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December 1, 2009

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

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

I am so proud of the work of every public health professional on our Department of Health team. I invite you to read this report and learn more about the goals and accomplishments of the NDDoH during the 2007-2009 biennium.

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

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

To accomplish our mission, the NDDoH is committed to:

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

State Health Council

The State Health Council serves as the North Dakota Department of Health’s advisory body. The council’s 11 members are appointed by the governor for three-year terms. Four members are appointed from the health-care provider community, five from the public sector, one from the energy industry and one from the manufacturing and processing industry.

Department Overview

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

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

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

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

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

The department logo is a representation of both apples and wheat. An apple is the universal symbol of good health and well-being; the wheat represents the richness of North Dakota’s environment.
North Dakota Department of Health
Organizational Chart
January 2009

State Health Officer – Terry Dwelle, M.D.
Deputy State Health Officer – Arvy Smith

Administrative Support
Arvy Smith

Accounting
Kathy Albin

Vital Records
Darin Meschke

Public Information
Loreeta Canton

Human Resources
Kerry Olson

Information Technology
Darin Meschke

Education Technology
Tim Wiedrich

Healthy North Dakota
Melissa Olson

Research Epi Center
Stephen Pickard, M.D.

Local Public Health
Kelly Nagel

Public Health Training Center

Community Health Leadership Team*

Tobacco Prevention and Control
Karalee Harper

Cancer Prevention and Control
Mary Ann Foss

Injury Prevention and Control
Mary Dasovich

Family Health
Kim Senn

Chronic Disease
Sherri Paxon

Nutrition and Physical Activity
Colleen Pearce

Emergency Preparedness and Response
Tim Wiedrich

Emergency Medical Services and Trauma
Tim Meyer

Public Health Preparedness
Juli Sickler

Hospital Preparedness
Brenda Vossler

Medical Services
Craig Lambrecht, M.D.

Field Medical Officers
Craig Lambrecht, M.D.

State Forensic Examiner
William Massello III, M.D.

Disease Control
Kirby Kruger

Health Resources
Darleen Bartz, Ph.D.

Health Facilities
Bruce Pritschet

Food and Lodging
Kenan Bullinger

Special Populations
John Baird, M.D.

Children’s Special Health Services
Tammy Gallup-Millner

Health Disparities/Primary Care
Phyllis Howard/Gary Garland

Environmental Health
Dave Glatt

Air Quality
Terry O’Clair

Laboratory Services
Myra Kosse

Municipal Facilities
Wayne Kern

Waste Management
Scott Radig

Water Quality
Dennis Fewless

*The six division directors share responsibility for management of the Community Health Section.
The Office of the State Health Officer manages the activities of and provides direction and leadership to the Department of Health. The office is composed of the state health officer, the deputy state health officer, the local public health liaison and Healthy North Dakota.

**State Health Officer**

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

**Public Health Training Center**

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

**Deputy State Health Officer**

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

**Accomplishments**

- Provided leadership, oversight and training on implementation of North Dakota’s new immunization strategy, PROtect ND Kids.
- Updated department strategic plan and leadership priorities, including goals and objectives and health indicators. A copy of the department’s Strategic Map is on page 67.
- Developed and presented contract management training video.
- Provided financial guidance and training to health-related entities in obtaining federal reimbursement for 2009 flooding.
- Served as incident commander at Department Operations Center for 2009 flooding.
- Coordinated departmental legislative efforts.
- Participated in death investigation task force resulting in passage of significant legislation to improve the process in North Dakota.
- Approved grants and contracts of more than $74 million in funding to numerous local entities and other vendors for provision of public health services.
- Integrated Special Populations Section, Division of Children’s Special Health Services, Office for the Elimination of Health Disparities and Primary Care Office.
Goals
- Firmly establish new internal audit function.
- Implement policies for increased funding approved by the 2009 Legislative Assembly, including Emergency Medical Services training grants and assessment, Colorectal Cancer Program, Heart Disease and Stroke Program, Domestic Violence Program, and Immunization Program.
- Provide oversight for more than $13 million in federal economic stimulus funding.
- Ensure coordination with Tobacco Prevention and Control Executive Committee.
- Continue to monitor implementation of PROtect ND Kids immunization strategies.
- Continue to increase programmatic effectiveness through monitoring of health status, identifying needs, updating goals and objectives, aligning department programs and strategies, and evaluating results.
- Participate in public health emergency response activities.

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

Goals
- Assist in development of a technical assistance program to enhance community health assessments and planning.
- Assist in the development of local public health unit health profiles with web-based accessibility.
- Revise and update local public health information on the NDDoH website.
- Create a networking/communication system for local health and the NDDoH to address critical issues, collaborative grant writing and performance improvement.

Office of Local Public Health

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

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

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

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

During the 2007-2009 biennium, partners worked in the following focus areas:
- Tobacco use
- Healthy weight – nutrition and physical activity
- Health disparities
- Worksite wellness
- Oral health
- Cancer
- Early childhood
- School health
- Aging
- Immunizations
- Cardiovascular health
- Injury prevention and control
- Diabetes
- Environmental quality

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

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

Accomplishments
- Established statewide worksite wellness program.
- Provided training and technical assistance to worksite wellness specialists.
- Provided training and technical assistance to 17 Moving More, Eating Smarter coalitions to increase local opportunities for healthier eating and more physical activity.
- Piloted a Healthy Kids/Healthy Weight program with local public health and health-care partners.
- Developed worksite wellness nutrition education program for NDPERS and other North Dakota worksites.
• Established statewide partnership to develop a state plan for preventing chronic disease through healthy eating and physical activity.
• Assisted with implementation of the Statewide Vision and Strategy Healthy Kids/Healthy Weight and worksite wellness initiatives and statewide consumer survey.
• Became a supporting partner of the Department of Agriculture’s Going Local program, which seeks to create a food system abundant in locally produced foods.
• Facilitated launch of the Creating a Hunger Free North Dakota Coalition.
• Accepted the Charles E. Kupchella Preventive Medicine and Wellness Award.
• Provided information about the benefits of prevention to local, state, federal and non-profit leaders and to North Dakota citizens through the Healthy North Dakota website, as well as at meetings and conferences.

Goals
• Continue to implement Statewide Vision and Strategy initiatives for improving health in North Dakota.
• Assist with implementation of the Creating a Hunger Free North Dakota strategic plan.
• Finalize statewide plan to prevent chronic disease through healthy eating and physical activity.
• Connect statewide interventions and resources in prevention of early childhood obesity.

• Establish a communication strategy to promote Healthy North Dakota.
• Connect with partners to explore development of a Healthy North Dakota state plan.
The Administrative Support Section provides support services to assist all NDDoH divisions in accomplishing their goals. The section consists of the following:

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

**Division of Accounting**

The Division of Accounting provides accounting and financial control records that comply with state and federal requirements. This data is distributed monthly to department managers to help them monitor federal and state grant expenditures, revenue, and state appropriations. The division prepares financial reports, reviews grant applications, collects revenue, processes contracts, pays expenses, processes the payroll and submits the department's biennial budget.

**Accomplishments**

- Submitted the 2009-2011 biennial budget to the Office of Management and Budget in compliance with the governor's guidelines.
- Provided training and assistance to department personnel on federal and state grants and appropriation monitoring.
- Reviewed grant applications and cooperative agreements that resulted in receipt of about $99 million in federal funding.
- Processed about 1,600 contracts providing funding to a variety of entities for public health services.

**Goals**

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

**Division of Education Technology**

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

**Accomplishments**

- Developed and distributed health alerts, advisories and updates to public health and medical professionals across the state using automated telephone technologies, e-mails and faxes.
- Conducted local, regional, statewide and national meetings, presentations and trainings using video conference, desktop conference, teleconference and webcast technologies.
• Created video and audio productions distributed on DVD and by webcast.

Goals
• Implement process for users to update communication profiles in the health alert network system.
• Improve the reliability and expand the use of desktop interactive communication.
• Maintain existing communications and training capabilities.

Office of Public Information

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

Accomplishments
• Provided daily consultation to NDDoH personnel concerning communication and media issues.
• Provided support to eight regional public health public information officers.
• Developed and provided spokesperson and Media 101 training.
• Served as regional representative on board of directors of the National Public Health Information Coalition.
• Planned and hosted annual statewide public information conference.
• Coordinated development of state pandemic influenza website.
• Completed pandemic influenza communications plan.
• Provided essential communication and media support during flooding and tornado emergencies and the emergence of novel H1N1 influenza.
• Coordinated interagency communications concerning discovery of lead fragments in wild game and subsequent blood lead level study.

Goals
• Continue to provide timely consultation to staff regarding communication issues and media events.
• Provide public information support to NDDoH personnel during emergencies.

Office of Information Technology

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

**Accomplishments**
- Enhanced the Division of Vital Records electronic vital event registration system (EVERS) with death and fetal death modules. This enhancement allows funeral homes, hospitals, physicians, coroners and the state medical examiner to electronically register all deaths and fetal deaths in the state. Currently, all North Dakota funeral homes and birthing hospitals use the system.

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

**Division of Human Resources**

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

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

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

**Division of Vital Records**

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

Accomplishments

• Registered 20,702 certificates of live birth; 12,698 certificates of death; 103 certificates of fetal death; 8,602 marriage records; 3,781 divorce records; and 80 delayed registrations of birth.
• Processed more than 234,000 requests for certified copies, record searches, amendments and verifications were processed. The fees collected for providing these services were deposited to the state’s general fund.
• Compiled annual reports using data collected from vital event certificates. Also compiled data for specific requests from the public or other state agencies.
• Implemented the death and fetal death modules of the Electronic Vital Event Registration System, which allows funeral homes, doctors, coroners and hospitals to register all deaths and fetal deaths electronically with the Division of Vital Records.

Goals

• Maintain 100 percent registration of all vital events in the state. To achieve this goal, extensive querying and follow-up is done.
• Continue timely response to requests for certified copies of vital event documents.

Vital Signs

On an average day in North Dakota:

• 24 babies are born; 8 of them are born out of wedlock, 2 are born to a teenage mother and 3 are born by Caesarian section.
• 16 people die, 4 of them from heart disease and 3 from cancer.
• 11 couples are married, and 5 are divorced.

In an average week:

• 1 infant dies.
• 1 person commits suicide.
• 4 people die from diabetes.
• 3 people die from influenza and pneumonia.
• 6 people die as a result of accidents.

In an average month:

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

The average age at death is 76.5.
The Community Health Section is composed of six divisions:
- Cancer Prevention and Control
- Chronic Disease
- Family Health
- Injury Prevention and Control
- Nutrition and Physical Activity
- Tobacco Prevention and Control

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

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

Division of Cancer Prevention and Control

The Division of Cancer Prevention and Control works to reduce the incidence of and illness and death from cancer in North Dakota. Programs include the following:
- Comprehensive Cancer Prevention and Control
- Women's Way
- Cancer Registry

Accomplishments

Comprehensive Cancer Prevention and Control Program
- Completed two years of cancer plan implementation focusing on cancer screening, early detection and prevention.
- Expanded North Dakota Cancer Coalition membership to 181 members, ensuring diversity and statewide representation.
- Began process to reauthorize North Dakota Cancer Control Plan.
- Developed North Dakota Cancer Coalition website.

Women's Way
- Continued to focus on breast and cervical cancer screening for medically underserved North Dakota women, primarily ages 40 through 64.
- Partnered with local public health units, private health-care providers and volunteers to provide screening services to eligible women in every North Dakota county and on every reservation.
- Screened more than 10,200 women for breast and cervical cancer since September 1997, 13 percent of whom were American Indian. The screenings detected breast cancer in 179 women and cervical conditions requiring treatment in 250 women.
- Provided professional development for health-care providers, including clinical trainings and inservice trainings.
- Contacted Women's Way Medical Advisory Board members as needed for advice on clinical issues.
• Collaborated with state Medicaid to pay for breast or cervical cancer treatment for 208 Women’s Way clients.
• Cosponsored four women’s health summits with North Dakotans Partnering for Women’s Health.
• Continued to enhance partnerships with organizations such as Healthy North Dakota, the American Cancer Society, North Dakota Affiliate – Susan G. Komen for the Cure, Blue Cross Blue Shield, the North Dakota Medical Association and others.
• Conducted evidence-based public education and awareness promotions.

