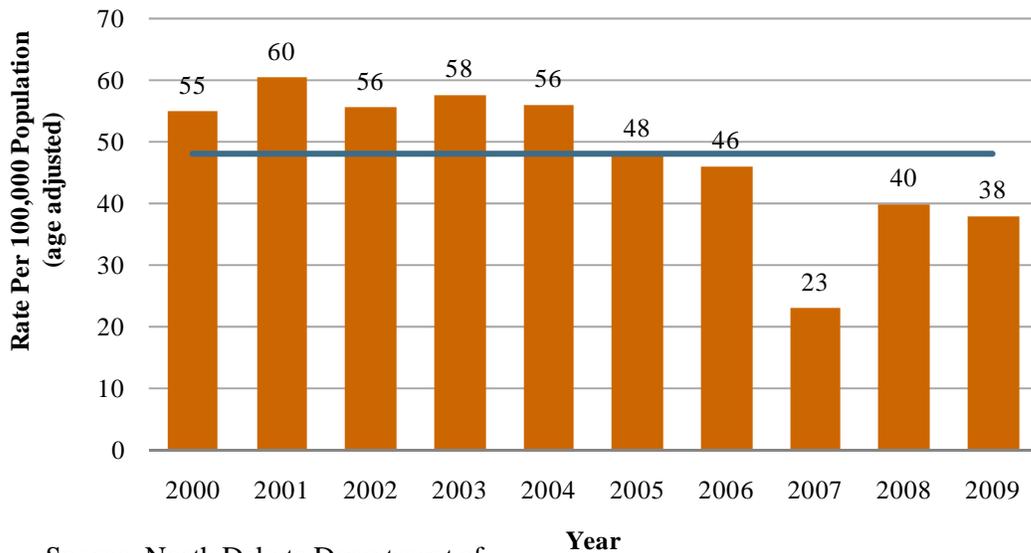
BRFSS = Behavioral Risk Factor Surveillance System

12. Heart Disease and Stroke

Five objectives from the Heart Disease and Stroke focus area are represented in the following bar charts. Each chart shows the measured value for the objective over the ten year period from 2000 to 2009. A line is included to show the Healthy People 2010 target. Charts are formatted by color to indicate the direction of change desired. If the goal was to **increase** the objective measured, the bars are teal colored and the target line is orange. If the goal was to **reduce** the objective measured, the bars are orange and the target line is teal.



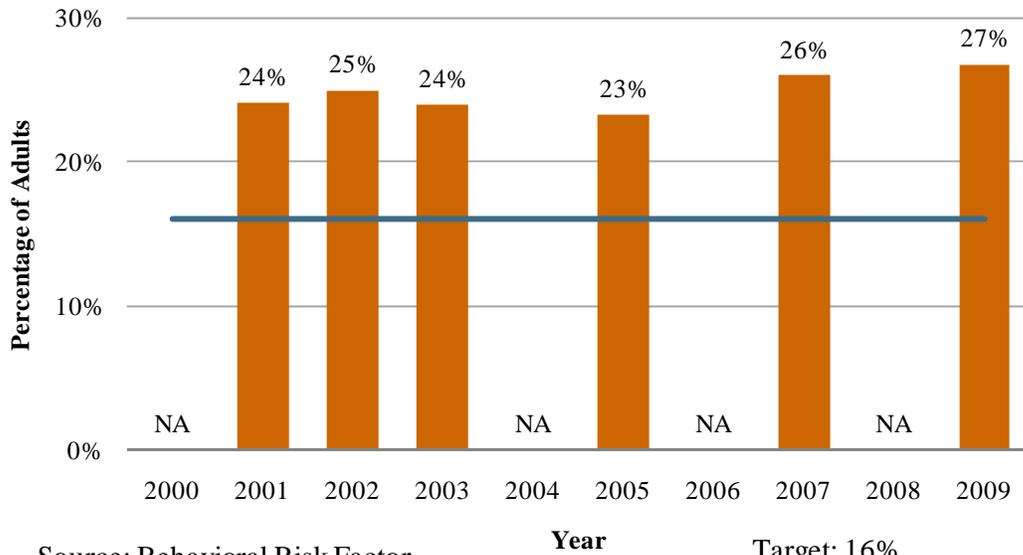
12-7: Reduce the Rate of Stroke Deaths



Source: North Dakota Department of Health, Division of Vital Records

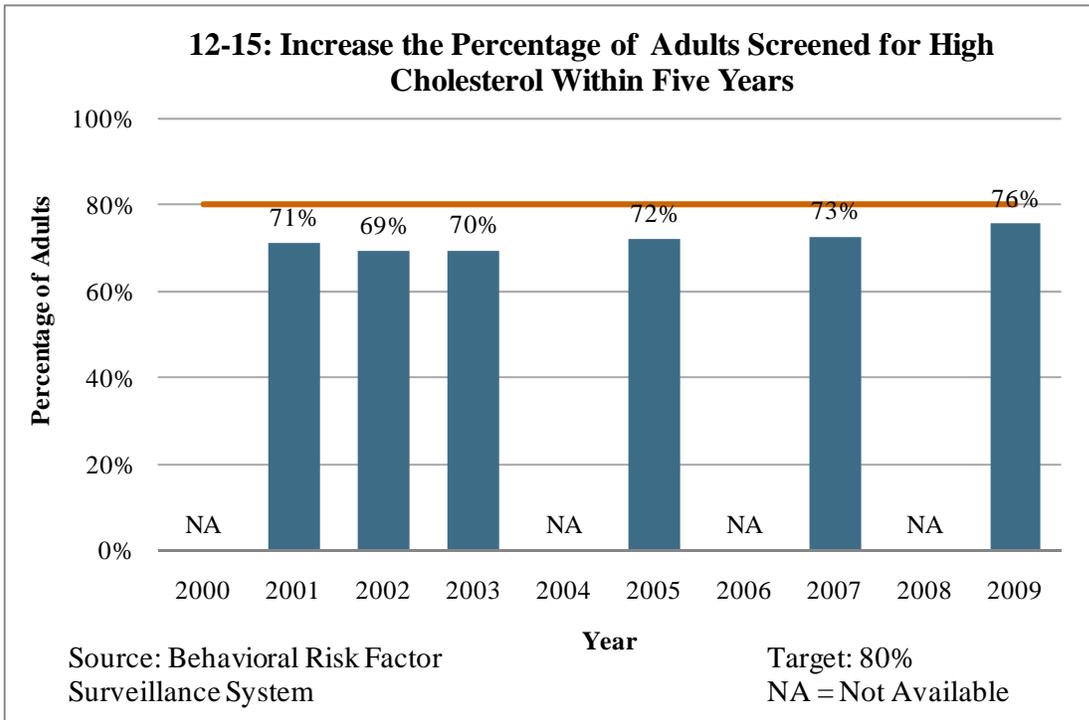
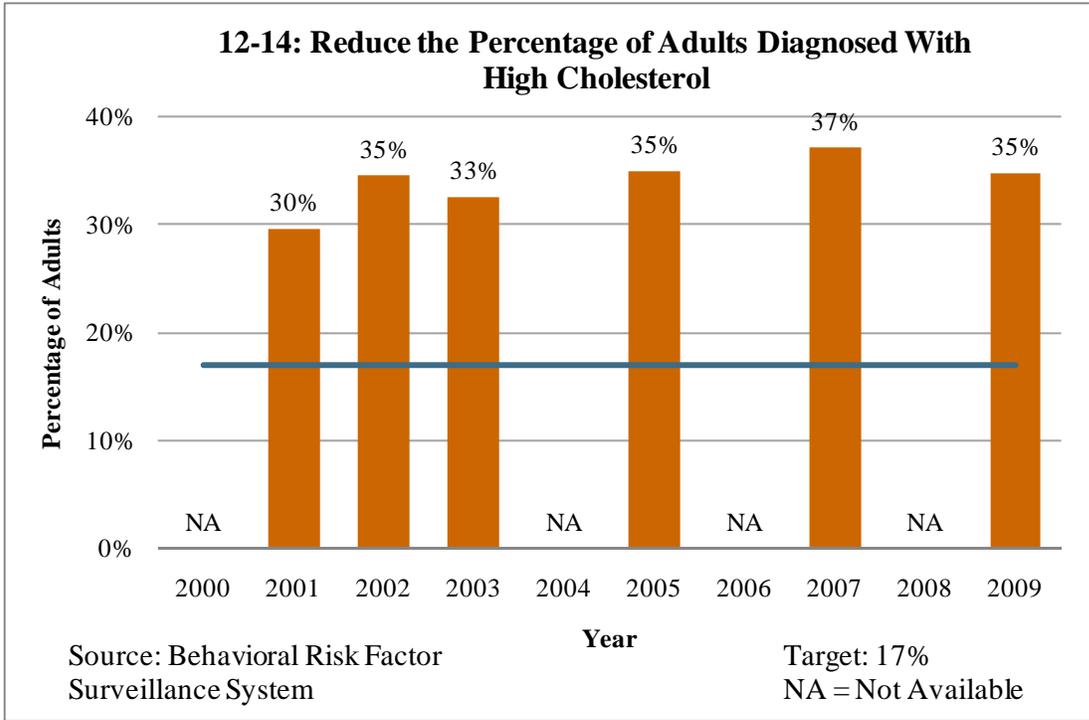
Target: 48

12-9: Reduce the Percentage of Adults Diagnosed With High Blood Pressure



Source: Behavioral Risk Factor Surveillance System

Target: 16%
NA = Not Available



Of the five heart disease and stroke objectives tracked for North Dakota, here is how we did:

	Thumbs down Moved away from target	2
	Stayed the same	0
	Thumbs up Moved toward target	2
	Reached target	1

From 2000 to 2009, coronary heart disease and stroke death rates declined. The stroke death rate was reduced from 55 deaths per 100,000 population to 38, surpassing the Healthy People 2010 target of 48. The percentages of adults with high blood pressure and high cholesterol increased slightly, moving away from their targets. Cholesterol screening of adults increased from 71 percent to 76 percent but fell short of the target of 80 percent.

Efforts in the area of heart disease and stroke for the next 10 years will focus on reducing disease, disability and death related to heart disease, stroke and related risk factors – high blood pressure, high blood cholesterol, tobacco use, physical inactivity, poor nutrition, overweight/obesity and diabetes.

For more information about heart disease and stroke in North Dakota, visit www.ndhealth.gov/heartstroke/default.htm.

Focus Area 13: HIV

Goal

Prevent human immunodeficiency virus (HIV) infection and its related illness and death.

Overview

In 1981, a new infectious disease, AIDS, or acquired immunodeficiency syndrome, was identified in the United States. Several years later, the causative agent of AIDS — human immunodeficiency virus (HIV) — was discovered. AIDS is the late stage of HIV infection. This discovery coincided with the growing recognition of AIDS in the United States as part of a global infectious disease pandemic.

Currently, HIV/AIDS has been reported in virtually every racial and ethnic population, every age group and every socioeconomic group in every state and most large cities in the United States. Initially identified among men who have sex with men on the East coast and West coast, the AIDS epidemic is composed of diverse multiple subepidemics that vary by region and community. At the end of 2006, an estimated 1,106,400 persons in the United States were living with HIV infection, with 21 percent undiagnosed. Overall, more than 576,000 people with an AIDS diagnosis in the United States have died from the beginning of the epidemic through 2007.

In North Dakota, the rate of new AIDS cases in 2009 was 1.1 per 100,000 population, and in 2009 the rate of HIV deaths was 0.2 per 100,000 population. Both of these rates are significantly lower than the rates for the United States.

13. HIV

Objective	Data Source	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	HP2010 Target	Status
13-1: New AIDS cases – Reduce the rate of new AIDS cases per 100,000 population.	ND HIV/AIDS	0.62	0.46	0.16	0.77	0.93	0.47	1.01	0.47	0.62	1.10	1	
13-14: HIV-infection deaths – Reduce the rate of HIV-infection deaths per 100,000 population (age adjusted).	Vital Records	0.8	0.7	0.2	0.3	0.5	0.5	0.3	0.5	0.3	0.2	0.7	

 Target reached

 Thumbs up
Moving toward target

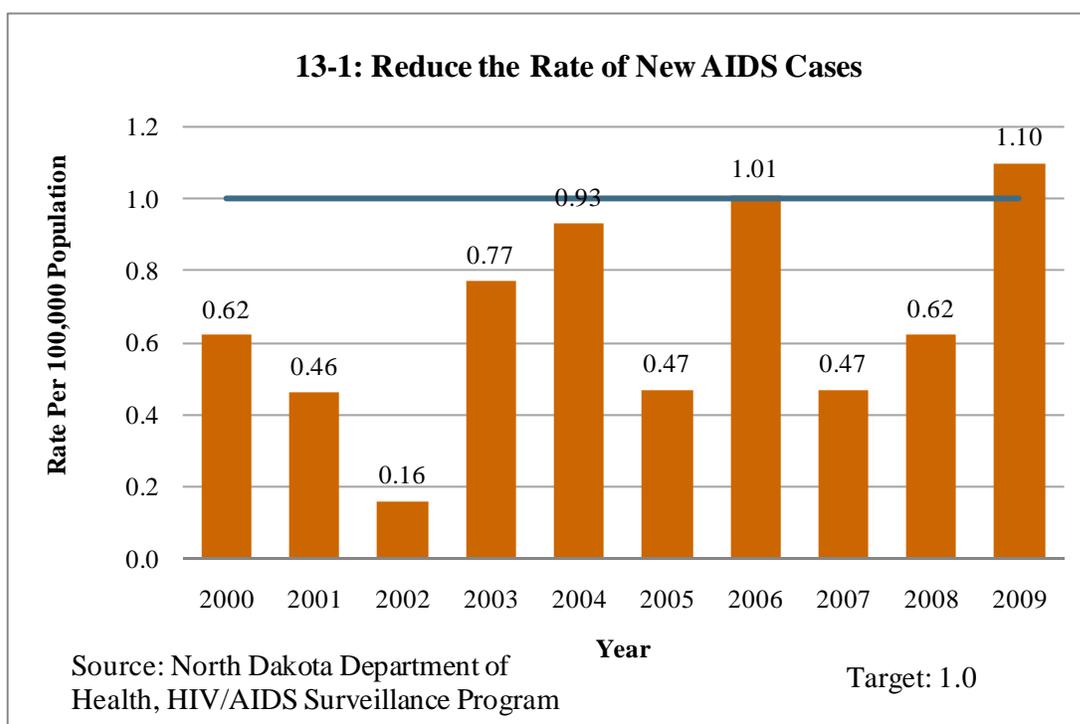
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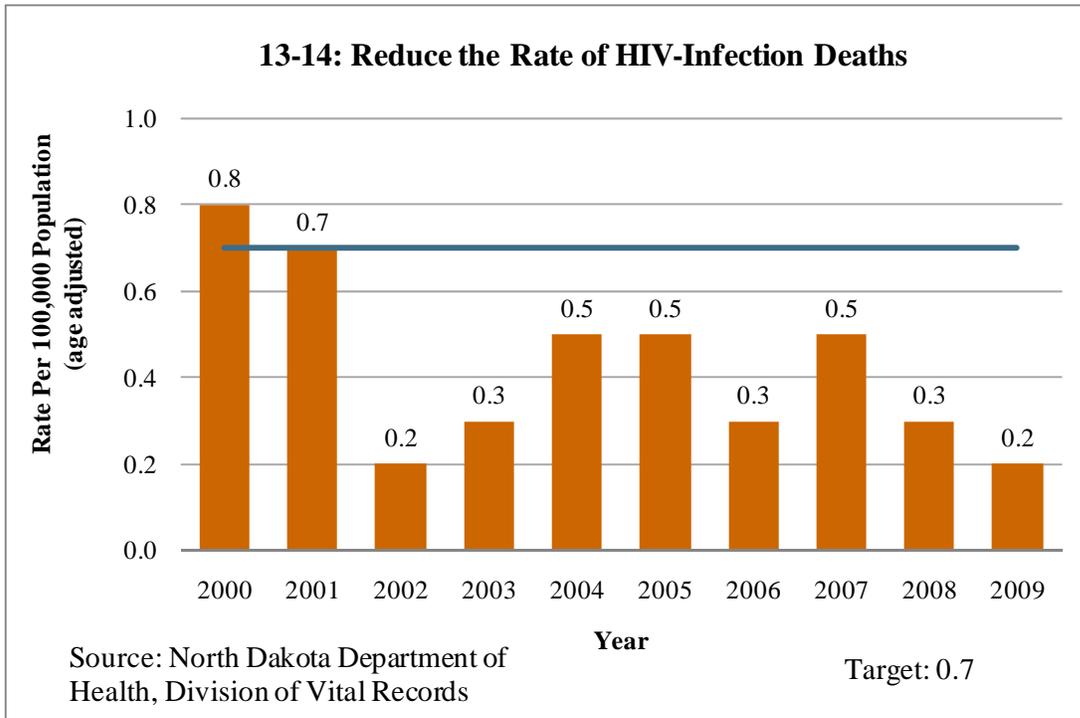
 Thumbs down
Moving away from target

ND HIV/AIDS = North Dakota Department of Health HIV/AIDS Surveillance Program

13. HIV

Two objectives from the HIV focus area are represented in the following bar charts. Each chart shows the measured value for the objective over the ten year period from 2000 to 2009. A line is included to show the Healthy People 2010 target. Charts are formatted by color to indicate the direction of change desired. If the goal was to **increase** the objective measured, the bars are teal colored and the target line is orange. If the goal was to **reduce** the objective measured, the bars are orange and the target line is teal.





Of the two HIV objectives tracked for North Dakota, here is how we did:

	Thumbs down Moved away from target	1
	Stayed the same	0
	Thumbs up Moved toward target	0
	Reached target	1

From 2000 to 2009, new AIDS cases increased from 0.6 per 100,000 population to 1.1 per 100,000 population, moving away from the target of 1.0. During the same time period, the rate of HIV-infection deaths decreased from 0.8 to 0.2 per 100,000 population, below the target of 0.7.

For more information about HIV in North Dakota, visit www.ndhealth.gov/HIV/.

Focus Area 14: Immunization and Infectious Diseases

Goal

Prevent disease, disability and death from infectious diseases, including vaccine-preventable diseases.

Overview

Infectious diseases remain major causes of illness, disability and death. Moreover, new infectious agents and diseases are being detected, and some diseases considered under control have reemerged in recent years. In addition, antimicrobial resistance is evolving rapidly in a variety of hospital- and community-acquired infections. These trends suggest that many challenges still exist in the prevention and control of infectious diseases.

In North Dakota, the immunization rate for children ages 19 to 35 months was 75 percent in 2008, falling short of the Health People 2010 target of 80 percent.

