



2013-15 BIENNIAL REPORT

 **NORTH DAKOTA**
DEPARTMENT *of* HEALTH

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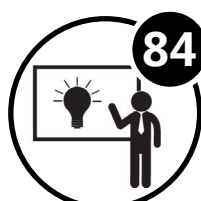
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From the State Health Officer

December 1, 2015



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



The mission of the North Dakota Department of Health (NDDoH) is “to protect and enhance the health and safety of all North Dakotans and the environment in which we live.” That mission drives all that we do as the state’s leading public health agency, whether inspecting a restaurant or nursing home, promoting vaccinations, working to decrease the use of tobacco, assessing remediation efforts at an oil well spill site, or providing public health response to a flood. We accomplish our mission by using our strategic and business plans to guide our efforts. Our employees assess, monitor, support, preserve and improve the health of North Dakotans.

The department is divided into six sections, which represent the broadest levels of focus: Administrative Support, Community Health, Environmental Health, Emergency Preparedness and Response, Health Resources and Medical Services. Within each section are divisions that address specific areas of interest; within each division are programs that address their particular subject matter. In order to provide a comprehensive understanding of the NDDoH, each section, division and program is described in this biennial report, along with their accomplishments of the last biennium and goals for the next biennium.

With the goal of continuous quality improvement, the NDDoH began the process of applying for accreditation as a public health department with the Public Health Accreditation Board (PHAB). The final application was submitted October 1, 2015, but much of the work was done prior to July 1.

The application for accreditation has required a close look at the way the department operates, priorities are established, initiatives are carried out, results are measured and processes are documented. We expect this process to be of great benefit to us as a department, which will in turn benefit the residents of the state.

As one of the executive branch agencies of the State of North Dakota, the NDDoH is the leading public health agency in North Dakota, but we are not alone in our endeavor to protect public health. We could not accomplish our mission without our partnerships and collaborations with the state’s local public health offices, private health facilities, practitioners, and non-profits organizations, as well as federal, state and local partners. This report will also highlight those relationships.

We seek to be the most credible source of public health information and programs in the state. Our work impacts each and every person in this state on a daily basis, and we take our duties seriously. I am pleased with the accomplishments we have achieved this past biennium and with the goals we have set for the new biennium. I invite you to read this report to learn more about public health in North Dakota.

A handwritten signature in black ink that reads "Terry Dwelle" with a stylized flourish at the end.

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

Department Overview

Mission Statement:

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



Arvy Smith
Deputy State Health Officer

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 and wellness services
- Preserving and improving the quality of the environment
- Promoting a state of emergency readiness and response
- Achieving strategic outcomes using all available resources
- Strengthening and sustaining stakeholder engagement and collaboration
- Managing emerging public health challenges such as oil impact, flooding and other events

Values

The Department of Health values:

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

Department Overview

The North Dakota Department of Health employs approximately 365 people dedicated to making North Dakota a healthier place to live.

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

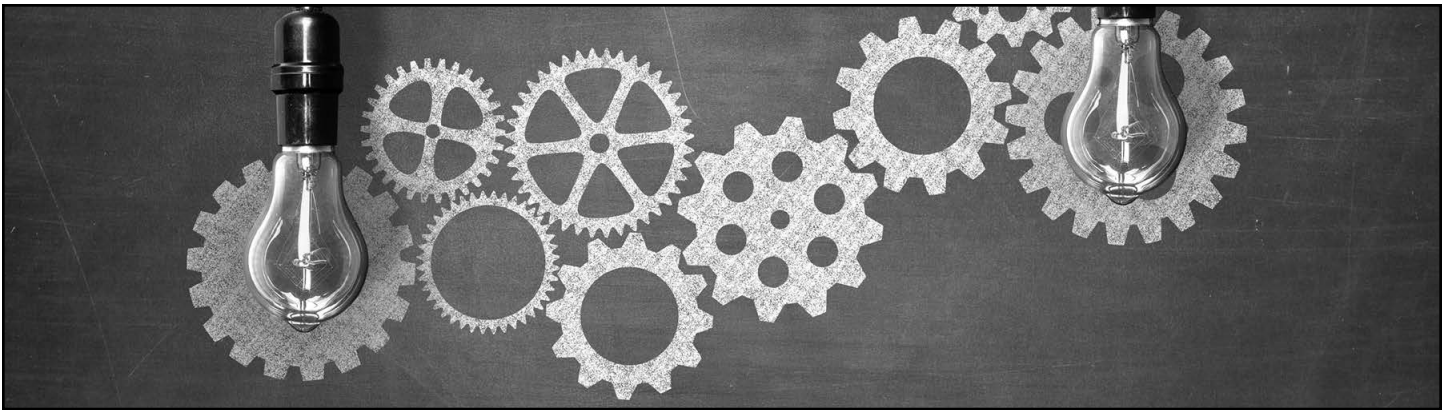
- Administrative Support
- Community Health
- Emergency Preparedness and Response
- Environmental Health
- Health Resources
- Medical Services

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.



State Health Council

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

The State Health Council's duties include monitoring overall health care costs and quality of health care in North Dakota. The council establishes standards, rules and regulations which are necessary for the maintenance of public health and environmental protection. They provide for the development, establishment and enforcement of basic standards for hospitals and related medical institutions which render medical and nursing care, and for the construction and maintenance of such institutions. These standards cover matters pertaining to sanitation, building construction, fire protection, nursing procedures and preservation of medical records. The council also holds hearings on all matters brought before it by applicants and licensees of medical hospitals.

Chair

Gordon Myerchin, Grand Forks (Consumer)

Vice Chair

Wade Peterson, Mandan (Health care)

Secretary

Mike Jones, Bismarck (Energy)

Members

Greg Allen, Jamestown (Manufacturing/Processing)

Howard C. Anderson, R. Ph., Turtle Lake (Health care)

Genny Dientsmann, Bismarck (Consumer)

Jerry Jurena, Rugby (Health care)

Marlene Kouba, Regent (Consumer)

Duane Pool, Bismarck (Consumer)

Jennifer Schaeffer, Medora (Consumer)

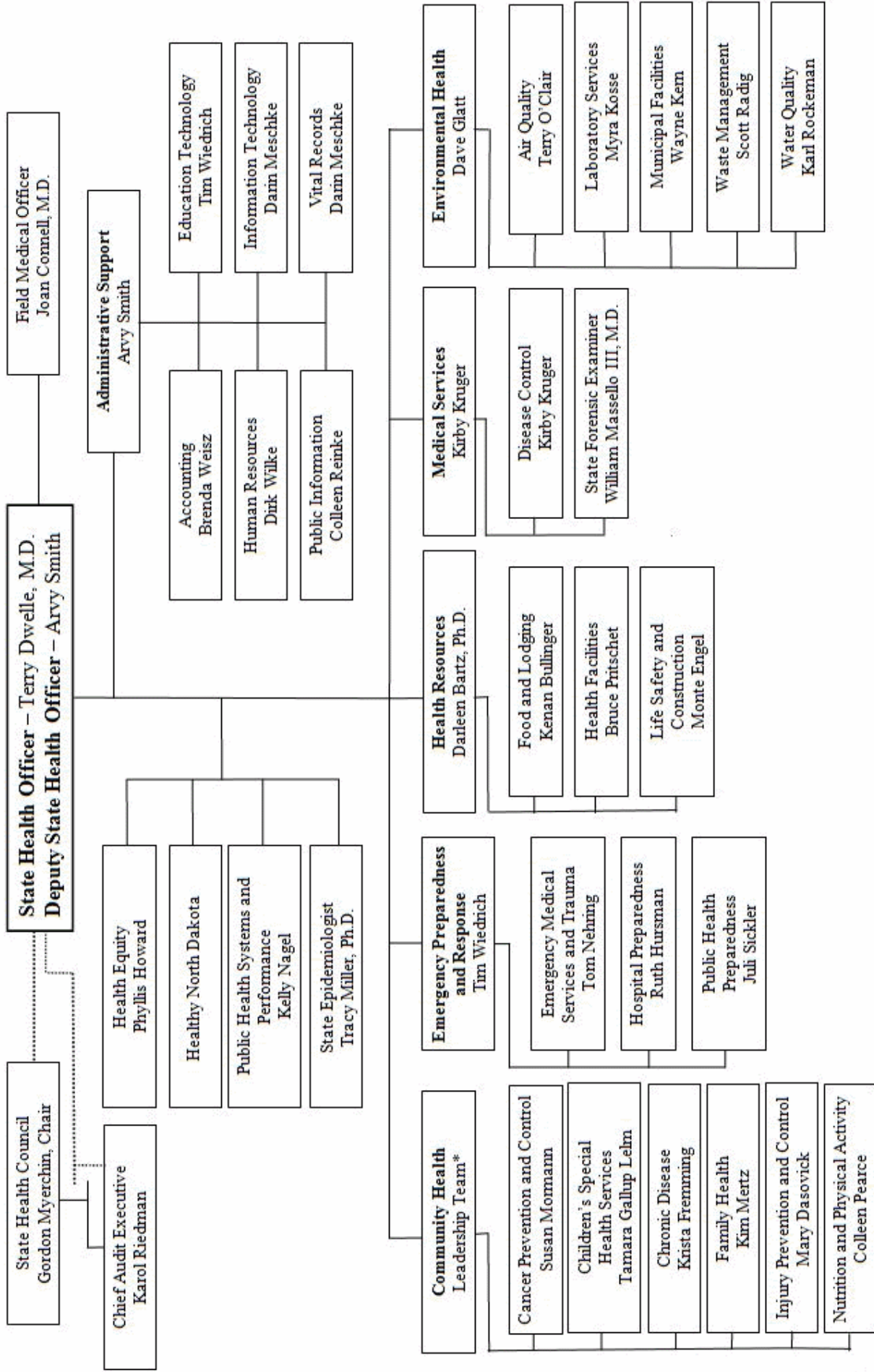
Dennis E. Wolf, M.D., Dickinson (Health care)

Office of Internal Audit

The Office of Internal Audit provides an independent, objective assurance and consulting service designed to add value and improve the NDDoH's operations. The Office of Internal Audit assists the department in accomplishing its objectives by bringing a systematic, disciplined approach to evaluating and improving the effectiveness of risk management, control and governance processes.

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

Organizational Chart



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

Office of the State Health Officer

The Office of the State Health Officer manages the activities of and provides direction and leadership to the department of health. The office is comprised of the state health officer, the deputy state health officer, the field medical officer, the state epidemiologist, the office of public health systems and performance, the office of health equity and the Healthy North Dakota initiative.

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 approximately a dozen boards and commissions. The state health officer also supervises the Public Health Training Center, which is a cooperative effort among the NDDoH, the University of North Dakota, North Dakota State University and the University of Minnesota. The center is designed to improve public health practice through advanced public health education and appropriate analysis of public health data. As a result of this collaboration, several universities and colleges, including many in North Dakota, are 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, which allows the state health officer to focus on medical policy and practice. The deputy also serves as section chief for the Administrative Support Section.



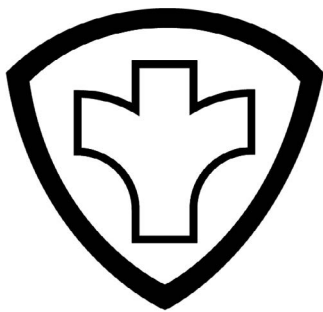
Office of the State Health Officer

Accomplishments

- Updated department strategic plan and leadership priorities, including goals and objectives and health indicators; a copy of the department's Strategic Map is on page 84
- Approved grants and contracts of more than \$72 million to numerous local entities and other public health partners
- Worked with the Office of Internal Audit to complete department fraud risk assessment
- Coordinated department's 2015 legislative efforts, including monitoring over 230 bills, approving all department testimony, guiding the department budget through the legislative process and briefing various organizations on the status and outcome of legislation
- Coordinated department interim legislative efforts, followed activity of 14 interim committees and approved all department testimony
- Served as Chair of Association of State and Territorial Health Officers Senior Deputies Committee through July 2014, which included planning and facilitating the senior deputy annual conference and new senior deputy orientation
- Developed and provided public health policy and funding briefing for government officials
- Coordinated process to develop department operations manual

Goals

- Continue to increase programmatic effectiveness through monitoring of health status, identifying needs, updating goals and objectives, aligning department programs and strategies and evaluating results
- Ensure implementation of the fraud risk assessment's recommended improvements
- Provide oversight and direction to development of standard process for new employee orientation, annual training and management training
- Monitor the status of federal funding levels, which are budgeted at 63 percent of the 2015-17 budget
- Coordinate department's 2017 legislative efforts, including monitoring bills, approving all department testimony, preparing and guiding the department budget through the legislative process, and briefing various organizations on the status and outcome of legislation
- Coordinate department's 2015-17 interim legislative efforts
- Provide guidance to department on pursuing and maintaining public health accreditation
- Coordinate continued development of department operations manual, document library and related policies



Office of Public Health Systems and Performance

The Office of Public Health Systems and Performance works through collaboration and partnership to build capacity, improve performance, and strengthen North Dakota's public health system. The office acts as a liaison to local public health units and other key public and private partners. The office director administers the state block grant, which provides funding to local public health units, and advises the state health officer regarding issues related to local public health units and the public health system. The director also serves as the performance improvement manager, coordinating efforts in public health accreditation and quality improvement.

Programs Include:

- Public Health Systems
- Public Health Performance

Accomplishments

- Served on board of directors for the Association of State and Territorial Local Liaison Officials
- Completed the National Public Health Accreditation application and documentation submittal process
- Managed and facilitated the establishment of regional public health networks; four regional public health networks, representing 24 of ND's 28 local public health units, have been formally established; the networks submit an annual work plan which identifies shared services and activities for approval by the state health officer
- Facilitated State Health Council strategic planning process and strategy implementation; as a result, the State Health Council has developed a long term care brochure and decision tree, both of which will be available online



- Facilitated and coordinated Department of Health/ Local Public Health Unit Executive Committee regular meetings
- Created Office of Public Health Systems and Performance website
- Led the development of the state health assessment and state health improvement plan
- Established the department's quality improvement council
- Received grant for \$290,000 to address hypertension through stakeholder collaboration, and coordinated stakeholder meetings and efforts

Goals

- Assist in development of a performance management system for local public health units
- Create a coordinated system to assist local public health units in applying for National Public Health Accreditation
- Oversee the department's accreditation process and maintain accreditation status
- Assist regional public health networks in strategy implementation and sustaining their networks

Healthy North Dakota

Healthy North Dakota's mission is to inspire and support North Dakotans to improve physical, mental and emotional health for all by building innovative statewide partnerships.



Launched in 2002, *Healthy North Dakota's* unique role is to bring together partners and stakeholders to identify common strategies and innovative approaches to public health issues. By coordinating efforts, partners work more efficiently and have a greater impact than if they worked in separate silos.

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

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

The goal of *Healthy North Dakota* is to support North Dakotans in their efforts to make healthier choices by focusing on wellness and prevention—in schools, workplaces, senior centers, homes and anywhere people live, learn, work and play. Studies show that focusing on wellness and prevention will result in a healthier population, lower health care costs and an improved quality of life. Health and wellness are concerns everywhere—from schools and universities to private businesses to hospitals and nursing homes.

Healthy North Dakota works with partners to promote and implement health-related laws, policies and programs. Currently, the program links more than 60 agencies, organizations, higher education institutions and businesses from across the state.