Cancer Registry
• Achieved gold certification for data timeliness, completeness and quality.
• Responded to 45 data requests and seven cancer cluster inquiries.
• Continued to enhance partnerships with medical facilities, physicians, clinics, the Comprehensive Cancer Prevention and Control Program, the Northern Plains Epidemiology Center, the North Dakota Cancer Coalition and others.

Division Goals
• Continue implementation of strategies and activities identified in the state five-year plan for comprehensive cancer control.
• Expand partnerships to include less-traditional partners.

• Provide breast and cervical cancer screening services to 3,200 eligible North Dakota women each year.
• Enhance Women’s Way recruitment and screening of American Indian women.
• Continue Medicaid treatment program to ensure Women’s Way clients diagnosed with breast and cervical cancer receive treatment.
• Maintain North American Association of Central Cancer Registries certification.

Division of Chronic Disease
The Division of Chronic Disease works to improve the health and quality of life for North Dakotans who have chronic diseases by promoting healthy behaviors, supporting healthcare improvement measures, developing community policies and practices, and increasing disease awareness. Programs include:
• Behavioral Risk Factor Surveillance System (BRFSS).
• Diabetes Prevention and Control
• Epidemiology.
• Healthy People 2010.
• Heart Disease and Stroke Prevention.

Accomplishments
Behavioral Risk Factor Surveillance System
• Continued the BRFSS survey, a random-digit-dialing telephone survey that has tracked health practices, health conditions and risk behaviors of adults in the U.S. and North Dakota yearly since 1984.
• Initiated the adult and child Asthma Call Back Survey that follows up with BRFSS respondents and/or their children who have been diagnosed with asthma.
• Completed a three-county survey and a one-county oversample to provide local health and risk-behavior data.
• Provided training to staff and partners concerning BRFSS, data collection, indicators and outcomes for program evaluation and datasets.

**Diabetes Prevention and Control Program**
• Continued the North Dakota Diabetes Care Provider Report, a partnership with Blue Cross Blue Shield that monitors diabetes care; recognized providers achieving high-quality diabetes care with the Diabetes Care Provider Award; and planned transition to BCBS’s MediQHome system.
• Supported the Dakota Diabetes Coalition in addressing diabetes prevention, access and technology.
• Distributed prevention messages via magazines, newspapers, posters, radio, television and printed materials to reach American Indians, the elderly and the general public.
• Utilized the Diabetes Prevention and Control Program and the Dakota Diabetes Coalition websites as resources for state partners; facilitated communications with partners through the diabetes listserv.

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

**Healthy People 2010**
• Provided a framework for prevention by adopting objectives designed to identify the most significant preventable threats to health; monitored state and national goals.

**Heart Disease and Stroke Prevention Program**
• Expanded the Heart Disease and Stroke Advisory Council to address stroke policy and systems changes through establishment of the Stroke Network.
• Provided resources and materials to 20 Go Red Action Grant recipients to improve the cardiovascular health of women and their families.
• Distributed heart disease and stroke prevention messages via magazines, newspapers and print materials for American Indians, the elderly and the general public.

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

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

Accomplishments

Abstinence-Only Education Program
- Provided funds to community organizations and schools to provide abstinence educational programs.

Child and Adolescent Health Services/ School Nursing
- Collaborated with the North Dakota School Nurse Organization and the National Association of School Nurses to host a conference for school and child-care nurses.
- Provided consultation, technical assistance and resources to North Dakota school nurses and other health professionals in promoting health for children and adolescents.
- Served as child and adolescent health liaison on various disease prevention and health promotion committees.
Coordinated School Health (CSH) Program
• Worked with the Department of Public Instruction (DPI) to apply for a federal CSH cooperative agreement. North Dakota was one of 22 states to receive funding.
• Provided a grant to the South East Education Cooperative (SEEC) for implementation of CSH practices and policies.
• Conducted an environmental scan of school districts within the SEEC to guide program planning.
• Provided information for concurrent resolution to study ways to promote healthy lifestyles and educational success.
• Collaborated with DPI on the 2007 and 2009 Youth Risk Behavior Surveys.
• Collaborated with DPI, the Department of Human Services and the Roughrider Health Association to host the annual CSH Roughrider Health Promotion Conference.

Early Childhood Comprehensive Systems
• Continued implementation of the Early Childhood Comprehensive Systems State Plan.
• Supported efforts and partnerships that support families through the Healthy North Dakota Early Childhood Alliance.
• Provided consultation, technical assistance and resources to Head Start health consultants, child-care health consultants and other health professionals.

Family Planning Program
• Provided medical, education and counseling services to more than 31,000 men and women in North Dakota.
• Continued services to the Cass County Jail and to the Spirit Lake and Standing Rock reservations.

Newborn Screening Program
• Implemented a statewide courier service that decreased turnaround time of lab results by 42 percent, ensuring early identification and treatment of conditions and disorders.
• Developed fact sheets about more than 40 conditions and disorders.
• Provided training and educational resources to all birthing hospitals in the state.
• Collaborated with the University of Iowa to provide follow-up activities to North Dakota physicians.
• Served as the regional educational and quality assurance coordinator for North Dakota and Iowa.

Optimal Pregnancy Outcome Program
• Served nearly 800 pregnant women.
• Participated in the Partnership for the Prevention and Cessation of Tobacco Use in Women of Reproductive Age.

Oral Health Program
• Published an oral health surveillance plan.
• Updated website to serve as a resource for oral health professionals, policymakers and the public.
• Evaluated oral health program efforts and the state oral health plan.
• Worked with the Oral Health Coalition to support successful legislation, including increased Medicaid reimbursement, dental loan repayment and mobile dental care service grant.

Sudden Infant Death Syndrome
• Provided education and information about sudden infant death syndrome (SIDS) to health-care providers, clinics, birthing hospitals, local public health units and families who suffer a SIDS death.

Title V/Maternal and Child Health Block Grant
• Awarded contracts for about $1.6 million to all 28 local public health units, four nonprofit agencies and four American Indian programs. The funds are used for activities such as maternal care, well-baby clinics, newborn home visits, car seat safety programs, school wellness activities, nutrition and physical activity education, injury prevention, immunizations, and oral health care.

Women’s Health Program
• Collaborated with the Center for Excellence for Women’s Health.
• Promoted National Women’s Health Week.
• Participated in the Partnership for the Prevention and Cessation of Tobacco Use in Women of Reproductive Age.

Division Goals
• Promote healthy lifestyle choices through education, awareness and partnerships.
• Increase male involvement in Family Health programs as appropriate.
• Increase access to nursing services in school and child-care settings.
• Develop school health service and emergency guidelines.
• Cohost annual Coordinated School Health Roughrider Health Promotion Conference.
• Increase the number of schools that implement a coordinated school health model.
• Implement the Early Childhood Comprehensive Systems State Plan.
• Reduce the rate of unintended pregnancies.
• Collaborate with partners to revise the Title V/Maternal and Child Health (MCH) Block Grant funding formula.
• Increase MCH epidemiology support.
• Continue to develop newborn screening program policies, protocols and fact sheets.
• Educate health-care professionals and the public about newborn screening.
• Ensure proper and timely collection of newborn screening specimens.
• Increase the number of pregnant women receiving prenatal care in the first trimester.
• Continue to educate pregnant women about healthy lifestyle choices.
• Promote innovative and cost-effective approaches to oral health promotion and disease prevention.
• Foster partnerships to promote oral health and improve access to dental care.

The Division of Family Health works to ensure that every baby born in North Dakota grows up healthy and strong.
• Increase awareness about importance of preventive oral health care.
• Continue coordination of follow-up services for families who suffer SIDS deaths.
• Provide SIDS information and education to health-care providers, parents and caregivers.
• Collaborate on women’s health issues and disseminate women’s health information.

Division of Injury Prevention and Control

The Division of Injury Prevention and Control is dedicated to reducing the frequency and severity of intentional and unintentional injuries to North Dakotans. Programs include:
• Injury/Violence Prevention.
• Child Passenger Safety.
• Domestic Violence/Rape Crisis.
• Suicide Prevention.

Accomplishments

Injury/Violence Prevention Program
• Provided funding to 11 domestic violence/rape crisis agencies to complete plans for prevention of sexual violence in their communities.
• Completed a State Intimate Partner/Sexual Violence Prevention Plan with goals to build capacity for funding, collect data and partner with other agencies to work on statewide prevention strategies.
• Served on the Child Fatality Review Panel, which recommended improvements to driver’s licensing laws for children younger than 18 and to investigations of children’s deaths.
• Presented at statewide and national conferences and workshops.
• Distributed bicycle safety information to 38 agencies and presented displays at seven events reaching 31,000 people.
• Distributed playground safety information and displays.
• Chaired the North Dakota State Injury Prevention Coalition comprised of partners from other state agencies, private businesses, public health and private health care.
• Provided 15,800 stickers, 15,200 magnets, and seven videos concerning Poison Control to 66 agencies, including day cares, hospitals, clinics, public health agencies, schools and other interested parties.
• Collaborated with other state agencies to provide information and expertise concerning ATV, farm, poison and playground safety and falls prevention.
• Collaborated with internal and external partners to complete the Injury Surveillance and Traumatic Brain Injury grants.
• Participated in production of “In Harm’s Way: Traumatic Brain Injury in Young Children,” which will be distributed to Head Start providers nationwide.

Child Passenger Safety Program
• Measured restraint use by children in 10 communities. Results showed restraint use by 98.7 percent of infants, 92.9 percent of
toddler, and 80.1 percent of children ages 6 through 10.
• Conducted eight national child passenger safety certification courses, and certified 105 child passenger safety technicians.
• Provided about 3,500 car safety seats to parents of young children.
• Coordinated or assisted with car safety checkups, inspecting 2,700 car seats.
• Compiled and analyzed car seat checkup data that showed five out of six car seats were used incorrectly in 2008.
• Assisted the U.S. Consumer Product Safety Commission with 20 product recall effectiveness checks.
• Created and provided educational materials for Child Passenger Safety Month. Partners distributed the materials to schools and gave 718 presentations to 19,864 children.

Domestic Violence/Rape Crisis Program
• Funded three centers for safe visitation with and exchange of children in cases of domestic violence, child abuse, sexual assault or stalking.
• Provided state and federal funds to local agencies that serve victims of domestic violence, sexual assault and stalking.
• Distributed STOP Violence Against Women funds to law enforcement, judicial, victim-service and other agencies that provide services to victims of violence.
• Collaborated to update model law enforcement domestic violence policies.

Suicide Prevention Program
• Continued collaboration with the Suicide Prevention Coalition and worked to expand membership to include the Veterans Administration, North Dakota Army National Guard, Youth Correctional Center, American Foundation for Suicide Prevention and the Office for Elimination of Health Disparities.
• Implemented three-year, $1.2 million Garrett Lee Smith Youth Suicide Prevention Program; established community-based programs in six areas of the state with high rates of youth suicide, including two rural and four tribal projects.
• Coordinated and implemented suicide prevention and early intervention strategies.
• Received $250,000 state-funded allocation for the 2009-2011 biennium for statewide suicide prevention programs for high-risk people of all ages.
**Division Goals**

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

**Division of Nutrition and Physical Activity**

The Division of Nutrition and Physical Activity promotes healthy eating and physical activity in order to prevent and reduce overweight, obesity and related chronic diseases in North Dakota. Programs include the following:

- Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- Maternal and Child Health Nutrition
- Healthy Weight/Healthy Communities

**Accomplishments**

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

- Provided healthy food, nutrition education, breastfeeding support and referrals to more than 41,200 women, infants and children.
- Completed work on WICnet, a web-based management information system that increased program integrity by integrating with the Bank of North Dakota and utilizing pricing from local stores to establish not-to-exceed amounts for each WIC check.
- Expanded communication with WIC stores through a quarterly newsletter and a Vendor Advisory Committee.
- Prepared for 2009 changes to the WIC food package, including computer system updates, education material development, WIC staff training, survey of WIC clients, and policy and medical form changes.
- Worked closely with the Healthy North Dakota Breastfeeding Committee, which is working on a legislative initiative to identify baby-friendly workplace practices.

**Maternal and Child Health Nutrition**

- Distributed guidelines for collecting heights and weights of children in school settings that outlined sensitive, supportive and accurate steps for collecting this information.
- Coordinated the Healthy Weight Council with members representing public, private and nonprofit sectors.
- Published and distributed “Weighing and Measuring Students in School Settings,” which provides guidance for schools.
- Developed the electronic Healthy Weight Council Toolkit with information about creating healthy environments for schools and communities.
• Supported local public health nutritionists in addressing healthier school environments and promoting physical activity with Head Start, child care and WIC.
• Supported local nutritionists in their work with nutrition and physical activity coalitions, community initiatives, breastfeeding coalitions, and the Healthy Pregnancy Task Force.