14. Immunization and Infectious Diseases

Objective	Data Source	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	HP2010 Target	Status
14-1f: Mumps cases – Reduce the number of mumps occurrences.	CDC NETSS	1	0	2	0	1	3	14	3	2	2	0	
14-1g: Pertussis cases in children younger than 7 – Reduce the number of pertussis occurrences in children younger than 7.	CDC NETSS	4	11	3	5	757	168	43	14	25	30	5	
14-2: Hepatitis B in infants and young children age 2 and younger – Reduce the number of hepatitis B occurrences in children 2 and younger.	CDC NETSS	1	0	0	0	0	0	1	0	0	0	1	
14-3a: Hepatitis B – Reduce the rate of hepatitis B per 100,000 population; ages 19 to 24 years.	CDC NETSS	3.2	0.0	3.2	0.0	1.6	0.0	0.0	0.0	1.6	0.0	2.4	
14-3b: Hepatitis B – Reduce the rate of hepatitis B per 100,000 population; ages 25 to 39 years.	CDC NETSS	0.0	1.6	2.4	0.0	0.0	0.0	0.0	0.0	0.8	0.0	5.1	
14-3c: Hepatitis B – Reduce the rate of hepatitis B per 100,000 population; 40 and older.	CDC NETSS	0.4	0.0	1.1	1.1	0.8	0.0	0.4	0.8	0.0	0.0	3.8	
14-5a: New invasive pneumococcal infections – Reduce the rate per 100,000 population; younger than 5.	CDC NETSS	20	30	3	23	8	15	13	3	18	25	46	
14-5b: New invasive pneumococcal infections – Reduce the rate per 100,000 population; 65 and older.	CDC NETSS	3	1	0	1	0	1	0	0	1	10	42	
14-5c: Invasive penicillin-resistant pneumococcal infections – Reduce the rate per 100,000 population; younger than 5.	CDC NETSS	10	8	0	5	0	0	0	0	0	0	6	
14-5d: Invasive penicillin-resistant pneumococcal infections – Reduce the rate per 100,000 population; 65 and older.	CDC NETSS	3	1	0	1	0	1	0	0	1	10	7.0	
14-6: Hepatitis A – Reduce the rate of hepatitis A per 100,000 population.	CDC NETSS	0.6	0.5	0.6	0.3	0.3	0.3	0.5	0.3	0.3	0.3	4.5	
14-7: Meningococcal disease – Reduce the rate of meningococcal disease per 100,000 population.	CDC NETSS	0.3	1.2	0.6	0.2	0.3	0.3	0.6	0.3	0.9	0.3	1.0	

Objective	Data Source	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	HP2010 Target	Status
14-8: Lyme disease – Reduce the rate of lyme disease per 100,000 population.	CDC NETSS	0.3	0.0	0.2	0.0	0.0	0.5	1.1	1.9	1.6	3.4	9.7	★
14-9: Hepatitis C – Reduce the rate of hepatitis C per 100,000 population.	CDC NETSS	0.2	0.0	0.2	0.0	0.8	0.2	0.0	0.0	0.0	0.5	1.0	★
14-11: Tuberculosis – Reduce the rate of tuberculosis per 100,000 population.	ND TBP	0.8	0.9	0.9	0.9	0.6	0.9	1.4	1.1	0.5	0.8	1.0	★
14-16: Invasive early onset group B streptococcal disease – Reduce the rate per 1,000 live births.	CDC NETSS	0.3	0.0	0.1	0.5	0.2	0.4	0.5	0.1	0.3	0.6	0.5	☞
14-22a: Four doses diphtheria/ tetanus/pertussis (DTaP) – Increase the percentage of children ages 19 to 35 months receiving four doses.	NDIIS	86%	86%	81%	86%	86%	88%	87%	86%	81%	85%	90%	☑
14-22b: Three doses Haemophilus influenzae type b (Hib) – Increase the percentage of children ages 19 to 35 months receiving three doses.	NDIIS	96%	95%	95%	97%	96%	96%	94%	96%	85%	65%	90%	☞
14-22c: Three doses hepatitis B (hep B) vaccine – Increase the percentage of children ages 19 to 35 months receiving three doses.	NDIIS	96%	90%	94%	95%	94%	96%	95%	98%	96%	97%	90%	★
14-22d: One dose measles/mumps /rubella (MMR) vaccine – Increase the percentage of children ages 19 to 35 months receiving one dose.	NDIIS	92%	93%	91%	91%	93%	92%	92%	95%	91%	94%	90%	★
14-22e: Three doses polio vaccine – Increase the percentage of children ages 19 to 35 months receiving three doses.	NDIIS	91%	93%	91%	89%	92%	97%	93%	98%	95%	97%	90%	★
14-22f: One dose varicella vaccine – Increase the percentage of children ages 19 to 35 months receiving one dose.	NDIIS	59%	69%	67%	72%	80%	87%	89%	92%	85%	94%	90%	★
14-23f: Diphtheria/tetanus /pertussis (DTaP) vaccine – Increase the percentage of children in kindergarten or first grade receiving the vaccine.	NDIIS	98%	98%	97%	98%	91%	95%	96%	93%	93%	93%	95%	☞

Objective	Data Source	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	HP2010 Target	Status
14-23g: Measles/mumps/rubella vaccines – Increase the percentage of children in kindergarten or first grade receiving the vaccines.	NDIIS	97%	98%	98%	96%	90%	95%	96%	92%	92%	91%	95%	
14-23h: Polio vaccine – Increase the percentage of children in kindergarten or first grade receiving the vaccine.	NDIIS	100%	98%	98%	98%	91%	95%	96%	93%	93%	93%	95%	
14-23i: Hepatitis B vaccine – Increase the percentage of children in kindergarten or first grade receiving the vaccine.	NDIIS	99%	99%	99%	98%	93%	96%	97%	95%	95%	95%	95%	
14-24a: Fully immunized children – Increase the percentage of children ages 19 to 35 months who are fully immunized.	NDIIS	80%	79%	78%	80%	82%	79%	80%	82%	75%	NA	80%	
14-27b: Measles/mumps/rubella – Increase the percentage of adolescents ages 13 to 15 years receiving the vaccine.	NDIIS	99%	99%	99%	99%	86%	92%	93%	93%	92%	92%	90%	
14-27c: Tetanus/diphtheria booster – Increase the percentage of adolescents ages 13 to 15 years receiving the booster.	NDIIS	99%	99%	99%	99%	48%	50%	48%	52%	57%	62%	90%	
14-29a: Influenza vaccine – Increase the percentage of adults 65 and older who receive an annual influenza vaccine.	BRFSS	69%	70%	74%	73%	74%	70%	71%	72%	73%	70%	90%	
14-29b: Pneumococcal vaccine – Increase the percentage of adults 65 and older who have ever received a pneumococcal vaccine.	BRFSS	63%	64%	73%	71%	70%	72%	69%	71%	68%	71%	90%	

 Target reached

 Thumbs up
Moving toward target

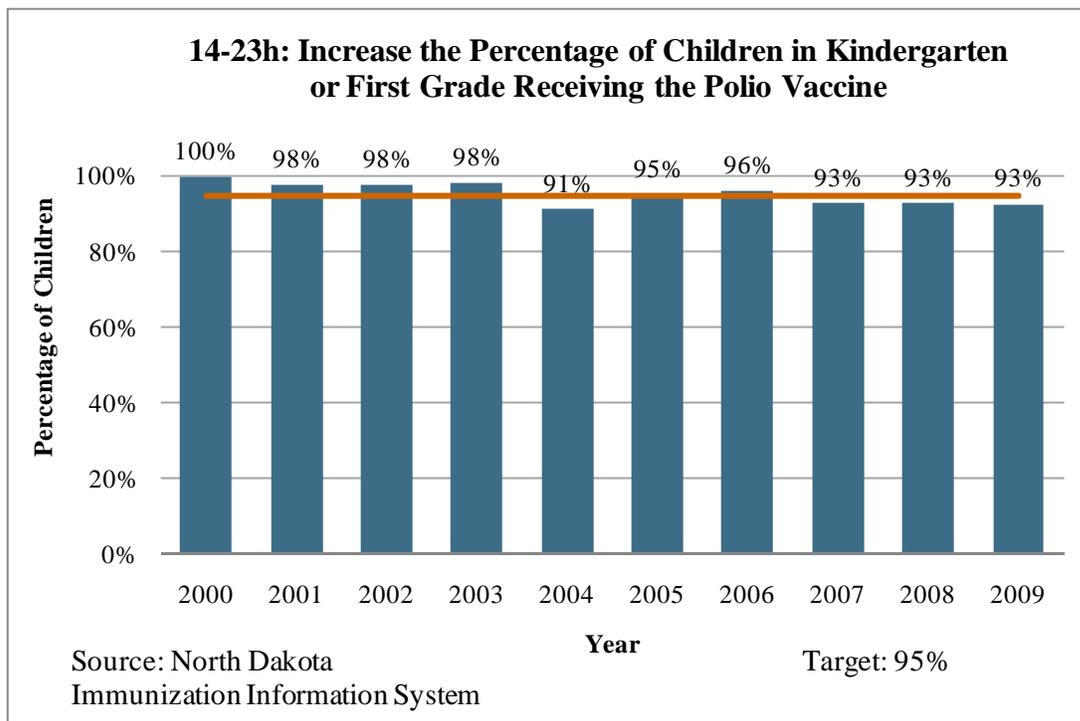
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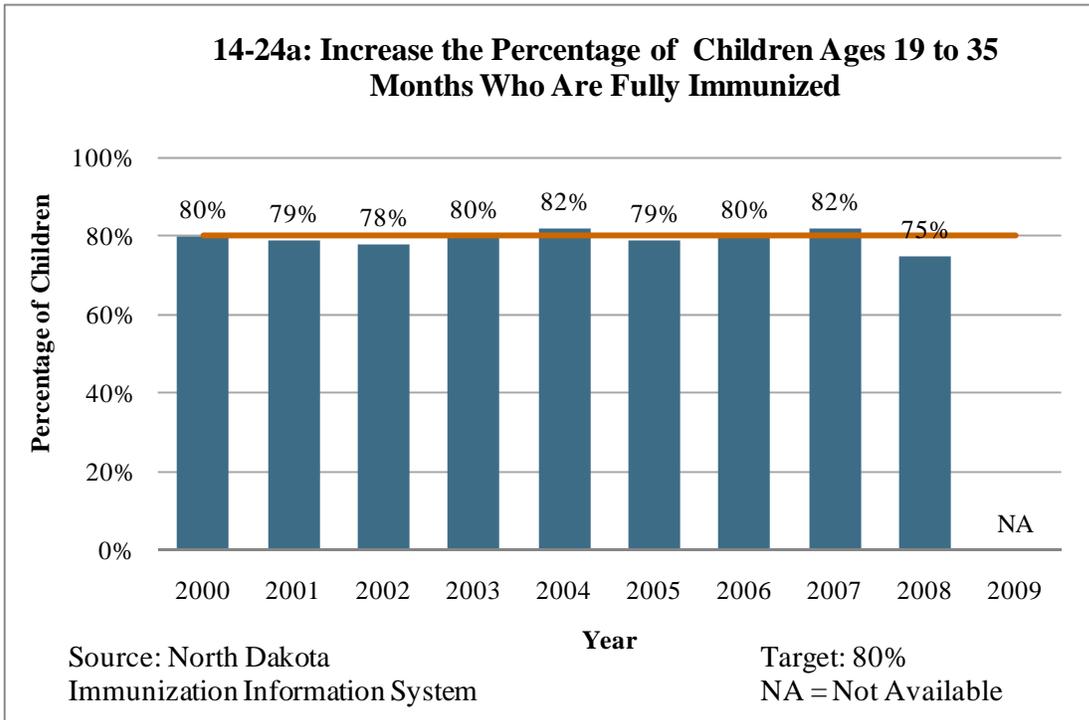
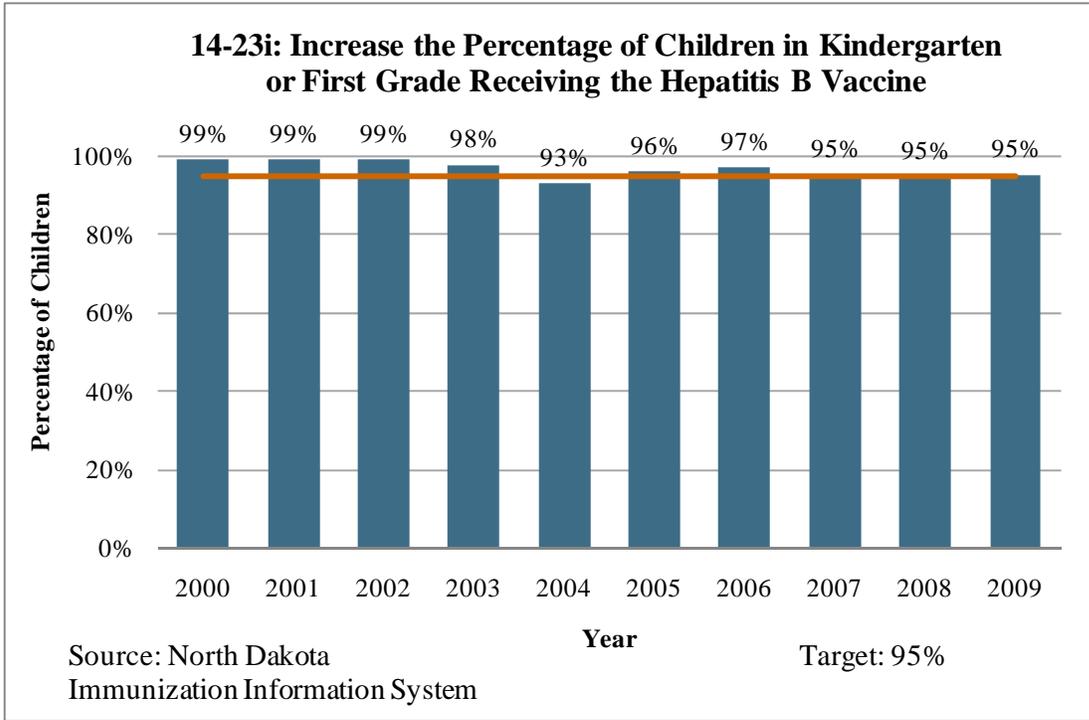
 Thumbs down
Moving away from target

NA = Not Available
 BRFSS = Behavioral Risk Factor Surveillance System
 CDC NETSS = Centers for Disease Control and Prevention National Electronic Telecommunications System
 ND TBP = North Dakota Tuberculosis Program
 NDIIS = North Dakota Immunization Information System

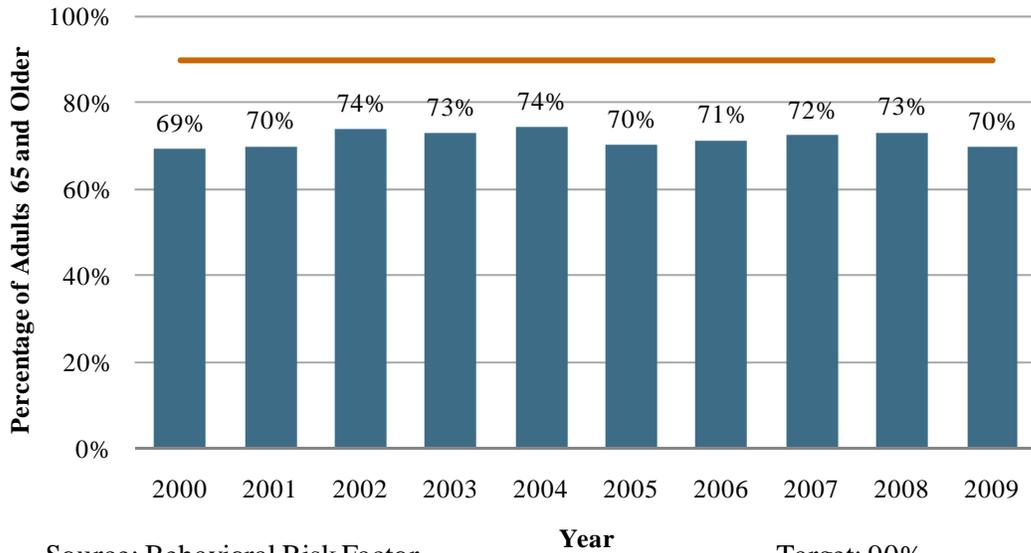
14. Immunization and Infectious Diseases

Five objectives from the Immunization and Infectious Diseases focus area are represented in the following bar charts. Each chart shows the measured value for the objective over the ten year period from 2000 to 2009. A line is included to show the Healthy People 2010 target. Charts are formatted by color to indicate the direction of change desired. If the goal was to **increase** the objective measured, the bars are teal colored and the target line is orange. If the goal was to **reduce** the objective measured, the bars are orange and the target line is teal.





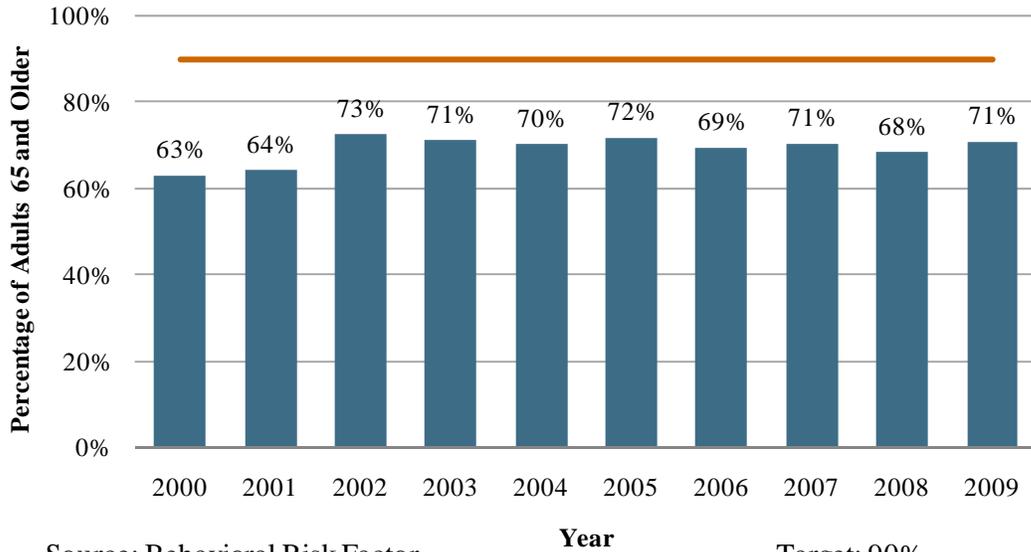
14-29a: Increase the Percentage of Adults 65 and Older Who Receive an Annual Influenza Vaccine



Source: Behavioral Risk Factor Surveillance System

Target: 90%

14-29b: Increase the Percentage of Adults 65 and Older Who Have Ever Received a Pneumococcal Vaccine



Source: Behavioral Risk Factor Surveillance System

Target: 90%

Of the 31 immunization and infectious diseases objectives tracked for North Dakota, here are the results:

	Thumbs down Moved away from target	9
	Stayed the same	0
	Thumbs up Moved toward target	5
	Reached target	17

From 2000 to 2009, immunization rates in North Dakota have remained high. However, slight decreases were seen among polio and hepatitis B vaccination for children in kindergarten or first grade, and the percentage of children ages 19 to 35 months who are fully immunized decreased from 80 percent to 75 percent, away from the target of 80 percent.

Influenza vaccination for adults 65 and older remained steady around 70 percent, well below the target of 90 percent. The percentage of adults 65 and older who have ever received a pneumococcal vaccine increased from 63 percent to 71 percent, moving closer to the target of 90 percent.

For more information about immunization and infectious diseases in North Dakota, go to www.ndhealth.gov/immunize/ and www.ndhealth.gov/disease/.

Focus Area 15: Injury and Violence Prevention

Goal

Reduce injuries, disabilities and deaths due to unintentional injuries and violence.

Overview

According to the Centers for Disease Control and Prevention (CDC), most people sustain a significant injury at some time during their lives. Injury is too often taken for granted in the belief that injuries happen by chance and are the result of unpreventable “accidents.” In fact, many injuries are not “accidents” or random; rather, most injuries are predictable and preventable.

Injury prevention and control addresses both unintentional and intentional injuries. Leading areas of concern in unintentional injuries include motor vehicle crashes, unintentional poisoning, and falls. Many of the factors that cause intentional injuries such as homicide and suicide are closely associated with violent and abusive behavior.

The National Center for Health Statistics (NCHS), Division of Vital Statistics, reported that 123,706 people died in the United States in 2007 from unintentional injuries, equating to a rate of 41.0 per 100,000 population- the fifth leading cause of death in the United States. North Dakota is not immune to the injury problem. In 2007, the rate of deaths from unintentional injury was 48.4 per 100,000 population. Unintentional injury is the leading cause of ND deaths for age groups 1 through 44 and is fifth leading cause of deaths for all ages in the state.

15. Injury and Violence Prevention

Objective	Data Source	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	HP2010 Target	Status
15-13: Deaths from unintentional injuries – Reduce the rate of unintentional injury deaths per 100,000 population (age adjusted).	Vital Records	36.9	32.7	36.3	38.2	38.8	43.2	42.2	48.4	47.7	47.5	17.5	
15-32: Homicide – Reduce the rate of homicide deaths per 100,000 population (age adjusted).	Vital Records	1.8	2.1	1.0	1.8	1.8	1.9	1.9	2.3	0.7	2.6	3.0	
15-38: Physical fighting among adolescents – Reduce the percentage of students in grades nine through 12 reporting physical fighting.	YRBS	NA	28%	NA	27%	NA	11%	NA	10%	NA	19%	32%	
15-39: Weapon carrying by adolescents on school property – Reduce the percentage of students in grades nine through 12 reporting weapon carrying on school property.	YRBS	NA	6.4%	NA	5.7%	NA	6.0%	NA	5.0%	NA	5.4%	4.9%	