During the 2013-15 biennium, partners worked in the following focus areas:

- Health inequities
- Worksite wellness
- Food insecurity and hunger
- Prevention of chronic diseases, including heart disease, diabetes and cancer
- Health at all stages of life from early childhood to seniors
- Links between physical and mental/behavioral health
- Socio-ecological determinants of health
- Women's, maternal and children's health

The NDDoH administers the Healthy North Dakota program through a contract with a provider who supports the program's partners by obtaining resources and coordinating efforts. The partners work to identify common strategies to address health issues. This process ensures continuity and coordination and creates a more efficient, cost-effective approach to improving health in the state. *Healthy North Dakota* is funded by a grant from the Centers for Disease Control and Prevention.

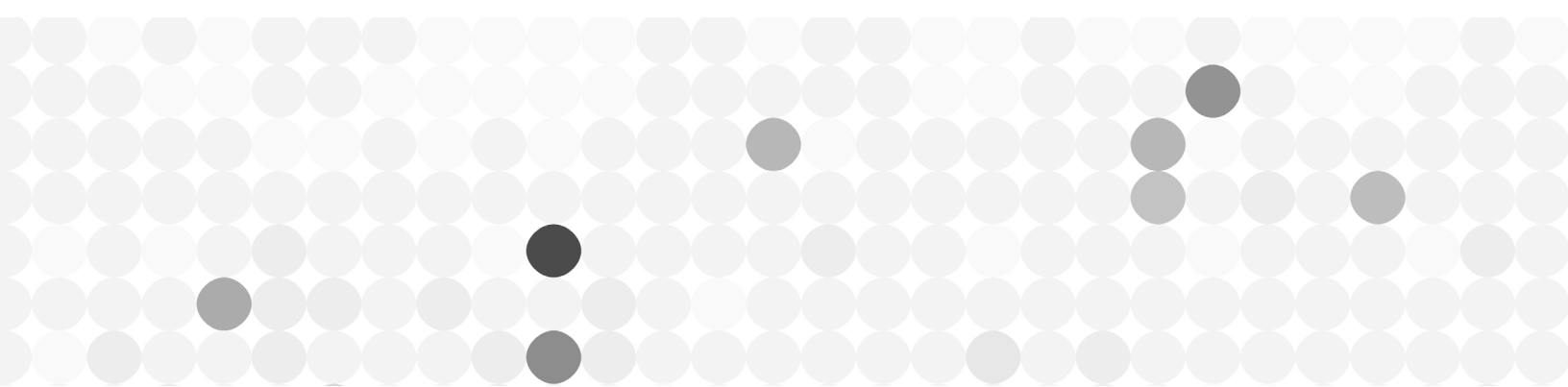
Healthy North Dakota

Accomplishments

- Participated with the state's health-care leaders and the Statewide Vision and Strategy for a Healthier North Dakota (SVS) group to focus efforts on reducing high blood pressure in North Dakota's adult population
- Helped to obtain funding from the Association of State and Territorial Health Officials and led efforts to reduce high blood pressure and heart disease in adults in the Million Hearts® national learning collaborative
- Facilitated 12 discussions/meetings with statewide partners during bi-monthly meetings to provide information and advocate with partners on health disparities experienced by Native American people and people with low and moderate incomes
- Tracked and shared the status and outcome of more than 50 bills relating to health and health care through the 2015 state legislative session
- Shared information and opportunities to assist individuals with obtaining health insurance
- Facilitated implementation of the *Creating a Hunger Free North Dakota* strategic plan
- Provided information about the benefits of prevention to local, state, federal and non-profit leaders and to North Dakota citizens through the *Healthy North Dakota* website, as well as at meetings and conferences

Goals

- Continue to implement the State Health Improvement Plan and Statewide Vision and Strategy initiatives for improving health in North Dakota
- Identify and work to eliminate the root causes of hunger and poor health
- Continue to implement the *Creating a Hunger Free North Dakota* coalition's strategic plan, which envisions a hunger-free state through education and outreach, advocacy, raising awareness and sustainability
- Continue to work to increase the number of people who have health insurance in our state
- Continue to work to connect people and organizations to information and resources for preventing disease and improving health
- Identify mechanisms to sustain program efforts despite reductions in federal funding for prevention initiatives



Field Medical Officer

The field medical officer provides 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 children's special health services.

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 a medical director system that utilizes 11 providers who provide guidance to the NDDoH during emergencies and participate in quarterly medical surge training

Goals

- Provide clinical consultation support to NDDoH
- Provide consultation support for divisional clinical protocol development
- Provide presentations, education and dialogue forums at medical meetings
- Provide direction and support during disease outbreaks
- Provide other special clinical insight and consultation for the department
- Incorporate public health into University of North Dakota School of Medicine residency training
- Develop programs that provide access to pharmaceutically active components of marijuana to patients with appropriate severe diseases through drug investigation trials
- Participate in the integration of public health programs with clinical medicine
- Support MPH programs at the University of North Dakota (UND) and North Dakota State University (NDSU)

Office of Health Equity

Mission:

To raise awareness of and eliminate health disparities affecting North Dakota residents.



The Office of Health Equity was established through the Office of the State Health Officer in July 2007, with a mission to raise awareness of and eliminate health disparities affecting North Dakota residents. The vision of the office is health equity for all North Dakotans. In order to fulfill its mission and vision, the office works to address quality care in health status, and utilization or access due to structural, financial, personal and cultural barriers. The office is primarily committed to ensuring that health is equally distributed by addressing social determinants to fight health disparities.

Accomplishments

- Sought to reduce existing health disparities and improve health of the tribal nations in the state through various programs which enhance and improve access to and quality of public health data among the American Indian tribes. In the fall of 2013, the NDDoH and Great Plains Tribal Chairmen's Health Board (GPTCHB) entered into a contract on behalf of the Three Affiliated Tribes to conduct the Behavioral Risk Factor Surveillance System (BRFSS) survey. In addition, a partnership between the tribes and the Health Equity Office was formed to conduct the BRFSS survey on the Fort Berthold Indian Reservation. A summary report of results and defined indicators was completed and submitted to the GPTCHB.
- Completed training in research ethics, data confidentiality, recruitment, survey administration, and data interpretations in the fall of 2013 prior to conducting the Behavioral Risk Factor Surveillance System survey
- Collaborated with the Women's Way Program to promote breast cancer awareness and prevention on the Fort Berthold Indian Reservation
- The Director of the Health Equity Office is a member of the Mountain States Regional Health

Equity Council (RHEC), Region VIII, which includes the states of North Dakota, South Dakota, Montana, Utah and Colorado. The Region VIII RHEC recently released a report that identifies barriers to health and social support systems that low income and minority populations experience in the region, including North Dakota. The key findings for North Dakota indicate: a) rates of death from all causes and from cancer are two times higher for American Indians than for whites; b) unintentional injuries and diabetes related causes are respectively three and a half and four times higher for American Indians than for whites; c) the portion of the American Indian population that smokes is more than twice that of the white population; and d) rates of physical activity, health screening and insurance coverage are lower in the American Indian population as compared to the white population.

- Maintained and expanded its website, located at www.ndhealth.gov/oehd.

Goals

- Increase awareness of health disparities
- Strengthen leadership at the community, local and state levels for addressing health equity
- Coordinate and utilize evidence-based promising practices
- Seek permanent financial support for the Health Equity Office
- Expand partnerships to include private medical providers, migrant services and tribal programs, set to address the findings of the Region VIII RHEC report referenced above
- Strengthen health care by collaborating and coordinating culturally appropriate and integrated programs; addressing the changing health needs of tribes, rural residents and the elderly; and ensuring the development of and access to health programs

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

- Participated on the investigation team for published article titled “A case-control study of risk factors for death from 2009 pandemic influenza A(H1N1): is American Indian racial status an independent risk factor?” in *Epidemiology and Infection*
- Participated on the investigation team for published article titled “Investigation of Inhalation Anthrax Case, United States” in *Emerging Infectious Diseases*
- Authored and delivered at the 2015 Council of State and Territorial Epidemiologist’s conference a presentation titled “Impact of Emergency Evacuations on Skilled Nursing Facilities Residents’ Health during 2009 Floods in Fargo, North Dakota.”
- Co-authored and presented at the 2015 Council of State and Territorial Epidemiologist’s conference on a tuberculosis case in a dairy worker
- Co-authored a presentation given at the 2015 Council of State and Territorial Epidemiologist’s conference on a tularemia cluster in North Dakota
- Serving as the North Dakota Representative on the Association of State and Territorial Health Officer’s Public Health Informatics workgroup
- Serves as Region VIII director, National Association of Vector-Borne Disease Control Officials
- Serves as the North Dakota Public Health Association president and past president
- Continue to collaborate with partners on energy development issues in North Dakota
- Facilitated several sessions at 2014 and 2015 Council of State and Territorial Epidemiologist’s Conference, National Disaster Epidemiology Conference and the WestOn Meetings
- Was invited to participate in the National Alliance for Radiation Readiness (NARR) situational awareness meeting held in Alexandria, VA

- Collaborated on the NDDoH accreditation team
- Responsible for data dashboard
 - o Maintenance and quality of the NDDoH strategic plan data
 - o Maintenance and quality of the data committee statistics
 - o Maintenance and quality of the performance indicators data
 - o Ensure accuracy and quality of Healthy People 2020 data
- Act as the liaison for NDSU, UND, and other Universities’ MPH students, mentoring field work and acting as lead for health department student worker program. In 2015, seven MPH students received their field experience at the NDDoH
- Assumed responsibilities as administrator of NDDoH Institutional Review Board (IRB)

Goals

- Continue to work with informatics team to increase syndromic surveillance and electronic laboratory reporting
- Improve epidemiological assistance to Indian Health Service (IHS), tribal health clinics and local public health units
- Develop a solution for streamlining the process of updating the county health and tribal profiles annually or biannually
- Develop evaluation tools for MAVEN/HIN/immunization informatics to show improvement in reporting
- Provide epidemiological consultation to NDDoH personnel and look for collaboration efforts across the department
- Streamline the student internship process





Primary Care Office

The goal of the Primary Care Office is to improve primary care service delivery and workforce availability. This is accomplished by facilitating the coordination of activities within the state that relate to the delivery of primary care services and the recruitment and retention of critical health care providers. These duties are handled through a contract with the University of North Dakota School of Medicine and Health Sciences (Department of Family and Community Medicine) and 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
- Administering the National Health Service Corps Program
- Serving on the North Dakota Oral Health Coalition to improve access to oral health services

Accomplishments

- Placed 11 physicians, four midlevel practitioners, ten dentists and eight veterinarians in North Dakota communities through the dental, physician, advanced practice nursing and veterinarian state funded loan repayment programs
- Placed one physician, two midlevel practitioners, one dentist, and one psychologist in federally designated shortage areas utilizing federal funding under the State Loan Repayment Program (SLRP)
- Placed 19 foreign medical doctors in areas of need through the J-1 Visa Waiver program
- Continued support of Federally Qualified Community Health Centers that serve 15 North Dakota communities

Goals

- Implement legislation passed by the 2015 Legislative Assembly regarding the Dental Loan Repayment Program and the Health Care Professional Loan Repayment Program, which now includes psychologists and behavioral health professionals
- Place 12 dentists, eight physicians, nine midlevel practitioners, three psychologists, five behavioral health professionals, and six veterinarians in areas of need
- Place all eligible professionals who submit an application to provide services in a federally designated shortage area utilizing federal funding under SLRP, to the extent funding allows
- Evaluate state programs to assist health professionals, with a focus on state loan repayment programs, as required by legislation passed by the 2015 Legislative Assembly

The goal of the Primary Care Office is to improve primary care service delivery and workforce availability.

Administrative Support Section



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

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

Division of Accounting

The Division of Accounting is responsible for fiscal operations of the agency, including providing purchasing guidance, processing expenditures and revenue, budget preparation, budget management, and administering contracts and grants.

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

Accomplishments

- Submitted the 2015-2017 budget request to the Office of Management and Budget in compliance with the governor's guidelines
- Provided financial information requested by the legislature or legislative council during the 2015 legislative session
- Implemented an interface between the Program Reporting System (PRS) and PeopleSoft to efficiently process contract payments and reduce duplicate entry of payment information
- 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 approximately \$99 million in federal funding

- Processed approximately 1,600 contracts that fund a variety of entities and programs for public health services

Goals

- Assist staff and management in securing additional grants or other funding sources
- Provide financial information to staff and management on a timely basis
- Provide quality financial reporting to various state and federal organizations
- Process financial transactions accurately and in a timely fashion
- Implement an electronic contract tracking system within PRS

Division of Education Technology

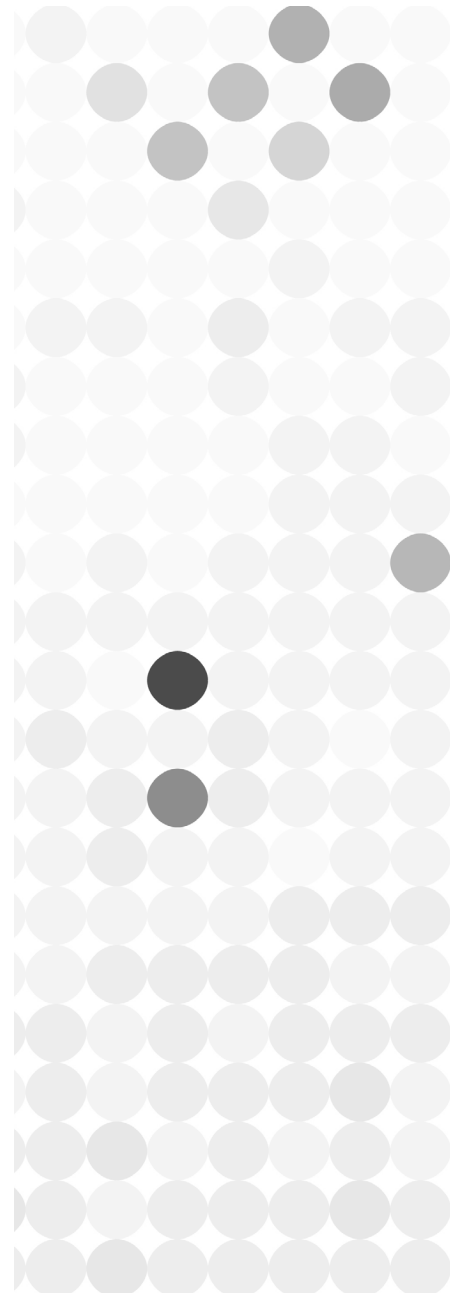
The Division of Education Technology provides an infrastructure for communicating and training public health and medical personnel through distance learning. Some activities are in response to emergencies and are immediate in nature, and some are delivered over an extended period of time. Most training and communications products 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 digital video disk (DVD) and by webcast
- Replaced obsolete video conference units with current high definition systems
- Established cooperative relationships with healthcare enterprise systems (Sanford, Catholic Health Initiatives) for interoperability between STAGEnet/Bio-Terrorism Wide Area Network (BTWAN) video conference systems and healthcare systems' internal video networks
- Established cooperative relationships with video network counterparts within the North Dakota University System
- Assisted the State Historical Society in recording and web streaming the state's 125th anniversary/Heritage Center grant opening event
- Upgraded BTWAN to Ethernet
- Deployed and trained hospitals, long term care, emergency medical services and public health units in emergency response information technology applications, such as HC Standard and Point of Dispensing (POD) mobile apps

Goals

- Improve the reliability and expand the use of desktop interactive communication
- Maintain existing communications and training capabilities
- Complete conversion of emergency response medical and public health communication systems to Ethernet based technology
- Enable access to content through tablets and smart phones
- Replace health alert network software



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 and benefit administration, policy development, safety, and HIPAA compliance.