**Healthy Weight/Healthy Communities**
• Assisted communities, schools and worksites in promoting, developing, implementing and evaluating healthy weight programs and in creating environments that promote lifelong healthy eating and physical activity.
• Managed the 5+5 Communities grant program, which provides funding to support the activities of 17 local nutrition and physical activity coalitions.
• Provided technical assistance and consultation for the physical activity and nutrition components of the Coordinated School Health Program.
• Assumed administration of the National Fruit and Vegetable Alliance Program (formerly 5 A Day).

**Division Goals**
• Increase the percentage of mothers who breastfeed their infants at hospital discharge.
• Increase percentage of healthy-weight adults.
• Partner with health-care providers and MCH programs and explore new partnerships to improve the quality of life for families.
• Collaborate with partners to implement state plan for nutrition, physical activity and the reduction of chronic diseases.
• Distribute nutrition and physical activity education materials for use by all programs.
• Ensure implementation of new food package regulations with the WICnet system, education and policy guidance.
• Continue work with the WIC Vendor Advisory Council to strengthen communication and the food delivery system.
• Expand use of the division website by local staff, health-care providers and the public.
• Continue the WIC peer counseling program.
• Provide breastfeeding education and training.
• Improve counseling effectiveness through participant-centered approaches and quality education resources.
• Explore ways to support local breastfeeding coalitions, identify and promote community experts, and support resources.
• Address increasing childhood obesity by encouraging physical activity through WIC, encouraging physical activity and education in schools, supporting breastfeeding, and promoting fruits and vegetables.
• Collaborate with Coordinated School Health to promote healthy schools.
• Ensure that breastfeeding support is a component of Healthy North Dakota Worksite Wellness initiatives.
• Continue to provide training and technical assistance to local coalitions.
• Promote healthy weight by collaboration with various agencies, coalitions and programs.
The percentage of North Dakota youth who smoke cigarettes has decreased significantly in recent years, from 40.6 percent in 1999 to 22 percent in 2009.

- Encourage healthier communities through local programs and campaigns.
- Facilitate the North Dakota Healthy Eating and Physical Activity Partnership.
- Monitor nutrition, physical activity and weight data, and assess need for additional data sources.

**Division of Tobacco Prevention and Control**

The Division of Tobacco Prevention and Control works to reduce the health and economic consequences of tobacco use and to promote tobacco-free lifestyles.

**Accomplishments**

- Hosted Achieving Success in Tobacco Cessation conference.
- Continued implementation of the Community Health Grant Program that supports tobacco prevention efforts in all 28 local public health units across the state. Funds from the Centers for Disease Control and Prevention also support state and local tobacco control initiatives in local public health units, the four American Indian tribes and one Indian Service Area. Highlights of efforts include:
  * Worked with 144 school districts to develop tobacco-free grounds policies that protect more than 80 percent of students.
  * Worked with 39 school districts to achieve gold-star school tobacco policies, protecting about 19 percent of students.
  * Provided tobacco cessation services in more than 60 locations.
- Continued implementation of the North Dakota Tobacco Quitline, which provides free counseling to any North Dakota tobacco user interested in quitting. During the biennium, the Quitline served more than 6,300 callers. More than 37 percent of the callers were tobacco free six months after completing the program.
- Continued to implement the surveillance and evaluation system to track progress in tobacco prevention efforts. The data is included in the *Tobacco Prevention and Control in North Dakota: A Status Report of Leading Indicators* to report progress and trends in tobacco prevention efforts.
- Conducted the Youth Tobacco Survey in coordination with the Youth Risk Behavior Survey (YRBS) to assess youth tobacco attitudes and behaviors and evaluate tobacco prevention program efforts. According to the YRBS survey, the percentage of North Dakota youth who currently smoke cigarettes significantly decreased from 40.6 percent in 1999 to 22 percent in 2009.
- Implemented “Baby and Me Tobacco Free” pilot project with four local public health units that provides tobacco-cessation support for pregnant women and addresses relapse prevention.
Goals

• Develop and implement strategies to prevent and reduce use of spit tobacco, cigars and hookah.

• Continue working with North Dakota communities to develop and maintain comprehensive tobacco control programs that follow best practices.

• Continue to promote smoke-free environments to eliminate exposure to salmonella to norovirus to shigella to secondhand smoke.

• Continue programs to reduce youth and adult tobacco use.

• Collaborate with the North Dakota Center for Tobacco Prevention and Control Policy to coordinate efforts and maximize use of existing funding and new funding resulting from the passage of Measure 3.
The Emergency Preparedness and Response Section is responsible for the planning and coordination of the public health and medical response to daily emergencies as well as large-scale disasters.

The section consists of the following:
- Emergency Medical Services and Trauma
- Hospital Preparedness
- Public Health Preparedness

**Division of Emergency Medical Services and Trauma**

The Division of Emergency Medical Services and Trauma is the lead agency for North Dakota’s emergency medical services (EMS) system. The division conducts the following activities:
- Annually licenses 137 ground- and four air-ambulance services that meet standards for service availability, equipment and training.
- Updates and maintains training, testing, certification and licensure programs for EMS basic and advanced life support personnel, including emergency medical technicians and paramedics.
- Administers an EMS grant program of $620,000 per year for training ambulance service personnel.
- Administers a grant for “access-critical” ambulance services to assist with staffing.
- Implements and maintains a statewide trauma system.
- Provides technical assistance to EMS services regarding patient care, system design, administration and operation issues.
- Maintains data system with about 20,000 EMS certification and licensure records.
- Maintains ambulance run-report data system that adds about 60,000 records per year.
- Provides critical incident stress debriefing services to EMS, law enforcement and fire personnel engaged in EMS.
- Coordinates and maintains Emergency Medical Services for Children Program.
- Provides continuing education to emergency medical services through distance learning and video presentations.
- Inspects and licenses EMS training institutions.
- Approves continuing education curricula.

**Accomplishments**

- Trained, tested and certified about 1,550 new personnel and 3,300 existing personnel. Courses included first responder, emergency medical technician, emergency medical technician – intermediate and paramedic.
- Provided licensing and inspection services for 141 ambulance services.
- Conducted distance learning through a videotape-based library system that provides continuing education material to 250 sites.
- Participated in American College of Surgeons evaluation of the state’s trauma system.
- Participated in National Highway Traffic Safety Administration evaluation of the state’s EMS system.
• Provided 34 critical incident stress debriefings to EMS personnel; conducted training for 366 EMS providers in healthy stress-coping techniques.
• Maintained a trauma system that designates 38 trauma centers, develops trauma transport plans, maintains a trauma registry, and trains EMS and trauma center personnel.
• Conducted emergency medical services for children programs that advocate specialized training and recommend equipment for pediatric emergency care.
• Awarded a total of $1.13 million in staffing grants to 34 rural ambulance services helping to ensure continuous availability to respond to medical and traumatic emergencies.

Goals
• Maintain or strengthen EMS in rural North Dakota through policymaking, technical assistance and grant opportunities.
• Improve rural EMS with a grant to develop access-critical services that supplement staffing. Strategies include:
  * Implementation of new grant-dispersal policies that focus on the most vulnerable ambulance services.
  * Revision of licensure requirements to facilitate regionalization of EMS services.
  * Development of quick-response units to replace struggling ambulance services, when appropriate.
• Contract with a vendor to implement the EMS improvement project funded by the 2009 legislative body.
• Promulgate administrative rules based on statutory changes made in the last legislative session.

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

Accomplishments
• Coordinated medical response to 2009 spring floods, including medical evacuation and tracking of about 4,000 hospitalized patients, long-term care residents and medically vulnerable citizens.
• Implemented electronic volunteer registry in compliance with federal grant requirements.
• Defined the framework for establishment of minimal-care facilities.
• Provided monthly training via the wide area network videoconference system.
• Established Telephone Service Priority Status for hospital wide area network.
Goals
- Establish plans and acquire resources for state medical shelters and pre-hospital staging areas.
- Maintain secure state medical cache.
- Maintain essential medical emergency response and recovery infrastructure.

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

Accomplishments
- Coordinated public health response to 2009 spring floods, including establishment of medical shelters.
- Established capacity for public health hotline.
- Implemented Homeland Security Exercise Evaluation Program
- Provided monthly training opportunities via the wide area network videoconference system.
- Implemented inventory management system for state medical cache and Strategic National Stockpile program.
- Established and exercised telephone triage system to provide treatment while minimizing transmission of infectious disease.

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

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

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

The Medical Services Section works to safeguard all North Dakotans by reducing illness and death caused by infectious diseases. The section is responsible for disease prevention, surveillance and identification, as well as epidemiologic investigation and forensic examinations. The goal of the Medical Services Section is to prevent disease and disability in North Dakota. The section is responsible for disease prevention, surveillance and identification, as well as epidemiologic investigation and forensic examinations.

Accomplishments
• Provided consultation concerning programs, projects and patient-care issues.
• Improved communications with private physicians and clinics.
• Provided a variety of continuing medical education sessions on public health issues.
• Developed medical director system consisting of 11 providers who provide guidance to the NDDoH during emergencies; provided quarterly training about medical surge.
• Convened statewide taskforce to revise death investigation statutes. The resulting legislation updated the statutes, better utilizes the expertise of the state forensic examiner and protects the privacy of autopsy reports.

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

Field Medical Officers

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

Division of Disease Control

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

Programs within the division include:
• Epidemiology and Surveillance
• HIV/AIDS/Ryan White
• Immunization
The NDDoH encourages North Dakotans to take precautions to avoid contracting West Nile virus.

- Sexually Transmitted Diseases and Hepatitis
- Tuberculosis

Health-care providers and laboratories statewide notify the division of mandated reportable diseases. During the biennium, division personnel collected information about or conducted investigations into about 13,800 cases of reportable conditions. In addition, division personnel work closely with private health-care providers and facilities, local public health units, and the public to reduce the incidence of communicable diseases and help ensure the public health of North Dakotans.

**Epidemiology and Surveillance Program**

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

**Accomplishments**

- Increased number of influenza surveillance sites; purchased additional laboratory equipment for increased influenza testing.
- Responded to testing and surveillance requests for novel H1N1 influenza.
- Conducted avian influenza exercise for public and private partners.
- Collaborated with the Division of Aging Services on statewide influenza public service announcements (PSAs).
- Developed tribal-specific PSA concerning pneumonia vaccination.
- Collaborated with the North Dakota State University Veterinary Diagnostic Laboratory on testing of equine and avian samples.
- Worked with the University of Pittsburgh to enroll patients into a study for West Nile virus (WNV) vaccine development.
- Developed WNV and tick education materials for children.
- Investigated hospitalization of children exposed to chicks infected with Salmonella Montevideo.
- Investigated three outbreaks of Salmonella Montevideo associated with baby chicks and catered by the same individual; more than 165 people became ill.
- Began development of electronic surveillance program.
- Collaborated with CDC, vaccine manufacturers and providers regarding rabies vaccine shortage to ensure proper use of vaccine.
- Investigated hantavirus death.

**HIV/AIDS Programs**

The mission of the HIV/AIDS Prevention Program is to reduce and prevent the transmission of HIV and to reduce the associated illnesses and deaths of HIV-infected people. HIV prevention services are conducted at 31 contractual sites, including local public health units, substance-abuse treatment cen-
The department’s HIV/AIDS programs provide services designed to reduce and prevent the transmission of HIV and to reduce illnesses and deaths of HIV-infected North Dakotans.

Accomplishments
- Completed annual Comprehensive HIV Prevention Plan in collaboration with the North Dakota Community Planning Group.
- Continued quality assurance program for the HIV counseling and testing sites that reviews compliance with written protocols, record keeping, specimen collection and handling, appropriateness of services and referrals, and staff training and education.
- Implemented rapid HIV testing at all HIV counseling and testing sites.
- Conducted a retreat for HIV-positive individuals focusing on increasing health knowledge and improving quality of life.
- Conducted HIV/STD/hepatitis symposium.
- Provided education at Fargo and Bismarck Pride Fests, including promoting HIV testing.

The mission of the HIV Surveillance Program is to monitor the incidence and prevalence of the disease. Data collected by the program focuses policy and resource allocation.

North Dakota continues to have the lowest incidence and prevalence of HIV/AIDS in the nation; through June 30, 2009, a total of 457 infections have been reported in the state.