 Target reached

 Thumbs up
Moving toward target

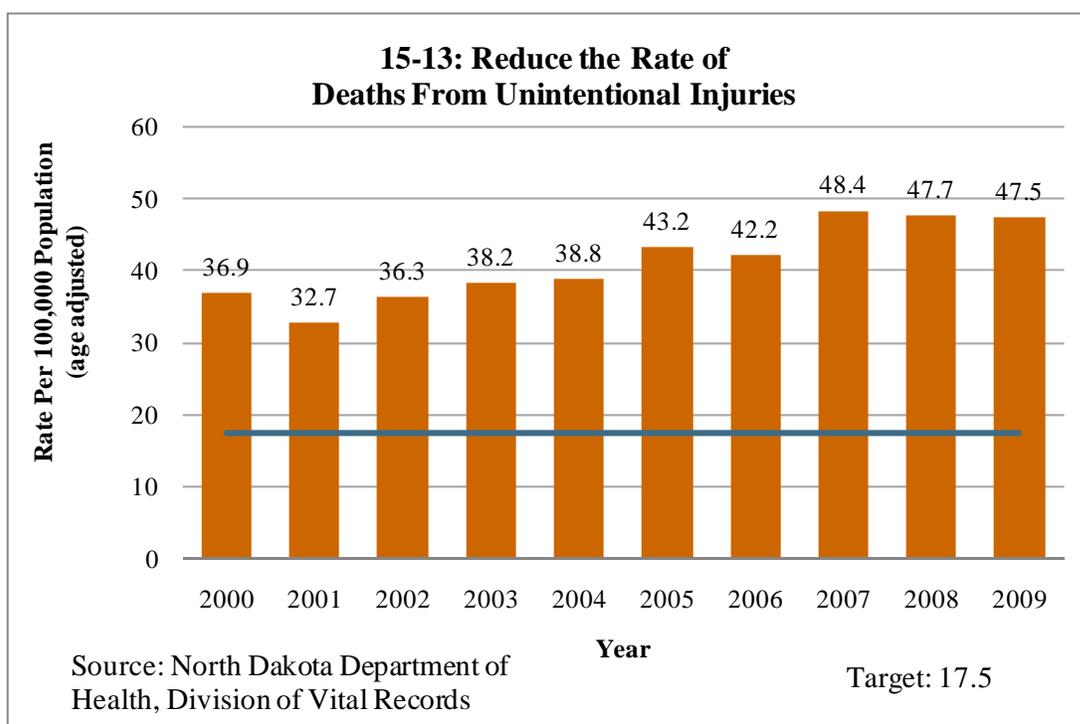
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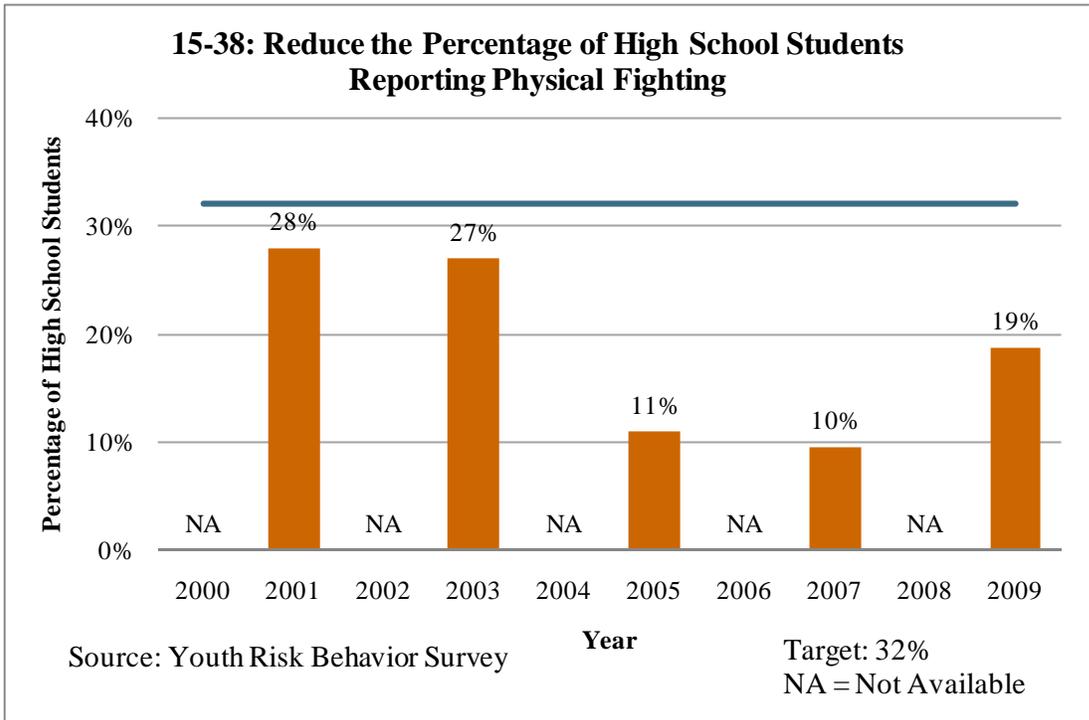
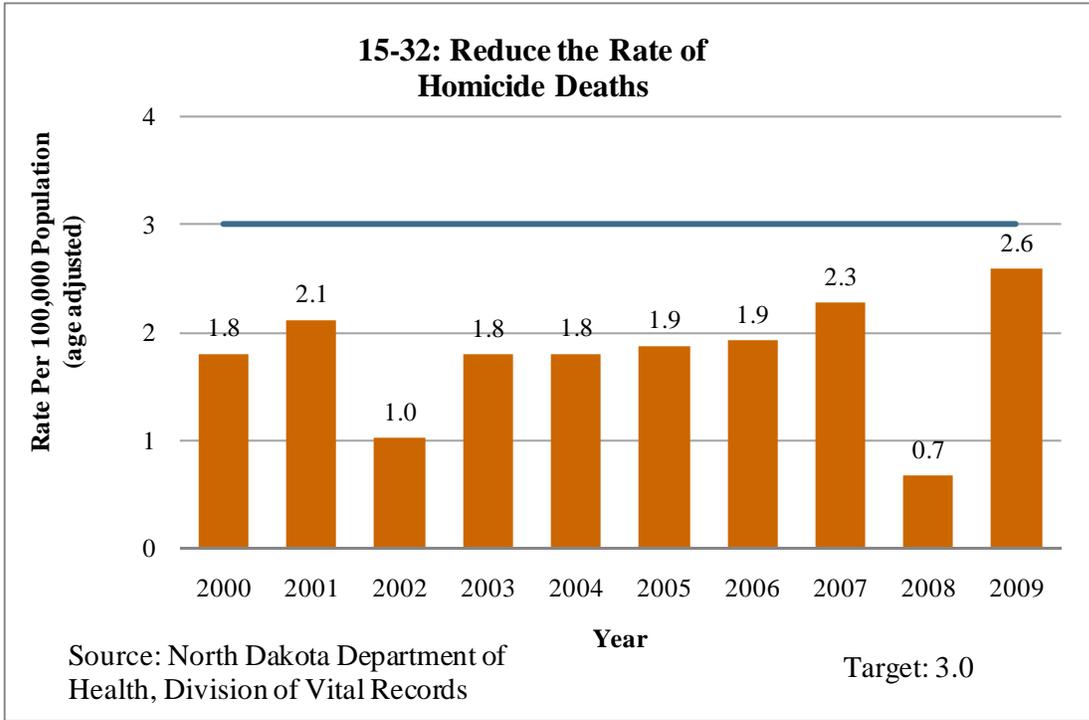
 Thumbs down
Moving away from target

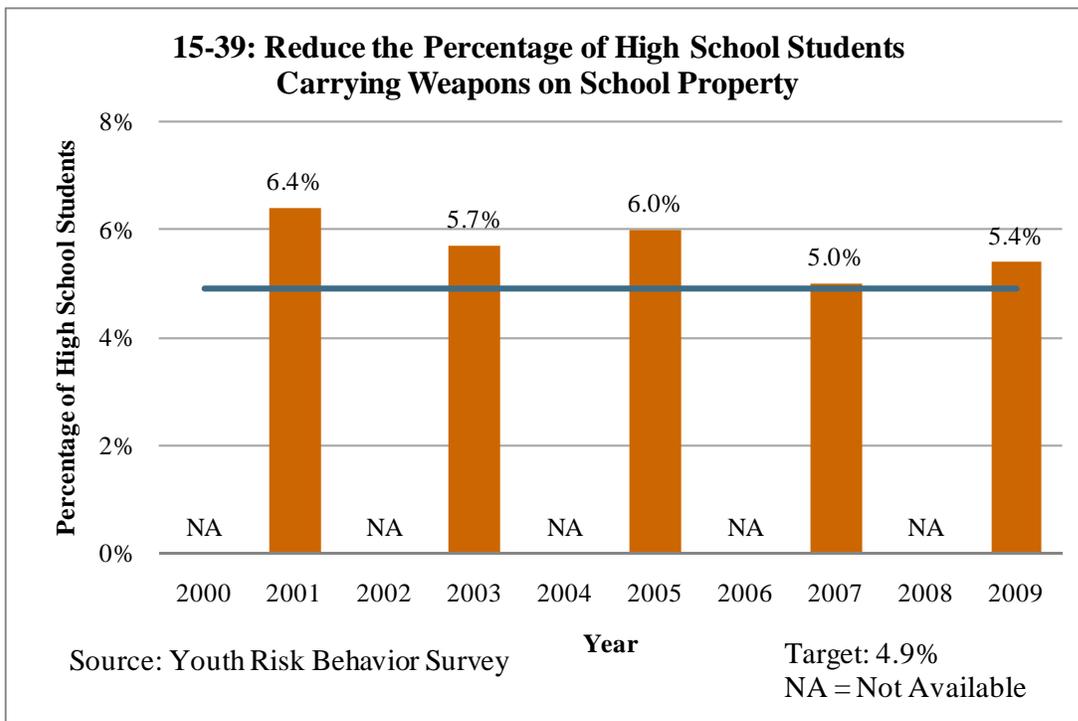
NA = Not Available
YRBS = Youth Risk Behavior Survey

15. Injury and Violence Prevention

Four objectives from the Injury and Violence Prevention focus area are represented in the following bar charts. Each chart shows the measured value for the objective over the ten year period from 2000 to 2009. A line is included to show the Healthy People 2010 target. Charts are formatted by color to indicate the direction of change desired. If the goal was to **increase** the objective measured, the bars are teal colored and the target line is orange. If the goal was to **reduce** the objective measured, the bars are orange and the target line is teal.







Of the four injury and violence objectives tracked for North Dakota, here is how we did:

	Thumbs down Moved away from target	1
	Stayed the same	0
	Thumbs up Moved toward target	1
	Reached Target	2

From 2000 to 2009, the rate of deaths from unintentional injuries increased substantially from 32.7 to 48.4 per 100,000. Homicide rates also have increased. The percentage of high school students having altercations has declined from 28 to 19 over the ten-year period. Also, high school students carrying weapons on school property has declined from 6.4 to 5.4 percent.

For additional information, please visit the North Dakota Department of Health, Division of Injury Prevention and Control website at www.ndhealth.gov/injury.

Focus Area 16: Maternal, Infant and Child Health

Goal

Improve the health and well-being of women, infants, children and families.

Overview

The health of mothers, infants and children is of critical importance, both as a reflection of the current health status of North Dakota citizens and overall United States population, as well as an indicator of the health of the upcoming generation. The Maternal, Infant and Child Health focus area addresses a range of indicators primarily affecting pregnant and postpartum women, including morbidity and mortality.

Four causes account for over half of all infant deaths: birth defects, disorders relating to short gestation and unspecified low birth weight (LBW), sudden infant death syndrome (SIDS), and pregnancy complications. After the first month of life, SIDS is the leading cause of infant death, accounting for about one-third of all deaths during this period. Maternal age also is a risk factor for infant death. However, mortality rates are highest among infants born to young teenagers (age 16 and younger) and to mothers 44 and older.

Many of the risk factors mentioned can be mitigated or prevented with good preconception and prenatal care. First, preconception screening and counseling offer an opportunity to identify and mitigate maternal risk factors before pregnancy begins. Other actions taken after birth can significantly improve infants' health and chances of survival.

16. Maternal, Infant and Child Health

Objective	Data Source	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	HP2010 Target	Status
16-1a: Fetal deaths at 20 or more weeks of gestation – Reduce the rate of fetal deaths per 1,000 live births plus fetal deaths.	Vital Records	6.0	6.1	5.0	4.5	4.5	5.6	5.9	5.9	5.2	6.6	4.1	
16-1b: Perinatal deaths – Reduce the rate of perinatal deaths per 1,000 live births plus fetal deaths.	Vital Records	8.1	7.0	6.5	6.6	10.0	9.9	9.7	10.7	9.5	10.0	4.5	
16-1c: Infant deaths – Reduce the rate of infant deaths per 1,000 live births.	Vital Records	7.9	8.2	6.3	7.1	5.5	5.4	6.0	7.4	5.6	6.1	4.5	
16-1d: Neonatal deaths – Reduce the rate of neonatal deaths per 1,000 live births.	Vital Records	5.5	5.5	4.3	5.6	4.4	4.3	3.8	4.8	4.4	3.5	2.9	
16-1e: Postneonatal deaths – Reduce the rate of postneonatal deaths per 1,000 live births.	Vital Records	2.5	2.7	2.1	1.5	1.1	1.7	2.1	2.6	1.2	2.7	1.2	
16-1f: All birth defects – Reduce the rate of birth defects per 1,000 live births.	Vital Records	1.6	2.6	1.3	2.1	1.5	1.1	1.8	6.0	5.9	6.0	1.1	
16-1g: Congenital heart defects – Reduce the rate of congenital heart defects per 1,000 live births.	Vital Records	0.7	0.9	0.5	0.5	0.5	0.0	0.2	1.3	1.1	1.0	0.4	
16-1h: SIDS deaths – Reduce the rate of SIDS deaths per 1,000 live births.	Vital Records	1.2	1.2	1.0	0.3	0.2	1.1	1.2	0.0	0.0	0.0	0.3	
16-2a: Child deaths ages 1 to 4 – Reduce the rate of deaths per 100,000 population; ages 1 to 4.	Vital Records	9.5	25.2	25.2	12.6	31.5	22.1	44.1	28.4	15.8	22.1	18.6	
16-2b: Child deaths ages 5 to 9 – Reduce the rate of deaths per 100,000 population; ages 5 to 9.	Vital Records	11.6	9.3	16.3	20.9	16.3	25.6	4.7	11.6	9.3	16.3	12.3	
16-3a: Adolescent deaths ages 10 to 14 – Reduce the rate of deaths per 100,000 population; ages 10 to 14.	Vital Records	31.6	12.6	14.8	29.5	23.2	12.6	19.0	12.6	12.6	12.6	16.8	
16-3b: Adolescent deaths ages 15 to 19 – Reduce the rate of deaths per 100,000 population; ages 15 to 19.	Vital Records	52.2	56.0	61.5	74.6	52.2	69.0	80.2	82.1	42.9	70.9	39.8	

Objective	Data Source	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	HP2010 Target	Status
16-3c: Young adult deaths ages 20 to 24 – Reduce the rate of deaths per 100,000 population; ages 20 to 24.	Vital Records	81.2	57.4	61.4	103.2	55.6	93.2	87.3	79.2	79.2	85.1	49.0	
16-4: Maternal deaths – Reduce the ratio of maternal deaths per 100,000 live births.	Vital Records	13.0	39.0	0.0	0.0	0.0	11.9	0.0	0.2	0.5	0.0	3.3	
16-6a: Prenatal care first trimester – Increase the percentage of live births where prenatal care was provided in the first trimester.	Vital Records	85%	85%	86%	87%	85%	85%	83%	82%	83%	84%	90%	
16-6b: Prenatal care early and adequate – Increase the percentage of live births where prenatal care was early and adequate.	Vital Records	87%	87%	88%	88%	88%	88%	83%	82%	83%	84%	90%	
16-9a: Cesarean births – First-time births – Reduce the percentage of Cesarean births to low-risk females giving birth for the first time.	Vital Records	18%	18%	20%	20%	22%	16%	18%	18%	17%	18%	15%	—
16-9b: Cesarean births – Prior cesarean deliveries – Reduce the percentage of Cesarean births to low-risk females who previously delivered an infant by cesarean.	Vital Records	48%	50%	48%	53%	49%	49%	48%	47%	47%	46%	63%	
16-10a: Low birth weight – Reduce the percentage of live births with a low birth weight.	Vital Records	6.4%	6.0%	6.0%	6.0%	6.6%	6.4%	6.7%	6.3%	6.8%	6.4%	5.0%	—
16-10b: Very low birth weight – Reduce the percentage of live births with a very low birth weight.	Vital Records	1.2%	1.1%	1.1%	1.1%	1.4%	1.2%	1.2%	1.2%	1.3%	1.3%	0.9%	
16-11a: Total preterm births – Reduce the percentage of live births delivered preterm.	Vital Records	8.8%	8.7%	9.5%	9.7%	10.2%	9.7%	9.4%	9.6%	9.8%	9.1%	7.6%	
16-11b: Preterm births – 32 to 36 weeks gestation – Reduce the percentage of live births delivered at 32 to 36 weeks gestation.	Vital Records	7.6%	7.4%	8.1%	8.4%	8.6%	8.1%	8.0%	8.3%	8.3%	7.7%	6.4%	
16-11c: Preterm births – Less than 32 weeks gestation – Reduce the percentage of live births delivered at less than 32 weeks gestation.	Vital Records	1.3%	1.3%	1.4%	1.4%	1.6%	1.6%	1.5%	1.3%	1.6%	1.4%	1.1%	

Objective	Data Source	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	HP2010 Target	Status
16-16a: Folic acid consumption – Increase the percentage of non-pregnant females ages 15 to 44 who consume folic acid.	BRFSS	NA	52%	55%	55%	61%	NA	NA	NA	NA	NA	80%	
16-17c: Abstinence from prenatal substance exposure – Cigarette smoking – Increase percentage of live births not exposed to prenatal cigarette smoking.	Vital Records	82%	83%	83%	84%	84%	83%	81%	81%	82%	83%	99%	
16-19a: Breastfeeding – Early postpartum (prior to hospital discharge after birth) – Increase the percentage of mothers of infants ages 1 to 12 months who breastfeed prior to hospital discharge.	Vital Records	62%	64%	63%	61%	61%	NA	66%	67%	70%	69%	75%	

 Target reached

 Thumbs up
Moving toward target

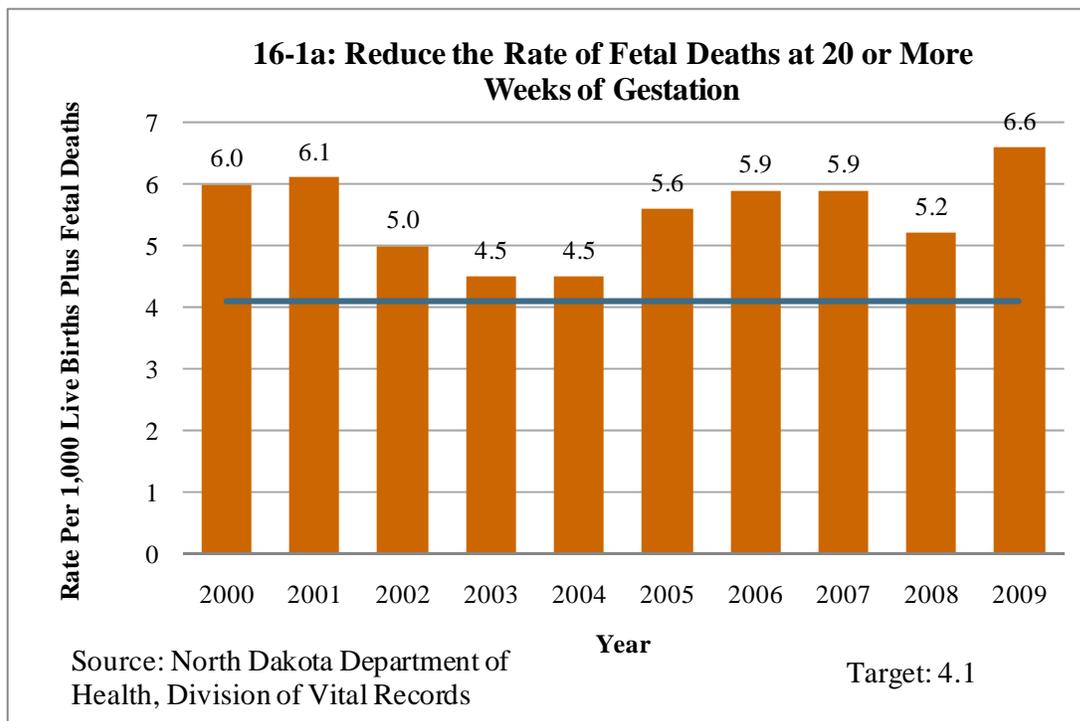
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 Thumbs down
Moving away from target

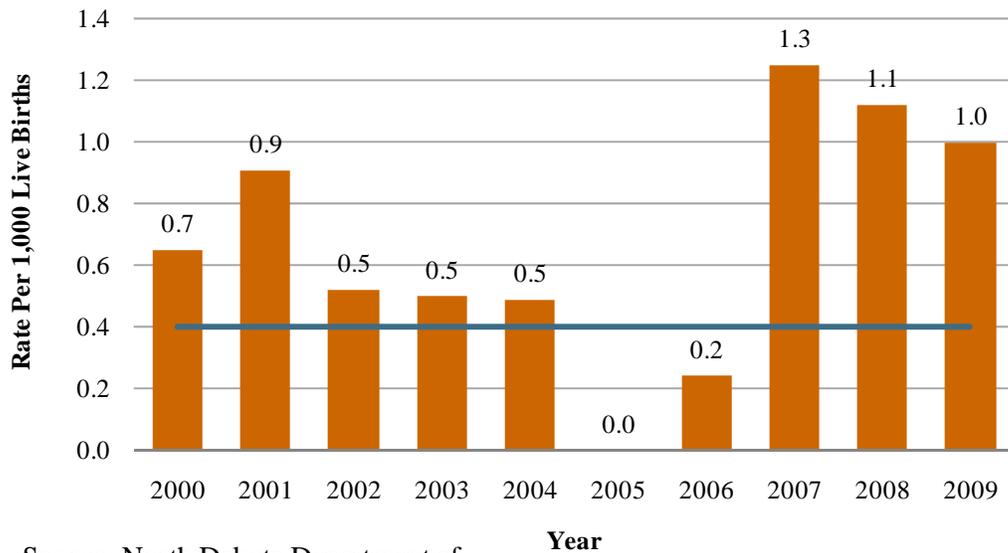
NA = Not Available
BRFSS = Behavioral Risk Factor Surveillance System

16. Maternal, Infant and Child Health

Five objectives from the Maternal, Infant and Child Health focus area are represented in the following bar charts. Each chart shows the measured value for the objective over the ten year period from 2000 to 2009. A line is included to show the Healthy People 2010 target. Charts are formatted by color to indicate the direction of change desired. If the goal was to **increase** the objective measured, the bars are teal colored and the target line is orange. If the goal was to **reduce** the objective measured, the bars are orange and the target line is teal.