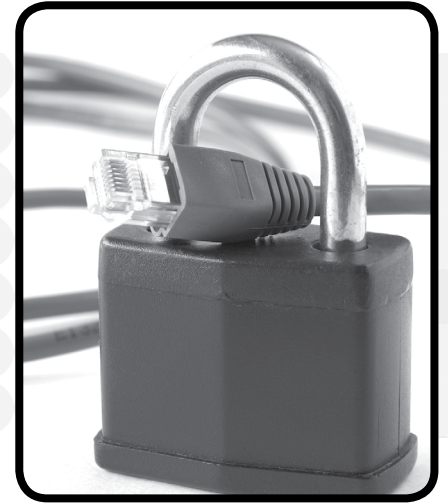
Accomplishments

- Assisted managers with recruitment and retention issues
- Provided technical assistance to management, supervisors and employees regarding laws, rules, policies/procedures and personnel issues
- Completed update to personnel policy manual and forms
- Completed Human Resources Division portion of operations manual
- Created Department of Health Workforce Development plan
- Added payroll function under the Division of Human Resources
- Fully updated performance evaluation process

Goals

- Develop human resource initiatives that support strategic planning efforts
- 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

Office of Information Technology



The Office of Information Technology (IT) provides leadership to and coordinates activities and functions of IT professionals throughout the department. 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

- The Office of IT assisted the Division of Food and Lodging with their request for proposal to upgrade their existing information management system. The current system is outdated; the new web based system will include an SQL database and will allow staff to more efficiently and effectively enter data regarding inspections and licensing; the new system is expected to be implemented in early 2016.
- The Office of IT assisted the Division of Disease Control with implementing connections directly and through the North Dakota Health Information Network (NDHIN) to increase participation and meaningful use of its electronic interfaces for public health reporting, including:
 - o Continued interoperability between the North Dakota Immunization Information System (NDIIS) and electronic medical records from around the state
 - ~ Interoperability between NDIIS and the NDHIN and 213 provider sites; interoperability has increased the percentage of adults with at least one dose in the NDIIS to 85 percent
 - ~ The NDIIS Interoperability Project received the 2014 Project Management Institute-Minnesota Project of the Year Award
 - o Disease Control began receiving syndromic surveillance messages from 26 health care facilities in the state
 - o Increased the volume of mandatory reportable condition reports that come in via electronic laboratory reporting from 36 to 57 percent
 - o Implemented the CDC's BioSense 2.0 platform, which is used to visualize and analyze syndromic surveillance data

Goals

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

Office of Public Information

The Office of Public Information is responsible for planning and managing department communications to ensure that communications from the department meet the highest standards of the public information profession. The division is staffed by public information officers (PIOs), who draft and edit material that reflects the mission and message of the NDDoH. Effective communication with the public is an essential function of public health agencies, and this office is responsible for ensuring accurate and factual messages are delivered in a timely manner to the intended audience in a way the audience can understand them. Effective communication positions the department as the most credible source of information about public health, whether during emergencies or regarding daily health issues.

Accomplishments

- Provided daily consultation and support to NDDoH personnel regarding communications and media relations
- Supported public information officers in the eight regional public health units with monthly calls and incident response
- Updated training for NDDoH employees; the PIOs offer Media Relations 101 and Spokesperson classes on a regular basis
- Provided the PIO function within the Incident Command System during responses to actual incidents, as well as exercises
- Added the capacity to do limited design support within the department
- Edited testimony during the 2015 Legislative Session

- Taught Public Information courses in Ghana as part of the state's National Partnership Program with that country
- Expanded the use of social media as a means of delivering public information
- Coordinated the development of and edited the department's first Operations Manual
- Provided information and support to the department's accreditation efforts
- Provided support to National Public Health Information Coalition (NPHIC) in reviewing draft communication policies and products for both NPHIC and the Centers for Disease Control and Prevention (CDC)
- Managed open records requests for the department

Goals

- Add useful training courses, such as a basic writing class, to the roster of classes provided
- Record classes by video to make them more accessible to staff
- Provide professional communications consultation to the department
- Improve the capacity of each PIO position to provide back up for the other
- Improve and expand the department's use of social media
- Update the department's website
- Continue accreditation support activities
- Continue developing and editing the department's Operations Manual
- Continue to promote the department as the most credible source of public health information in the state



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 requested by the public. Individuals can order copies of their vital event certifications 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 25,362 certificates of live birth; 13,735 certificates of death; 158 certificates of fetal death; 9,248 marriage records; 4,223 divorce records; 24 delayed registrations of birth; and 251 births that occurred at home or outside of a hospital setting
- Processed 97,778 requests for more than 261,000 certified copies, record searches, amendments and verifications; the fees collected for providing these services were deposited into the state’s general fund
- Compiled annual reports using data collected from vital event certificates
- Compiled data for specific requests from the public or other agencies

Goals

- Maintain 100 percent registration of all vital events in the state; to achieve this goal, extensive querying and follow-up will be done
- Provide timely responses to requests for certified copies of vital event documents

Vital Signs

On an average day in North Dakota:

- 31 babies are born; 10 of them are born out of wedlock, 2 are born to a teenage mother and 4 are born by Cesarean section
- 16 people die, 4 of them from heart disease and 3 from cancer
- 12 couples are married, and 6 are divorced

In an average week:

- One infant dies
- Two people commit suicide
- Three people die from diabetes
- Three people die from influenza and pneumonia
- Six people die as a result of accidents

In an average month:

- Three children younger than 20 die
- 10 people die as a result of motor vehicle accidents
- 6 babies are born outside of a hospital setting

The average age at death is 76.



Community Health Section

The goal of the Community Health 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.

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

Community Health Section is comprised of six divisions:

- Cancer Prevention and Control
- Children's Special Health Services
- Chronic Disease
- Family Health
- Injury Prevention and Control
- Nutrition and Physical Activity

Cancer Prevention and Control

The Division of Cancer Prevention and Control works to reduce the incidence of deaths from cancer in North Dakota.

Programs include:

- Behavioral Risk Factor Surveillance System
- Comprehensive Cancer Prevention and Control
- North Dakota Colorectal Cancer Screening Initiative
- Statewide Cancer Registry
- Women's Way

Accomplishments

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)

- 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 annually since 1984
- Continued "Advanced Letter Notification" to inform the randomly selected households they have been selected to participate in the survey before they receive the survey call; these letters serve as a courtesy notification and provide confirmation that the BRFSS is a legitimate survey; integrated cell phone survey to supplement landline surveys since more than 40 percent of North Dakota households have cell phones only
- Provided data support for a variety of programs within the department, including the Comprehensive Cancer Prevention and Control Program for the North Dakota Cancer Plan revision, to Chronic Disease division for updating their fact sheets and burden documents, and to the Healthy People 2020 objectives monitoring program
- Provided training to staff and partners concerning BRFSS, data collection, indicators and outcomes for program evaluation and data sets

Cancer Prevention and Control

COMPREHENSIVE CANCER PREVENTION AND CONTROL

- Increased North Dakota Cancer Coalition (NDCC) membership during the biennium to an average of 200 members and an average of 60 percent active membership; six active coalition workgroups address cancer related issues from prevention to end of life care
- Utilized \$2,345,128 of NDCC partner leveraged funds and in-kind contributions to implement interventions from the North Dakota Cancer Control Plan at the state and local level
- Worked with the NDCC treatment and survivorship workgroups to conduct a follow-up survey with North Dakota Cancer Center patients to re-assess patients' and survivors' responses to availability of cancer care and survivorship services; individual facility survey results are being used by each cancer center to make ongoing system and policy changes to improve patient care during and after treatment
- Continued a collaborative relationship with the Medical Association in which the NDCC chair (an oncologist) provides cancer related information pertinent to general practitioners across the state via the Medical Association electronic newsletters; feedback from physicians indicates this is an effective means of providing cancer related information
- Funded a total of 17 community subcontracts to local organizations across the state, totaling \$91,239 over the two year time period, to conduct grass roots cancer prevention and control projects; these included increasing cancer screening rates on a reservation, developing physical activity/nutrition programs in schools/worksites and communities, and promoting skin cancer prevention and cancer survivorship programs
- Facilitated meetings and conference calls between cancer center staff and health care professionals from tribal communities to increase access to cancer care for North Dakota American Indians; since then, the two entities report improved communications and increased access to resources
- During the initial in-person meeting between cancer center staff and health care professionals from tribal communities, additional education about cancer was requested by the paraprofessional staff members from Tribal Health (Community Health Representatives); the Comprehensive Cancer Control program responded to this request by partnering with the American Cancer Society to offer culturally appropriate cancer education training titled "Circle of Life," which resulted in increased engagement by Tribal Health staff with the Division of Cancer Prevention and Control; work on this project is ongoing
- Partnered with American Cancer Society to co-lead a statewide colorectal cancer stakeholder group comprised of health care administrators, physicians, insurers and other health care related professionals; as a result of this meeting, the NDCC signed the 80 percent by 2018 pledge; work in this area is ongoing

NORTH DAKOTA COLORECTAL CANCER SCREENING INITIATIVE

- Facilitated coverage of 140 colonoscopies for low income uninsured and underinsured North Dakotans who are 50 to 64 years of age with state funds from the colorectal cancer screening initiative; 45 of those screened had colon polyps, which can develop into cancer; these were removed

STATEWIDE CANCER REGISTRY

- Maintained operations of existing population based central cancer registry utilizing University of North Dakota (UND) as the bona fide agent; effective July 1, 2012, the North Dakota Statewide Cancer Registry was transferred to the Department of Pathology in the School of Medical and Health Sciences at UND in Grand Forks
- Awarded 2013 and 2014 "Registry of Excellence" for providing complete and timely National Program of Cancer Registry (NPCR) data in 2013 and 2014; 70 central NPCR registries exist in the United States and territories; only 13 awards for excellence were made in 2013 and only 19 in 2014
- Achieved Gold Certification for data timeliness, completeness and quality for 2013 and 2014 submission by North American Association of Central Cancer Registry (NAACCR)
- Improved data quality by performing linkages with the National Death Index (NDI) and GeoCoding to all records in NDSCR database; this allows users to obtain more accurate survival analysis data, and access standardized and geocoded addresses

Cancer Prevention and Control

- Improved data completeness by implementing case finding activities, such as performing Death Clearance, by linking registry data with ND vital records; data linkage with the Women's Way breast and cervical cancer database; interstate data exchange twice a year; in-person on site collection of data from unreported cases; and a "Data Use Agreement" with Department of Veterans Affairs (VA) so that the VA will submit data to the NDSCR
- Hosted a new server, which meets security requirements necessary for cancer data storage or transmission, and updated registry software to meet CDC/NPCR requirements and NAACCR standards
- Responded to 89 data requests or "cancer cluster" inquiries from ND Cancer Prevention and Control program, ND hospitals, university faculties and students, and research foundations
- Initiated internal quality review of coding for chronic lymphocytic leukemia (CLL), a cancer that occurs at a very high rate in North Dakota, and is suspected of being associated with environmental risk factors

WOMEN'S WAY

- Focused on providing breast and cervical cancer screening for medically underserved, hard to reach North Dakota women, primarily ages 40 to 64
- Partnered with local public health units, private health care providers and volunteers to provide breast and cervical cancer screening and diagnostic education and services to eligible women in each North Dakota county and on every reservation
- Screened more than 14,825 women for breast and cervical cancer since September 1997; screening has detected breast cancer in 285 women and cervical conditions requiring treatment in 331 women; annual screening for eligible women has decreased from 3,000 women to approximately 2,000 women per year, primarily due to Medicaid expansion
- Women's Way had 630 women transition to Medicaid Expansion; beginning in year two of the biennium, Women's Way received authorization from CDC to provide patient navigation services to clients that transitioned to Medicaid Expansion; of those women that transitioned to Medicaid Expansion, Women's Way provided navigation services to 171 clients, which resulted in 169 breast procedures and 135 cervical procedures
- Partnered with DMS Health Technologies, Fargo, and Trinity Medical Group, Minot, to bring a mobile mammography unit to rural areas without access to mammograms; as a result, 153 women received a mammogram
- A lay tribal navigator provided services for women on the Fort Berthold Reservation, which included women's breast and cervical cancer education, Women's Way enrollments and encouragement or assistance with appointment scheduling; 84 women enrolled and received screening with the support from the Fort Berthold Women's Way coordinator
- Partnered with North Dakota Community Health Centers to identify women eligible for the Women's Way program; sent a letter on behalf of the First Lady encouraging them to make an appointment for breast and cervical cancer screening and contact their local Women's Way program for enrollment; all Community Health Centers in the state participated in this effort
- Sent state funded colorectal cancer screening initiative letters to all Women's Way clients ages 50 to 64 encouraging colonoscopies for them, their family and friends; 109 of the 199 participants were screened after receiving this letter
- Collaborated with state Medicaid to pay for breast and cervical cancer treatment for 293 uninsured clients since the Medicaid Women's Way Treatment Program was implemented
- Conducted evidence-based public education and projects focused on cancer prevention and population based screening



Cancer Prevention and Control

- Helped sponsor four women's health summits through the North Dakotans Partnering for Women's Health Committee; approximately 400 women attended each summit
- Continued to enhance partnerships with organizations such as Healthy North Dakota, the American Cancer Society, BlueCross BlueShield, the North Dakota Medical Association, North Dakota Statewide Cancer Registry, Comprehensive Cancer Prevention and Control, NDCC, North Dakota Medicaid and others

Division Goals

- Collaborate with other chronic disease programs and multi-sector partners to exchange information, augment efforts and enhance capacity for efficient use of resources to benefit North Dakota residents
- Continue providing health data from BRFSS to help establish and track state and local health objectives, plan health programs, implement disease prevention and health promotion activities, and monitor trends
- Continue implementation of strategies identified in the state Cancer Control Plan for Comprehensive Cancer Control
- Sustain active partnerships in North Dakota Cancer Coalition
- Provide breast and cervical cancer screening and diagnostic services to approximately 2,000 to 2,500 eligible Women's Way women annually
- Provide colorectal cancer screenings and diagnostic services to enrolled individuals associated with selected grantees
- Enhance cancer prevention efforts using evidence-based strategies to motivate all North Dakota residents to adopt healthy lifestyles
- Provide treatment services to uninsured Women's Way clients with breast or cervical cancer through the Medicaid-Women's Way Treatment Program
- Increase breast, cervical and colorectal cancer screenings through systems change, patient navigation, target messaging and collaboration with statewide partners and organizations
- Maintain North American Association of Central Cancer Registries certification
- Maintain the security requirements necessary for cancer data storage or transmission and maintenance of registry software to ensure data collected meets the CDC/NPCR requirements and NAACCR standards
- Annually merge Women's Way data with the North Dakota State Cancer Registry



Children's Special Health Services

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

- Autism Spectrum Disorder (ASD) Database
- Care Coordination Program
- Children with Special Health Care Needs (CSHCN) Service System
- Information Resource Center
- Metabolic Food
- Multidisciplinary Clinics
- Russell-Silver Syndrome Program
- Specialty Care Diagnostic and Treatment Program
- State Systems Development Initiative (SSDI)