Accomplishments
- Created the Epidemiological Profile for HIV.
- Updated policies and procedures manual.
- Converted to the Evaluation HIV/AIDS Reporting System.
- Gained access to the National Death Index.
- Created HIV module for the North Dakota electronic disease surveillance system.

The Ryan White Care Program helps low-income HIV-positive residents access and maintain health-care and supportive services. Available services include case management, assistance with purchasing drugs, and assistance accessing primary medical services. As of June 30, 2009, 83 clients were receiving services through the program.

Accomplishments
- Developed and administered satisfaction survey to all clients.
- Conducted audits of program clients to ensure compliance with federal rules.
- Continued to update policies and procedures.
- Created written quality management plan.
- Updated Ryan White Comprehensive Plan and Statewide Coordinated Statement of Need.

Immunization Program
The Immunization Program works to ensure that children and adults are protected against vaccine-preventable diseases. Program staff investigate cases of vaccine-preventable diseases, provide education to providers and
The Immunization Program works to ensure that children receive lifesaving vaccinations. The National Immunization Survey estimates that 74 percent of North Dakota children ages 19 months to 35 months were up-to-date on their immunizations in 2008. The goal for Healthy People 2010 is 90 percent.

**Accomplishments**

- Increased reporting of perinatal hepatitis B.
- Presented vaccination awards to health-care providers with rates higher than 85 percent.
- Transitioned to supplying vaccines only for Vaccine For Children
- Initiated special immunization projects, including hepatitis vaccine for high-risk adults, human papillomavirus vaccine for uninsured and underinsured females, and Tdap for new parents and uninsured and underinsured adults.
- Collaborated with Blue Cross Blue Shield of North Dakota, the University of North Dakota and local public health units to create an immunization billing system.
- Implemented new vaccine requirements, including child-care hepatitis A, rotavirus and pneumococcal; kindergarten second dose of varicella vaccine; and middle school meningococcal and tetanus, diphtheria and pertussis.
- Implemented requirement for providers to enter childhood immunizations into NDIIS.
- Received grant to become sentinel site for immunization registries.
- Investigated the first case of rubella in the state since 1991; coordinated with CDC on study of rubella cases on airplanes.
- Collaborated with CDC to publish a paper in the *New England Journal of Medicine* concerning antibiotic-resistant meningococcal.
- Coordinated the Immunization Advisory Committee.
- Responded to a national shortage of *Haemophilus influenzae* type B vaccine.
- Presented at national conferences, including the National Immunization Conference, the Adult Hepatitis Conference, and the American Public Health Association Conference.

**STD Program**

The goal of the Sexually Transmitted Disease (STD) Program is to prevent and control the spread of sexually acquired infections. Staff members provide education, partner notification, and referral for screening and clinical services.

**Accomplishments**

- Continued to provide free chlamydia, gonorrhea and syphilis medication for infected people and their partners unable to pay.
- Provided free examinations, testing and counseling in six North Dakota cities for chlamydia, gonorrhea and syphilis to patients who are at risk and unable to pay.
- Screened more than 33,000 females and 7,000 males for chlamydia and gonorrhea.
• Identified 3,170 sexual partners of people diagnosed with chlamydia, gonorrhea and syphilis, nearly one-half of whom were examined and/or treated for an STD.
• Established expediated partner therapy to improve services and access to treatment.
• Developed electronic, web-based case management and contact-tracing system.
• Conducted statewide symposium.

**Viral Hepatitis Program**

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

**Accomplishments**

• Published the Viral Hepatitis Epi Profile.
• Organized health-care provider symposium.
• Developed education campaigns for American Indians, veterans and the public.
• Developed hepatitis training required for all HIV/hepatitis C counselors.
• Developed electronic, web-based case management system.

**Tuberculosis Program**

The Tuberculosis (TB) Program works to prevent, control and eliminate TB in North Dakota. Activities include identifying and reporting all cases of active TB, ensuring completion of treatment, identifying and screening all people who have had contact with infectious cases of TB, and offering laboratory services.

TB continues to be a disease of low incidence in the state, with an average of six cases each year from 2004 through 2008.

**Accomplishments**

• Reinstated TB Advisory Board.
• Worked on the TB Elimination and TB Outbreak plans.
• Held “Responding to a TB Event” training.
• Created TB module for the North Dakota electronic disease surveillance system.

**Division Goals**

• Increase HIV testing for high-risk groups.
• Identify more avenues for rapid HIV testing.
• Increase HIV education and awareness.
• Collaborate to provide HIV education and testing at substance abuse treatment centers.
• Continue to increase identification and reporting of HIV infections.
• Develop new Ryan White policies for enrollment, reenrollment and recertification.
• Create new Ryan White handbook.
• Complete TB Elimination and TB Outbreak Response plans.
• Develop TB policies and procedures manual and case management manual.
• Host TB training for health-care providers with Heartland National TB Center.
• Integrate STD data collection and case management into the electronic disease surveillance system.
The role of the state forensic examiner is to provide medical examiner services to county coroners and law enforcement officials in the investigation of sudden and unexpected deaths in North Dakota.

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

Accomplishments
- Accepted 540 cases during the biennium; performed autopsies and examinations.
- Provided education statewide to law enforcement officers, county coroners and other agencies involved in death investigations.
- Participated in extensive review and revision of North Dakota coroner statutes.

**Goals**
- Increase the number of medical laboratories reporting diseases electronically.
- Provide epidemiological assistance to the department.
- Provide timely epidemiological response for health-care providers and the public.

**State Forensic Examiner**

**Accomplishments**
- Coordinated epidemiological activities.
- Investigated hantavirus death.
- Conducted injury and illness surveillance following Northwood tornado in 2007 and statewide flooding in 2009.
- Responded to novel H1N1 influenza outbreak.
- Assisted with epidemiological study concerning consumption of wild game and blood lead levels.

**State Epidemiologist**

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

**Accomplishments**
- Coordinated epidemiological activities.
- Investigated hantavirus death.
- Conducted injury and illness surveillance following Northwood tornado in 2007 and statewide flooding in 2009.
- Responded to novel H1N1 influenza outbreak.
- Assisted with epidemiological study concerning consumption of wild game and blood lead levels.

**Goals**
- Integrate expedited partner therapy for gonorrhea and chlamydia cases.
- Increase immunization rate for children 19 months to 35 months to 80 percent.
- Increase immunization rates for adolescents to 90 percent for Tdap, meningococcal and HPV.
- Expand NDIIS to include electronic medical records, forecasting and reminder-recall.
• Participated in the North Dakota Child Fatality Review Panel, the Mass Fatalities Incident Response Course and the National Disaster Medical System.

• Received referrals of cases from all geographical areas of the state, with local county coroners responding very favorably to availability of forensic examiner services.

Goals

• Pursue adequate number of staff to handle the caseload.

• Continue to provide educational activities including periodic statewide seminars for county coroners, law enforcement officers and other officials involved with death investigations.

• Continue to perform duties and to provide vital information to county coroners, law enforcement personnel, public health officials and families of the deceased in an effective, timely and courteous manner.

• Work toward an expanded role for the state forensic examiner in a statewide death investigation system, to include centralized reporting of all suspicious and violent deaths.

• Achieve certification by national accrediting organization.

Suicide 23%
Accident 38%
Natural Causes 31%
Homicide 4%
Pending 1%
Undetermined 3%
Homicide
Suicide
Natural Causes
Accident

Coroner Referrals* 2007–2009 Biennium
Manner of Death

*540 total cases
The Health Resources Section consists of the divisions of Health Facilities and Food and Lodging. The section works to promote quality care and services for the people of North Dakota by:

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

**Division of Health Facilities**

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

The division licenses the following:

- General acute, primary care and specialized hospitals – 51
- Nursing facilities – 84
- Home-health agencies – 27
- Hospice programs – 15
- Basic-care facilities – 62

The division certifies the following:

- Long-term care nursing facilities – 84
- Hospitals, including swing beds and general acute services – 33 critical access hospitals; one psychiatric hospital and two transplant hospitals.
- Intermediate-care facilities for the mentally retarded – 66
- Home-health agencies – 21
- Hospice programs – 14
- Rural health clinics – 61
- State-surveyed clinical laboratories – 59
- Ambulatory surgical centers – 16
- End-stage renal dialysis units – 16
- Portable X-ray units – 1
- Comprehensive outpatient rehabilitation facility – 1
- Psychiatric residential treatment facilities – 6

The Division of Health Facilities conducts surveys of nursing homes to ensure the safety and health of residents.
Staff members conduct periodic surveys to determine compliance with state licensure requirements and federal certification Conditions of Participation contained in Title XVIII (Medicare), Title XIX (Medicaid) and CLIA of the Social Security Act. In addition, the division is responsible for investigating quality-of-care complaints.

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

The division approves nurse aide training and competency evaluation of 62 programs consistent with federal certification requirements for long-term care facilities. The department's nurse aide registry maintains a record of individuals who successfully complete an approved competency evaluation.

Accomplishments
• Continued to convene quarterly meetings of the Long Term Care Advisory Committee and the Life Safety Code Business Process Reengineering Workgroup, which consist of representatives from the long-term care community and other stakeholders.
• Conducted several workshops in conjunction with the state’s provider associations. The workshops focused on care-related services identified through the survey process.

• Maintained state approval for 35 paid feeding assistant programs to assist with nourishment and hydration of dependent long-term care residents.
• Developed and implemented an online nurse aide registry that allows name and address changes and online renewals.
• Maintained website to house program-specific information accessible by the public.

Goals
• Maintain the average survey interval of 12 months or less for long-term care facilities.
• Address complaints in a manner consistent with federal and state guidelines.
• Ensure that new surveyors receive adequate training to pass the national Surveyor Minimum Qualifications Test on the first attempt.
• Certify critical access hospitals as permitted by the federal Rural Hospital Flexibility Act.
• Promote consistency in the survey process.
• Implement two-tiered system of determining noncompliance in basic-care facilities.
**Division of Food and Lodging**

The Division of Food and Lodging is responsible for protecting public health through licensing and inspection of 752 restaurants, 390 bars and limited restaurants, 432 lodging facilities, 502 mobile-home parks and campgrounds, 64 bed-and-breakfast facilities, 573 retail food stores, 48 meat markets, 19 bakeries, and 63 assisted-living facilities. During the 2007-2009 biennium, the division also assumed regulatory responsibility for six tattoo/body art facilities and 140 tanning facilities as a result of 2007 legislation. Inspection procedures ensure that these licensed establishments meet both sanitation and certain fire/life safety standards before opening to the public and while in operation.

Under an agreement with the Department of Human Services, staff members also license and inspect 30 preschools and day-care centers that prepare food. In addition, staff members license and inspect 95 schools and migrant food-service sites through an agreement with the Department of Public Instruction. The division provides educational courses in safe food handling, reviews plans for new establishments and extensive remodeling projects, and helps investigate possible foodborne illness outbreaks.

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

**Accomplishments**

- Conducted more than 4,700 inspections of licensed facilities.
- Continued standardization of local public health inspectors.
- Promulgated administrative rules for body art and tanning facilities.
- Assumed licensing responsibility for electronic hair removal technicians and electrologists.

**Goals**

- Update memorandums of understanding with local public health units.
- Continue to standardize local public health unit inspector procedures.
- Post inspection results for various facilities on department website.
- Begin inspections of electronic hair removal technicians and electrologists.
- Amend state food code regulations for uniformity with the 2009 FDA Food Code.

The Division of Food and Lodging protects the public’s health by inspecting restaurants to ensure the food is cooked and handled properly.
The Special Populations Section works to improve access to medical services for individuals and families in North Dakota through (1) assistance to help pay for evaluation and treatment of children with special health-care needs and for support of their families; (2) assessment of inequities in health status and utilization and support of programs that strive to eliminate health disparities; and (3) assistance to communities to plan and sustain high-quality health-care systems, especially in underserved areas.

The section is composed of the following:
- Division of Children’s Special Health Services
- Primary Care Office
- Office for the Elimination of Health Disparities

**Division of Children’s Special Health Services**

The Division of Children’s Special Health Services provides services for children with special health-care needs and their families and promotes family-centered, community-based, coordinated services and systems of health care. Programs include the following:
- Specialty Care Diagnostic and Treatment Program
- Multidisciplinary Clinics

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

**Accomplishments**

**Specialty Care Diagnostic and Treatment Program**
- Assisted more than 300 families each year to pay for medical services for their eligible children, helping to ensure early diagnosis and access to specialty care.
- Continued to administer special program for children with Russell-Silver Syndrome.
- Collaborated with the North Dakota Medicaid Program in the development of the new Medicaid Management Information System.