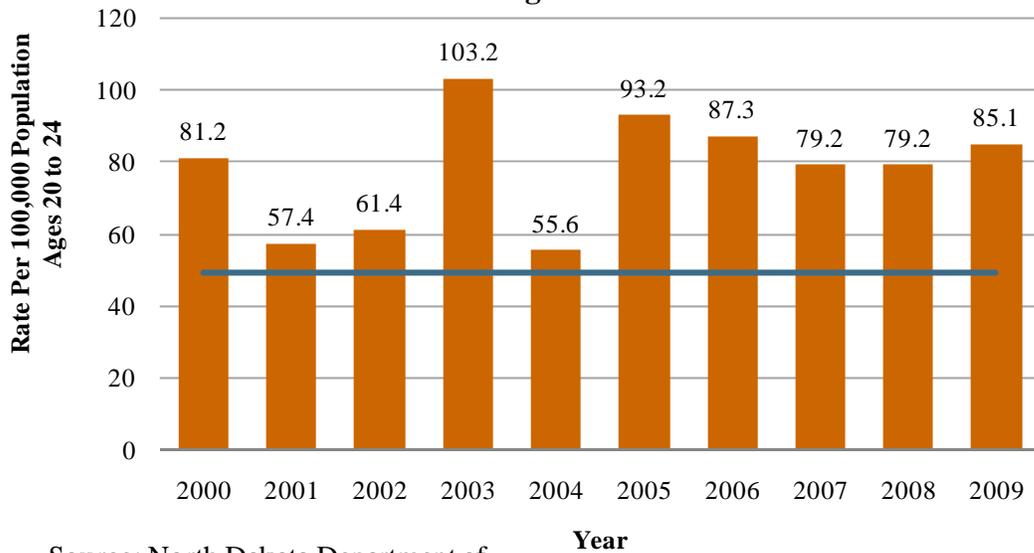
16-1g: Reduce the Rate of Congenital Heart Defects



Source: North Dakota Department of Health, Division of Vital Records

Target: 0.4

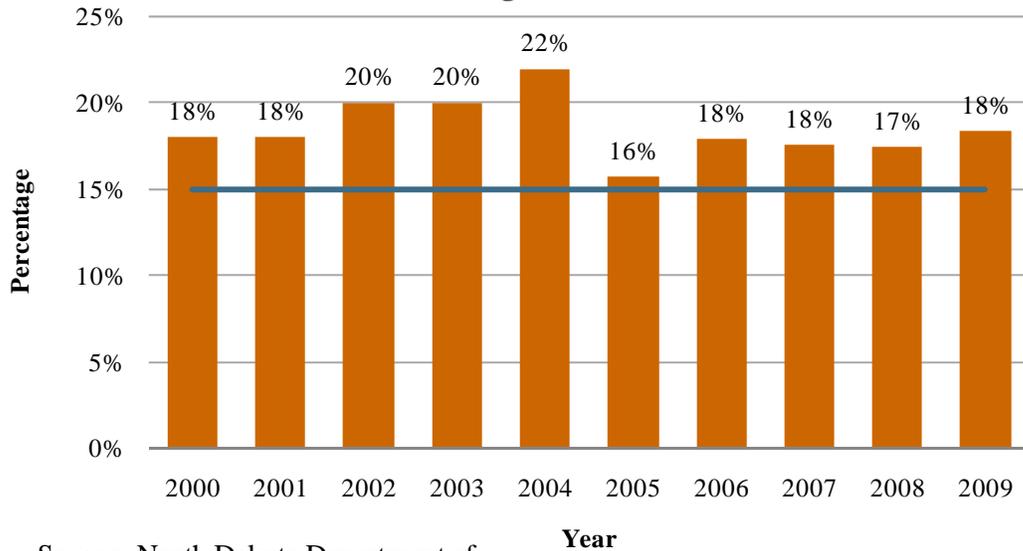
16-3c: Reduce the Rate of Young Adult Deaths Ages 20 to 24



Source: North Dakota Department of Health, Division of Vital Records

Target: 49.0

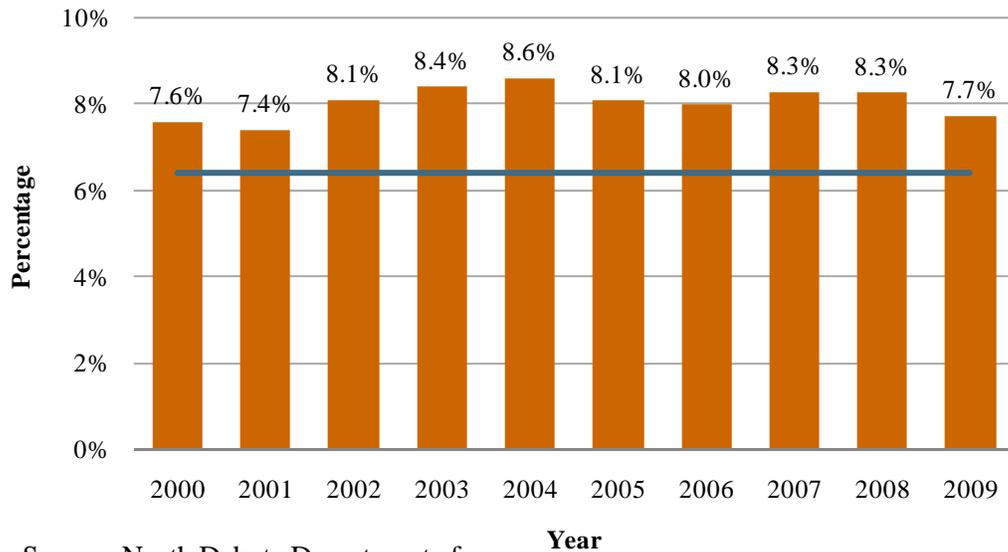
16-9a: Reduce the Percentage of Cesarean Births to Low-Risk Females Giving Birth for the First Time



Source: North Dakota Department of Health, Division of Vital Records

Target: 15%

16-11b: Reduce the Percentage of Live Births Delivered Preterm at 32 to 36 Weeks Gestation



Source: North Dakota Department of Health, Division of Vital Records

Target: 6.4%

Of the 26 maternal, infant and child health objectives tracked for North Dakota, here is how we did:

	Thumbs down Moved away from target	16
	Stayed the same	2
	Thumbs up Moved toward target	5
	Reached target	3

From 2000 to 2009, the rates of fetal deaths, perinatal deaths, postneonatal deaths and deaths among young children have increased; the rate of adolescent deaths also has increased. However, infant and neonatal death rates have been decreasing, though not yet reaching the HP2010 targets. The rate of SIDS deaths, adolescent deaths, and maternal deaths meet the HP2010 target rates. Very low birth weight and all preterm birth category rates have been decreasing.

For additional information, please review the North Dakota Department of Health, Division of Family Health website at www.ndhealth.gov/familyhealth.

Focus Area 18: Mental Health and Mental Disorders

Goal

Improve mental health and ensure access to appropriate, quality mental health services.

Overview

The first Surgeon General's Report on Mental Health defines mental health as "a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people and the ability to adapt to change and to cope with adversity." Mental disorders are health conditions characterized by alterations in thinking, mood or behavior (or some combination thereof) that are associated with distress and/or impaired functioning. Mental illness is the term that refers collectively to all diagnosable mental disorders.

Mental disorders occur across the lifespan, affecting people of all racial and ethnic groups, genders and all educational and socioeconomic groups. According to the National Institute of Mental Health, each year in the United States an estimated one-quarter of adults suffer from a mental health issue. Mental and behavioral disorders and serious emotional disturbances (SEDs) can lead to school or work failure, alcohol or illicit drug use, violence and suicide.

18. Mental Health and Mental Disorders

Objective	Data Source	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	HP2010 Target	Status
18-1: Suicide – Reduce the rate of suicide deaths per 100,000 population (age adjusted).	Vital Records	9.8	12.3	13.7	12.7	11.1	13.9	14.0	12.0	13.6	13.9	5.0	
18-2: Adolescent suicide attempts resulting in need for medical attention – Reduce the percentage of students in grades nine through 12 who have attempted suicide resulting in a need for medical attention.	YRBS	NA	2.3%	NA	2.8%	NA	1.7%	NA	1.7%	NA	2.3%	1.0%	



Target reached



Thumbs up
Moving toward target



No change

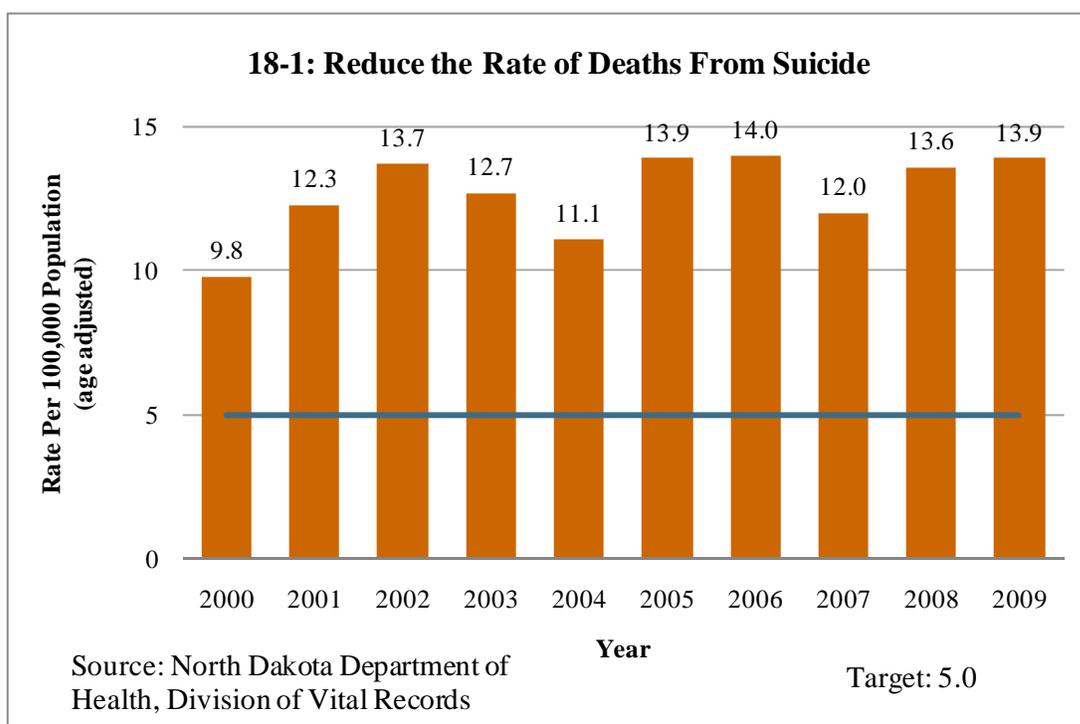


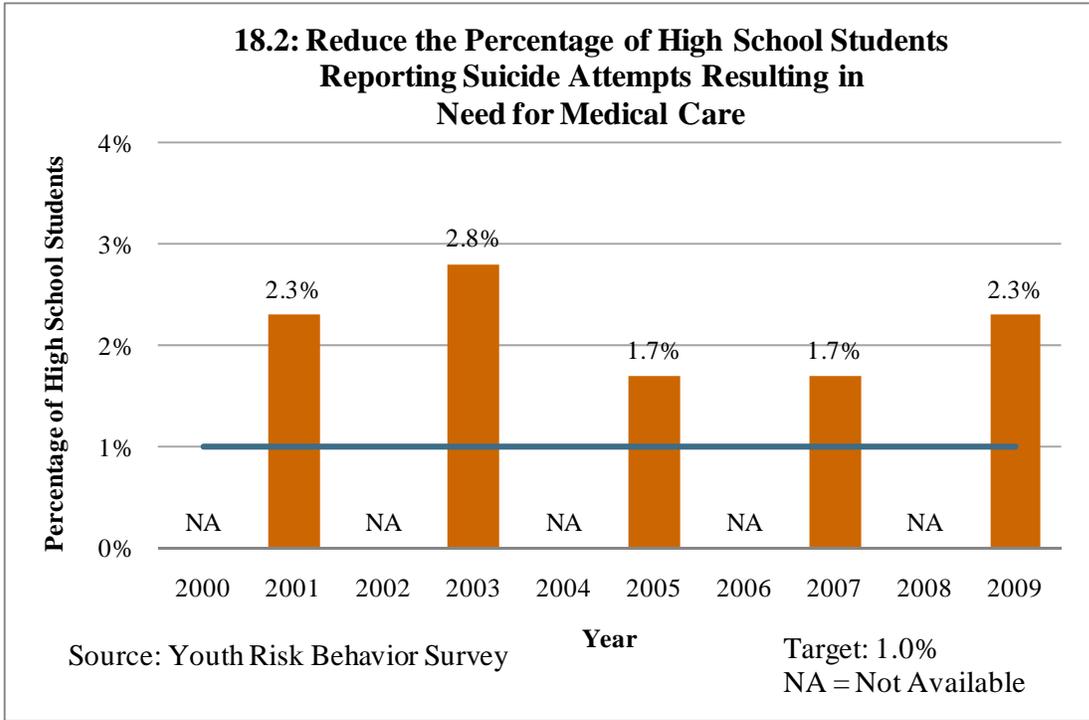
Thumbs down
Moving away from target

NA = Not Available
YRBS = Youth Risk Behavior Survey

18. Mental Health

Two objectives from the Mental Health focus area are represented in the following bar charts. Each chart shows the measured value for the objective over the ten year period from 2000 to 2009. A line is included to show the Healthy People 2010 target. Charts are formatted by color to indicate the direction of change desired. If the goal was to **increase** the objective measured, the bars are teal colored and the target line is orange. If the goal was to **reduce** the objective measured, the bars are orange and the target line is teal.





Of the two mental health objectives tracked for North Dakota, here is how we did:

	Thumbs down Moved away from target	1
	Stayed the same	1
	Thumbs up Moved toward target	0
	Reached target	0

Over the last ten years, the rate of deaths due to suicide has increased from 9.8 to 14.0 per 100,000 population. This is higher than the HP2010 target of five. The rate of adolescent suicide attempts resulting in need for medical attention has remained approximately the same throughout the decade.

For additional information, please visit the North Dakota Department of Health, Division of Injury Prevention and control website at www.ndhealth.gov/injury.

Focus Area 19: Nutrition and Overweight

Goal

Promote health and reduce chronic disease associated with diet and weight.

Overview

Nutrition is essential for growth and development, health and well-being. Behaviors to promote health should start early in life with breastfeeding and continue through life with the development of healthful eating habits. Nutritional or dietary factors contribute substantially to the burden of preventable illnesses and premature deaths in the United States.

North Dakotans are part of the national trend toward increasing overweight and obesity. In 2009, 28 percent of North Dakota adults were obese (up from 21 percent in 2000). The HP2010 target is 15 percent of adults. At the same time, only 32 percent of North Dakota adults were at a healthy weight with a Body Mass Index between 18.5 and 25. The HP2010 target indicates that at least 60 percent of our adult population should be at a healthy weight.

Overweight results when a person eats more calories from food (energy) than he or she expends, for example, through physical activity. This balance between energy intake and output is influenced by metabolic and genetic factors; our behaviors affecting dietary intake and physical activity; and environmental, cultural and socioeconomic components.

Overweight and obesity are associated with heart disease, certain types of cancer, type 2 diabetes, stroke, arthritis, breathing problems, and psychological disorders such as depression. The health outcomes related to these diseases, however, often can be improved through weight loss or, at a minimum, no further weight gain.

Establishing healthful dietary behaviors needs to begin in childhood. Educating school-aged children about nutrition is important to help establish healthful eating habits early in life. Health promotion efforts need to continue throughout adulthood, in particular about the long-term health consequences and risks associated with overweight and how to achieve and maintain a healthy weight. Schools, worksites and other community settings all have a role in building and supporting environments that make it easier for North Dakota residents to choose healthy foods and be physically active.

19. Nutrition and Overweight

Objective	Data Source	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	HP2010 Target	Status
19-1: Healthy weight in adults – Increase the percentage of adults at a healthy weight.	BRFSS	38%	37%	36%	36%	36%	35%	34%	34%	31%	32%	60%	
19-2: Obesity in adults – Reduce the percentage of adults who are obese.	BRFSS	21%	20%	23%	24%	25%	25%	25%	27%	28%	28%	15%	

 Target reached

 Thumbs up
Moving toward target

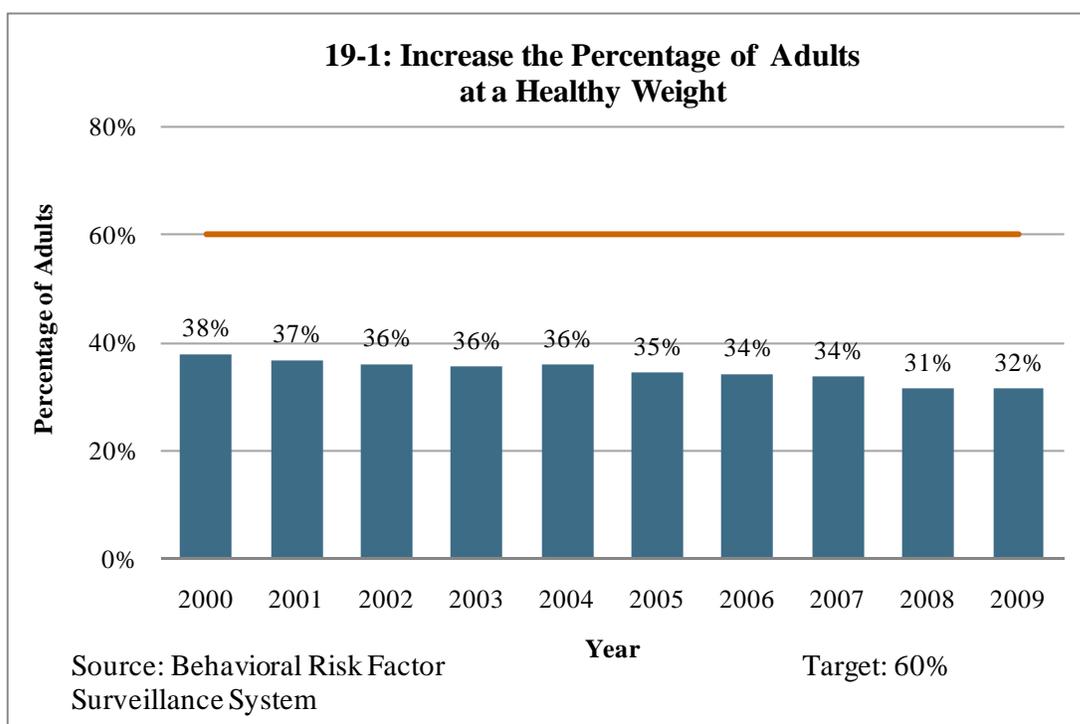
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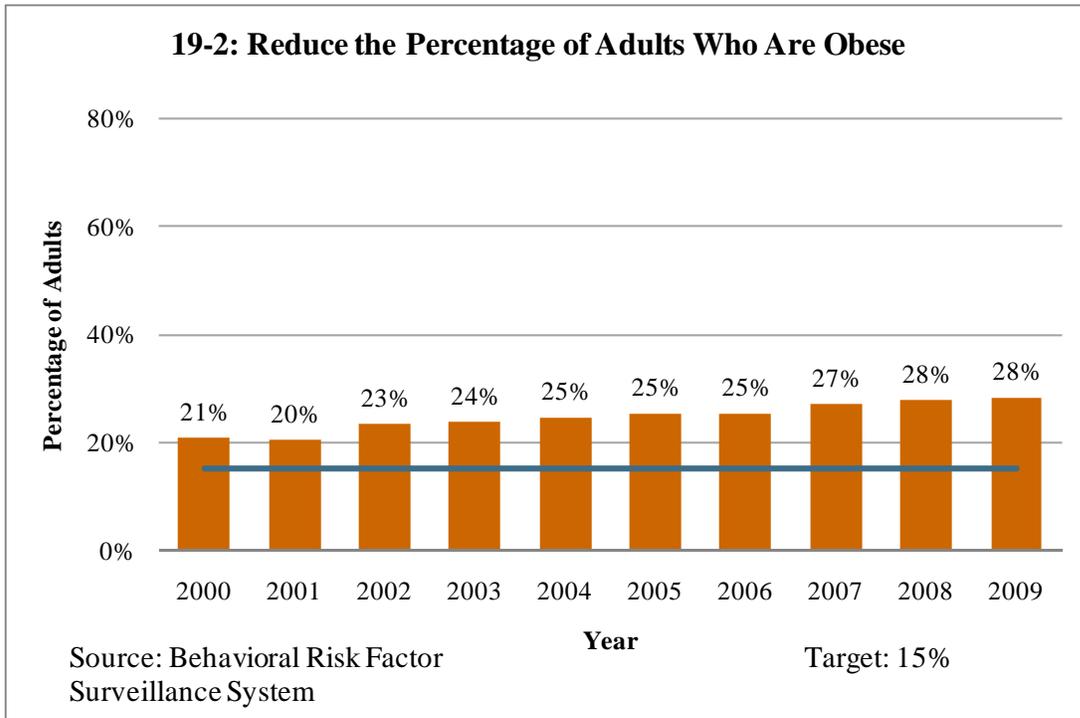
 Thumbs down
Moving away from target

BRFSS = Behavioral Risk Factor Surveillance System

19. Nutrition and Overweight

Two objectives from the Nutrition and Overweight focus area are represented in the following bar charts. Each chart shows the measured value for the objective over the ten year period from 2000 to 2009. A line is included to show the Healthy People 2010 target. Charts are formatted by color to indicate the direction of change desired. If the goal was to **increase** the objective measured, the bars are teal colored and the target line is orange. If the goal was to **reduce** the objective measured, the bars are orange and the target line is teal.





Of the two nutrition and overweight objectives tracked for North Dakota, here is how we did:

	Thumbs down Moved away from target	2
—	Stayed the same	0
	Thumbs up Moved toward target	0
	Reached target	0

From 2000 to 2009, measures of healthy weight and obesity are trending away from Healthy People 2010 targets. The percentage of adults at a healthy weight has decreased from 38 percent to 32 percent, and the percentage of adults who are obese has increased from 21 percent to 28 percent. This is a concerning trend that is observed nationally as well as in North Dakota.

For more information about nutrition and overweight in North Dakota, visit www.ndhealth.gov/NutrPhyAct/.

Focus Area 21: Oral Health

Goal

Prevent and control oral and craniofacial diseases, conditions and injuries and improve access to related services.

Overview

Oral health is an essential and integral component of overall health. Good oral health means being free of tooth decay and gum disease. It also means being free of chronic oral pain conditions; oral cancer; birth defects, such as cleft lip and cleft palate; and other conditions that affect the mouth and throat.

Oral disease can often significantly diminish quality of life, including limiting activities and opportunities at school, work and home. Mounting evidence suggests that infections in the mouth, such as periodontal (gum) diseases, may increase the risk of heart disease, may put pregnant women at greater risk of premature delivery and may complicate control of blood sugar for people living with diabetes. Conversely, changes in the mouth often are the first signs of problems elsewhere in the body, such as infectious disease, immune disorders, nutritional deficiencies and cancer.