Accomplishments

AUTISM SPECTRUM DISORDER (ASD) DATABASE

- Hired an ASD Database Administrator in April 2014
- Convened an expert panel in October 2014 to advise the NDDoH on development of the ASD Database
- Purchased an autism module and developed an ASD report form
- Drafted administrative rules which were approved by the State Health Council base on an update to the Autism Spectrum Disorder Database statute that was made during the 2015 Legislative Session
- Developed educational resources (e.g., ASD database brochures, ASD database web page, etc.)
- Collaborated with partners on the State Autism Task Force and participated on the State Autism Conference planning committee

CARE COORDINATION

- Provided technical assistance and training to local county social service staff to enhance delivery of CSHS programs; primary efforts focused on eligibility determination and care coordination service planning
- Funded care coordination services through select medical home practices, local public health nurses, and county social service staff that serve children and youth with special health care needs; annually, over 275 families were served
- Funded a medical home care coordination online course to support children with special health care needs and their families
- Provided state-level care coordination services to families upon request



Children's Special Health Services

CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN) SERVICE SYSTEM

- Continued partnering with the North Dakota Center for Persons with Disabilities (NDCPD) to implement early hearing detection and intervention grants
- Staff participated on over 30 committees advocating for a community-based system of services for families, children and youth with special health care needs
- Continued support of a 10-member family advisory council that met on a quarterly basis each year of the biennium and a 12-member medical advisory council that met annually
- Assisted youth and their families through a variety of transitions with outreach packets, displays at transition fairs, participation on the ND Transition Community of Practice, transition presentations, and development of a Health Snapshot Pocket Guide
- Completed the MCH Five-Year Needs Assessment and selected new priorities for 2016-2020 for the CSHCN population
- Collaborated with partners on a revised medical eligibility form for the Medically Fragile Children's Medicaid Waiver

INFORMATION RESOURCE CENTER

- Awarded biennial contracts totaling over \$64,000 to Family Voices of North Dakota and the North Dakota Hands & Voices Chapter to provide family information, training, and support services
- Responded to requests for health information that linked families and providers with needed services and resources through a variety of strategies (e.g., outreach mailings, information packets, toll-free number, division e-mail, website, Facebook page, and conference display opportunities); topics focused on medical conditions, services/providers, child development, financial assistance, family support services, and well child health care
- Completed a family story messaging project with the help of the CSHS Family Advisory Council
- Completed a birth defects awareness proclamation and news release

METABOLIC FOOD

- Provided metabolic food and low-protein modified food products for 20 to 25 individuals annually who have phenylketonuria (PKU) and maple syrup urine disease (MSUD)
- Continued to coordinate care and link families to needed resources by providing care coordination services for infants identified through the Newborn Screening Program, individuals served through the Metabolic Food Program, and children attending Metabolic Disorder Clinics

MULTIDISCIPLINARY CLINICS

- Supported multidisciplinary clinics that coordinated management of 10 different types of chronic health conditions (cleft lip/palate, metabolic disorders, cerebral palsy, developmental, myelodysplasia, diabetes, neurorehabilitation, asthma, autism, and cardiac); the number of children served increased 36 percent from FFY 2013 to FFY 2014 (1,075 and 1,457 respectively), and the increase was largely attributed to growth in the Cardiac Care for Children program
- Directly managed statewide cleft lip/palate clinics and the Cardiac Care for Children Program and provided care coordination services for attending families
- Disseminated an annual clinic directory to over 2,500 providers across the state
- Assured delivery of quality clinic services through ongoing monitoring, technical assistance, periodic site visits, and annual collaboration and mentoring opportunities

Children's Special Health Services

RUSSELL-SILVER SYNDROME PROGRAM

- Administered a special program for children with Russell-Silver Syndrome; the program served four children each year of the biennium by providing increased access to growth hormone treatment, medical food, and expert consultation and management

SPECIALTY CARE DIAGNOSTIC AND TREATMENT

- Assisted 250 to 275 families each year with medical services payments for eligible children, which helped to ensure early diagnosis and access to specialty care
- Continued to collaborate with the North Dakota Medicaid Program in the development, testing, and training for the new ND Health Enterprise Medicaid Management Information System
- Revised the Family Handbook, a publication that provides guidance to families served through the Diagnostic and Treatment programs
- Initiated an annual eligibility review process for the Diagnostic Services Program
- Revised and disseminated the CSHS Policy, Procedure, and Resource Manual

STATE SYSTEMS DEVELOPMENT INITIATIVE (SSDI)

- Maintained the North Dakota Birth Defects Monitoring System and completed annual reporting in the Congenital Malformation Report published by the National Birth Defects Prevention Network
- Provided extensive data required for the annual Title V MCH block grant applications
- Developed and disseminated several reports, data briefs, and fact sheets for the MCH and CSHCN population
- Partnered in the national Infant Mortality Collaborative for Improvement and Innovation Network (CoIIN) Initiative; North Dakota's CoIIN focused on smoking cessation in pregnant women, safe sleep, reducing early elective deliveries, and social determinants of health; the SSDI Coordinator was the designated data lead for this initiative

Division Goals

- Continue education efforts to increase reporting into the ASD Database and begin data analysis and reporting activities
- Develop evidenced-based or informed strategies to measure medical home and youth transition system development for the CSHCN population
- Provide direct services for 2,000 to 2,500 children each year
- Transition eligibility and claims payment functions to the new ND Health Enterprise Medicaid Management Information System
- Implement changes to the Cardiac Care for Children Program to achieve administrative efficiencies and evaluate results
- Develop a North Dakota Birth Defects Monitoring System web page
- Continue efforts to reduce infant mortality through North Dakota CoIIN

Chronic Disease

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

Programs include:

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

Accomplishments

COORDINATED CHRONIC DISEASE PREVENTION

- Hosts annual meeting for partners to network and share accomplishments in chronic disease prevention and management, as well as to plan for future collaboration opportunities.
- Coordinates monthly communication with all partners to share chronic disease-related events/trainings and opportunities for collaboration.

HEART DISEASE AND STROKE PREVENTION

- Raised public awareness of hypertension (high blood pressure) through press releases, community events and information booths
- Began assessing tertiary health systems on their protocols for identification and management of patients with hypertension; the program will partner with health systems to implement quality improvement projects to improve care and outcomes for patients with hypertension during the 2016-17 biennium
- Updated the program website (www.ndhealth.gov/heartstroke) with new tools and resources for the public
- Developed new resources for health care professionals about taking a blood pressure appropriately
- Implemented a survey to assess public knowledge and perceptions of high blood pressure to help inform education and outreach efforts

TOBACCO PREVENTION AND CONTROL

- Successfully completed the five year CDC Tobacco Prevention Grant application and received funding to continue tobacco prevention and control work; utilized and distributed funding from the Centers for Disease Control and Prevention to support local tobacco control initiatives in the four American Indian tribes and worksite wellness sites
- Continued successful management of NDQuits, which provides free phone and online coaching and nicotine replacement therapy (for those who qualify) to any North Dakota tobacco user interested in quitting; during the biennium, NDQuits served more than 7,000 unique tobacco users; more than 30 percent of members were tobacco free six months after completing the program
- 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; YRBS survey indicated the percentage of North Dakota youth who currently smoke cigarettes significantly decreased from 22 percent in 2009 to 19 percent in 2013

Chronic Disease

- Conducted the Adult Tobacco Survey, the North Dakota Secondhand Smoke Study, and collaborated with the Behavior Risk Factor Surveillance System (BRFSS) to assess adults' tobacco attitudes and behaviors, and to evaluate tobacco prevention program efforts; according to the BRFSS, the percentage of North Dakota adults who currently smoke cigarettes remained virtually unchanged from 21.9 percent in 2011 to 21.2 percent in 2013; nearly 60 percent of North Dakota adults remain strongly in favor of the state's comprehensive Clean Indoor Air Law
- Continued to implement the "BABY & ME - Tobacco Free" program with local public health units, which has now expanded into health care systems; program provides tobacco cessation support and relapse prevention for pregnant women
- Strengthened the Tribal Tobacco Program in North Dakota by reforming the Intertribal Tobacco Abuse Coalition (ITAC); ITAC has members from every tribe and reservation in North Dakota who work together to combine resources and strengthen tribal tobacco programs locally and statewide; ITAC continues to work on the ND Smoke-Free Casino Project
- Advanced reach of the Million Hearts S (smoking cessation) grant program to establish cessation centers in the major health care systems and dental/community clinics throughout the state; Million Hearts S continues to systematically provide tobacco use assessment and treatment in hospitals

Division Goals

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



Family Health

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

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



Accomplishments

ABSTINENCE EDUCATION

- Provided funding for eight BreakDown performances throughout the state that delivered a powerful message to youth dealing with issues such as bullying, drugs, sex, self-image issues, suicide, cutting and self-harm, abusive relationships, and violence

COORDINATED SCHOOL HEALTH (CSH)

- Collaborated with the North Dakota Department of Public Instruction (DPI) to manage a Coordinated School Health (CSH) grant to increase physical activity and nutrition and decrease tobacco use in students; North Dakota was one of 22 states to receive the five-year grant funding, which ended July 31, 2013, and was not reinstated
- Pursued a grant opportunity from the Centers for Disease Control and Prevention (CDC), which is designed to coordinate efforts related to diabetes, heart disease, obesity and school health promotion; members of the CSH team assisted with the grant writing process and a five-year grant was awarded on June 30, 2013
- Partnered with ND DPI on the 2013 Youth Risk Behavior Survey (YRBS)

CRIBS FOR KIDS

- Safe sleep education materials and 465 crib kits that include a Graco Pack n' Play, crib sheet, pacifier and a swaddle sack, were sent to 16 partner locations throughout the state for placement with low-income families to help reduce the risk of injury and death of infants due to unsafe sleep environments
- Added two additional partner sites in the western portion of the state and one site within the Women, Infants and Children (WIC) program on the Spirit Lake Indian Reservation to expand coverage to families
- Participated in the national Infant Mortality Collaborative for Improvement and Innovation Network (CoIIN) Initiative to promote safe sleep practices

EARLY CHILDHOOD COMPREHENSIVE SYSTEMS (ECCS)

- ECCS grant guidance released in April 2013 realigned grant goals, objectives and outcome measures in the Maternal, Infant and Early Childhood Home Visiting (MIECHV) grant; Prevent Child Abuse North Dakota (PCAND) is North Dakota's MIECHV grantee and the NDDoH transitioned ECCS grant administration to PCAND in August 2013; the State Maternal and Child Health Director is a member of the ECCS Advisory Committee

Family Health

FAMILY PLANNING

- Provided medical, education and counseling services to nearly 16,000 men and women through 18 locations statewide
- Collaborated with the State Suicide Prevention Program to provide suicide screenings to over 12,500 family planning clients
- Provided professional development to local family planning staff on a variety of topics including mandatory reporting laws, sexually transmitted infections, implementation of new Pap guidelines, ICD-10 coding, suicide prevention assessments and the Affordable Care Act

FETAL ALCOHOL SYNDROME

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

INFANT AND CHILD DEATH SERVICES

- Provided education and information about sudden infant death syndrome (SIDS) to health-care providers, clinics, birthing hospitals, local public health units and families who experience a SIDS death
- Expanded the program to provide support to families who have lost a child up to two years of age unexpectedly from an unknown cause
- Participated in the national Infant Mortality Collaborative for Improvement and Innovation Network (CoIIN) Initiative to promote safe sleep practices

MATERNAL CHILD HEALTH/ORAL HEALTH EPIDEMIOLOGY

- Completed a statewide, comprehensive needs assessment for the maternal and child health population resulting in the selection of 10 state priorities
- Completed the Oral Health Basic Screening Survey of Third Grade Children to measure and monitor the burden of oral disease in children

NEWBORN SCREENING

- The laws that govern North Dakota's Newborn Screening Program were updated during the 2015 legislation
- The Newborn Screening Program was awarded an 18-month grant from the Association of Public Health Laboratories to assist with the adding a new disorder (Severe Combined Immune Deficiency - SCID) to the North Dakota Newborn Screening Panel
- Provided ongoing education and technical assistance to health care providers throughout the state
- Initiated a contract with Sanford Health to provide medical consultation to health care providers for infants with abnormal newborn screenings
- Collaborated with the University of Iowa to provide follow up recommendations for abnormal newborn screenings to North Dakota physicians, including lab results, follow-up processes and medical consultation
- The Newborn Screening Director served as the regional co-coordinator for the tri-state collaborative, which consists of North Dakota, South Dakota and Iowa

OPTIMAL PREGNANCY OUTCOME PROGRAM (OPOP)

- Served 350 high-risk pregnant women with targeted nutrition, social well-being, and nursing education at five local sites
- All local OPOP sites participated in the Cribs for Kids Program
- Participated in the Partnership for the Prevention and Cessation of Tobacco Use in Women of Reproductive Age
- Developed a new program logo and updated the policy and procedure manual

Family Health

ORAL HEALTH

- North Dakota was one of only five states that received an “A” from the Pew Children’s Dental Campaign Report, a grade that was based on expanding school-based sealant programs, updating hygienist supervision law, having adequate data collection systems, and reaching Healthy People 2010 sealant objectives
- The school-based fluoride varnish and sealant program (Seal!ND) provided services to over 2,500 students since the program started in 2011, including an initial screening, sealant placement, and fluoride varnish application; schools with 45 percent or more of their students on the free and reduced-fee school lunch program receive priority for the program
- Collaborated with the Ronald McDonald Dental Care Mobile to provide access to oral health services for children in the western part of the state
- Participated in a Pediatric Dental Day on the Standing Rock Indian Reservation in October 2013; this event drew many volunteer pediatric dentists, general dentists, oral surgeons, dental students, hygienists, dental assistants and office staff from across North Dakota and other states; the volunteers provided 1,203 dental procedures services valued at approximately \$150,080 to 367 children
- Provided outreach and training in the application of fluoride varnish to 54 medical clinics in 2014 through the Smiles for Life online oral health training curriculum; North Dakota law allows physicians, advanced practice registered nurses, physician assistants, registered nurses, and licensed practical nurses to apply fluoride varnish
- Provided grant oversight to the state funded Donated Dental Services Program, which provides essential dental care for disabled, elderly and medically-compromised individuals who cannot afford care
- Received a grant from the DentaQuest Foundation to increase medical/dental collaboration, and to work with long-term care facilities to provide on-site oral health services
- Completed an Oral Health Basic Screening Survey for third grade students
- Surveyed the Oral Health Coalition for effectiveness and recruited new members

SCHOOL HEALTH

- The State School Nurse Consultant provided consultation, technical assistance and resources to North Dakota school nurses and other health professionals in promoting health for children and adolescents; participated on various disease prevention and health promotion committees; collaborated with nursing partners to host educational opportunities for school nurses, Head Start Health Coordinators and child care nurses; and served as a liaison between the North Dakota Board of Nursing, School Board Association, DPI, and NDDoH on issues related to medication administration in schools
- The school health physical activity specialist worked with the DPI to develop a Physical Activity Model Policy and the North Dakota State Physical Education Standards