**Multidisciplinary Clinics**
- Supported multidisciplinary clinics coordinating management of chronic health conditions for about 1,100 children each year.
- Developed a Cardiac Care for Children program policy and procedure manual.
- Disseminated annual clinic directory to about 2,000 providers across the state.
- Participated in outside review of clinic services conducted by staff from the Utah ULEND project. Positive results were noted in efficiency and family satisfaction.
Metabolic Food
• Provided metabolic food and low-protein modified food products for about 25 individuals who have phenylketonuria (PKU) and maple syrup urine disease (MSUD).
• Provided care coordination to eligible individuals with metabolic conditions.

Care Coordination
• Provided technical assistance and training to local staff to enhance delivery of CSHS programs.
• Collaborated with the North Dakota Center for Persons with Disabilities (NDCPD) to apply for a grant supporting development of a care-coordination training curriculum.
• Revised the Care Coordination Plan used by local staff to document needs assessments and planned interventions.

Information Resource Center
• Completed review of the information resource center to ensure materials provided are current and of good quality.
• Developed and disseminated several resources, including a family handbook, a cleft lip and palate booklet, and a health-care coverage pamphlet.
• Provided gift boxes to families of babies born with cleft lip and palate, funded by a Smile Train mini-grant.
• Developed and disseminated information packets addressing transition from pediatric to adult health care, school to work or higher education, and home to independent living.

Children with Special Health Care Needs Service System
• Collaborated with the NDCPD to apply for Hear Now grant for early hearing detection and intervention.
• Contracted with the North Dakota Chapter of the American Academy of Pediatrics to support a medical home liaison position.
• Participated on more than 30 committees advocating for a community-based system of services for families, children and youth with special health-care needs.
• Partnered with the NDCPD on Integrated Services grant activities focusing on medical home, transition and family partnerships.

State Systems Development Initiative
• Produced and disseminated nine PRAM-OGRAM fact sheets using data from the North Dakota Pregnancy Risk Assessment Monitoring System.
• Maintained the North Dakota Birth Defects Monitoring System.
• Conducted training on advanced data linkage for research and epidemiology staff.
• Developed a report titled Children with Special Health-Care Needs in North Dakota for policymakers, advocacy groups and families using data from the National Survey of Children with Special Health-Care Needs.

Division Goals
• Provide direct services to 2,000 children each year.
• Expand low-protein food and formula options offered through the Metabolic Food Program.
• Collaborate with the NDCPD to develop a care coordination training curriculum that includes health benefits counseling.
• Continue eligibility and claims payment for children enrolled in the Specialty Care Diagnostic and Treatment Program while transitioning to the new Medicaid Management Information System.
• Enhance daily operations of the Information Resource Center by using electronic outreach and information dissemination.
• Lead collaboration efforts for a comprehensive five-year needs assessment and planning process for the maternal and child health population.
• Support initiatives that lead to a community-based system of services for children with special health-care needs. Focus areas include screening, medical home, family partnership and satisfaction, adequate insurance, community-based service systems, and transition.
• Expand multidisciplinary clinic services available within the state.

Primary Care Office

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

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

Accomplishments

• Placed six physicians, three midlevel practitioners, six dentists and six veterinarians in North Dakota communities through the dental, physician, advanced-practice nursing and veterinarian loan repayment programs.
• Placed 14 foreign medical doctors in areas of need through the J-1 Visa Waiver program.
• Continued support of Federally Qualified Community Health Centers serving 10 North Dakota communities.
• Received more than 1,600 requests for copies of the annual Guide to Nursing Facility Charges from North Dakota residents seeking information about long-term care charges.
Established in July 2007, the Office for Elimination of Health Disparities (OEHD) works to address inequalities in health status, utilization or access due to structural, financial, personal or cultural barriers.

Accomplishments
- Expanded the membership of the OEHD Health Disparities Committee.
- Expanded OEHD network to include partnerships with Tribal, local, state and federal health agencies; the Aberdeen Area Tribal Chairmen’s Health Board; the Northern Plains Tribal Epidemiology Center; and the Migrant Services Network.
- Developed and expanded the online library.
- Sponsored collaborative meeting about Medicare and Medicaid for Tribal and state health leaders to strengthen tribal communities and impact health policy.
- Presented information at Tribal health fairs and health board meetings.
- Met annually with the Health Disparities Advisory Committee

Goals
- Continue to provide professional development to strengthen state and local leadership.
- Continue to implement the vision, mission and goals of the OEHD.
- Develop full operational funding for the OEHD to ensure sustainability.
- Continue to expand partnerships to include more private medical providers, migrant services and Tribal programs.
- Develop health programs to meet the needs of the minority population.
- Strengthen local health care by developing culturally appropriate and integrated programs; addressing the changing health-care needs of Tribes, rural residents and the elderly; and ensuring the development of programs.

Office for the Elimination of Health Disparities

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

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

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

The Environmental Health Section consists of the following divisions:
- Air Quality
- Waste Management
- Municipal Facilities
- Water Quality
- Laboratory Services

Division activities are coordinated by the section chief’s office. Employees oversee quality assurance procedures; help coordinate public information efforts; assist with staff training; and coordinate computer and data management activities, emergency response efforts and funding requests.

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

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

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

The section chief’s office also includes a small business ombudsman who serves as an advocate for small businesses in need of assistance to understand and comply with environmental laws and rules.

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

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

Accomplishments

- Maintained attainment status for all state and national Ambient Air Quality Standards.
- Complied with all federal program requirements and maintained federal delegation responsibilities for EPA programs.
- Worked to ensure that North Dakota met all federal ambient air quality standards during the 2007-2009 biennium, one of only 13 states to do so.
- Evaluated 58 applications for Permits to Construct to determine effects on air quality, including ethanol plants, grain elevators, natural gas processing facilities and compressor stations.
- Responded to and assisted in the mitigation of environmental and public health emergencies involving industrial mishaps, flood evacuations and medical supply distribution.
- Distributed environmental information to the public and provided education and outreach on a variety of environmental issues by holding public information meetings, scheduling discussion sessions with local public health units, and participating in college and other agency seminars.
- Made substantial progress toward implementing Regional Haze Rule.

Air Pollution Control Program

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

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

Radiation Control and Indoor Air Quality Program

The Radiation Control and Indoor Air Quality Program performs two major functions: (1) monitoring the development and use of ionizing and nonionizing radiation sources to protect the health and safety of North Dakotans and the environment and (2) evaluating and mitigating asbestos, radon, lead and other indoor air quality concerns, as well as implementing a public awareness and education program concerning these health risks.

- North Dakota is one of only 13 states that met all federal ambient air quality standards during the 2007-2009 biennium.
The division includes the following:
- Hazardous Waste Program
- Underground Storage Tank Program
- Solid Waste Program
- Abandoned Motor Vehicle Program

**Division of Waste Management**

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

**Goals**

- Maintain delegation and responsibility for federally mandated programs.
- Further define and develop emergency response capabilities.
- Continue education and outreach activities to keep the public informed about environmental issues specific to air and radiation.
- Provide cross training to staff to improve versatility and job satisfaction and to provide an effective public response.
- Continue to respond to indoor air quality concerns by direct intervention and assistance to local public health personnel.
- Coordinate training programs to improve radiation technology education for facilities that offer such services to the public.
- Finalize state plan for the reduction of regional haze.
- Develop staff capabilities for greenhouse gas reporting, regulation, legislation and rules.
- Implement medical X-ray operator training requirements for nonregistered technologists.
- Expand modeling capability through implementation of new air quality models and updating of input databases.

**Hazardous Waste Program**

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

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

**Accomplishments**

- Inspected about 80 facilities that generate or manage hazardous waste; provided compliance assistance to other similar facilities.
- Conducted free-of-charge compliance training for about 250 attendees at six locations.
- Conducted 31 PCB inspections; assisted businesses and tribes in investigating and managing regulated PCB waste; and promoted the management of unregulated PCB waste as regulated PCB waste.
- Conducted permitting and inspections of the regulated community of about 700 businesses that have notified the division of hazardous waste activity. This includes hazardous waste generators; transporters; and treatment, storage and disposal facilities.
- Worked with five facilities to investigate and remediate contaminated soil or ground water; one facility completed corrective action.
- Responded to citizen complaints and assisted in the cleanup of environmental spills.
- Assessed seven Brownfield properties in five communities, and removed contamination at 11 sites in nine communities. These activities were conducted at the request of a community, county or other governmental entity.

Goals
- Continue to inspect facilities that generate or manage hazardous waste and to provide compliance assistance.
- Reissue appropriate hazardous waste permits.
- Continue to review investigation reports, proposed remedies and remediation progress at facilities conducting clean-up activities.
- Continue to conduct PCB inspections and to promote the proper handling and disposal of regulated and unregulated PCB waste.
- Seek additional funding for Brownfield assessment and remediation, if needed.
- Conduct training that provides a general overview of regulations and requirements and helps businesses comply with state rules.
- Maintain partnership with the regulated community to positively impact compliance.

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

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

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

Accomplishments
- Regulated more than 900 active tank facilities, for a total of 2,332 tanks. Compliance is monitored by onsite visitations at least once every three years, as well as mail-in self-certification. Program staff observed 20 tank closures, conducted upwards of 600 onsite inspections, and investigated and monitored cleanup of more than 35 leaking UST sites.
- Conducted routine collection and analysis of 1,152 petroleum samples; notified petroleum retailers of analytical results, including octane and distillation end points.
- Registered all antifreeze manufacturers and
136 bulk antifreeze retailers in the state.

- Used Leaking Underground Storage Tank (LUST) Trust Fund money to investigate suspected UST releases and to conduct corrective actions when a release had occurred but the responsible party was recalcitrant, unable to pay, or could not be identified. LUST Trust Fund money was used to provide safe drinking water to two homes and to remove petroleum vapors from the lower level of a commercial building.
- Continued outreach to tank owners about proper maintenance and operation of USTs. More than 9,400 USTs have been removed during the 20 years the UST Program has been in existence. Many of these tanks leaked or had the potential to leak.

Goals

- Assist tank owners with contamination assessment/clean-up activities following upgrade and/or replacement of USTs or when leaks occur.
- Provide compliance monitoring, inspections and public outreach to inform tank owners about the proper operation of USTs (e.g., leak detection, spill reporting, etc.).
- Amend UST rules to conform to EPA guidelines regarding delivery prohibition, secondary containment and owner/operator training.
- Use LUST Trust Fund money to investigate and properly close additional abandoned UST sites throughout the state.
- Collect petroleum samples from retailers and respond to product and labeling deficiencies.

- Review antifreeze registration requests and respond to formulation and labeling deficiencies.

The Solid Waste Program

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

Accomplishments

- Regulated 13 municipal solid waste landfills, 26 transfer stations, three industrial waste landfills, 12 coal-combustion waste landfills, 24 coal-combustion waste impoundments, three oilfield waste treatment and disposal facilities, 215 inert waste landfills, six land-treatment operations, and numerous compost facilities.
- Implemented nutrient management requirements to help food processing and livestock facilities manage and recycle organic waste materials.
- Approved permit for Grand Forks landfill that will provide adequate disposal capacity for much of northeast North Dakota.
• Responded to emergencies, particularly debris cleanup from tornadoes in Northwood and Rolla, as well as 2009 statewide flooding.
• Conducted annual landfill operator training and certification sessions attended by about 95 solid waste professionals.
• Promoted recycling and beneficial use of construction and demolition materials, use of wood for landscaping and energy recovery, use of compost for landscaping, use of coal-combustion material for construction, and use of agricultural processing byproducts for animal feed or soil amendment.
• Worked with the North Dakota League of Cities and Association of Counties concerning abandoned and dangerous buildings.
• Made a presentation at the national Beneficial Use of Industrial Byproducts Summit.
• Formed the Green Building Committee to investigate and provide information about ways the NDDoH can increase building efficiency and reduce energy consumption.
• Provided three training sessions about solid waste and recycling issues to local and regional tribal entities.
• Worked with nonprofit organizations to develop educational materials, host workshops and partner in grant opportunities.
• Encouraged auto scrap-metal companies to adopt pollution-prevention practices.
• Evaluated environmental issues resulting from fires and flooding at several auto-wrecking and auto-salvage yards and a fire at a tire-processing facility.
• Worked to resolve issues concerning scrap-tire accumulations and stockpiles.
• Provided education concerning volume-based waste services, product stewardship, electronic waste issues and recycling; cosponsored recycling and inert-waste workshops and annual solid-waste symposiums; and made presentations concerning waste reduction, recycling, composting, disposal and waste hauling.