While much progress has been made in preventing oral diseases, it is clear that there are profound disparities in the oral health of our citizens. Individuals who are poor, elderly, members of racial and ethnic minority groups, or medically compromised experience a disproportionate level of oral health.

21. Oral Health

Objective	Data Source	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	HP2010 Target	Status
21-1b: Dental caries experienced (treated or untreated tooth decay) – Decrease the percentage of third grade students who have experienced dental caries.	BSS	62%	NA	NA	NA	NA	56%	NA	NA	NA	55%	42%	
21-1c: Dental caries experienced (treated or untreated tooth decay) – Decrease the percentage of adolescents age 15 years who have experienced dental caries.	YRBS	NA	55%	NA	55%	51%							
21-2a: Untreated caries (untreated tooth decay) – Decrease the percentage of young children ages 2 to 4 years who have untreated caries.	Head Start	34%	36%	32%	23%	21%	25%	28%	18%	21%	NA	9%	
21-2b: Untreated caries (untreated tooth decay) – Decrease the percentage of third grade students who have untreated caries.	BSS	26%	NA	NA	NA	NA	17%	NA	NA	NA	21%	21%	
21-3: No tooth loss – Increase the percentage of adults ages 35 to 44 years who have not lost any teeth to decay or disease.	BRFSS	NA	64%	63%	NA	65%	NA	67%	NA	67%	NA	40%	
21-4: Edentulous (toothless) – Decrease the percentage of older adults, ages 65 to 74 who have lost all of their teeth.	BRFSS	NA	23%	20%	NA	20%	NA	18%	NA	16%	NA	22%	
21-6: Oral and pharyngeal cancers – Increase the percentage of oral and pharyngeal cancers detected at earliest stages.	Cancer Registry	62%	62%	55%	57%	54%	67%	51%	54%	NA	NA	51%	
21-8a: Dental Sealants – Increase the percentage of third grade students who have dental sealants on their first molars.	BSS	55%	NA	NA	NA	NA	53%	NA	NA	NA	60%	50%	
21-9: Population served by fluoridated water systems – Increase the percentage of population served by fluoridated water systems.	WFRS	95%	95%	96%	95%	95%	96%	96%	97%	97%	97%	75%	

Objective	Data Source	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	HP2010 Target	Status
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21-10a: Dental visit within past 12 months – Increase the percentage of people 2 and older (reported by various age groups) who have had a dental visit in the past 12 months.

Head Start	Head Start	99%	90%	92%	86%	89%	93%	93%	96%	88%	NA	56%	★
3rd Grade	BSS	76.1%	NA	56%	★								
Middle School	YRBS	NA	82%	NA	NA	NA	80%	NA	70%	NA	72%	56%	★
High School	YRBS	NA	76%	NA	NA	NA	77%	NA	77%	NA	76%	56%	★
Adult	BRFSS	NA	68%	67%	NA	68%	NA	72%	NA	74%	NA	56%	★

21-12: Preventive dental care during past 12 months –

Increase the percentage of low-income children and adolescents receiving preventive care in the previous year; ages birth to 18 years.

Medicaid	NA	26%	19%	22%	21%	21%	16%	25%	24%	27%	66%	☺
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21-15: System for recording and referring infants and children with cleft lip and cleft palate and other craniofacial anomalies – Indicate if a system is in place.

CSHS	Yes	51 all states and D.C.	★										
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21-16: Oral and craniofacial health surveillance system – Indicate if a system is in place.

N.D. Oral Health Program	Yes	51 all states and D.C.	★										
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★ Target reached

☺ Thumbs up
Moving toward target

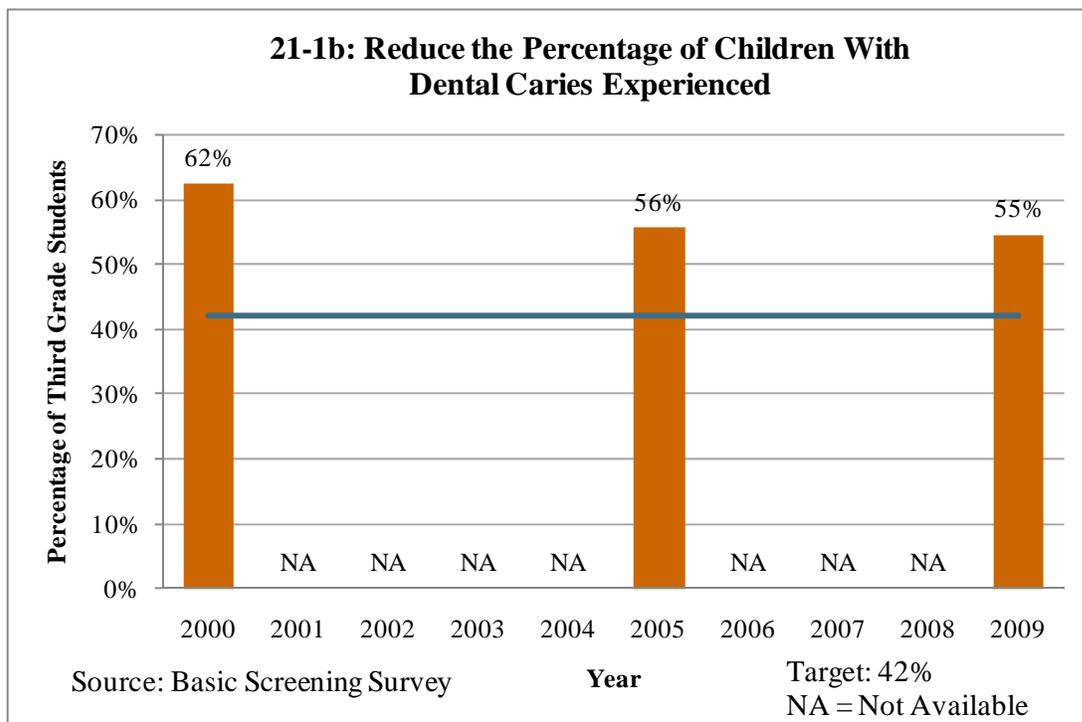
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☹ Thumbs down
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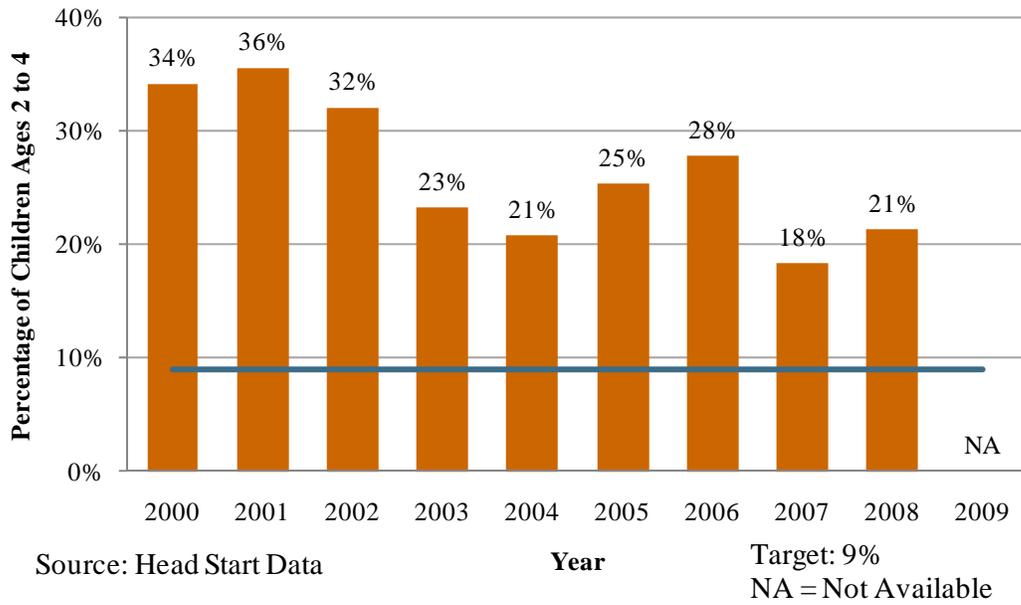
NA = Not Available
YRBS = Youth Risk Behavior Survey
BRFSS = Behavioral Risk Factor Surveillance System
BSS = Basic Screening Survey
WFRS = Water Fluoridation Reporting System
CSHS = Children's Special Health Services

21. Oral Health

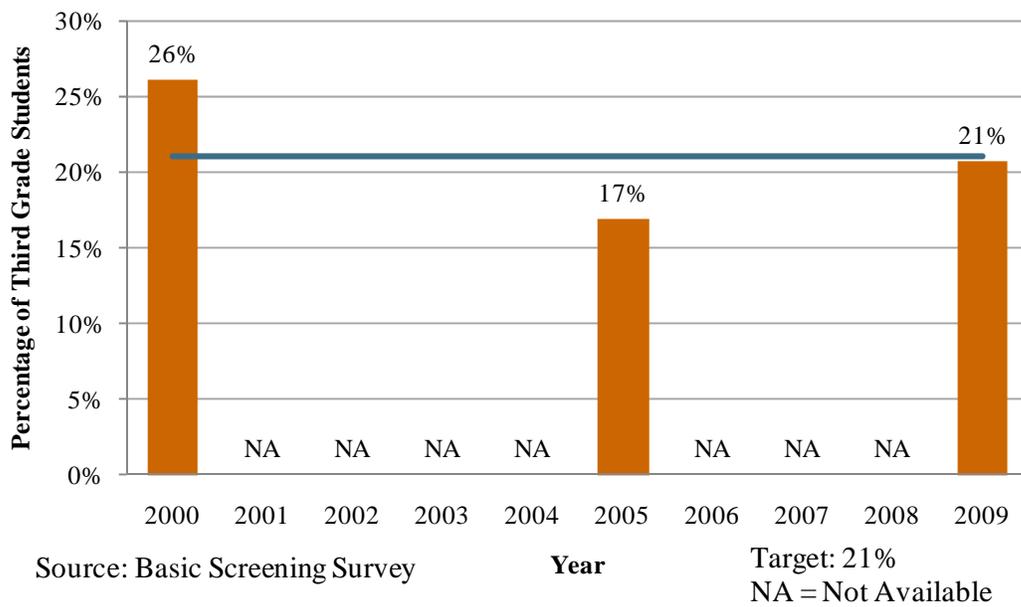
Five objectives from the Oral Health focus area are represented in the following bar charts. Each chart shows the measured value for the objective over the ten year period from 2000 to 2009. A line is included to show the Healthy People 2010 target. Charts are formatted by color to indicate the direction of change desired. If the goal was to **increase** the objective measured, the bars are teal colored and the target line is orange. If the goal was to **reduce** the objective measured, the bars are orange and the target line is teal.



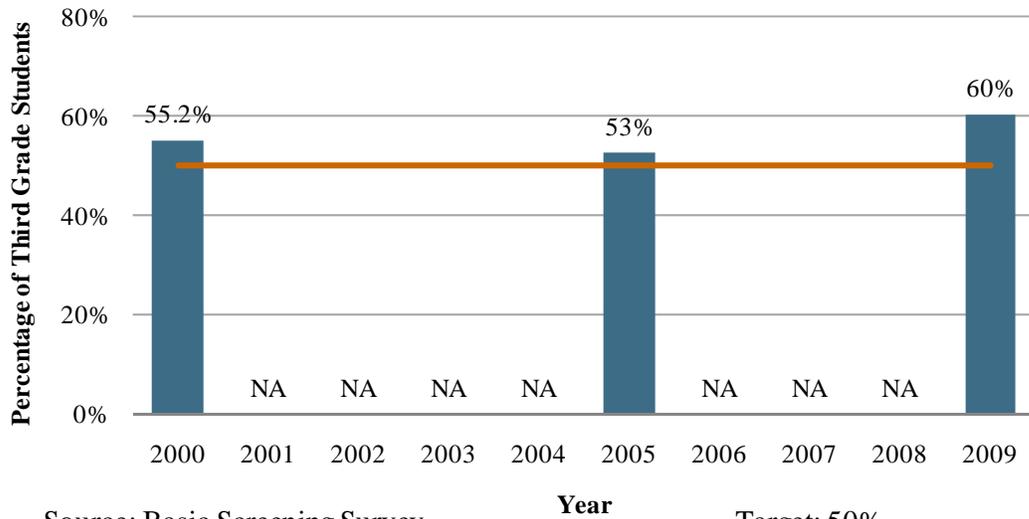
21-2a: Reduce the Percentage of Young Children With Untreated Caries



21-2b: Reduce the Percentage of Children With Untreated Dental Caries



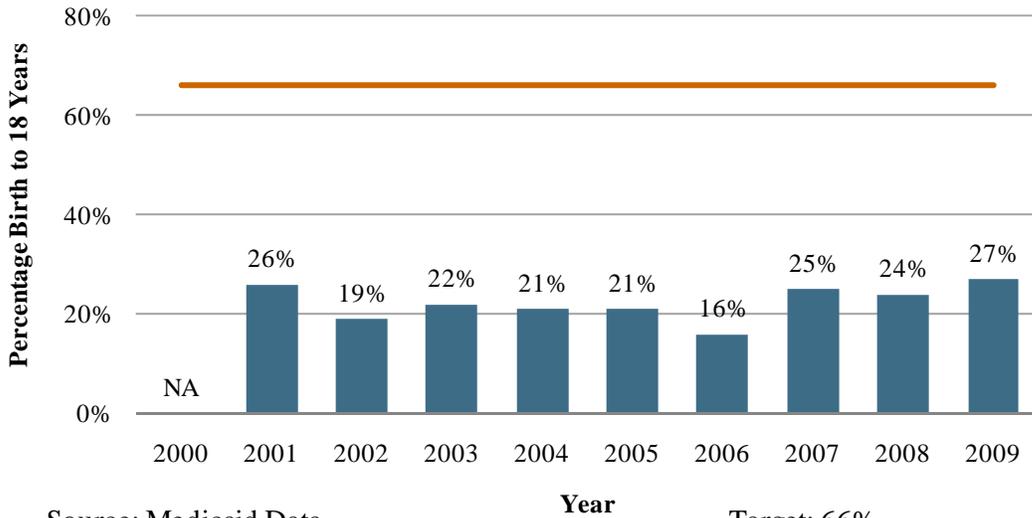
21-8a: Increase the Percentage of Children With Dental Sealants



Source: Basic Screening Survey

Target: 50%
NA = Not Available

21-12: Increase the Percentage of Low-Income Children and Adolescents Receiving Preventative Dental Care



Source: Medicaid Data

Target: 66%
NA = Not Available

Of the 13 oral health objectives tracked for North Dakota, here is how we did:

	Thumbs down Moved away from target	0
	Stayed the same	0
	Thumbs up Moved toward target	4
	Reached target	9

From 2000 to 2009, the percentage of third-grade children and high school students with dental caries has decreased; the percentage of young children with untreated caries also has decreased. However, they remain higher than the HP 2010 target. The percentage of third-grade children with untreated caries has significantly lowered to meet the target. The percentage of oral and pharyngeal cancers detected at the earliest stage meets the target of 51 percent. The percentage of adults without any tooth loss due to disease and the percentage of adults without any teeth meet the HP2010 targets. A majority of third-grade children have sealants on their first molars. The percentage of youth and adults throughout all measured age categories that have had a dental visit within twelve months meet the HP 2010 target throughout the ten-year period.

For additional information, please review the North Dakota Department of Health Oral Health program website at www.ndhealth.gov/oralhealth.

Focus Area 22: Physical Activity and Fitness

Goal

Improve health, fitness and quality of life through daily physical activity.

Overview

Research has demonstrated that virtually all individuals benefit from regular physical activity. According to the Surgeon General's call to action on physical activity, moderate physical activity, in addition to weight control, helps prevent heart disease, helps control cholesterol levels and diabetes, slows bone loss associated with advancing age, lowers the risk of certain cancers, and helps reduce anxiety and depression. Encouraging any type or amount of physical activity in leisure time can provide important health benefits.

Over the past ten years, more North Dakotans are getting active. In 2009, 52 percent of adults in North Dakota reported participating in regular moderate physical activity, exceeding the HP 2010 target of 50 percent. Also, participation in regular vigorous physical activity increased from 24 percent in 2001 to 29 percent in 2009, placing us very close to the HP 2010 target of 30 percent or more. Unfortunately, from 2000 to 2009, the percentage of adults engaging in no leisure time activity increased from 24 percent to 27 percent. Although a large portion of the population is engaging in regular physical activity, 1 in 4 adults are still leading sedentary lives.

The major barriers most people face when trying to increase physical activity are time, access to convenient facilities and safe environments in which to be active. Counseling by primary-care providers about the need to participate in physical activity also is an important way to change behavior. In addition, facilities need to be accessible to people with disabilities.

Identifying determinants of and supporting changes in behaviors and in the environment are likely to be the most effective actions to increase physical activity, decrease sedentary behavior and combat obesity. Physical activity plays several important roles in the prevention and control of obesity, and it is essential for health at any weight.

22. Physical Activity and Fitness

Objective	Data Source	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	HP2010 Target	Status
22-1: No leisure-time physical activity – Reduce the percentage of adults who engage in no leisure-time activity.	BRFSS	24%	23%	22%	24%	21%	23%	22%	23%	26%	27%	20%	
22-2: Moderate physical activity – Increase the percentage of adults who engage regularly in moderate physical activity.	BRFSS	NA	47%	48%	49%	NA	48%	NA	53%	NA	52%	50%	
22-3: Vigorous physical activity – Increase the percentage of adults who engage regularly in vigorous physical activity.	BRFSS	NA	24%	25%	27%	NA	28%	NA	29%	NA	29%	30%	
22-6: Moderate physical activity in adolescents – Increase the percentage of students in grades nine through 12 who engage regularly in moderate physical activity.	YRBS	NA	26%	NA	29%	NA	26%	NA	NA	NA	NA	35%	
22-7: Vigorous physical activity in adolescents – Increase the percentage of students in grades nine through 12 who engage regularly in vigorous physical activity.	YRBS	NA	60%	NA	64%	NA	63%	NA	NA	NA	NA	85%	
22-9: Daily physical education in schools – Increase the percentage of students in grades nine through 12 who participate in daily school physical education.	YRBS	NA	32%	NA	37%	NA	37%	NA	NA	NA	NA	50%	
22-10: Physical activity in physical education (PE) class – Increase the percentage of students in grades nine through 12 who attend PE classes in an average week AND actually exercised or played sports more than 20 minutes during an average PE class.	YRBS	NA	45%	NA	44%	NA	40%	NA	NA	NA	NA	50%	
22-11: Television viewing – two or fewer hours on a school day – Increase the percentage of students in grades nine through 12 who watch television for less than 3 hours on an average school day.	YRBS	NA	74%	NA	79%	NA	76%	NA	75%	NA	74%	75%	