TITLE V/MATERNAL AND CHILD HEALTH (MCH) BLOCK GRANT

- Awarded contracts for approximately \$1.3 million to nearly all of the local public health units, along with four nonprofit agencies and one American Indian program; funding is used for activities such as maternal care, well-baby clinics, newborn home visits, car seat safety programs, school wellness activities, school nursing services, nutrition and physical activity education, injury prevention, immunizations and oral health care
- Completed the MCH Five-Year Needs Assessment and selected new priorities for 2016-2021
- Partnered with the March of Dimes (MOD) North Dakota Chapter to promote Text4baby; a free cell phone text messaging service for pregnant women and new moms
- Partnered with the MOD and First Lady Betsy Dalrymple to develop a “Pledge for North Dakota Hospitals to Reduce Early Elective Deliveries”
- Participated in the national Infant Mortality Collaborative for Improvement and Innovation Network (CoIIN) Initiatives to reduce infant mortality, improve birth outcomes, and achieve measurable outcomes; North Dakota’s CoIIN focuses on smoking cessation in pregnant women, safe sleep, reducing early elective deliveries and increasing awareness of social determinants of health

Family Health

- Contracted with the American Indian Public Health Resource Center at NDSU to work with tribal programs to determine available resources and data related to infant mortality and commercial tobacco use
- Revised Parenting: The First Year magazine, North Dakota's magazine for parents of babies birth to 12 months, and distributed it to hospitals, clinics and local public health units
- Distributed American Academy of Pediatrics Bright Futures materials to health care providers throughout the state upon request

WOMEN'S HEALTH

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

Division Goals

- Promote healthy lifestyle choices through education, awareness and partnerships
- Work with chronic disease and school health partners to provide training opportunities on best practice school health policies and practices related to physical activity, including recess
- Reduce the rate of unintended pregnancies
- Provide grant oversight for state funds awarded to the University of North Dakota's Fetal Alcohol Syndrome Center for program activities
- Develop newborn screening program educational materials and resources
- Educate health care professionals and the public about the importance of newborn screening
- Improve newborn screening timeliness in North Dakota
- Increase the number of pregnant women receiving prenatal care in the first trimester
- Coordinate statewide efforts to reduce tobacco use in pregnant women
- Provide updated resources related to pregnancy on the OPOP web page
- Partner with a variety of entities to reduce infant mortality (CoIIN)
- Collaborate with the American Indian Public Health Resource Center to implement strategies on tribal reservations to reduce infant mortality
- Implement a new system to distribute MCH grant funds to align with state and national MCH priority areas
- Expand the reach of the Seal!ND
- Increase the number of health care professionals who provide fluoride varnish applications and oral health education
- Foster partnerships to increase medical/dental collaboration
- Increase awareness about the importance of preventive oral health care as it relates to overall health
- Increase the number of long-term care facilities receiving onsite oral health services
- Conduct an Oral Health Older Adult Basic Screening Survey to assess the status of oral health among older adults living in long-term care facilities
- Collaborate with the Million Hearts program to promote having dental offices incorporate blood pressure measurement and referrals into their practice
- Provide training and technical assistance to school nurses to promote health for children and adolescents
- Coordinate follow-up services for families who suffer infant and child deaths
- Provide SIDS and safe sleep information and education to health-care providers, families and caregivers, and the public
- Expand the Cribs for Kids program
- Form and strengthen partnerships with families, American Indians and underrepresented populations
- Collaborate on women's health issues and disseminate women's health information

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:

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

Accomplishments

CHILD PASSENGER SAFETY (CPS)

- Conducted CPS observation surveys in the 10 largest communities in North Dakota; results showed restraint use by infants was 100 percent, by toddlers was 92 percent, and by children ages 6 through 10 was 81 percent; overall restraint use from infants through age 10 was 87 percent, and of the children observed, 85 percent were restrained in the back seat
- Conducted nine national child passenger safety certification courses and certified 116 child passenger safety technicians
- Provided approximately 1,300 car safety seats to parents of young children through approximately 40 car seat distribution programs
- Met quarterly with the statewide 22 member Child Passenger Safety Advisory Committee to generate program activities
- Coordinated 140 car safety checkups and inspected 1,535 car seats; recertified 416 child passenger safety certified technicians
- Compiled and analyzed car seat checkup data from 2014, which indicated that 78 percent of the car seats checked at inspection stations were associated with at least one form of misuse
- Distributed child passenger safety best practice brochures to agencies working with parents/caregivers of children and to law enforcement; provided child passenger safety technical assistance to certified child passenger safety technicians, professionals and caregivers
- Created and provided educational materials for Child Passenger Safety Month activities within the schools statewide; approximately 154 partners distributed materials to schools and gave 925 presentations to 40,684 children; public health and law enforcement agencies completed presentations and distributed materials to 745 classrooms
- Offered, for the first time, the standardized special needs car seat training to certified technicians in the state; approximately 16 child passenger safety technicians attended the training
- Hosted the 2013 ND Child Passenger Safety Conference, which was attended by 80 people
- Offered 17 four-hour child passenger safety trainings to five law enforcement academies in the state; attendees were either students pursuing a law enforcement education or those currently working in enforcement

DOMESTIC VIOLENCE/RAPE CRISIS

- Provided funding to two domestic violence/rape crisis agencies to implement and evaluate strategies for prevention of sexual violence in their communities; finalized online Intimate Partner and Sexual Violence Prevention Toolkit, which contains activities, evidence-based strategies, and evaluation and prevention resources related to the primary prevention of intimate partner and sexual violence; domestic Violence/Rape Crisis Program Coordinator participated in a Force to End Human Sexual Exploitation (FUSE), a statewide anti-trafficking coalition advisory committee
- Funded eight centers for safe visitation to provide either supervision or exchange of children in cases of domestic violence, child abuse, sexual assault, or stalking

Injury Prevention and Control

- Provided federal funds to the ND Department of Corrections and Rehabilitation to train staff to respond to inmates who have been sexually assaulted during their incarceration
- Provided state and federal funds to twenty domestic violence/rape crisis agencies that serve victims of domestic violence, sexual assault, dating violence, and stalking
- Distributed STOP Violence Against Women funds to law enforcement, judicial, victim-service and other agencies that provide services to victims of violence
- Provided the domestic violence/rape crisis agencies with training opportunities through meetings and national webinars on reaching out to victims of human trafficking and the lesbian, gay, bisexual, and transgender (LGBT) population
- Collaborated with Council on Abused Women's Services of ND as part of the Shelter Committee and Supervised Parenting Time Network to provide training and resources to local domestic violence shelters and safe visitation centers
- Collaborated with the ND Women's Network and representatives from the LGBT communities from Bismarck, Minot, Fargo, and Grand Forks to improve the response of domestic violence/rape crisis agencies to victims from the LGBT community

INJURY PREVENTION

- Hosted the 2014 Injury Prevention and Control Conference, which was attended by 125 people
- Distributed bicycle safety information to three agencies, which reached 350 people; provided each local public health unit with a CD containing an inclusive Bicycle Safety Activity Kit for children
- Distributed brochures and information fact sheets about the Consumer Product Safety Commission's home and public playground guidelines, Home Safety Checklist (sent 4,145 copies), Bicycle Safety, Helmet Safety, and older adult falls prevention
- Disseminated materials regarding the Poison Control Helpline (12,325 stickers and 15,050 magnets) and poison education brochures (7,990) promoting awareness and prevent unintentional poisonings; all materials were distributed to more than 100 agencies, including day cares, hospitals, clinics, public health agencies, schools, and other interested parties
- During Poison Prevention week in March, collaborated with various partners to produce a poison prevention resource tool kit; promoted Poison Prevention week with daily Facebook posts and a news release, and participated in radio and television interviews
- Chaired the North Dakota State Injury Prevention Coalition comprised of partners from other state agencies, private businesses, public health and private health care
- Coordinated training for 56 community leaders for the Stepping On Senior Falls Prevention Program, including four master trainers
- Provided materials to support 31 Stepping On workshops conducted by community leaders across ND, with 263 older adults taking part
- Assisted the U.S. Consumer Product Safety Commission with 44 product recall effectiveness checks

SUICIDE PREVENTION

- Provided Suicide Prevention resources, education, and crisis hotline information through the Suicide Prevention Program website, posters, and handouts
- Launched targeted suicide prevention campaigns with Odney Advertising and KAT Communications
- Collaborated with the North Dakota Suicide Prevention Coalition to complete the 2014-2016 North Dakota Suicide Prevention Program Plan
- Initiated gatekeeper trainings across North Dakota to educate over 500 ND citizens in evidence-based, nationally recognized trainings, such as ASIST (Applied Intervention Skill Training), SafeTALK and QPR (Question Persuade Refer)
- Funded FirstLink, a suicide crisis service, that provides highly skilled suicide crisis services and follow up calls 24/7; provided 5,284 Suicide Lifeline and suicide follow up service calls

Injury Prevention and Control

- Funded the successful implementation of evidence-based programs Sources of Strength in three high schools, and American Indian Life Skills in one tribal high school and college; both programs help build resiliency in youth populations
- Funded SafeTech Solutions to develop a train-the-trainer curriculum to teach emergency medical personnel on the reservations how to respond to suicide attempts and deaths by suicide
- Provided online training to 133 health care personnel on how to identify and talk about suicidal thoughts with patients
- Provided online training to 833 middle school staff on how to identify warnings signs for suicide and talk to students about suicidal thoughts
- Provided funds to 16 medical sites across ND to screen for depression and provide early intervention and referrals; screened 23,177 patients, 634 of which received a form of brief intervention or referral
- Worked with ND Cares and other veteran and military committees on suicide prevention campaigns, issues, and events
- Funded a comprehensive needs assessment of western North Dakota through Minot State University to guide suicide prevention efforts in that area of the state

Division Goals

- Work to reduce childhood injuries and deaths
- Collaborate with state partners, the CDC, and others to increase program planning and evaluation to address sexual violence
- Work 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



Nutrition and Physical Activity

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

- Breastfeeding Promotion and Support
- Diabetes Prevention and Control
- Healthy Communities and Maternal and Child Health Nutrition
- Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
- Worksite Wellness

Accomplishments

BREASTFEEDING PROMOTION AND SUPPORT

- Promoted the Infant-Friendly Worksite Designation Program, and recognized the 20 businesses that have established breastfeeding support policies that affect 4,988 employees
- Promoted breastfeeding in the workplace through print materials, displays, and presentations at various conferences
- Provided leadership to the North Dakota Breastfeeding Coalition to develop bylaws and implement the ND Breastfeeding State Plan
- Established the North Dakota Breastfeeding-Friendly Hospital Initiative, which recognizes hospitals that implement practices to increase breastfeeding rates
- Trained 105 maternity care staff, representing six of the 12 birthing facilities in North Dakota, on specific competencies needed to improve breastfeeding rates and long-term outcomes
- Promoted World Breastfeeding Week through media and print
- Gave presentations at various state-wide conferences on breastfeeding and public health

DIABETES PREVENTION AND CONTROL

- Provided technical assistance and consultation to the Dakota Diabetes Coalition (DDC) to address diabetes prevention, access and technology; assisted the Dakota Diabetes Coalition's maintenance of its 501(c)3 status and application for grants
- Assisted Diabetes Self-Management Education (DSME) Programs in obtaining or maintaining their accreditation or recognition
- Provided travel support to diabetes coordinators and lifestyle coaches across the state to increase their knowledge about diabetes and prediabetes care
- Coordinated webinars for diabetes stakeholders
- Distributed prevention messages via magazines, newspapers, posters, television and printed materials to reach American Indians, the elderly and the general public
- Trained 27 partners, including six tribal partners, on the National Diabetes Prevention Program and helped each site become a CDC recognized site
- Printed and distributed materials to support the National Diabetes Prevention Program
- Provided resources to the Dining with Diabetes program
- 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 in compiling data for research, community engagement, quality improvement and program evaluation
- Identified indicators to monitor for Healthy People 2020
- Developed a North Dakota Diabetes Burden Report in collaboration with Health and Human Services, North Dakota Public Employees Retirement System, and Indian Affairs Commission

Nutrition and Physical Activity

HEALTHY COMMUNITIES AND MATERNAL AND CHILD HEALTH NUTRITION

- Provided technical assistance and training to state and local partners, including local public health nutritionists on evidence-based chronic disease prevention strategies, with a focus on policy and environmental changes in schools, worksites, communities and early childhood
- Provided training and technical assistance to child care providers to improve nutrition and physical activity environments in their child care settings
- Defined best practices for physical activity and nutrition in early childhood and integrated those best practices into trainings for child care providers
- Provided training and technical assistance to schools to improve their nutrition and physical activity environments
- Conducted a worksite wellness summit with a focus on improving physical activity in worksites
- Provided funding and technical assistance to eight communities for the prevention and management of chronic diseases

SPECIAL SUPPLEMENTAL NUTRITION FOR WOMEN, INFANTS AND CHILDREN (WIC)

- Provided healthy food, nutrition education, breastfeeding support and referrals to more than 44,340 women, infants and children
- Used the WIC annual participant survey to assess participant satisfaction with services, share any concerns with the food packages and/or vendors, evaluate participant nutrition education materials and assess breastfeeding promotion and support services
- On behalf of ND and Iowa WIC, engaged a contractor to implement the Mountain Plains SAM Consortium (MPSC) management information system (MIS); North Dakota joined a multi-state consortium to share the system, was awarded funding by the USDA for the upgrade, negotiated a contract with the implementation contractor, defined system deliverables, managed a project plan and schedule, and began work on data conversion and user acceptance testing; the new system was rolled out in October 2015
- Worked with the ND WIC Vendor (Grocer) Task Force to enforce consistent policies with vendors across the state
- In preparation for the WIC Electronic Benefit Transfer (EBT) 2020 mandate, finalized the ND WIC EBT Feasibility Study in 2014; due to the unaffordability of EBT, worked with Wyoming WIC, which agreed to allow other states to acquire host and other services from their WIC EBT service provider; hired a WIC EBT/ Vendor Specialist to help transition ND WIC to EBT and assist in the vendor management area
- Developed nutrition education cards based on input from local agency staff on a variety of topics including high fiber foods, lead, tips for using peanut butter, baby food recipes, and starting table and finger foods
- Promoted and supported breastfeeding as the optimal method for feeding infants and children by offering breastfeeding training for all WIC staff, supporting staff participation in the statewide biennial breastfeeding conference, offering training and technical support to the three breastfeeding peer counseling sites, providing support for staff to become certified as International Board Certified Lactation Consultants, working with Medicaid on providing coverage for breast pumps, and developing breastfeeding friendly WIC clinic recommendations with the ND WIC Breastfeeding Committee; WIC staff partnered with the North Dakota Breastfeeding Coalition and reinforced its efforts to promote and support breastfeeding in workplace and hospital settings
- Ensured program quality by developing staff professional capacity through trainings offered in a variety of program areas, such as nutrition services, nutrition risk codes, World Health Organization (WHO) growth charts, vendor management, breastfeeding promotion and support and WICnet; highlights include Molly Kellogg's (RD, LCSW) online training program on Client-Centered Skills for WIC Counselors, Baby Behavior training from the University of California Davis Human Lactation Center; the University of Minnesota online Bridges Out of Poverty course, and Hot Topics with Dr. Cathy Breedon