**Goals**

• Promote integrated waste management, including waste reduction, reuse, recycling, composting and energy recovery.
• Continue implementing beneficial uses of materials to help reduce the need for newly manufactured products, as well as the amount of waste in landfills.
• Promote development of effective solid waste practices and facilities, including long-term solutions for solid-waste needs.
• Evaluate and implement improvements in operation of oilfield waste processing and disposal facilities.
• Continue education efforts through training, workshops and educational materials.
• Work with counties and cities to evaluate options for abandoned and dangerous buildings, emergencies, economic development and sustainable growth.
• Work with solid-waste facilities to preserve and enhance capacity and reduce disposal.
• Continue implementation of the National Vehicle Mercury Switch Removal Program for auto recyclers and scrap-metal facilities.
The Division of Municipal Facilities helps to ensure safe drinking water through a variety of programs and activities.

- Work with new and expanding industries on sound, integrated and sustainable waste management practices.
- Evaluate and update solid waste rules regarding landfill development, final closure, and integrated waste management.

**Abandoned Motor Vehicle Program**

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

**Accomplishments**

- Worked with local public health units to complete projects in Traill, Stark, Grand Forks, Oliver and Mercer counties, as well as in several smaller communities.
- Collected and recycled about 2,000 tons of scrap metal.

**Goal**

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

**Public Water Supply Supervision Program**

The PWSS Program works with the 508 public water systems in North Dakota to ensure that drinking water meets all standards established by the Safe Drinking Water Act. This is accomplished by monitoring contaminants and providing technical assistance to the systems. The program provides training for and certification of operators in charge of water treatment and distribution facilities and wastewater collection and treatment plants. There are 1,044 certified operators in the state. Program staff also administer the state’s fluoridation program and provide technical assistance to private water systems.

Four inspectors/trainers inspect 517 public water and wastewater systems to ensure that facilities comply with state and federal public health standards. Program activities contribute to the proper operation and maintenance of these facilities.

**Drinking Water State Revolving Loan Fund**

The DWSRF Program provides low-interest loans to help public water systems finance the infrastructure needed to comply with the Safe Drinking Water Act. Eligible borrowers can obtain financing to construct water treatment works at below-market interest rates. Through June 30, 2009, loans totaling about $245
millions have been approved to assist North Dakota water systems. Program staff also review about 150 drinking water projects each year to ensure compliance with state design criteria before construction.

Clean Water State Revolving Loan Fund

The CWSRF Program provides low-interest loans to fund conventional wastewater and nonpoint source pollution control needs. Eligible borrowers can obtain financing to build wastewater treatment works at below-market interest rates. Through June 30, 2009, loans totaling about $294 million have been approved to assist North Dakota wastewater systems. Program staff also review about 150 projects each year to ensure compliance with state design criteria before construction.

Accomplishments

- Complied with all major federal program requirements and maintained federal delegation responsibilities for EPA programs.
- Maintained a community water system compliance rate of 95 percent with health-based standards under the Safe Drinking Water Act; this rate is among the highest in the region and the nation.
- Issued loans totaling about $540 million through the Drinking Water and Clean Water State Revolving Loan Fund programs to North Dakota communities for addressing drinking water and wastewater compliance and infrastructure needs.

Division of Water Quality

The main statute providing water quality protection is the federal Clean Water Act of 1972, which has resulted in many water quality improvements. Even before the federal act, North Dakota had its own law to protect water quality – the North Dakota Water Pollution Control Act of 1967. The NDDoH monitors lakes, reservoirs, rivers, streams and wetlands, helping to ensure that the water stays clean for people today and in the future.

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

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

Water Quality Standards

Water quality standards establish the beneficial uses of the state’s water and assign numeric criteria for chemical concentrations necessary to achieve those uses. A significant change in the standards was the establishment of site-specific criteria for Lake Sakakawea to support the cold-water fishery. The standards provide guidance to the North Dakota Pollutant Discharge Elimination System Program and set goals for the Nonpoint Source Pollution...
Management Program and the Section 303(d) Total Maximum Daily Load Program.

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

**Special Project: Devils Lake**

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

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

The NDDoH rescinded the North Dakota State Engineer’s permit to discharge water through West Bay of Devils Lake to the Sheyenne River after court rulings eliminated the need for a Clean Water Act permit on water-to-water transfers. The NDDoH implemented an emergency rule changing the sulfate limit from 450 to 750 milligrams per liter in the river from its headwaters to 0.1 mile downstream from Baldhill Dam.

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

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

Since 1975, the program has issued about 500 wastewater discharge permits (25 percent industrial and 75 percent municipal). Since 1992, permits have been required for stormwater discharges associated with construction activities and industrial facilities.

A total of 1,716 facilities are covered by general permits for stormwater discharges and 399 by permits for industrial stormwater discharges. The primary focus continues to be meeting the obligations of Phase II of the EPA’s Stormwater Rule.

Impacts to water from livestock operations are an increasing concern in North Dakota. Currently, 724 livestock facilities are approved to operate, most of which are cattle, hog and dairy facilities that are part of a farmer’s total farm operation. In recent years, the number of large concentrated animal feeding operations (CAFOs) proposed in the state has increased.

**Accomplishments**

- Provided assistance to communities and individuals during 2009 spring flooding.
- Maintained less than 1 percent backlog of NDPDES permits.
• Issued 662 municipal and stormwater general permit renewals and 67 new permits.
• Conducted 274 stormwater inspections, 13 industrial pretreatment inspections and 122 industrial and municipal wastewater compliance evaluations; processed 779 requests to discharge, including follow-up.
• Reissued stormwater general permits to one mining facility and one Phase II municipality.
• Revised industrial stormwater permit forms to better reflect the conditions on discontinuing coverage, sampling and reporting.
• Conducted annual conferences on stormwater management, erosion and sediment-control practices and permit requirements.
• Implemented new data base to monitor compliance in the NDPDES Program, including stormwater, pretreatment, majors/minors, animal feeding operations, septic pumpers, hydrostatic testing and dewatering; tracked 10,367 significant correspondences.
• Inspected 266 livestock facilities, including 166 large CAFOs; issued 61 “approvals to operate,” including 21 large CAFOs; and held five CAFO public hearings.
• Inspected 90 percent of state-permitted CAFOs annually.
• Updated and standardized NDPDES permit and fact sheet; developed standardized sample-identification and sample-collection form.
• Provided information about stormwater permit requirements at 16 events, including workshops for highway department supervisors and engineers.
• Held 20 producer-group meetings and four public meetings; conducted 45 site visits at producers’ requests.
• Conducted ground water sampling at 28 large CAFOs and soil sampling at eight CAFOs to verify permit compliance.
• Participated in annual operator training and the North Dakota Water Pollution Control Conference.

Nonpoint Source (NPS) Pollution Management Program

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

Accomplishments

• Provided about $7.5 million in Section 319 funding to support 46 local projects that used the funding to cost-share agricultural practices, provide education, deliver technical assistance to agricultural producers and evaluate water quality trends or conditions.
• Provided technical assistance to develop eight new projects seeking FY 2010 funding.
• Expended nearly $3.6 million in Section 319 funding to local projects that support best management practices, such as manure management systems, livestock watering
facilities and fencing, riparian buffers, septic systems, and nutrient management.

**Surface Water Quality Monitoring and Assessment Program**

The state’s surface water resources are significant. Currently, the NDDoH recognizes 247 public lakes and reservoirs totaling 761,674 surface acres. The two largest are Lake Sakakawea (368,000 acres) and Devils Lake (117,700 acres). There are 54,606 miles of rivers and streams in the state. Estimates of river and stream miles are based on the National Hydrography Dataset and include ephemeral, intermittent and perennial rivers and streams. In addition, the state contains about 2.5 million acres of wetlands, the majority of which are located in what is commonly called the Prairie Pothole Region.

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

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

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

**Accomplishments**

- Maintained a network of 34 monitoring sites on 19 rivers to assess trends and to describe the general chemical character of the state’s major river basins; cooperated with the U.S. Geological Survey in maintaining seven of the 34 sites.
- Received EPA approval for the state Monitoring Strategy for Surface Waters, which lists the department’s monitoring goals, objectives, scope and plan and fulfills Clean Water Act requirements.
- Completed a three-year biological assessment of the Red River Basin, including sampling macro-invertebrates and fish at 100 sites. Data will be combined with Minnesota Pollution Control Agency data and used to develop and refine existing multi-metric biological indices and to assess the condition of the Red River Basin.
- Monitored water quality in Devils Lake four times a year and maintained monitoring program on Lake Sakakawea. In conjunction with the North Dakota Game and Fish Department, the NDDoH sampled Lake Sakakawea weekly during the open-water period to assess the lake and provide estimates of its cold-water habitat.
• Participated in the National Rivers and Streams Assessment of more than 900 U.S. rivers and streams. In North Dakota, 61 sites were sampled. Results will be used to assess the overall condition of rivers and streams.
• Began Lake Water Quality Assessment Project sampling 15 lakes and reservoirs yearly to support (1) Section 305(b) reporting; (2) Section 303(d) listing and de-listing decisions; (3) water quality standard development; and (4) fisheries management.
• Completed a regional wetland condition assessment of the biological condition of the Missouri Coteau ecoregion. In cooperation with North Dakota State University and the EPA, the NDDoH sampled wetlands using a probabilistic approach. Phase I used remote sensing data to assess the wetlands; Phase II used field sampling and applied the Index of Plant Community Integrity; and Phase III consisted of data analysis and final reporting.
• Initiated a regional pilot study funded by EPA to begin the process of developing nutrient criteria for lakes and reservoirs and to test a modeling approach for addressing nutrient criteria development in the absence of reference data or other readily available tools.
• Submitted the 2008 Integrated Section 303(b) Water Quality Assessment Report and Section 303(d) List of Waters Needing Total Maximum Daily Loads, which summarizes the state’s water quality conditions and fulfills CWA reporting requirements by providing a list of impaired waterbodies needing TMDLs.
• Received EPA approval for 29 TMDLs, including nine nutrient TMDLs for lakes and 20 bacteria TMDLs for rivers and streams.
• Worked with local stakeholders on TMDL projects and watershed assessments for Fordville Dam, English Coulee, the upper Sheyenne River, Harmon Lake, Spring Creek and the upper James River.
• Cooperated with the North Dakota Game and Fish Department to analyze more than 300 fish tissue samples collected from Devils Lake and lakes Sakakawea, Oahe and Alkali. Results will be used to revise and update the state’s Fish Consumption Advisory. In addition to species-specific information, the advisory contains lake- and river-specific information.

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

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

**Accomplishments**

- Maintained 100 percent compliance with Source Water Protection/Wellhead Protection Program requirements.
- Reviewed the TransCanada Keystone Pipeline project; helped evaluate and select a corridor that would minimize impacts to source water protection areas and the shallow aquifers located along the proposed route.
- Eliminated Safe Drinking Water Act violations for several water systems through hydrogeologic investigations and studies.
- Conducted meetings with community water systems to develop proactive approaches for safeguarding drinking water supplies.
- Educated community water systems about zoning issues and the impacts of new facilities within wellhead protection areas.
- Provided new wellhead delineations and updated reports for water systems that installed new wells or plugged existing wells.

**Underground Injection Control Program**

The Underground Injection Control (UIC) Program helps prevent contamination of underground sources of drinking water by injection wells (e.g., domestic waste, industrial wastewater or motor vehicle waste disposal). The five classes of underground injection wells are defined according to the types of fluid they inject and where the fluid is injected. The Division of Water Quality regulates Class I and Class V underground injection wells.

**Accomplishments**

- Conducted about 30 inspections at facilities located in high-risk areas such as wellhead protection areas and other sensitive areas.
- Obtained closure of several high-risk wells located in wellhead protection areas or other sensitive ground water areas.
- Conducted public outreach to UIC well owners and other state agencies concerning new rule requirements.
- Continued to work with licensed sewer and water contractors concerning Class V wells; presented Class V rule summary at sewer and water contractor conference.