 Target reached

 Thumbs up
Moving toward target

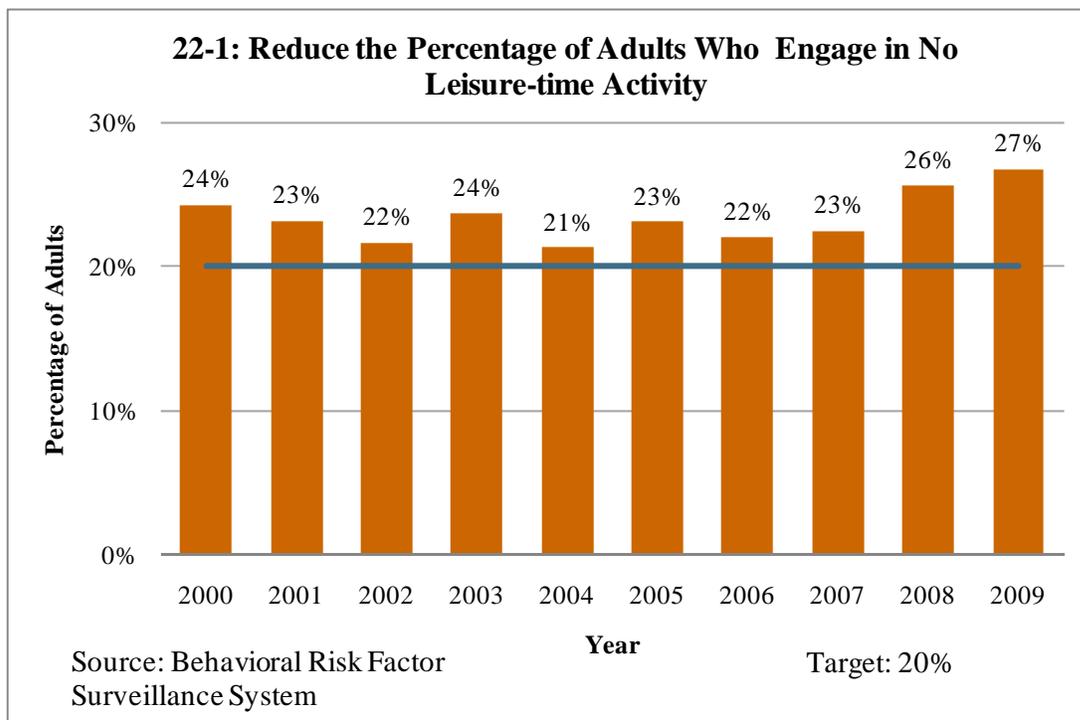
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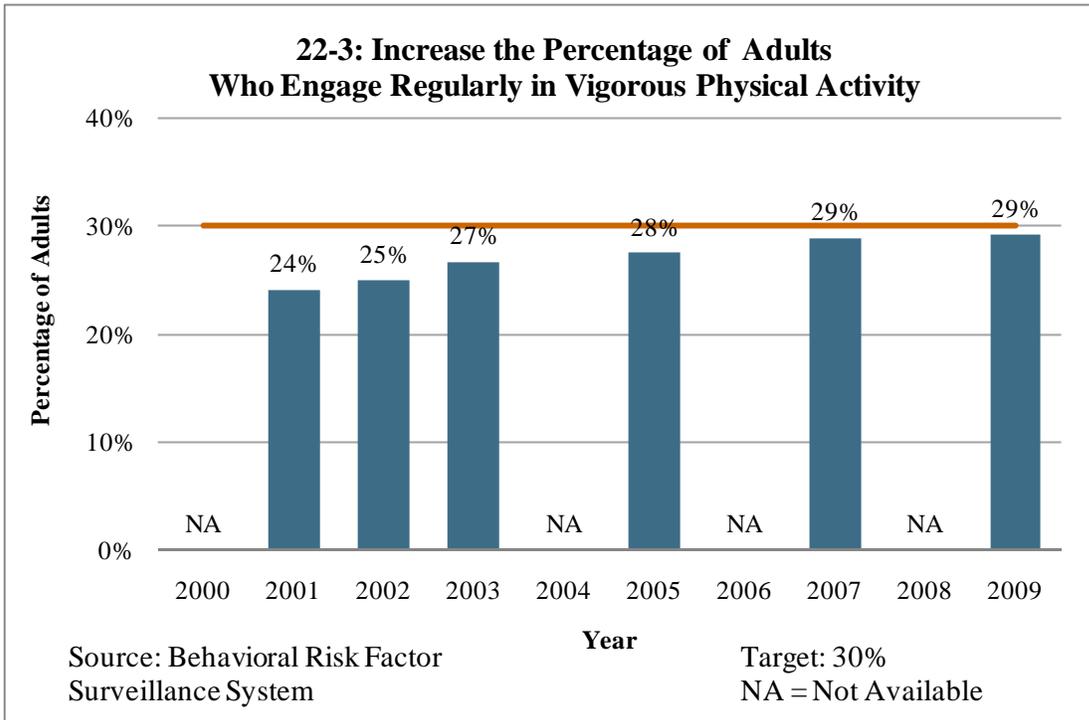
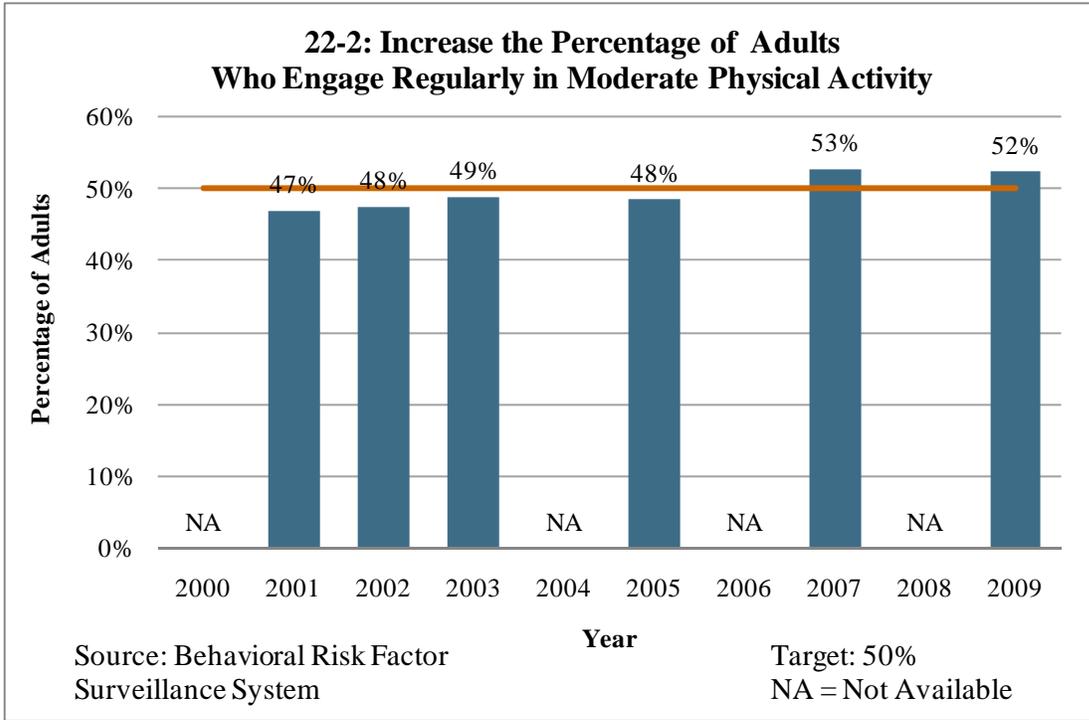
 Thumbs down
Moving away from target

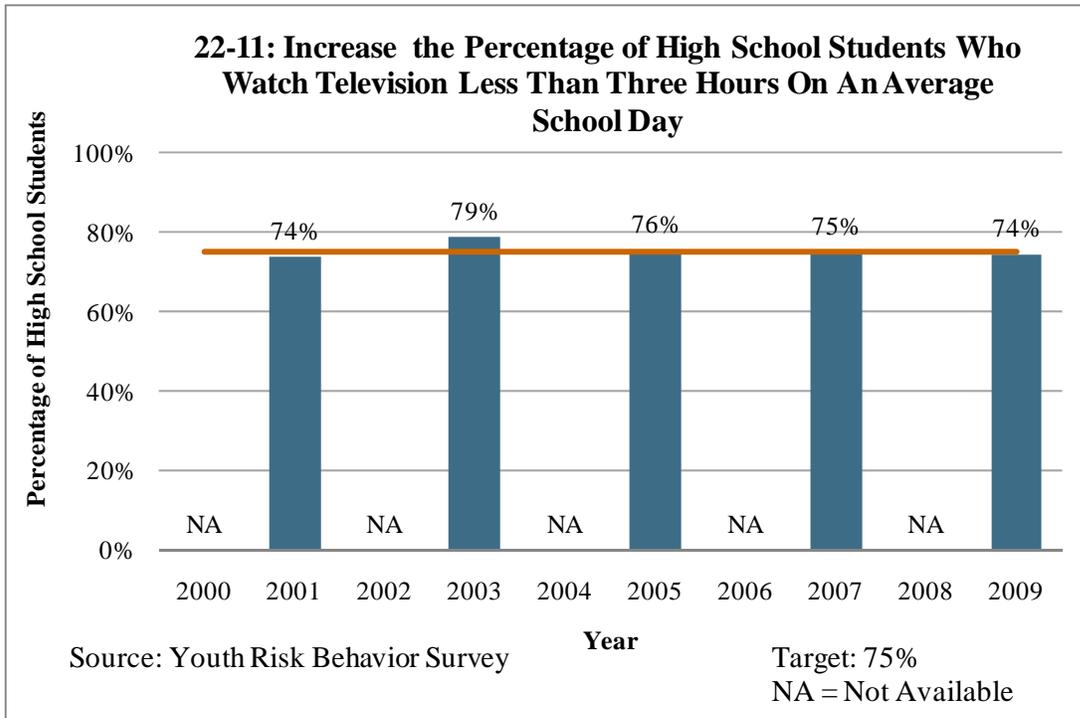
NA = Not Available
YRBS = Youth Risk Behavior Survey
BRFSS = Behavioral Risk Factor Surveillance System

22. Physical Activity and Fitness

Four objectives from the Physical Activity and Fitness focus area are represented in the following bar charts. Each chart shows the measured value for the objective over the ten year period from 2000 to 2009. A line is included to show the Healthy People 2010 target. Charts are formatted by color to indicate the direction of change desired. If the goal was to **increase** the objective measured, the bars are teal colored and the target line is orange. If the goal was to **reduce** the objective measured, the bars are orange and the target line is teal.







Of the eight physical activity and fitness objectives tracked for North Dakota, here is how we did:

	Thumbs down Moved away from target	2
	Stayed the same	2
	Thumbs up Moved toward target	3
	Reached target	1

From 2000 to 2009, the percentage of adults engaging regularly in moderate physical activity increased from 47 percent to 52 percent, surpassing the target of 50 percent. There also was an increase in vigorous physical activity for adults, but the target of 30 percent was not met. Adults also showed an increase in the percentage who engage in no leisure-time activity from 24 percent to 27 percent. High school student television viewing and moderate physical activity showed no change.

For more information about physical activity and fitness in North Dakota, visit www.ndhealth.gov/physicalactivity/.

Focus Area 24: Respiratory Diseases

Goal

Promote respiratory health through better prevention, detection, treatment and education efforts.

Overview

Asthma, chronic obstructive pulmonary disease (COPD) and obstructive sleep apnea (OSA) are a significant public health burden to the United States. Specific methods of detection, intervention and treatment exist that may reduce this burden.

Asthma and COPD are among the 10 leading chronic conditions causing restricted activity. After chronic sinusitis, asthma is the most common cause of chronic illness in children. Methods are available to treat these respiratory diseases and promote respiratory health.

In North Dakota, COPD was the fourth leading cause of death in 2009. Although asthma deaths are less common, the rate of death from asthma is highest among adults 65 and older.

24. Respiratory Diseases

Objective	Data Source	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	HP2010 Target	Status
24-1c: Deaths from asthma – Adolescents and adults ages 15 to 34* – Reduce the rate of asthma deaths per 1,000,000 population; ages 15 to 34.	Vital Records	7.7	5.5	5.5	5.5	5.5	5.5	5.5	5.5	3.3	3.3	2	
24-1d: Deaths from asthma – Adults ages 35 to 64* – Reduce the rate of asthma deaths per 1,000,000 population; ages 35 to 64.	Vital Records	14.4	15.2	11.8	12.7	11.8	9.3	5.9	6.7	4.2	3.4	9	
24-1e: Deaths from asthma – Adults 65 and older* – Reduce the rate of asthma deaths per 1,000,000 population; 65 and older.	Vital Records	120.7	105.8	103.7	86.8	86.8	80.4	84.7	69.8	65.6	61.4	60	
24-10: Deaths from Chronic Obstructive Pulmonary Disease (COPD) – Adults 45 and older – Reduce the rate of COPD deaths per 100,000 population; 45 and older.	Vital Records	95.1	98.7	103.7	110.7	99.9	116.6	122.9	101.1	95.6	83.6	60	

* 5 year average

 Target reached

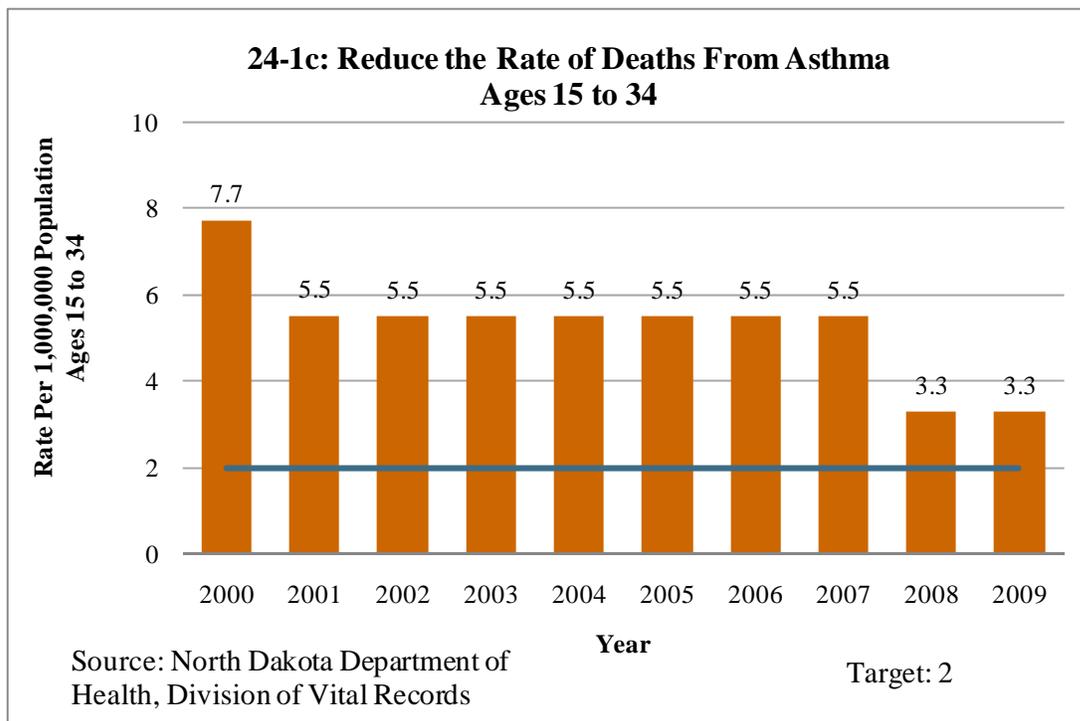
 Thumbs up
Moving toward target

 No change

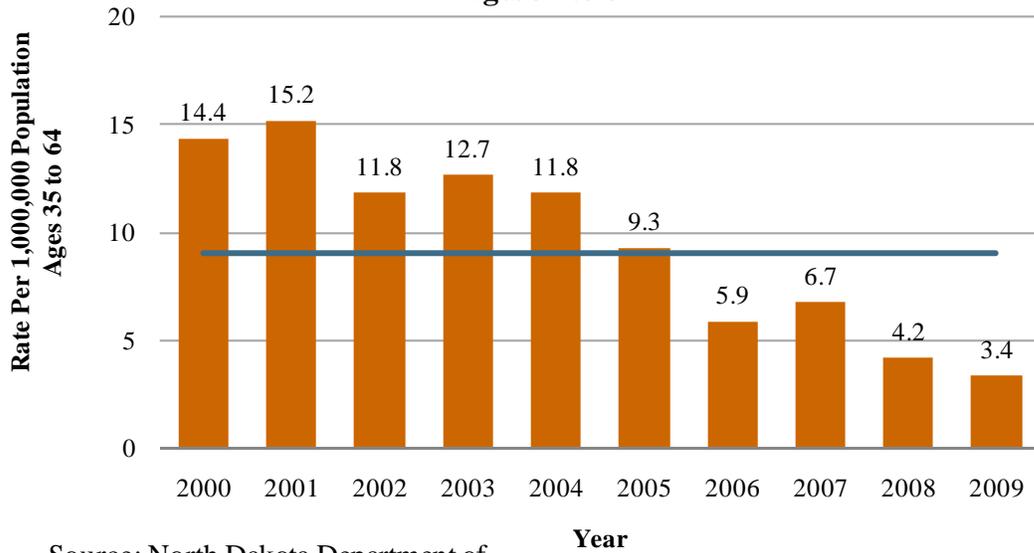
 Thumbs down
Moving away from target

24. Respiratory Diseases

Four objectives from the Respiratory Diseases focus area are represented in the following bar charts. Each chart shows the measured value for the objective over the ten year period from 2000 to 2009. A line is included to show the Healthy People 2010 target. Charts are formatted by color to indicate the direction of change desired. If the goal was to **increase** the objective measured, the bars are teal colored and the target line is orange. If the goal was to **reduce** the objective measured, the bars are orange and the target line is teal.



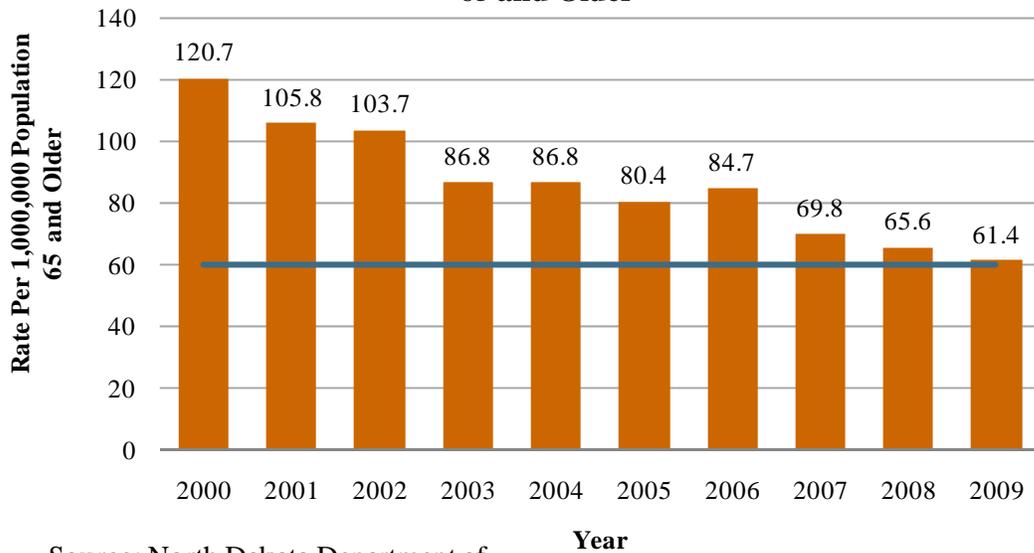
**24-1d: Reduce the Rate of Deaths From Asthma
Ages 35 to 64**



Source: North Dakota Department of Health, Division of Vital Records

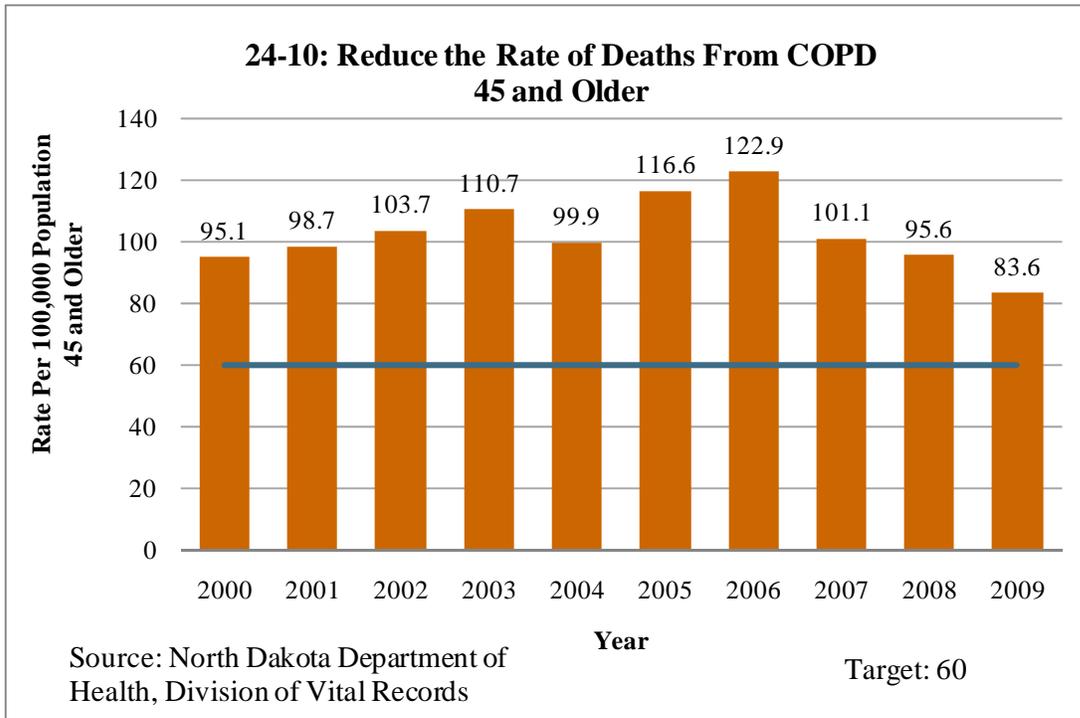
Target: 9

**24-1e: Reduce the Rate of Deaths From Asthma
65 and Older**



Source: North Dakota Department of Health, Division of Vital Records

Target: 60



Of the four respiratory diseases objectives tracked for North Dakota, here is how we did:

	Thumbs down Moved away from target	0
—	Stayed the same	0
	Thumbs up Moved toward target	3
	Reached target	1

From 2000 to 2009, asthma death rates dropped for all age groups. For those ages 15 to 34, the rate dropped from 7.7 to 3.3 per 1,000,000 population. For those ages 35 to 64, the rate dropped from 14.4 to 3.4 per 1,000,000 population, surpassing the target of 9. And for those 65 and older, the rate dropped from 120.7 to 61.4 per 1,000,000 population, almost reaching the target of 60. COPD death rates showed fluctuation over the course of the decade ending with a slight decrease from 2000 to 2009, but not reaching the target of 60 deaths per 100,000 population for those 45 and older.

For more information about respiratory diseases in North Dakota, visit www.ndhealth.gov/chronicdisease/.

Focus Area 25: Sexually Transmitted Diseases

Goal

Promote responsible sexual behaviors, strengthen community capacity and increase access to quality services to prevent sexually transmitted diseases and their complications.

Overview

Sexually transmitted diseases (STDs) refer to the more than 25 infectious organisms transmitted primarily through sexual activity. STD prevention as an essential primary care strategy is integral to improving reproductive health.

STDs cause many harmful, often irreversible and costly clinical complications, such as reproductive health problems, fetal and perinatal health problems and cancer. In addition, studies of the worldwide human immunodeficiency virus (HIV) pandemic link other STDs to a causal chain of events in the sexual transmission of HIV infection.

In North Dakota, rates of gonorrhea and syphilis remain well below the rates in the United States. However, both rates have increased over the past decade and do not currently meet the Healthy People 2010 targets.