Nutrition and Physical Activity

- Implemented wichealth.org statewide, which allows participants to complete their required nutrition education online; wichealth.org is stage-based, participant-centered, behavior changing nutrition education; also provided training and technical assistance to all local WIC staff
- Since WIC provides an appropriate audience for the services and information offered by a number of programs, we continued to partner with, and promote services and benefits from
 - Family Health (MCH) Division
 - Optimal Pregnancy Outcome Program and SIDS Program
 - Injury Prevention and Control Division, and Children's Special Health Services' (coordinating services for WIC participants with certain medical conditions and special formula/medical food needs)
 - ND Public Health Nutritionists
 - NDQuits programs
 - Hunger Free ND Coalition
 - ND Medicaid Program to increase their reimbursement rates for personal electric breast pumps
- WIC provided data to the state data center to be included in the Kids Count report that a number of local agencies utilize
- Staff participated in a variety of health department committees
- WIC staff implemented the USDA WIC final food rule, which made a number of changes to the approved food list, MIS, and necessary training for participants, local WIC staff, and vendors
- WIC staff extended the existing infant formula rebate contract by securing additional funds (estimated \$2 million each year) to support over 2,000 participants each month

WORKSITE WELLNESS

- Engaged employees through group walks, fruit and vegetable demonstrations, and Destination to Health Program and Wellness picnics for all NDDoH employees
- Participated in NDPERS Worksite Wellness Coordinator monthly calls
- Developed tools for the Employee Wellness team to improve effectiveness
- Provided leadership and communication throughout NDDoH
- Led the process to become nationally accredited through US Healthiest-Health Leads accreditation program; achieved bronze level accreditation
- Assisted in monthly employee wellness programs
- Collected and analyzed data from wellness events, insurance reports and employee surveys

Program Goals

DIABETES

- Increase the number of patients being served by an accredited DSME Program and increase the number of providers participating in an accredited DSME Program to improve the quality of care for those living with diabetes
- Increase public and provider awareness about prediabetes and the Diabetes Prevention Program (DPP)
- Provide technical assistance to DPP sites and help increase their referrals from providers
- Create user-friendly materials that educate the public, providers, and legislators on the burden of diabetes and prediabetes in North Dakota



Nutrition and Physical Activity

WIC

- Work with stakeholders such as staff, vendors, and ITD and use the Vendor Advisory committee to ensure that North Dakota WIC is ready for EBT by the 2020 deadline
- Pursue a long term sustainable solution for the ND WIC management information system by working as a member of the Mountain Plains System Consortium
- Continue to provide quality nutrition services to WIC participants by using participant-centered counseling strategies and providing state-developed nutrition education materials
- Coordinate activities, services, and information with health-care providers to improve the quality of life for WIC families by educating the MCH and Chronic Disease nutritionists on initiatives that impact the WIC population; work with other programs affecting WIC families, such as oral health, immunizations, SIDS, optimal pregnancy outcome program, family planning, and injury prevention (car seats, etc.), and share WIC program and outreach information with providers to improve referrals
- Strengthen vendor management and the WIC food delivery system by continuing to provide vendors information on food product changes and WIC eligibility and other necessary resources, and reestablish publication of the ND WIC vendor newsletter
- Continue to support the WIC breastfeeding peer counseling program by providing technical support for the programs in Belcourt, Grand Forks, and Dickinson
- Strengthen local staff breastfeeding capacity by supporting a statewide biennial breastfeeding conference, providing local agency staff with resources for breastfeeding promotion and support, working with the North Dakota Breastfeeding Coalition to disseminate breastfeeding promotion and support information, and supporting local WIC staff in advanced breastfeeding training and/or becoming an International Board Certified Lactation Consultant (IBCLC)
- Address obesity prevention through personalized nutrition education and counseling, and referrals to appropriate health care providers for additional services as needed

Division Goals

- Address increasing obesity rates through trainings, and by providing assistance to partners on strategies that support increasing access to physical activity, and access to healthy food in schools, early childhood settings, and worksites
- Provide resources, information, and training to NPA Program partners to build their capacity to provide quality education, information and services
- Work with the North Dakota Breastfeeding Coalition to disseminate breastfeeding promotion and support information throughout the state; provide technical assistance to local breastfeeding coalitions; promote the infant-friendly worksite designation program and the breastfeeding friendly hospital initiative; and explore ways to address other breastfeeding promotion and support issues
- Participate in Healthy North Dakota and other coalitions and task forces to ensure nutrition and physical activity issues are represented
- Ensure the NPA coalitions and committees have broad and diverse representation among the members
- Work toward achieving the MCH national goals focused on breastfeeding initiation and duration, nutrition and physical activity
- Encourage healthier communities by collaborating with health care providers, public health, tribes and non-traditional partners to implement local policies and environmental changes to improve nutrition, increase physical activity and reduce chronic diseases
- Monitor nutrition, physical activity and weight data, and assess need for additional data sources

Emergency Preparedness and Response Section



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

The section consists of the following divisions:

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

Emergency Medical Services and Trauma

The Division of Emergency Medical Services and Trauma (DEMST) is the lead agency for North Dakota's emergency medical services (EMS) system. DEMST is responsible for the development and coordination of the Cardiac System of Care and the Stroke System of Care. The state-wide Trauma System, EMS for Children Program and Community Paramedic Program are also maintained within DEMST. DEMST also coordinates the state-wide critical incident stress management (CISM) team, which provides debriefing services to EMS, law enforcement and fire personnel. The division provides oversight for the Simulation In Motion – North Dakota (SIM ND) program.

DEMST maintains a data system containing approximately 12,000 active EMS personnel records of licensure; an ambulance run-report data system which increases by approximately 80,000 records per year; and a distance learning DVD-based library system that provides EMS continuing education opportunities.

Accomplishments

- Tested and licensed approximately 1,700 new EMS personnel and 4,000 existing EMS personnel and EMS instructors
- Reviewed and approved initial and continuing education curricula for EMS courses, emergency vehicle operations courses and emergency medical dispatch courses
- Licensed 153 ambulance services, 79 quick response units, eight air-ambulance services and six EMS training institutions
- Maintained availability to provide technical assistance to EMS services regarding patient care, system design, and administration and operation issues
- Supplied data that was used in the advocacy efforts of 52 ground ambulance services in 19 counties affected by oil exploration and development; data included the increased numbers of EMS calls and the need for funding and additional personnel
- Provided 59 critical incident stress debriefings to EMS personnel; coordinated with DES to provide training for 33 new state CISM team members and refresher training for 10 existing state CISM team members

Emergency Medical Services and Trauma

- Per North Dakota Century Code Chapter 23-46, supported the EMS Advisory Council (EMSAC), which met eight times during this biennium
- Maintained a relationship with the ND EMS Association and a presence in the North Dakota EMS community by providing representation at state-wide and regional conferences, trainings, and other events
- Designated 45 trauma centers based on site visit results, implemented quarterly regional and state performance improvement to the system of care, and coordinated five State Trauma Committee meetings and quarterly regional trauma meetings
- Provided pediatric training at seven public events, conducted five sessions of EMS personnel training for securing a child car seat to a stretcher and maintained a pediatric presence at five state-wide conferences
- Based on needs analysis, the Emergency Medical Services for Children (EMSC) program provided \$47,500 in equipment to all ambulance services and all emergency departments
- Administered an EMS grant program of \$940,000 per biennium to help cover training costs of ambulance service personnel
- Administered the Rural EMS Assistance Fund grant of \$6.4 million per biennium to 69 rural funding areas to help rural ambulance services ensure continuous availability to respond to medical and traumatic emergencies and to assist in the development of a statewide EMS system
- Reviewed and interviewed, in cooperation with the Energy Infrastructure and Impact Office, grant applicants and distributed \$7 million to EMS agencies most affected by the oil exploration and development in North Dakota
- Participated in the Continued Competency Pilot Project for recertification of EMS providers through the National Registry of EMTs; provided guidance to EMS personnel and instructors
- Developed a Facebook page which reached an average of 500 viewers per week to expand communication efforts with the EMS community
- Revised and updated EMS protocols, including pediatric protocols, and distributed them to medical directors and EMS agencies
- Secured a \$3 million grant for the Cardiac System of Care from The Leona M. and Harry B. Helmsley Charitable Trust, which provided funding for ambulance services and hospitals in to purchase at least one LUCAS automated CPR device; the grant also provided funding for an extensive evaluation of the Cardiac System of Care

Division Goals

- Implement newly created pediatric prepared voluntary ambulance recognition program
- Maintain and expand social media presence for communication and education purposes
- Maintain pediatric trainings for EMS personnel and the public through the Emergency Medical Services for Children program
- Develop educational and outreach materials that address families of children with special healthcare needs
- Develop and implement the State Stroke Registry Program, including management of the grant program and aggregate database
- Develop and designate hospitals as Comprehensive Stroke Centers, Primary Stroke Centers, and Acute Stroke Ready Hospitals
- Provide training and technical assistance to hospitals, health care providers and pre-hospital personnel on acute stroke and cardiac care
- Increase communication with EMS through use of the Health Information Network

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 with developing and exercising emergency response plans and integrating their emergency response with the NDDoH's emergency operations center.

Accomplishments

- Enhanced and streamlined Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) through an online application and credentialing process
- Utilized funding efficiently to enhance the State Medical Cache
- Partnered with the Hospital Association and the Long Term Care Association to grow and enhance the ability to share information and present consistent messages to the health care partners
- Worked with hospitals and long-term care facilities to strengthen and exercise their plans for emergency operations
- Sponsored and coordinated the annual Health and Medical Emergency Preparedness Conference
- Held a Healthcare Preparedness 101 workshop to teach new HPP coordinators about healthcare preparedness, to inform them of state resources and to explain their partnership with the state
- Successfully evacuated a wing of a long-term care facility which sustained flooding when a sprinkler system failed
- Enhanced communication capabilities via the Bioterrorism Area Wide Network (BT-WAN), radio, and HC Standard upgrades designed for global emergency response

Division Goals

- Increase opportunities for the ESAR-VHP volunteers to train and exercise with local and regional partners to strengthen relationships and prepare volunteers for deployment
- Strengthen facility capacity for management of mass fatalities
- Strengthen and provide education and training on response capabilities through partnerships throughout the state
- Maintain relationships with local and regional public health and medical large scale emergency systems for incident command, tactical communications, public health, medical supplies, equipment caches, planning and response contracts, just in time training, and staffing



Public Health Preparedness

The Division of Public Health Preparedness coordinates emergency preparedness and planning activities with local public health units and tribal nations. Through partnerships and contractual relationships, the division establishes systems that enhance the ability of public health to respond to emergencies in a manner that protects and restores the health of North Dakotans. The division coordinates and supports emergency preparedness activities across the healthcare continuum by maintaining incident command and control, sustaining tactical communications, maintaining the state medical cache, providing planning and response contracts, providing just-in-time training, and utilizing the Emergency System for Advanced Registry of Volunteer Health Professionals.

Accomplishments

- Implemented Department Operations Center communications and activity during 14 actual emergency responses in the 2013-2015 biennium
- Acquired and integrated a Mobile Medical Unit into the state response system
- Acquired mobile clinic capacities in state medical cache

Division Goals

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



Environmental Health Section

“Safeguarding North Dakota’s air land and water resources”

To safeguard North Dakota’s air, land and water resources, the Environmental Health Section works with federal agencies, including the Environmental Protection Agency (EPA), Fish and Wildlife Service, Centers for Disease Control and Prevention (CDC), Army Corps of Engineers and the Nuclear Regulatory Commission.

The section also works with other state agencies, such as the Water Commission and Game and Fish Department, as well as with 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 wellbeing of all North Dakota citizens and their environment. Compliance with state and federal environmental laws is accomplished through permitting, inspecting, enforcement, analytical services and monitoring activities.

Laboratory services provide rapid responses 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
- Laboratory Services
- Municipal Facilities
- Waste Management
- Water Quality

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 state’s Department of Emergency Services during initial response to environmental incidents. The section customarily takes the lead role in post emergency environmental cleanup activities.

The section chief’s office coordinates the 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 quality, hazardous waste and solid waste management statutes and rules.

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



Air Quality

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

The Division of Air Quality's two principal programs are:

- Air Pollution Control
- Radiation Control and Indoor Air Quality

AIR POLLUTION CONTROL

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

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
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

Division Accomplishments

- Maintained attainment status for all state and national Ambient Air Quality Standards
- Worked to ensure that North Dakota meets all federal ambient air quality standards during the 2013-2015 biennium, one of only six states to do so
- Evaluated approximately 209 applications for Permits to Construct to determine effects on air quality; facilities evaluated included ethanol plants, grain elevators, a refinery, natural gas processing facilities and compressor stations
- Conducted approximately 220 air quality compliance inspections of permitted facilities
- Responded to and assisted in the mitigation of environmental and public health emergencies involving industrial mishaps

- 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 seminars
- Submitted Five-Year Progress Report on Regional Haze Implementation Plan
- Processed approximately 3,446 oil and gas facility registrations and completed approximately 392 inspections of oil and gas installations
- Obtained a FLIR infrared camera through an EPA grant; the camera has been instrumental in identifying excessive emissions in the field and helping to implement corrective actions
- Expanded network of ambient air quality monitoring stations to more effectively monitor the Bakken region
- Implemented medical X-ray operator training requirements for nonregistered technologists
- Proposed new rules to regulate the generation and disposal of Technologically Enhanced Naturally Occurring Radioactive Material (TENORM)
- Updated the Radiological Health Rules to maintain compliance with regulatory changes from the Nuclear Regulatory Commission

Division Goals

- Maintain delegation and responsibility for federally mandated programs
- Further define and develop radiological emergency response capabilities
- Continue education and outreach activities to keep the public informed about environmental issues specific to air and radiation
- Provide cross training to staff to improve versatility and job satisfaction, and to provide an effective public response
- Continue to respond to indoor air quality concerns by direct intervention and assistance to local public health personnel
- Coordinate training programs to improve radiation technology education for facilities that offer such services to the public
- Develop staff capabilities for greenhouse gas reporting, and regulation and permitting of greenhouse gas sources
- Expand modeling capability through implementation of new air quality models and updating of input databases
- Assist the regulated community in complying with new EPA rules
- Enhance public outreach by providing more air quality modeling guidance and tools on the division's website
- Engage public in the development of the Section 111(d) Plan to reduce carbon dioxide emissions

Laboratory Services

The Division of Laboratory Services consists of two principal programs:

- Chemistry
- Microbiology

CHEMISTRY

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

The NDDoH's environmental protection programs use laboratory data to monitor and/or regulate air quality; solid and hazardous waste; municipal wastewater; agricultural runoff; surface, ground and drinking water quality; petroleum products; and other media of environmental or public health concern. The department of agriculture uses data to regulate livestock feed, pet foods, and agricultural and household fertilizers.