**Ambient Ground Water Monitoring Program**

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

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

Accomplishments
- Sampled about 453 wells in 16 aquifers for trace metals, general water chemistry parameters, nitrates and pesticides; summarized all collected data in annual reports.
- Continued working with the State Water Commission, area irrigators and producers to mitigate the nitrate contamination in the Karlsruhe aquifer.

Spill Reporting/Emergency Response/
Environmental Investigation and Cleanup

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

Accomplishments
- Responded to metal-plating factory fire that resulted in metal-contaminated water flowing onto the frozen surface of a river; oversaw removal of contaminated material from the ice, containment and removal of contaminated water at the site, and control of the city’s stormwater system.
- Responded to train derailment, explosion and fire involving empty propane and leaking methanol cars; provided environmental impact and cleanup oversight.
- Responded to a line break that allowed oil to enter a perennial creek; oversaw the cleanup of the stream and will continue follow-up sampling to determine long-term effectiveness of materials used in the response.
- Responded to a fuel truck accident and fire that resulted in soil and water contamination of a prairie pothole; oversaw the cleanup.
- Worked with the Safe Drinking Water Program to investigate the occurrence of an agricultural herbicide in a municipal water system; conducted soil and well sampling and provided advice concerning the issue.
- Evaluated impacts during 2009 statewide flooding, including release of oil and drilling fluids resulting from flooding of Little Missouri River.
- Worked with livestock producers to locate new facilities in areas with minimal risk to ground water and to upgrade waste-handling systems at existing facilities.
- Continued working with EPA, the local rural water district and rural residents on the Arsenic Trioxide Superfund site in southeastern North Dakota; provided safe drinking water to several communities through the

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- Worked with livestock producers to locate new facilities in areas with minimal risk to ground water and to upgrade waste-handling systems at existing facilities.
- Continued working with EPA, the local rural water district and rural residents on the Arsenic Trioxide Superfund site in southeastern North Dakota; provided safe drinking water to several communities through the
Southeast Water Users District system; sampled 465 private wells to evaluate arsenic concentrations.

**Division Goals**
- Increase state funding for NPS pollution projects.
- Continue to use a watershed approach in all monitoring, assessment and control programs.
- Provide education about the public’s impact on water quality; increase awareness of local and state efforts to provide the quality of water necessary to meet all beneficial uses, such as drinking, fishing and swimming.
- Increase educational outreach to building contractors regarding stormwater issues.
- Continue dialogue with local zoning authorities on issues such as water quality and odors related to large CAFOs.
- Continue monitoring mercury and other contaminants in fish to ensure protection of special populations such as children and pregnant women when consuming fish caught in the state.
- Improve the cold-water habitat in Lake Sakakawea.
- Expand monitoring for pesticides in surface and ground water to ensure that drinking water supplies are not contaminated and that they stay safe for North Dakota residents.
- Continue to complete TMDLs consistent with EPA's expected schedule.
- Continue to improve the biological monitoring program for rivers and streams by selecting and sampling additional reference sites.
- Increase monitoring of emerging contaminants, such as pharmaceuticals and personal care products in water.

**Division of Laboratory Services**

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

**Chemistry**

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

The NDDoH’s environmental protection programs use laboratory data to regulate air quality; solid and hazardous waste; municipal wastewater; agricultural runoff; surface, ground and drinking water quality; petroleum products; and other media of environmental or public health concern. The Department of Agriculture uses data to regulate livestock feed, pet foods, and agricultural and home-use fertilizers.

The laboratory consists of six analytical sections and one certification section. The analytical sections include:
• **Demands Lab:** Performs biochemical oxygen demand, total suspended solids and pH tests; provides analytical data used to determine compliance with permit requirements of municipal and industrial wastewater discharges.

• **Feed and Fertilizer Lab:** Provides analytical data to the Department of Agriculture; tests agriculture feeds and fertilizers, pet foods, and lawn and garden fertilizers to determine compliance with labeling.

• **Mineral Lab:** Tests matrices such as water and soil for major cation and anion parameters or general chemical quality. Typical analyses include sulfates, fluoride, chloride, chemical oxygen demand, nitrate, sodium, ammonia and total Kjeldahl nitrogen.

• **Organic Lab:** Provides identification and quantification of insecticides, herbicides, volatile and semi-volatile organic compounds, polychlorinated biphenyls (PCBs) and other synthetic organic compounds in drinking, surface and ground water; soil; river and lake sediments; foliage; fish tissue; sludge; oil; landfill wastes; and samples from other environmental sources.

• **Petroleum Lab:** Tests products such as gasoline and diesel for product quality.

• **Spectroscopy (or Metals) Lab:** Identifies and quantifies metal concentrations in drinking water sources and distribution systems, surface and ground water resources, fish, hazardous and solid wastes, river and lake sediments, and other environmental media.

**Accomplishments**

• Provided analytical support to help public water systems comply with federal and state drinking water rules and regulations. About 8,500 samples were tested for more than 42,000 analytical components, including nitrates, metals such as lead and copper, fluoride, pesticides, and volatile organic compounds such as benzene and toluene. Included in this program were:
  * Testing of drinking water systems for haloacetic acids and trihalomethanes — some of the more common byproducts of chlorination disinfection.
  * Analytical demonstration of capability tests, determinations of method detection limits and proficiency testing for renewal and maintenance of certification under the Safe Drinking Water Act.

• Provided analytical services necessary to monitor ground water quality; tested for nitrates, metals, pesticides and general water quality parameters, including about 300 samples from the Arsenic Trioxide Program.

• Continued to participate in and successfully complete several laboratory performance evaluation programs. In addition, the laboratory certifies the state’s other environmental laboratories and reviews and recognizes other states’ certifications programs for out-of-state laboratories that meet the requirements of North Dakota’s certification program.

• Continued to provide analytical chemistry data to the State Water Commission.
• Provided water quality and sulfate testing on 1,920 samples from above and below the Devil's Lake outlet.
• Continued to assist the Environmental Health Section during environmental emergencies, including providing 24-hour services during major emergencies to ensure timely response. Some analyses associated with emergency situations this biennium included:
  * Red River flooding in 2009.
  * Samples from the site of a fire in Wahpeton, N.D.
  * Samples from a freight train derailment near Page, N.D.
  * Unknown white-powder events.
• Analyzed about 27,200 samples for about 313,000 chemistry analytes.
• Expanded testing capabilities to include testing for specific metals in human urine related to possible chemical events.

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

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

Accomplishments
• Maintained mosquito surveillance program for West Nile virus and other arboviruses.
• Updated and distributed service directory and customer satisfaction survey.
• Maintained federal testing certification for clinical specimens, dairy products and drinking water.
• Continued National Laboratory Systems grant to promote education and training on antimicrobial susceptibility testing.
• Completed the Clinical Laboratory Improvement Amendments laboratory inspection and recertification process.
• Renewed registration of the laboratory facility to handle and store select agents.
• Responded to multiple foodborne outbreaks.
• Added molecular amplification and extraction equipment in response to pandemic influenza and bioterror issues.
• Initiated CDC- and FDA-approved methodologies to detect novel influenza viruses.
• Provided powered air-purifying respirator training to the Vet Corp.
• Presented information at annual North Dakota Clinical Laboratory Science meetings.
• Added capacity for testing for seasonal and novel influenza viruses.
• Added new water testing program.
• Laid the framework for cooperative agreements with border states for continuation of operations during emergencies.
• Became approved Laboratory Response Network (LRN) smallpox testing laboratory.
• Participated in multiple exercises with the Civil Support Group.
• Continued to build strong partnerships with North Dakota LRN sentinel site laboratories to respond to disease outbreaks and bioterrorism.
• Provided training to National Guard Civil Support Team concerning use of kits for collecting and transporting chemical or biological agent samples.
• Hosted multiple workshops on rule-out testing of biothreat agents with personnel from the state’s sentinel site laboratories.

• Participated in DOC exercises and as part of incident command during flood and influenza events.
• Responded to white powder and suspicious substance events, including:
  * White powder at a Fargo bank.
  * White powder at the governor’s office.
  * White powder at the Dickinson airport.
  * Illicit transportation of Ebola vectors across U.S./Canadian border.

Goals
• Maintain or increase laboratory efficiency and responsiveness.
• Provide continued support to department staff, physicians, health-care facilities, local public health units, veterinarians, state and federal agencies, and the public.
• Continue membership in proficiency programs and maintain current certifications, including CLIA and state licensure.
• Implement statewide courier system.
• Upgrade biosafety and security to meet new select-agent requirements.

### Microbiology Testing

<table>
<thead>
<tr>
<th>Category</th>
<th>Number of Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dairy Products</td>
<td>4,328</td>
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<tr>
<td>HIV</td>
<td>39,970</td>
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<tr>
<td>Tuberculosis</td>
<td>13,032</td>
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<tr>
<td>Mycology/Legionella</td>
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<tr>
<td>Parasites</td>
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<td>Hepatitis A, B, C</td>
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<tr>
<td>Rabies (human exposure)</td>
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<td>Shiga Toxin</td>
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<td>STDs</td>
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<tr>
<td>Virology/Immunology</td>
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<td>Water Analyses</td>
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<tr>
<td>Bacterial/Biothreat</td>
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<tr>
<td>Mosquito Surveillance</td>
<td>2,246</td>
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<tr>
<td>Total</td>
<td>209,498</td>
</tr>
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</table>
North Dakota’s public health system is made up of 28 single- and multi-county local public health units (LPHUs).

Services offered by each LPHU vary, but all provide services in the areas of maternal and child health, health promotion and education, disease control and prevention, and emergency response preparation and coordination. Some local public health units maintain environmental health programs; others partner with another local public health unit or the NDDoH to provide environmental services, such as public water system inspections, nuisance and hazard abatement, and food service inspections.
<table>
<thead>
<tr>
<th>Health Unit</th>
<th>Location</th>
<th>Administrators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bismarck-Burleigh Public Health</td>
<td>Bismarck</td>
<td>Paula Flanders, R.N.</td>
</tr>
<tr>
<td>Cavalier County Health District</td>
<td>Langdon</td>
<td>Terri Gustafson, R.N.</td>
</tr>
<tr>
<td>Central Valley Health Unit</td>
<td>Jamestown</td>
<td>Robin Izler, R.N.</td>
</tr>
<tr>
<td>City-County Health Department</td>
<td>Valley City</td>
<td>Theresa Will, R.N.</td>
</tr>
<tr>
<td>Custer Health</td>
<td>Mandan</td>
<td>Keith Johnson</td>
</tr>
<tr>
<td>Dickey County District Health Unit</td>
<td>Ellendale</td>
<td>Roxanne Holm</td>
</tr>
<tr>
<td>Emmons County Public Health</td>
<td>Linton</td>
<td>Bev Voller, R.N.</td>
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<tr>
<td>Fargo Cass Public Health</td>
<td>Fargo</td>
<td>Ruth Bachmeier, R.N.</td>
</tr>
<tr>
<td>First District Health Unit</td>
<td>Minot</td>
<td>Lisa Clute</td>
</tr>
<tr>
<td>Foster County Health Department</td>
<td>Carrington</td>
<td>Jackie Schroeder, R.N.</td>
</tr>
<tr>
<td>Grand Forks Public Health Department</td>
<td>Grand Forks</td>
<td>Don Shields</td>
</tr>
<tr>
<td>Kidder County District Health Unit</td>
<td>Steele</td>
<td>Janel Brousseau</td>
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<tr>
<td>Lake Region District Health Unit</td>
<td>Devils Lake</td>
<td>Karen Halle, R.N.</td>
</tr>
<tr>
<td>LaMoure County Public Health Department</td>
<td>LaMoure</td>
<td>Tony Hanson</td>
</tr>
<tr>
<td>McIntosh District Health Unit</td>
<td>Ashley</td>
<td>Cathy Brendel</td>
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<tr>
<td>Nelson/Griggs District Health Unit</td>
<td>McVille</td>
<td>Julie Ferry, R.N.</td>
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<tr>
<td>Pembina County Health Department</td>
<td>Cavalier</td>
<td>Eleanor Stuberg, R.N.</td>
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<tr>
<td>Ransom County Public Health Department</td>
<td>Lisbon</td>
<td>Deb Bergstrom, B.S.N.</td>
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<tr>
<td>Richland County Health Department</td>
<td>Wahpeton</td>
<td>Debra Flack, R.N., M.S.</td>
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<tr>
<td>Rolette County Public Health District</td>
<td>Rolla</td>
<td>Barb Frydenlund, R.N.</td>
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<tr>
<td>Sargent County District Health Unit</td>
<td>Forman</td>
<td>Colleen Sundquist</td>
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<tr>
<td>Southwestern District Health Unit</td>
<td>Dickinson</td>
<td>Carlotta Ehlis</td>
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<tr>
<td>Steele County Public Health Department</td>
<td>Finley</td>
<td>Diane Jacobson, R.N.</td>
</tr>
<tr>
<td>Towner County Public Health District</td>
<td>Cando</td>
<td>Dana Kitsch, B.S.N., R.N.</td>
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<tr>
<td>Traill District Health Unit</td>
<td>Hillsboro</td>
<td>Brenda Stallman, R.N.</td>
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<tr>
<td>Upper Missouri District Health Unit</td>
<td>Williston</td>
<td>Mike Melius</td>
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<tr>
<td>Walsh County Health District</td>
<td>Grafton</td>
<td>Wanda Kratochvil, R.N.</td>
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<tr>
<td>Wells County District Health Unit</td>
<td>Fessenden</td>
<td>Karen Volk, R.N.</td>
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</table>
## Local Public Health Unit Expenditures