25. Sexually Transmitted Diseases

Objective	Data Source	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	HP2010 Target	Status
25-2: Gonorrhea – Reduce the rate of gonorrhea per 100,000 population.	ND STDP	11.4	8.7	11.2	16.3	17.5	19.9	24.0	17.8	22.1	23.5	19	
25-3: Primary and secondary syphilis – Reduce the rate of syphilis per 100,000 population.	ND STDP	0.2	0.0	0.0	0.3	0.0	0.2	0.2	0.3	0.0	0.6	0.2	

 Target reached

 Thumbs up
Moving toward target

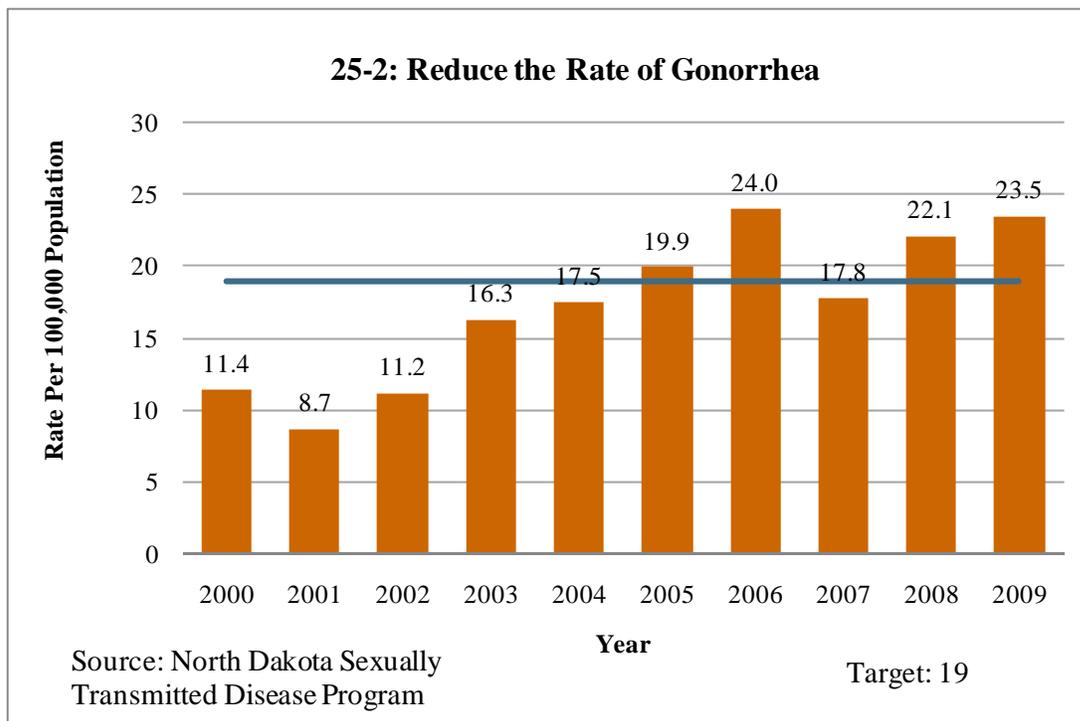
 No change

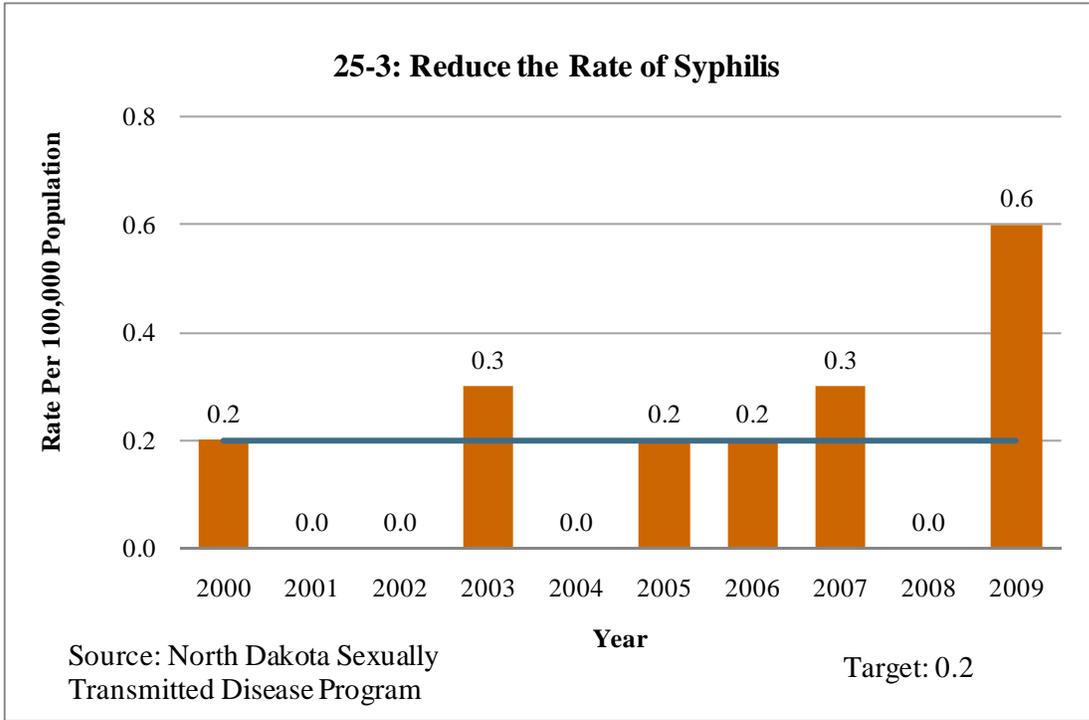
 Thumbs down
Moving away from target

ND STDP = North Dakota Sexually Transmitted Disease Program

25. Sexually Transmitted Diseases

Two objectives from the Sexually Transmitted Diseases focus area are represented in the following bar charts. Each chart shows the measured value for the objective over the ten year period from 2000 to 2009. A line is included to show the Healthy People 2010 target. Charts are formatted by color to indicate the direction of change desired. If the goal was to **increase** the objective measured, the bars are teal colored and the target line is orange. If the goal was to **reduce** the objective measured, the bars are orange and the target line is teal.





Of the two sexually transmitted diseases objectives tracked for North Dakota, here is how we did:

	Thumbs down Moved away from target	2
—	Stayed the same	0
	Thumbs up Moved toward target	0
	Reached target	0

From 2000 to 2009, rates of gonorrhea and syphilis in North Dakota have increased. In 2000, rates for both of these sexually transmitted diseases were already at or below the Healthy People 2010 targets, but by 2009 they had both risen above their targets.

For more information about sexually transmitted diseases in North Dakota, visit www.ndhealth.gov/std/.

Focus Area 26: Substance Abuse

Goal

Reduce substance abuse to protect the health, safety and quality of life for everyone, especially children.

Overview

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values; people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

In 2005, an estimated 22 million Americans struggled with a drug or alcohol problem. Almost 95 percent of people with substance use problems are considered unaware of their problem. Of those who recognize their problem, 273,000 have made an unsuccessful effort to obtain treatment. These estimates highlight the importance of increasing prevention efforts and improving access to treatment for substance abuse and co-occurring disorders.

In the United States in 2009, 42 percent of adolescents who had ever tried alcohol were current drinkers and 54 percent of adults who had ever tried alcohol were current drinkers. In addition, 16 percent of adults reported consuming five or more drinks (binge drinking) on a single occasion at least once in the previous year, while 24 percent of adolescents reported binge drinking.

In North Dakota in 2009, 43 percent of adolescents who had ever tried alcohol were current drinkers and 61 percent of North Dakota's adults who had ever tried alcohol were current drinkers. In addition, 21 percent of adults reported binge drinking (males having five or more drinks on one occasion, females having four or more drinks on one occasion) at least once in the previous year, while 42 percent of high school seniors reported binge drinking.

26. Substance Abuse

Objective	Data Source	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	HP2010 Target	Status
26-2: Cirrhosis deaths – Reduce the rate of cirrhosis deaths per 100,000 population (age adjusted).	Vital Records	7.6	10.2	9.6	13.0	8.6	11.9	7.6	8.6	9.8	9.1	3	
26-3: Drug-induced deaths – Reduce the rate of drug-induced deaths per 100,000 population (age adjusted).	Vital Records	2.2	3.3	2.8	3.4	3.1	2.3	2.1	2.7	6.0	3.5	1	
26-6: Adolescents riding with a driver who has been drinking – Reduce the percentage of students in grades nine through 12 who rode with a driver who had been drinking alcohol one or more times in the past 30 days.	YRBS	NA	44%	NA	43%	NA	37%	NA	32%	NA	28%	30%	
26-11a: High school seniors binge drinking – Reduce the percentage of students in grade 12 who had five or more drinks in a row within a couple of hours on at least one day in the past 30 days.	YRBS	NA	57%	NA	56%	NA	46%	NA	47%	NA	42%	11%	
26-11c: Adult binge drinking – Reduce the percentage of adults who binge drink (males having five or more drinks on one occasion, females having four or more drinks on one occasion).	BRFSS	NA	22%	22%	21%	21%	19%	21%	23%	22%	21%	6%	

 Target reached

 Thumbs up
Moving toward target

 No change

 Thumbs down
Moving away from target

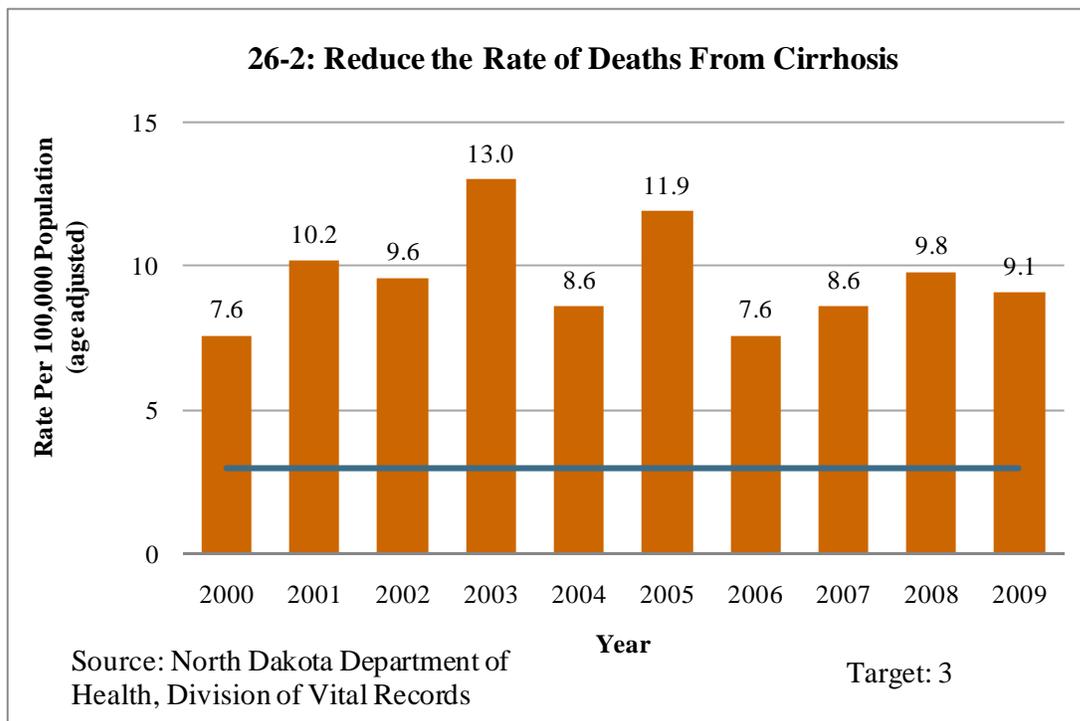
NA = Not Available

YRBS = Youth Risk Behavior Survey

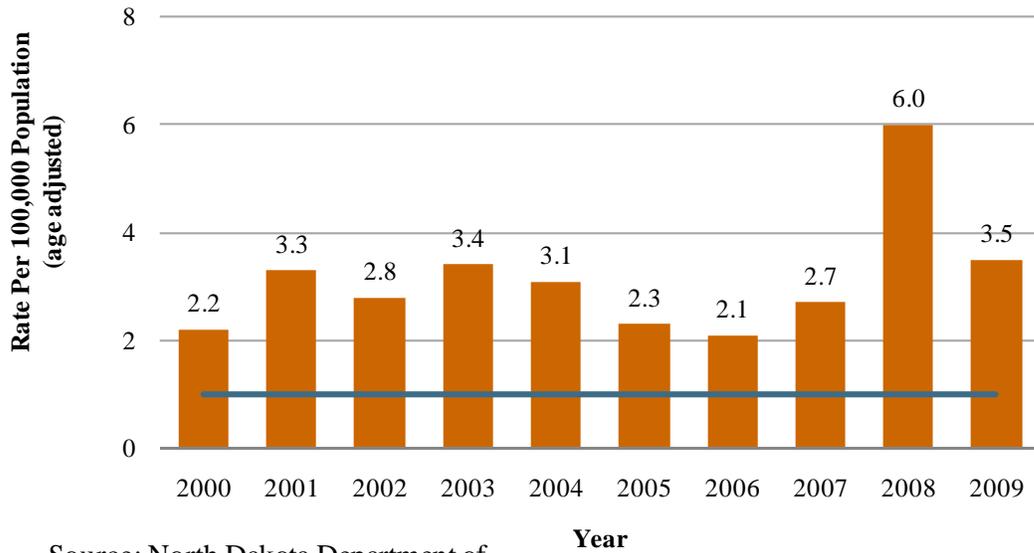
BRFSS = Behavioral Risk Factor Surveillance System

26. Substance Abuse

Five objectives from the Substance Abuse focus area are represented in the following bar charts. Each chart shows the measured value for the objective over the ten year period from 2000 to 2009. A line is included to show the Healthy People 2010 target. Charts are formatted by color to indicate the direction of change desired. If the goal was to **increase** the objective measured, the bars are teal colored and the target line is orange. If the goal was to **reduce** the objective measured, the bars are orange and the target line is teal.



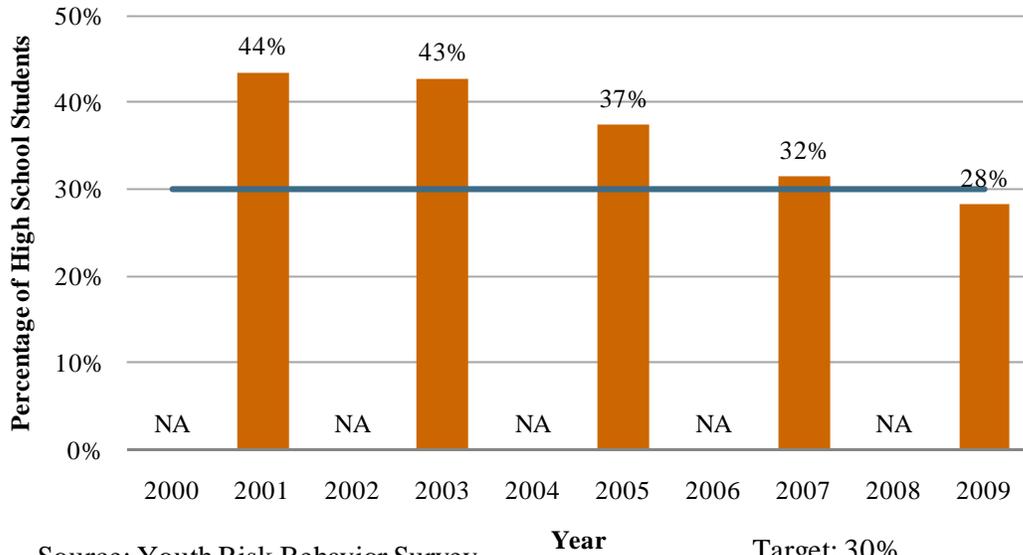
26-3: Reduce the Rate of Drug-induced Deaths



Source: North Dakota Department of Health, Division of Vital Records

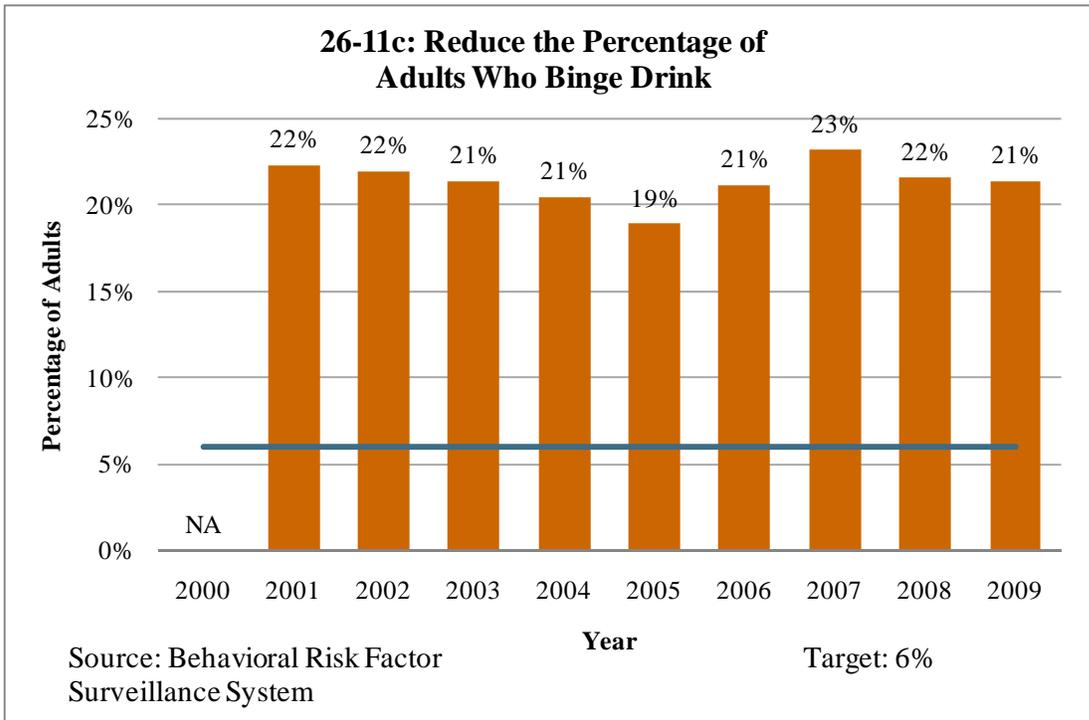
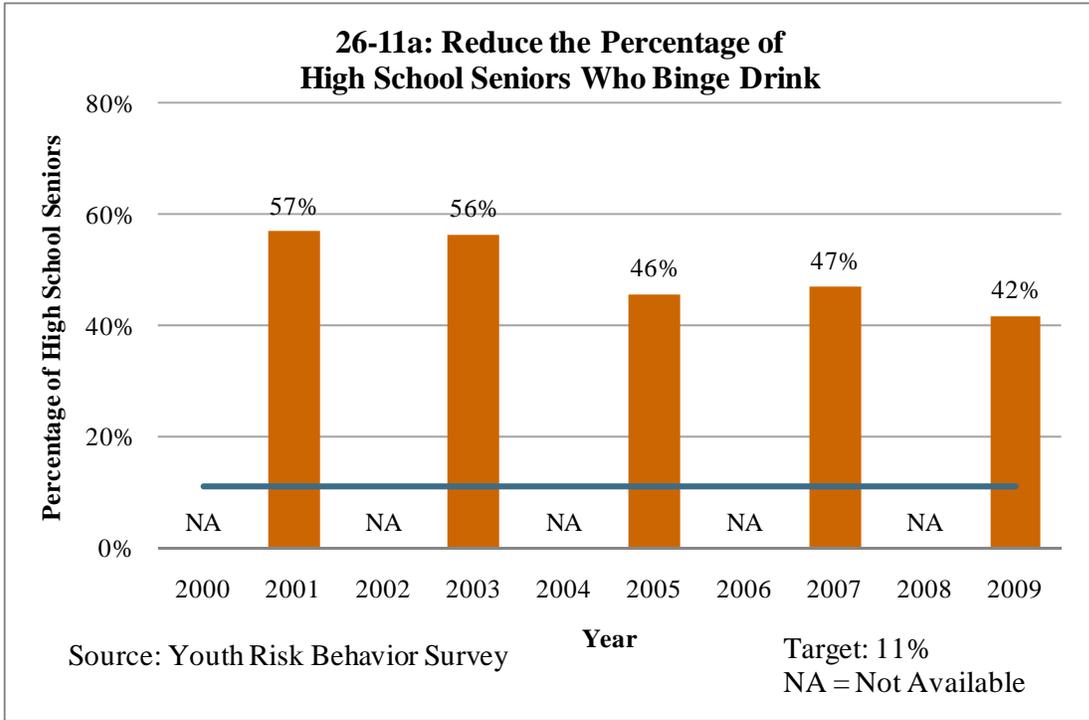
Target: 1

26-6: Reduce the Percentage of High School Students Riding With a Driver Who Has Been Drinking



Source: Youth Risk Behavior Survey

Target: 30%
NA = Not Available



Of the five substance abuse objectives tracked for North Dakota, here is how we did:

	Thumbs down Moved away from target	2
	Stayed the same	0
	Thumbs up Moved toward target	2
	Reached target	1

From 2000 to 2009, a reduction was seen in the percentage of high school students who rode with a driver who has been drinking from 44 percent in 2001 to 28 percent in 2009, meeting the Healthy People 2010 target of 30 percent. Deaths from cirrhosis and drug-induced deaths showed a trending increase over the decade, moving away from the targets. Binge drinking continues to be a problem for high school seniors and adults in North Dakota with rates far exceeding targets for both of these measures.

For more information about substance abuse in North Dakota, go to the North Dakota Department of Human Services, Division of Mental Health and Substance Abuse Services website at www.nd.gov/dhs/services/mentalhealth/.

Focus Area 27: Tobacco Use

Goal

Reduce illness, disability and death related to tobacco use and exposure to secondhand smoke.

Overview

Cigarette smoking is the single most preventable cause of disease and death in the United States. Smoking results in more deaths each year in the United States than AIDS, alcohol, cocaine, heroin, homicide, suicide, motor vehicle crashes and fires — combined.

Smoking is a major risk factor for heart disease, stroke, lung cancer and chronic lung diseases — all leading causes of death. Smoking during pregnancy can result in miscarriages, premature delivery and sudden infant death syndrome.

In 2009, 22 percent of adolescents and 21 percent of adults in the United States were current cigarette smokers. Tobacco-related deaths total about 443,000 per year among adults in the United States with an estimated 49,000 of these resulting from exposure to secondhand smoke. This represents more than 5 million years of potential life lost. Cigarette smoking also costs the United States more than \$193 billion each year (i.e., \$97 billion in lost productivity and \$96 billion in health-care expenditures).