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

1. **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
2. **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
3. **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

4. **Organic Lab:** Provides identification and quantification of insecticides, herbicides, volatile and semi-volatile organic compounds, polychlorinated biphenyls (PCBs) and other synthetic organic compounds in water, soil, river and lake sediments, foliage, fish tissue, sludge, oil, landfill wastes, and samples from other environmental sources
5. **Petroleum Lab:** Tests products such as gasoline and diesel for product quality
6. **Spectroscopy (or Metals) Lab:** Identifies and quantifies metal concentrations in drinking water sources and distribution systems, surface and ground water resources, fish, hazardous and solid wastes, river and lake sediments, and other environmental media

Accomplishments

- Received and analyzed 24,585 samples for approximately 335,740 analytes
- Provided analytical support to help public water systems comply with federal and state drinking water rules and regulations; 7,203 samples were tested for more than 29,517 analytical components; the program provides testing for:
 - o Trace metals such as arsenic, lead and copper
 - o Parameters such as levels of nitrates and fluorides
 - o Disinfection by-products such as haloacids and trihalomethanes
 - o Synthetic organic compounds such as pesticides, volatile and total organic carbon



Laboratory Services

- Participated in and completed several laboratory performance evaluation programs; certified the state's other environmental laboratories and reviewed and recognized other states' certification programs for out-of-state laboratories that meet the requirements of North Dakota's certification program
- Provided analytical chemistry data to the State Water Commission ground water program (approximately 3,120 samples for 42,530 analytes)
- Provided water quality and sulfate testing on approximately 1,113 samples from upstream and downstream of the Devils Lake outlet (approximately 21,182 analytes)
- Provided analytical support to the environmental programs within the department
- Provided 24-hour services to the department during environmental emergencies. The lab responded to the following events:
 - Construction material contamination of Hay Creek
 - Train derailment and explosion near Casselton
 - Train derailment at Heimdal
- Provided oilfield-related testing of 465 samples for 34,447 analytes. Testing was conducted for:
 - The Western Program sampling project under which existing water wells in the oilfield are being monitored for evidence of contamination
 - A release of petroleum into the Yellowstone River in Montana
 - A release of produced water (brine and petroleum) in Williams County (Blacktail Creek)
 - Red River Oil Services fire in Williston
 - A potential contamination incident of the public water system in Tioga
 - A brine spill in Burke County (Smishek Lake)
 - The Tesoro oil pipeline spill

Goals

- Maintain or increase laboratory efficiency and responsiveness
- Provide continued analytical support for environmental protection, public health, agriculture and petroleum regulatory programs
- Provide analytical testing support for the department's oilfield responses and other emergencies
- Continue membership in performance evaluation programs; maintain current EPA laboratory certification; and obtain certification for new drinking water components as they become regulated by EPA

Laboratory Services

Chemistry Testing			
<u>Class</u>	<u>Sample Type</u>	<u># of Analytes</u>	<u># of Samples</u>
C	Potable Water (EHS program samples)	1,249	30
C	Miscellaneous (EHS program samples)	1,247	25
C	Soil/Sediment Samples (EHS program samples)	8,773	268
C	Non-potable Water (EHS program samples)	107,364	1,476
D	Discharge Samples	4,563	1,212
F	Fluoride	1,391	1,391
G	Potable Water (State Water Commission)	63,685	4,233
J	Petroleum Samples	1,963	501
K	Feed Samples	298	149
L	Fertilizer Samples	1,223	479
N	Potable Water (private samples)	6,746	1,151
N	Non-potable Water (private samples)	8,230	467
N	Reservation Samples	4,836	637
Q	QA/QC Samples	6,485	578
R	STORET Surface Water Program	84,234	6,046
S	Safe Drinking Water	28,126	5,812
T	Miscellaneous Chain of Custody (spills, etc.)	1,391	71
W	Chain of Custody for Discharge Program	3,936	59
	Totals	335,740	24,585

MICROBIOLOGY

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

Accomplishments

- Received and processed 121,614 specimens resulting in 174,812 analytical tests
- Maintained mosquito surveillance program for West Nile virus and other arboviruses
- Responded to a number of outbreaks, including multiple foodborne outbreaks, a Francisella tularensis cluster, and a hepatitis C virus outbreak in Minot
- Participated in the Northern Plains Consortium, which began an Emerging Leaders Program to help prepare the future leaders in the public health laboratories in ND, SD, MT, WY and Idaho; North Dakota has two participants in the cohort that began in March 2015 and will last a year
- Established bi-directional interface with UND Center for Family Medicine in Bismarck
- Responded to a suspicious substance event in 2015; the sample was received, analyzed and found to contain no hazardous materials
- Implemented the Department of Defense Ebola-Zaire PCR Assay in November 2014
- Appointed a Biosafety Officer to provide outreach to sentinel site laboratories in April 2015

Laboratory Services

- Completed the Clinical Laboratory Improvement Amendments (CLIA) laboratory inspection and recertification process in February 2015
- Maintained federal testing certification for dairy products (Food and Drug Administration) and drinking water (EPA) and renewed the registration to handle and store select agents (CDC)
- An unannounced inspection by the Department of Transportation in November of 2014 found the lab was fully compliant with all Department of Transportation requirements for packaging and shipping of infectious substances
- Continued to support a statewide courier system to transport clinical laboratory specimens from a network of hospitals/clinics/public health units to the lab on a daily basis
- Reported 22,340 lab reportable condition results electronically to the Division of Disease Control's MAVEN system and other public health partners via HL7 message
- Continued to support testing for seasonal and novel influenza viruses
- Submitted 384 bacterial DNA fingerprint patterns to CDC's national PulseNet database to assist in nationwide, foodborne outbreak disease detection efforts
- Completed upload of NDDoH, Division of Laboratory Services - Microbiology's testing information into the Association of Public Health Laboratories' national testing database
- Completed upload of NDDoH, Division of Laboratory Services - Microbiology's technology information into the Association of Public Health Laboratories' national self-assessment tool
- Continued to build strong partnerships with the North Dakota Laboratory Response Network sentinel site laboratories to respond to disease outbreaks and bioterrorism
- Hosted a training workshop on "rule out testing" of biothreat agents
- Validated the following new methods:
 - o HIV Multispot
 - o Serodia TP-PA
 - o HIV Antibody
 - o HAV Antibody (IgM)
 - o HBV Surface Antigen
 - o HBV Surface Antigen Confirmation
 - o HBV Surface Antibody (Total)
 - o HBV Core Antibody (IgM, IgG)
 - o HBV Core Antibody (IgM)
 - o HCV Antibody
 - o Chlamydia culture by shell vial
 - o Trinity Biotek Chlamydia Culture Confirmation
 - o API 20A Anaerobic Culture Identification
 - o HCV Viral Antigen by PCR
 - o HCV Genotyping
 - o Respiratory Virus Panel by PCR
 - o Influenza B Genotyping
 - o Molecular Determination of Salmonella Serotype



Laboratory Services

- o Enterovirus D68 by PCR
- o HSV 1,2 and V. zoster by PCR
- o Measles and Mumps by PCR
- o Carba NP
- o WNV PCR
- o Norovirus PCR

Goals

- Maintain or increase laboratory efficiency and responsiveness
- Provide continued support to department staff, physicians, health care facilities, local public health units, veterinarians, state and federal agencies, and the public
- Continue membership in proficiency programs and maintain current certifications, including CLIA and state licensure
- Maintain statewide courier system
- Upgrade biosafety and security to meet new select agent requirements
- Enhance data management systems and develop electronic capabilities to improve efficiency and accuracy in laboratory test ordering and reporting to customers
- Update and distribute a new directory of services and conduct a customer satisfaction survey
- Work with the North Dakota Department of Corrections to complete a point-prevalence study on Hepatitis C prevalence and genotypes among the inmate population

Microbiology Testing

<u>Category</u>	<u>Number of Tests</u>
Dairy Products	4,564
HIV	35,940
Tuberculosis	16,958
Mycology/Legionella/Parasites	3,661
Hepatitis A,B,C	17,345
Rabies	691
Sexually Transmitted Diseases	71,426
Virology/Immunology	4,942
Water Analysis	6,866
Bacterial/Biothreat	10,842
Mosquito Surveillance	1,577
Total Tests	174,812
Total Samples	121,614

Municipal Facilities

The Division of Municipal Facilities administers the following programs that help communities, industries and citizens of North Dakota in the areas of water supply and treatment and wastewater collection and treatment:

- Clean Water State Revolving Loan Fund (CWSRF)
- Drinking Water State Revolving Loan Fund (DWSRF)
- Public Water Supply Supervision (PWSS)

CWSRF

The CWSRF Program provides low interest loans to fund conventional wastewater and nonpoint source pollution control needs. Eligible borrowers can obtain financing to build wastewater treatment works at below market interest rates. Since inception of the program in 1990 through June 30, 2015, loans totaling approximately \$608 million have been approved to assist North Dakota wastewater systems. Program staff members also review approximately 200 projects each year to ensure compliance with state design criteria before construction.

DWSRF

The DWSRF Program provides low-interest loans to help public water systems finance the infrastructure needed to comply with the Safe Drinking Water Act. Eligible borrowers can obtain financing to construct water treatment works at below-market interest rates. Since inception of the program in 1997 through June 30, 2015, loans totaling approximately \$422 million have been approved to assist North Dakota water systems. Program staff members also review approximately 200 drinking water projects each year to ensure compliance with state design criteria before construction.

PWSS

The PWSS Program works with the 529 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 1,084 certified operators in the state. Program staff members also administer the state's fluoridation program and provide



technical assistance to private water systems.

Six inspectors/trainers inspect 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.

Division 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 approximately \$279 million through the DWSRF and CWSRF programs to North Dakota communities for addressing drinking water and wastewater compliance and infrastructure needs

Division Goals

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

Waste Management

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

Programs include:

- Hazardous Waste
- Solid Waste
- Underground Storage Tank

HAZARDOUS WASTE

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 ensures that hazardous waste does not adversely affect human health or the environment.

In addition to inspections conducted at facilities that generate or manage hazardous waste, the program also conducts polychlorinated biphenyls (PCBs) inspections at facilities or sites known or suspected to have equipment containing PCBs. The program is also responsible for the state's Response Program (Brownfields Program), which coordinates assessments and cleanups at brownfield sites. Brownfields sites are properties owned by a city, county or other quasi-governmental entity that are underdeveloped due to actual or perceived contamination.

Accomplishments

- Inspected approximately 78 facilities that generate or manage hazardous waste; provided compliance assistance to numerous other facilities that generate hazardous waste
- Reissued one hazardous waste storage/corrective action (remediation) permit and one corrective action only permit
- Conducted 28 PCB inspections, assisted businesses managing regulated PCB waste, and promoted the management of unregulated PCB waste as regulated PCB waste
- Worked with five permitted facilities that are remediating contaminated soil and/or ground water (corrective action)
- Responded to citizen complaints and assisted in the cleanup of environmental spills, including crude oil from a train derailment
- Reviewed and responded to various documents submitted to the program, including site assessments related to property transactions;

“No further remediation required” letters and/or regulatory assurance letters were issued to prospective property purchasers and/or lenders

- Removed contamination at eight brownfield sites in seven communities at the request of a community, county or other governmental entity
- Issued approximately 610 solid waste transporter permits
- Assisted 22 schools with managing their obsolete or excess classroom laboratory chemicals
- Collected approximately 100 pounds of elemental mercury for recycling

Goals

- Continue to inspect facilities that generate or manage hazardous waste and provide compliance assistance to regulated facilities
- Reissue appropriate hazardous waste permits
- Continue to review investigation reports, proposed remedies and remediation progress at facilities conducting cleanup activities (corrective action)
- Continue to conduct PCB inspections and promote the proper handling and disposal of regulated and unregulated PCB waste
- Seek additional funding for brownfield assessment and remediation, if needed
- Conduct state rules and requirements training, as time and resources allow, for the regulated community
- Maintain partnerships with the regulated community to positively impact compliance



Waste Management

SOLID WASTE

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.

Oilfield waste management and solid waste challenges in western North Dakota have been a top priority as the total amount of highly saline and/or oily waste from oilfield drilling, oil production, spills and cleanups disposed of in regulated landfills increased to 2.5 million tons for 2014, an increase of 131 percent from 2012 and more than 3700 percent from 2006.

Accomplishments

- Conducted 786 inspections of 260 facilities that manage solid waste; provided compliance assistance to numerous facilities that generate or manage solid waste
- Reviewed applications and permitted four new oilfield special/industrial waste disposal facilities; began review of two additional applications; and reviewed plans and completed permits for expansion of three existing oilfield special/industrial waste facilities
- Renewed permits, including expansions of three existing Municipal Solid Waste (MSW) landfills in western North Dakota; provided guidance on handling the increased amount and complexity of municipal and industrial solid waste in the region
- Proposed new rules on management of low-level Technologically Enhanced Naturally Occurring Radioactive Materials (TENORM), including three hearings and review of extensive testimony
- Conducted more than 14 workshops with train operators, waste generators and waste haulers regarding the increased complexity and volume of waste coming to MSW landfills, waste reduction and recycling, inert waste and transfer station issues, and other related topics
- Evaluated issues, completed inspections and enforced rules on illegal disposal of waste materials, particularly in western counties and in rural areas across the state
- Continued regulation of 13 MSW landfills, 30 transfer stations, three industrial waste landfills, 11 Oilfield Special Waste landfills, 12 coal-combustion waste landfills, 24 coal-combustion waste impoundments, 215 inert waste landfills, six land-treatment operations and numerous compost facilities
- Issued 632 waste hauler permits with additional conditions to reduce spillage and report releases, spills and rejected loads
- Implemented nutrient management requirements to help food processing and livestock facilities manage and recycle organic waste materials
- Worked with sugar beet plants to improve recovery and use nutrients in a more sustainable and environmentally favorable manner
- Co-sponsored (with the North Dakota Solid Waste and Recycling Association) the annual Solid Waste Symposium in Aberdeen, SD (jointly with the South Dakota Association, September 2013) and Grand Forks (September 2014)
- Conducted annual landfill operator training and certification sessions for 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

Waste Management

- Worked with nonprofit organizations to develop educational materials, host workshops and partner in grant opportunities
- Encouraged auto scrap-metal companies to adopt pollution prevention practices
- Continued outreach on volume-based waste services, product stewardship, electronic waste, inert waste management, waste reduction, recycling, composting, disposal, waste hauling, and other issues
- Worked with local public health units and units of government to complete abandoned motor vehicle projects in Dunn and Kidder counties
- Assisted with an emergency motor vehicle removal in Burleigh County

Goals

- Promote integrated waste management, including waste reduction, reuse, recycling, composting and energy recovery
- Implement new rules, if approved, for managing low-level radioactive materials generated in oil exploration and production
- Work with counties and cities to evaluate waste management issues and options for emergency/disasters, abandoned and dangerous buildings, economic development and sustainable growth
- Conduct training and workshops to address challenges with inert waste management in rural areas, dealing particularly with issues related to economic development, abandoned and dangerous buildings and disaster debris management
- Continue permitting, inspection and compliance work on oilfield waste management facilities and practices, coal combustion and gasification waste (residuals), municipal solid waste facilities and all other regulated entities
- Promote “Pay as You Throw” or volume-based waste services and fees, which encourage waste reduction and recycling
- Continue promoting beneficial uses of materials to reduce the need for newly manufactured products and landfill space
- Promote development of effective solid waste practices, including long-term solutions for solid waste needs
- Evaluate and implement improvements in operation of oilfield waste processing and disposal facilities
- Educate the public, solid waste facility operators and stakeholders about timely solid waste issues through training, workshops and educational materials
- Work with solid waste facilities to preserve and enhance capacity and reduce disposal amounts
- Work with new and expanding industries on sound, integrated and sustainable waste management practices
- Evaluate and update solid waste guidance and rules regarding landfill development, final closure and integrated waste management
- Promote the use of Abandoned Motor Vehicle Program funds to clean up unwanted scrap and evaluate alternative uses and management of scrap tires

Waste Management

UNDERGROUND STORAGE TANK

The Underground Storage Tank Program (UST) regulates petroleum and hazardous-substance storage tanks, establishes technical standards for the installation and operation of underground tanks, maintains a tank notification program, establishes financial responsibility requirements for tank owners, and provides for state inspection and enforcement. UST regulations are designed to find and correct problems created by leaks and spills, prevent future leaks and spills, and ensure that owners and operators can pay to correct the problems created by leaking underground storage tank systems. Leaking USTs can contaminate nearby soil, ground water or surface water and threaten human safety. The program also works with retailers and manufacturers to ensure that specifications and standards are met for petroleum and antifreeze.