For the Period July 1, 2007, through June 30, 2009

### District Health Units

<table>
<thead>
<tr>
<th>Health Unit</th>
<th>Total Expenditures</th>
<th>Annual Per Capita Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cavalier County Health Dist</td>
<td>$377,044</td>
<td>43.54</td>
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<tr>
<td>Central Valley Health Unit</td>
<td>3,450,432</td>
<td>75.36</td>
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<tr>
<td>City County Health Dept</td>
<td>1,632,629</td>
<td>73.71</td>
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<tr>
<td>Custer District Health Unit</td>
<td>4,686,304</td>
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<tr>
<td>Dickey County Health District</td>
<td>482,600</td>
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<tr>
<td>Emmons County Public Health</td>
<td>343,041</td>
<td>44.61</td>
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<tr>
<td>First District Health Unit</td>
<td>5,589,153</td>
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<tr>
<td>Kidder County District Health Unit</td>
<td>303,870</td>
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<tr>
<td>Lake Region Dist Health Unit</td>
<td>1,431,890</td>
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<tr>
<td>McIntosh Dist Health Unit</td>
<td>245,356</td>
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<tr>
<td>Nelson Griggs District Health</td>
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<td>Rolette County Public Health</td>
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<td>Sargent County District Health</td>
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<td>Southwestern Dist Health Unit</td>
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<td>Towner County Public Health</td>
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<tr>
<td>Traill District Health Unit</td>
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<td>Upper Missouri Dist Health Unit</td>
<td>3,005,268</td>
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<tr>
<td>Walsh County Health Dept</td>
<td>732,478</td>
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<tr>
<td>Wells County Dist Health Unit</td>
<td>472,979</td>
<td>51.70</td>
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### City/County Health Departments

<table>
<thead>
<tr>
<th>Health Unit</th>
<th>Total Expenditures</th>
<th>Annual Per Capita Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bismarck-Burleigh Public Health</td>
<td>5,611,540</td>
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<tr>
<td>Fargo Cass Public Health</td>
<td>14,173,028</td>
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<tr>
<td>Grand Forks Public Health Dept</td>
<td>7,223,026</td>
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### County Health Units

<table>
<thead>
<tr>
<th>Health Unit</th>
<th>Total Expenditures</th>
<th>Annual Per Capita Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster County Health Dept</td>
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<td>LaMoure Public Health Unit</td>
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<td>Pembina County Health Unit</td>
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<td>Ransom County Health Dept</td>
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<td>Steele County Public Health</td>
<td>110,988</td>
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Total Local Public Health Funding: $58,159,505 $45.84
### Financial Summary

**North Dakota Department of Health Appropriations Summary**

For the Period July 1, 2007, through June 30, 2009

<table>
<thead>
<tr>
<th>Use of Funds</th>
<th>Original Appropriation</th>
<th>Equity Adjustments</th>
<th>Emergency Commission Oct-07</th>
<th>Emergency Commission Mar-08</th>
<th>Emergency Commission Nov-08</th>
<th>Total Department Appropriation</th>
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<tr>
<td>Salaries &amp; Wages</td>
<td>$ 37,709,131</td>
<td>$ 383,004</td>
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<td>Tobacco Program</td>
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<td>8,922,370</td>
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<tr>
<td>WIC Food Payments</td>
<td>17,550,000</td>
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<td></td>
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<td>20,300,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 172,112,310</strong></td>
<td><strong>$ 386,028</strong></td>
<td><strong>$ 170,000</strong></td>
<td><strong>$ 74,000</strong></td>
<td><strong>$ 2,750,000</strong></td>
<td><strong>$ 175,492,338</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Use of Funds</th>
<th>Original Appropriation</th>
<th>Equity Adjustments</th>
<th>Emergency Commission Oct-07</th>
<th>Emergency Commission Mar-08</th>
<th>Emergency Commission Nov-08</th>
<th>Total Department Appropriation</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Funds</td>
<td>$ 21,517,033</td>
<td>$ 132,460</td>
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<td>$ 21,649,493</td>
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<tr>
<td>Federal Funds</td>
<td>114,980,691</td>
<td>253,568</td>
<td>170,000</td>
<td>74,000</td>
<td>2,750,000</td>
<td>118,228,259</td>
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<tr>
<td>Special Funds</td>
<td>35,614,586</td>
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<td>35,614,586</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$ 172,112,310</strong></td>
<td><strong>$ 386,028</strong></td>
<td><strong>$ 170,000</strong></td>
<td><strong>$ 74,000</strong></td>
<td><strong>$ 2,750,000</strong></td>
<td><strong>$ 175,492,338</strong></td>
</tr>
</tbody>
</table>
# North Dakota Department of Health

## Expenditures by Section

**For the Period July 1, 2007, through June 30, 2009**

<table>
<thead>
<tr>
<th>Use of Funds</th>
<th>Administrative Services</th>
<th>Medical Services/Section</th>
<th>Health Resources/Section</th>
<th>Community Health Section</th>
<th>Environmental Health &amp; Response Section</th>
<th>Emergency Preparedness/Response Section</th>
<th>Special Populations/Section</th>
<th>Total Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Expenses</td>
<td>1,414,267</td>
<td>7,819,831</td>
<td>1,514,350</td>
<td>5,172,833</td>
<td>6,859,520</td>
<td>6,244,488</td>
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<td>Capital Assets</td>
<td>6,854</td>
<td>161,008</td>
<td>22,841</td>
<td>1,254,578</td>
<td>1,093,271</td>
<td>8,390,695</td>
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<td>1,566,836</td>
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<td>Grants</td>
<td>1,993,564</td>
<td>1,243,975</td>
<td>2,981,228</td>
<td>8,428,454</td>
<td>19,315,327</td>
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<td></td>
<td>8,428,454</td>
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<tr>
<td>Tobacco Program</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>WIC Food Payments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$7,635,109</td>
<td>$12,649,772</td>
<td>$10,203,154</td>
<td>$51,875,740</td>
<td>$36,899,572</td>
<td>$15,874,601</td>
<td>$2,322,430</td>
<td>$137,460,378</td>
</tr>
</tbody>
</table>

| Total FTEs         | 37.93                   | 29.25                    | 53.50                    | 44.30                    | 155.75                                | 4.00                                  | 9.77                        | 334.50                   |
Protect and Enhance the Health and Safety of All North Dakotans and the Environment in Which We Live

Improve the Health Status of the People of North Dakota
- Decrease Vaccine Preventable Disease
- Achieve Healthy Weights Throughout the Lifespan
- Prevent and Reduce Chronic Diseases and Their Complications
- Prevent and Reduce Intentional and Unintentional Injury
- Prevent and Reduce Tobacco Use and Support Other Substance Abuse Prevention
- Reduce Infectious and Toxic Disease Rates
- Ensure Safe Food and Lodging Services

Improve Access to and Delivery of Quality Health Care
- Promote and Maintain Statewide Emergency Medical Services
- Enhance the Quality of Health Care Services
- Improve Access to and Utilization of Health Services
- Reduce Health Disparities

Preserve and Improve the Quality of the Environment
- Preserve and Improve Air Quality
- Ensure Safe Public Drinking Water
- Preserve and Improve Surface and Ground Water Quality
- Manage Solid Waste

Promote a State of Emergency Readiness and Response
- Prepare Public Health and Medical Emergency Response Systems
- Maintain Hazard Identification Systems
- Maintain Emergency Communication and Alerting Systems
- Coordinate Public Health and Medical Emergency Response

Achieve Strategic Outcomes Using All Available Resources

Healthy North Dakota
Strengthen and Sustain Stakeholder Engagement and Collaboration
CHAIR
Dennis E. Wolf, M.D., health care, Dickinson

VICE CHAIR
Marlene Kouba, consumer, Regent

SECRETARY
Gordon Myerchin, consumer, Grand Forks

MEMBERS
Howard C. Anderson, R.Ph., health care, Turtle Lake
Jeff Burgess, energy industry, Bismarck
Hjalmer Carlson, Jr., consumer, Minot
Jerry Jurena, health care, Rugby
Lee Larson, consumer, Leeds
Gary Riffe, health care, Jamestown
Carmen Toman, consumer, Bismarck
Vacant, manufacturing and processing industry

June 30, 2009
Copies of the following publications can be accessed on the North Dakota Department of Health website at www.ndhealth.gov or by calling 701.328.2372.

**Community Health Section**

**Newsletters**
- Building Blocks to Safety/Buckle Update
- Focus on Oral Health
- Healthcare Provider Examiner
- Pick-WIC Paper
- Tobacco-Free Times

**Reports**
- Division of Chronic Disease Indicator Report (2008 – 2009)
- The Burden of Cancer in North Dakota
- The Burden of Cardiovascular Disease in North Dakota
- North Dakota Oral Health Surveillance Plan
- North Dakota WIC 2008 Annual Report
- WIC Food Consumption and Buying Habits
- The Healthy Eating and Physical Activity State Plan
- On the Path to a Healthier Tomorrow – North Dakota’s Strategic Plan To Prevent and Reduce Tobacco Use (2008–2013)
- 2007 North Dakota Youth Tobacco Survey Summary
- The Impact of North Dakota’s Smoke-Free Law on Restaurants and Bar Taxable Sales
- Annual Progress Report for State/Tribal Youth Suicide Prevention and Early Intervention Program (2007 and 2008)

**Other**
- Newborn Screening Healthcare Guidelines
- Comprehensive Tobacco-Free School Policy Tool Kit
- Home Safety Checklist
- Weighing and Measuring Students in School Settings
- A Connection for Families and Agencies – Resources for North Dakota Children Ages Birth to 8
- Coordinated School Health Blueprint
- Coordinated School Health Guidebook

**Medical Services Section**

**Newsletters**
- Epi Report
- Immunization Newsletter
- Pump Handle

**Reports**
- HIV/AIDS/TB/STD Annual Profile
- Ryan White Care Plan
- Comprehensive HIV Prevention Plan

**Administrative Support Section**

**Reports**
- Vital Events Summary
- C-Section Report
- Induced Termination of Pregnancy Report
Environmental Health Section

Newsletters
• Official Bulletin
• Green Apple Newsletter

Reports
• Air Quality Monitoring Data Summary (2007 and 2008)
• State of North Dakota Capacity Development Program Report
• North Dakota Hazardous Waste Compliance Guide
• North Dakota 2008 Integrated Section 305(b) Water Quality Assessment Report and Section 303(d) List of Waters Needing Total Maximum Daily Loads
• State/Industry Ambient Monitoring Network Air Quality Reports
• Williston Monitoring Data

Other
• Air Quality Issues in North Dakota
• North Dakota Air Pollution Control Rules
• “Our Water – Keeping It Clean” articles in the *North Dakota Water* magazine
• Directory of Services 2009 – 2011 (Microbiology Laboratory)
• A Guide To Understanding North Dakota’s Infectious Waste Regulations
• Solid Waste Guideline 37 – Environmentally Friendly Auto and Metal Salvage Facilities

Health Resources Section

Newsletters
• CLIA Bits
• Dialysis Dialogue
• Hospital Happenings
• Long Term Care Highlights

Special Populations Section

Reports
• Children With Special Health-Care Needs in North Dakota – A Report for Policymakers, Advocacy Groups and Families
• Guide to Nursing Facility Charges (2008 and 2009)

Emergency Preparedness and Response Section

Reports

Other
• 2009 Response Areas Map Book
• North Dakota Briefing Book (2008)