In North Dakota, 22 percent of adolescents and 19 percent of adults were current smokers in 2009. In addition, smoking-attributable deaths average 874 per year among North Dakota adults, representing \$179 million in lost productivity and more than 11,000 years of potential life lost. Direct medical costs attributable to smoking in North Dakota are estimated to be \$194 million per year.

27. Tobacco Use

Objective	Data Source	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	HP2010 Target	Status
27-1a: Adult tobacco use – Cigarette smoking – Reduce the percentage of adults who smoke cigarettes.	BRFSS	23%	22%	22%	21%	20%	20%	20%	21%	18%	19%	12%	
27-1b: Adult tobacco use – Spit tobacco – Reduce the percentage of adults who use spit tobacco.	BRFSS	NA	5.6%	NA	5.1%	NA	4.7%	NA	5.2%	NA	NA	0.4%	
27-2b: Adolescent tobacco use – Cigarettes – Reduce the percentage of students in grades nine through 12 who smoked cigarettes on one or more of the past 30 days.	YRBS	NA	35%	NA	30%	NA	22%	NA	21%	NA	22%	16%	
27-2c: Adolescent tobacco use – Spit tobacco – Reduce the percentage of students in grades nine through 12 who used chewing tobacco, snuff or dip on one or more of the past 30 days.	YRBS	NA	13%	NA	10%	NA	11%	NA	12%	NA	15%	1%	
27-7: Smoking cessation by adolescents – Increase the percentage of students in grades 9 through 12 who ever smoked cigarettes every day for 30 days who tried to quit.	YRBS	NA	58%	NA	58%	NA	65%	NA	57%	NA	53%	84%	



Target reached



Thumbs up
Moving toward target



No change



Thumbs down
Moving away from target

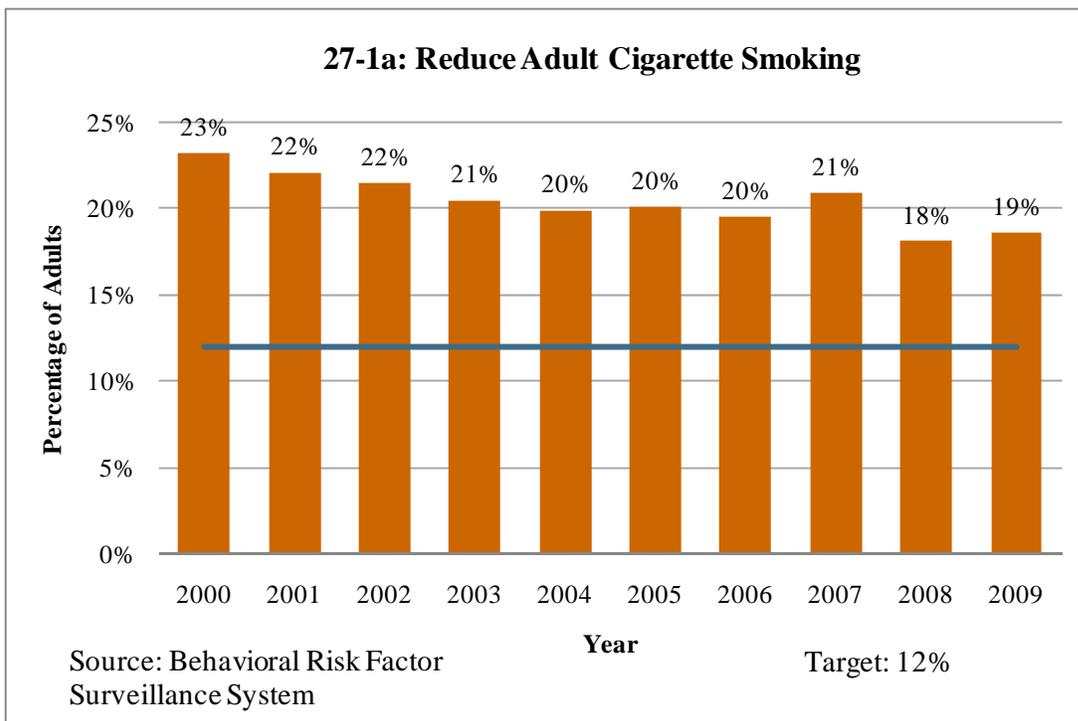
NA = Not Available

YRBS = Youth Risk Behavior Survey

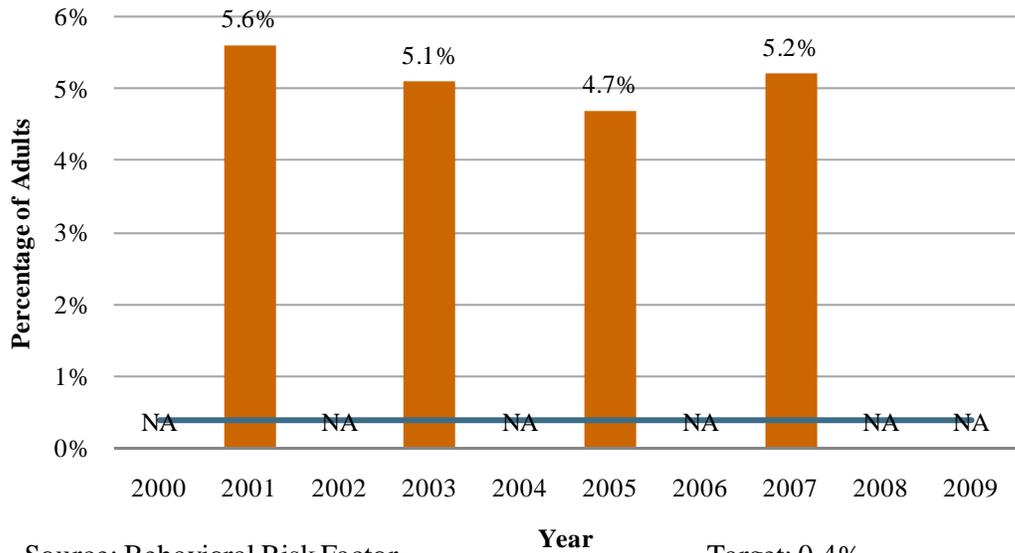
BRFSS = Behavioral Risk Factor Surveillance System

27. Tobacco Use

Five objectives from the Tobacco Use focus area are represented in the following bar charts. Each chart shows the measured value for the objective over the ten year period from 2000 to 2009. A line is included to show the Healthy People 2010 target. Charts are formatted by color to indicate the direction of change desired. If the goal was to **increase** the objective measured, the bars are teal colored and the target line is orange. If the goal was to **reduce** the objective measured, the bars are orange and the target line is teal.



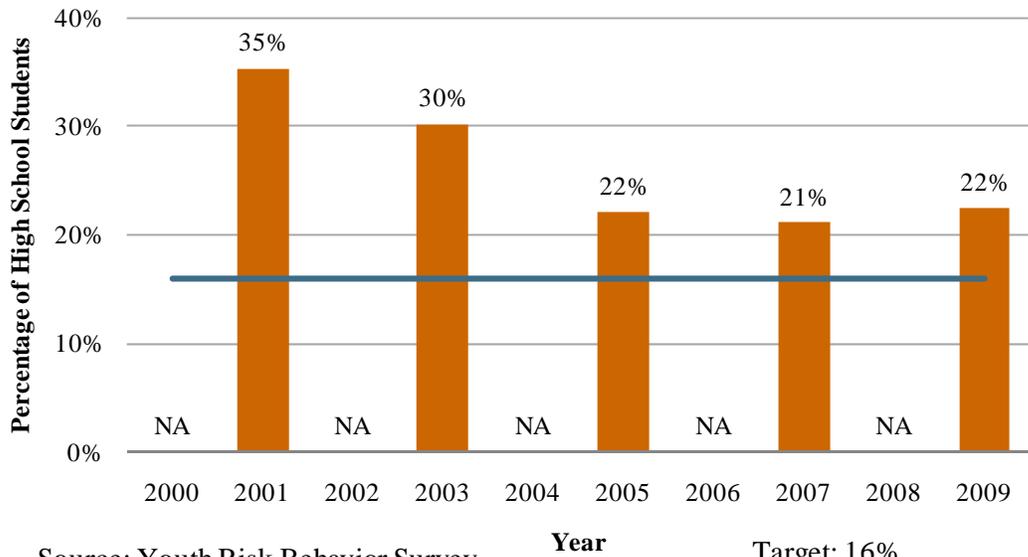
27-1b: Reduce Adult Spit Tobacco Use



Source: Behavioral Risk Factor Surveillance System

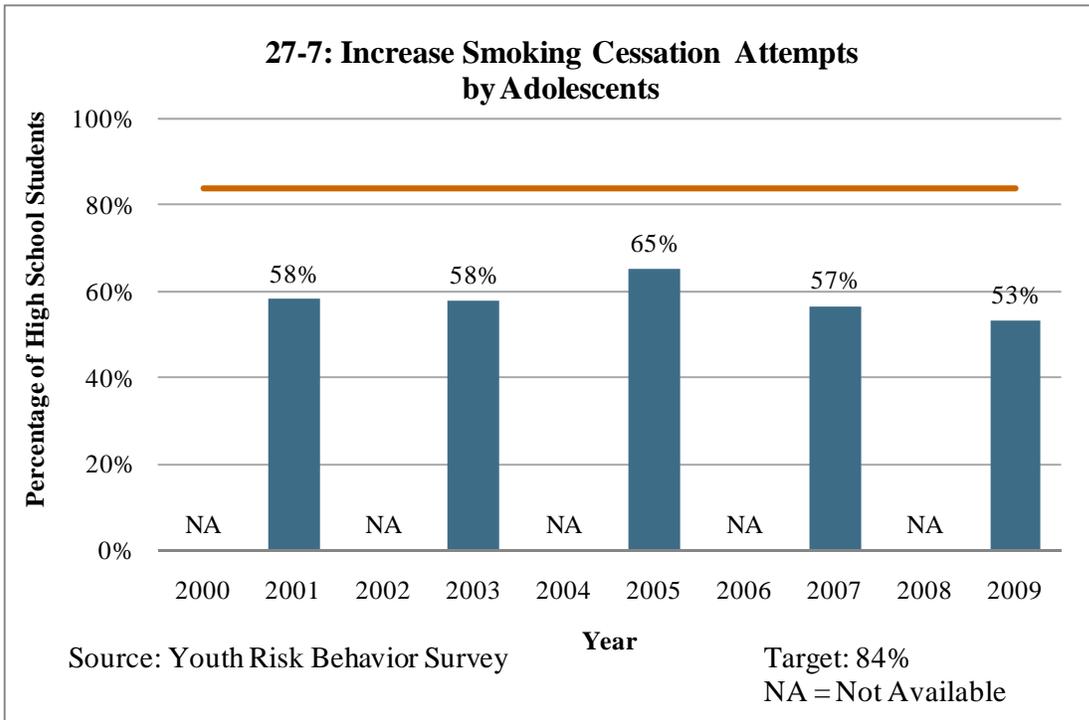
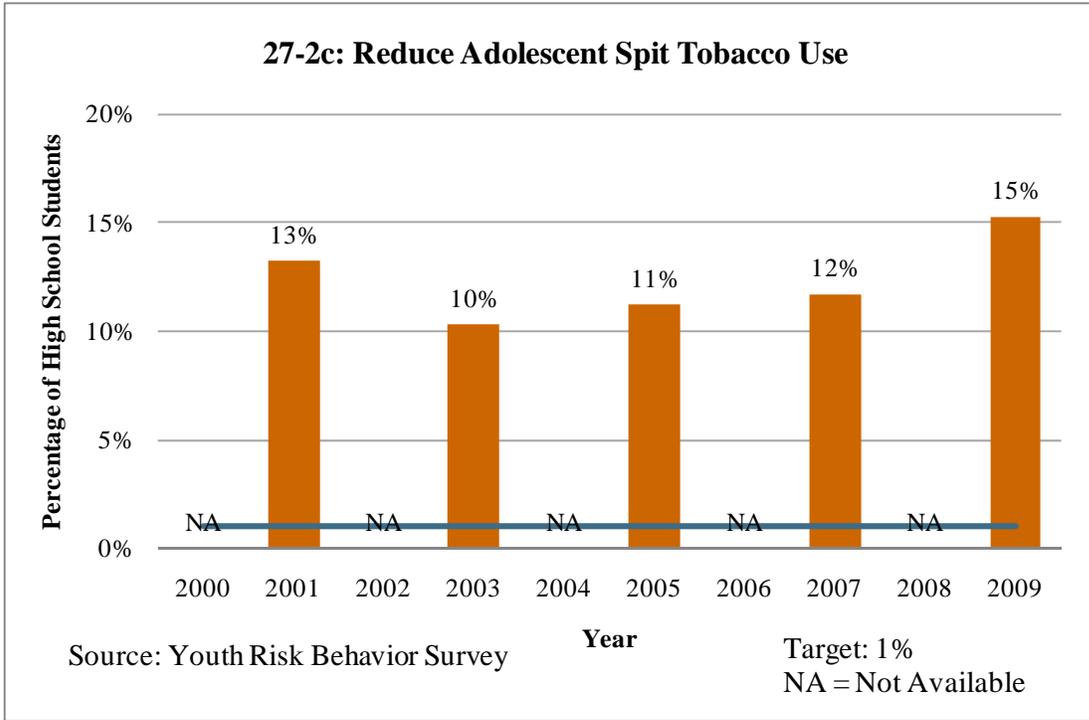
Target: 0.4%
NA = Not Available

27-2b: Reduce Adolescent Cigarette Smoking



Source: Youth Risk Behavior Survey

Target: 16%
NA = Not Available



Of the five tobacco use objectives tracked for North Dakota, here is how we did:

	Thumbs down Moved away from target	2
	Stayed the same	0
	Thumbs up Moved toward target	3
	Reached target	0

From 2000 to 2009, a trend of decreased smoking has been seen in adult and adolescent smoking rates; however, neither group has reached the Healthy People 2010 targets of 12 percent for adults and 16 percent for adolescents. Spit tobacco use among adults and adolescents and cessation attempts by adolescents have fluctuated slightly, but with no clear trends.

For more information about tobacco use in North Dakota, visit www.ndhealth.gov/tobacco/.

Summary and Conclusion

The North Dakota Department of Health continues to work toward improving the health of North Dakota citizens. Healthy People 2010 provided a model of health objectives to be targeted throughout the decade.

Of the 137 objectives tracked for North Dakota, here is how we did:

	Thumbs down Moved away from target	51	37%
	Stayed the same	8	6%
	Thumbs up Moved toward target	31	23%
	Reached target	47	34%

Healthy People 2020

Healthy People 2020 was launched in December 2010. The number of topic areas and objectives has been expanded. There are nearly 600 objectives in Healthy People 2020 with more than 1,300 measures. Each Healthy People 2020 objective has a:

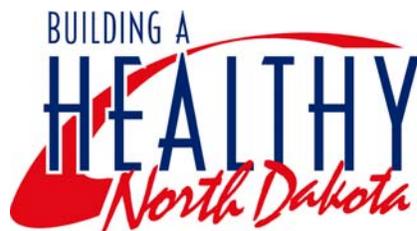
- Reliable data source for national data.
- Baseline measure.
- Target for specific improvements to be achieved by the year 2020.

The North Dakota Department of Health will continue working on tracking objectives for Healthy People by forming a new Healthy People 2020 committee.

The **Healthy North Dakota** initiative is key to efforts in the state to reach the targets set forth by Healthy People 2010 and now Healthy People 2020.

Healthy North Dakota is ...

A framework supporting North Dakotans in their efforts to make healthy choices by focusing on wellness and prevention – in schools, workplaces, senior centers, homes and anywhere people live work and play.



Visit the Healthy North Dakota website at:

www.healthynd.org/.

Healthy Communities is a program administered in the North Dakota Department of Health that assists partners in schools, worksites and other community settings build and support environments that make it easier for North Dakota residents to choose healthy foods and be physically active. Healthy Communities works in partnership with Healthy North Dakota to provide technical assistance, training and funding to local [Moving More, Eating Smarter \(MMES\)](#) community coalitions to support coalition activities related to healthy eating and active living.

For more information about Healthy Communities, visit the website at:

www.ndhealth.gov/nutrphyact/HealthyWeight.htm.

Resources

North Dakota

Department of Health

- Division of Vital Records
- Behavioral Risk Factor Surveillance Survey (BRFSS)
- New Mothers Survey
- Pregnancy Risk Assessment Monitoring System (PRAMS)
- North Dakota HIV/AIDS Program
- North Dakota Immunization Program
- North Dakota Sexually Transmitted Disease Program
- North Dakota Tuberculosis Program

North Dakota

Department of Public Instruction

- Youth Risk Behavior Survey (YRBS)

U.S. Department of Health and Human Services Publications

- Tracking Healthy People 2010
- Healthy People 2010: Understanding and Improving Health

U.S. Centers for Disease Control and Prevention

- National Electronic Telecommunications System for Surveillance (NETSS)
- National Center for Health Statistics
- National Immunization Survey

Note on Age-Adjusting

Age-Adjusted Rate – A rate is modified to take into account the ages of a group of individuals so that rates from different populations can be compared and the effect of the ages of the people in the population is removed. All age-adjusted death rates are adjusted to the U.S. 2000 population standard.

Appendix A: Focus Area Websites

Focus Area	Website – State of North Dakota
3. Cancer	www.ndhealth.gov/cancer/
5. Diabetes	www.diabetesnd.org
9. Family Planning	www.ndhealth.gov/family-planning
10. Food Safety	www.ndhealth.gov/disease/GI/
12. Heart Disease and Stroke	www.ndhealth.gov/heartstroke/default.htm
13. HIV	www.ndhealth.gov/HIV/
14. Immunization and Infectious Diseases	www.ndhealth.gov/immunize/ www.ndhealth.gov/disease/
15. Injury and Violence Prevention	www.ndhealth.gov/injury
16. Maternal, Infant and Child Health	www.ndhealth.gov/familyhealth
18. Mental Health	www.ndhealth.gov/injury
19. Nutrition and Overweight	www.ndhealth.gov/NutrPhyAct/
21. Oral Health	www.ndhealth.gov/oralhealth
22. Physical Activity and Fitness	www.ndhealth.gov/physicalactivity/
24. Respiratory Diseases	www.ndhealth.gov/chronicdisease/
25. Sexually Transmitted Diseases	www.ndhealth.gov/std/
26. Substance Abuse	www.nd.gov/dhs/services/mentalhealth/
27. Tobacco Use	www.ndhealth.gov/tobacco/

Appendix B: Data Sources

Acronym/Short Name	Full Name	Description
BRFSS	Behavioral Risk Factor Surveillance System	A random-sample, statewide telephone survey of adults that asks questions about the health and behaviors of North Dakotans.
BSS	Basic Screening Survey	A statewide oral health survey of third grade children enrolled in public, state or Bureau of Indian Affairs elementary schools in North Dakota.
Cancer Registry	North Dakota Cancer Registry	Collects North Dakota resident cancer incidence, survival and mortality data to assist in the development of cancer education, prevention and screening programs.
CDC NETSS	U.S. Centers for Disease Control and Prevention National Electronic Telecommunications System for Surveillance	A computerized public health surveillance information system that provides the Centers for Disease Control and Prevention (CDC) with weekly data regarding cases of nationally notifiable diseases. CDC receives reports of notifiable diseases from the 50 state health departments, New York City, the District of Columbia, and five U.S. Territories.
CSHS	North Dakota Department of Health Division of Children's Special Health Services	The Division of Children's Special Health Services 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.
Head Start	North Dakota Head Start Program Information Report	An overview of Head Start and Early Head Start program participants and service providers in North Dakota, including information on staff characteristics and services provided.
Medicaid	North Dakota Medicaid Program	Medicaid pays for health services for qualifying families with children, and people who are pregnant, elderly or disabled.
ND HIV/AIDS	North Dakota Department of Health HIV/AIDS Surveillance Program	Receives funding from the U.S. Centers for Disease Control and Prevention (CDC) to collect information about HIV infection and AIDS diagnoses among North Dakota residents.
ND Oral Health Program	North Dakota Department of Health Oral Health Program	Provides prevention programs, education, access, screening and consultation to address the oral health needs of North Dakotans.

Acronym/Short Name	Full Name	Description
ND STDP	North Dakota Department of Health Sexually Transmitted Diseases Program	Collects surveillance data and provides educational information regarding sexually transmitted diseases.
ND TBP	North Dakota Department of Health Tuberculosis Program	Surveillance of all tuberculosis cases in North Dakota. Health-care providers are required by law to report all tuberculosis cases to the North Dakota Department of Health.
NDIIS	North Dakota Immunization Information System	A confidential, population-based, computerized information system that attempts to collect vaccination data about all North Dakotans. The NDIIS has the capability of collecting vaccination data on adult patients, as well as children.
Vital Records	North Dakota Department of Health Division of Vital Records	Provides registration and certification of the vital events that occur in North Dakota. These events include births, deaths, fetal deaths, marriages and divorces.
WFRS	Water Fluoridation Reporting System	A tool that helps states manage the quality of their water fluoridation programs. WFRS information describes the percentage of the U.S. population on public water systems who receive optimally fluoridated drinking water.
YRBS	Youth Risk Behavior Survey	A survey of middle school and high school students conducted in the odd years. The priority health risk behaviors monitored include tobacco use, unhealthy dietary behaviors, physical inactivity, alcohol and other drug use, sexual behavior, and violence/injury.

For more information, contact:

Healthy People 2010 Coordinator
North Dakota Department of Health
600 E. Boulevard Ave., Dept. 301
Bismarck, N.D. 58505-0200
701.328.2367
www.ndhealth.gov/HealthyPeople2010