Accomplishments

- Regulated more than 929 active tank facilities with a total of 2,219 tanks
- Monitored compliance by on-site visits at least once every three years (compliance rate of 91.6 percent), as well as mail-in self-certification
- Observed 118 tank closures, conducted more than 625 on-site inspections, and investigated and monitored cleanup of more than 47 leaking UST sites
- Conducted routine collection and analysis of 528 petroleum samples; notified petroleum retailers of analytical results, including octane and distillation end points
- Registered all antifreeze manufacturers and retailers in the state
- Used funds from the Leaking Underground Storage Tank (LUST) Trust Fund to investigate suspected UST releases and to conduct corrective actions when the responsible party was recalcitrant, unable to pay or could not be identified; the LUST Trust Fund provided financing for cleanup and/or removal of leaking or potentially leaking USTs at facilities throughout the state
- Continued outreach to tank owners about proper maintenance and operation of USTs; more than 8,700 USTs have been removed during the 27 years the UST Program has been in existence; many of these tanks leaked or had the potential to leak

Goals

- Assist tank owners with contamination assessment/cleanup activities following upgrade and/or replacement of USTs or when leaks occur
- Provide compliance monitoring, inspections and public outreach to inform tank owners about the proper operation of USTs (e.g., leak detection, spill reporting, etc.)
- Enforce guidelines regarding delivery prohibition, secondary containment and owner/operator training
- Provide online owner/operator training to tank owners to comply with the EPA guidelines regarding delivery prohibition, secondary containment and owner/operator training
- Use the LUST Trust Fund to investigate and properly close 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
- Update the UST rules and regulations as mandated by EPA; incorporating the new federal rules published in the Federal Registrar on July 13, 2015 within three years; update all program documents, guidelines and online training

Water Quality

The Division of Water Quality monitors lakes, reservoirs, rivers, streams and wetlands, to ensure 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.

The federal Clean Water Act of 1972 is the primary statute that provides water quality protection for the state. It has also resulted in numerous water quality improvements. Even before the federal law was enacted, North Dakota had its own law to protect water quality – the North Dakota Water Pollution Control Act of 1967.

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 waters.

Programs include:

- Groundwater Protection
- North Dakota Pollutant Discharge Elimination System (NDPDES) Permit
- Special Projects
- Spill Reporting/Emergency Response/Environmental Investigation and Cleanup
- Surface Water Quality Monitoring and Assessment
- Water Quality Certification
- Water Quality Standards

GROUNDWATER PROTECTION

The Groundwater Protection Program is 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. The Groundwater Protection Program consists of several subprograms, including the Source Water Protection Program, the Underground Injection Control Program and the Ambient Ground Water Monitoring Program.

1. Source Water Protection

The Source Water Protection Program provides an umbrella of protection for all public water systems, including ground water and surface water dependent systems. The Source Water Protection Program involves (1) the delineation of protection areas around public drinking water sources, (2) an inventory of potential contaminant sources within the protection areas, and (3) the completion of a susceptibility analysis. This program helps the NDDoH define the susceptibility of public water systems to potential contaminant sources.

Accomplishments

- Maintained 100 percent compliance with Source Water Protection Program requirements
- Worked with consultants and oilfield-related facilities regarding issues related to source water protection areas and placement of activities and projects
- Eliminated Safe Drinking Water Act violations for several water systems through hydrogeologic investigations and studies



Water Quality

- Conducted meetings with community water systems to develop proactive approaches for safeguarding drinking water supplies; worked in conjunction with the North Dakota Rural Water Association in public outreach and meetings
- Educated community water systems about zoning issues and the impacts of new facilities within source water protection areas
- Provided new delineations and updated reports for water systems that installed new wells or plugged existing wells; there was been a large increase in both community and non-community water systems in northwestern North Dakota

2. Underground Injection Control (UIC)

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

Accomplishments

- Conducted inspections at two facilities that inject waste into Class I injection wells
- Issued a permit for a new Class I injection well; reviewed permit applications for one new Class I injection well and one application for a Class I to Class II well conversion
- Conducted approximately 65 inspections at facilities located in high-risk areas, such as source water protection areas
- Increased oversight in the northwestern part of the state due to the increase in oilfield activities
- Obtained closure of several high-risk wells located in source water protection areas or other sensitive ground water areas
- Conducted public outreach to UIC well owners and other state agencies concerning new rule requirements
- Worked with licensed sewer and water contractors concerning Class V wells

3. Ambient Ground Water Monitoring

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 North Dakota Ground Water Protection Program implements two ground water sampling programs to monitor the quality of North Dakota's aquifers. The Agricultural Ground Water Sampling Program was initiated in 1992 to assess ground water quality related to agricultural activities. The Western Ground Water Sampling Program was initiated in 2013 to monitor the quality of ground water in oil-producing areas of the state. Eighty-five aquifers are monitored as part of both ground water sampling programs.

Accomplishments

- As part of the Agricultural Ground Water Sampling Program, sampled approximately 425 wells in 19 aquifers for trace metals, general water chemistry parameters, nitrates and pesticides; summarized data in annual reports
- Worked with the State Water Commission, area irrigators and producers to mitigate the nitrate contamination in the Karlsruhe Aquifer
- As part of the Western Ground Water Sampling Program, sampled approximately 135 wells for general water chemistry parameters, nitrates, trace metals, bromide, volatile and semi-volatile organic compounds, and diesel and gasoline range organic compounds

Water Quality

NORTH DAKOTA POLLUTANT DISCHARGE ELIMINATION SYSTEM (NDPDES) PERMIT

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

Since 1975, the program has issued wastewater discharge permits. Starting in 1992, permits have been required for stormwater discharges associated with large construction projects and industrial facilities. Since 2003, permits have been required for stormwater discharges from designated small municipal separate storm sewer systems (MS4s) and small construction sites.

Livestock operations can cause impacts to water. Most of these operations, primarily cattle, hog, and dairy facilities, are part of a farmer's total farm operation. The number of large concentrated animal feeding operations (CAFOs) has increased. With the recent oilfield activities in the northwestern part of the state, the NDPDES Program has been actively involved with wastewater issues associated with temporary housing and illegal discharges. Oilfield activity has increased the number of construction and industrial permits, and the number of septic pumpers doing business in the area, both of which are regulated under this program.



Accomplishments

- Conducted training for the regulated community regarding CAFOs, municipal wastewater systems, stormwater, waste hauling, septic pumping and oil production issues
- Printed and distributed packets on stormwater permitting requirements to cities for homebuilders and developers
- Developed a “Frequently Asked Questions” sheet for the new construction stormwater permit
- Maintained less than a 2 percent backlog of NDPDES permits, with no priority permits backlog
- Reissued general permits (NDR-10 and NDR-32) for stormwater construction and industrial facilities
- Met EPA inspection goals for all authorized programs
- Developed an educational framework for septic pumpers regarding new rules
- Maintained compliance with EPA’s Technical Review Criteria at more than 90 percent of facilities
- Utilized enforcement actions to bring non-compliant facilities back into compliance (e.g., letters of apparent noncompliance, notices of violation, and administrative consent agreements) with state rules or NDPDES permits

SPECIAL PROJECTS

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

Accomplishments

- Monitored seven sites in the Devils Lake basin’s chain of lakes; provided technical information to other agencies and organizations as requested; conducted special studies as needed; and worked toward implementation of the Devils Lake Water Management Plan to achieve long-term flooding solutions
- Provided technical assistance for protection and maintenance of water distribution and wastewater treatment systems and provided regulatory oversight for threatened fuel storage areas, potential hazardous materials sites and other environmental threats
- Provided comment to the State Water Commission on 131 water-related projects and permits
- Provided comment and review on eight oilfield-related pipelines, such as Enbridge and Dakota Access

Water Quality

SPILL REPORTING/EMERGENCY RESPONSE/ENVIRONMENTAL INVESTIGATION AND CLEANUP

Any spill or discharge of waste that may pollute the state's water must be reported to the NDDoH (and North Dakota Industrial Commission, if oil related) within 24 hours of the release. Reports are submitted through an on-line reporting system located on the NDDoH website. In addition, spills that have, or may have, impacted water are to be reported to State Radio.

When the program receives a report of a spill, it sends an investigator or team to evaluate the site. Some releases may require immediate response by trained personnel; others may require investigation beyond initial cleanup to determine the full environmental impact. The program follows the spill remediation until cleanup is accomplished.

Accomplishments

- More than 4,830 general and oilfield environmental incidents occurred in the state during the biennium (e.g., pipeline breaks, vehicle accidents, tank overflows, materials handling mishaps); of those, program staff investigated and followed up on 1629 incidents, and the remaining incidents were determined to have no environmental impact or to be the responsibility of other agencies
- Evaluated impacts during statewide flooding events, including the release of oil and drilling fluids resulting from flooding of the Little Missouri River
- Worked with livestock producers to locate new facilities in areas with minimal risk to ground water and to upgrade waste-handling systems at existing facilities
- Assigned "responsible parties" to each spill response team member for follow-up and eventual closure of remediation sites, which allows for more efficient flow of information
- Established more open communication with responsible parties and the public; planning is underway for a monthly website newsletter and more face-to-face meetings
- Completed the final draft for the Brine Release Cleanup Guidelines

SURFACE WATER QUALITY MONITORING AND ASSESSMENT

The state's surface water resources are significant and include 289 public lakes and reservoirs totaling 713,259 surface acres. The two largest lakes are Lake Sakakawea and Devils Lake. There are 56,022 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. The Surface Water Quality and Assessment Program includes two programs 1) Nonpoint Source (NPS) Pollution Management Program and 2) Watershed Management and Total Maximum Daily Loads Program.

Accomplishments

- Implemented an ambient river and stream water quality monitoring network, which consists of 81 Level 1, 2 and 3 sites; the revised network consolidates the monitoring networks from the North Dakota State Water Commission, the U.S. Geological Survey and the NDDoH
- Through the North Dakota Water Quality Monitoring Council, held the second biennial North Dakota Water Quality Monitoring Conference in March 2014



Water Quality

- Developed and implemented a web-based tool which allows the public to view and download the department's surface water quality monitoring data
- Monitored water quality in Devils Lake four times a year and maintained the monitoring program on Lake Sakakawea; sampled Lake Sakakawea bi-weekly during the open-water period to assess the lake and provide estimates of its cold water habitat in conjunction with the North Dakota Game and Fish Department and the U.S. Army Corps of Engineers
- As part of the Lake Water Quality Assessment Program, sampled at 15 small- to mid-sized lakes and reservoirs in the state in 2014; focused on potential oil-impacted lakes and reservoirs located primarily in the northwestern part of the state
- Participated in the U.S. EPA-sponsored National Rivers and Streams Assessment (NRSA); as part of the NRSA, sampled 50 randomly selected river and stream sites in 2013 and 2014, the results of which will be used to assess the overall condition of perennial rivers and streams in the U.S. and in North Dakota

1. Nonpoint Source (NPS) Pollution Management

One of the primary challenges to maintaining or improving the quality of the state's surface water resources is nonpoint source (NPS) pollution, because this pollution does not come from one specific point or defined source. NPS pollution includes runoff from construction sites, city streets, livestock feedlots and agricultural lands. Runoff carries pollutants – including sediment, nutrients, and pesticides – and deposits them in the state's waters. Information and education have been identified as key components of a successful NPS plan. How land is managed is critical to achieving a reduction in NPS pollution. A strong information/education program helps increase the public's knowledge of NPS issues and identifies land management practices that have a positive impact on water quality. Regional TMDL/watershed liaison staff work with stakeholders in conducting educational events regarding NPS at the local and regional levels.

Accomplishments

- Expended approximately \$8 million in NPS Section 319 funding to support 53 locally sponsored projects, including 27 watershed projects, 12 education/demonstration projects, four support projects and 10 assessment projects; used funding to cost-share agricultural practices, conduct education events, deliver technical assistance to agricultural producers, design manure management systems, and evaluate water quality trends or conditions
- Provided technical assistance for the development of 12 new projects seeking FY 2015 funding
- Approximately 42 percent of the Section 319 expenditures, or \$3.4 million, within the local project areas were used to support best management practices (BMPs); more than 65 percent of these BMP expenditures were used to install practices that improve livestock grazing and manure management
- Examples of BMPs applied during the biennium included: 12 manure management systems; 9,878 acres of cover crops; more than 34 miles of fence and water pipelines to improve grazing on rangeland/pastureland; 379 acres of riparian buffers; 50 septic system restorations; 838 feet of streambank restoration; and 1,738 acres of grassed waterways
- Updated the North Dakota NPS Pollution Management Program Plan to establish goals and objectives for 2015 to 2020; the updated plan remains focused on achieving voluntary NPS pollution control through a balanced education program and locally led watershed planning and restoration projects
- Made presentations at Statewide Eco Ed and conservation tours; staff participated in 30 events throughout the state in 2013-2015
- Made presentations at local Water and Earth Day Festivals in Bismarck, Mandan, Valley City and Bottineau
- Assisted with planning and conducting the water quality unit of the North Dakota Envirothon
- Published 19 articles in the magazine North Dakota Water; articles have addressed topics such as blue-green algae, lake stratification, conservation, water quality standards and NPS success stories
- Provided program updates at the five soil conservation district area meetings

Water Quality

- Participated on the Prairie Waters Education and Research Center advisory board, planned and delivered training and education events; assisted with a water quality sampling workshop that certified participants in proper sampling techniques
- Developed and maintained social media pages for the Surface Water Quality and NPS programs and the North Dakota Water Quality Monitoring Council
- Developed an aquatic ecology field day in coordination with the University of North Dakota's Wildlife Society at Turtle River State Park
- Made presentations for local groups and schools, such as water resource boards, elementary schools, girl scouts and college classes

2. *Watershed Management and Total Maximum Daily Loads (TMDL)*

Section 303(d) of the Clean Water Act requires that the state develop pollution reduction targets for surface waters considered water quality limited and to set point and nonpoint source load allocations necessary to meet those targets. Typically, surface waters that do not meet their designated beneficial uses are included on the TMDL list, which is submitted to EPA every two years.

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 members 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

- Submitted the 2014 Integrated Section 305(b) Water Quality Assessment Report and Section 303(d) List of Waters Needing Total Maximum Daily Loads, which summarizes the state's water quality conditions and fulfills CWA reporting requirements
- Completed 11 TMDLs, including bacteria TMDLs for the Souris River in McHenry County, the Cannonball River, Turtle Creek and the Maple River
- Worked with local stakeholders on TMDL projects and watershed assessments for Spiritwood Lake, Antelope Creek (Grant County) and Big Muddy Creek (Morton County)

WATER QUALITY CERTIFICATION

The NDDoH administers the Clean Water Act, Section 401 water quality certification. NDDOH uses water quality certification as a tool to protect water quality by addressing the aquatic resource impacts of federally issued permits and licenses. Under Section 401, a federal agency cannot issue a permit or license for an activity that may result in a discharge to waters of the U. S. until the state has granted or waived certification. Types of projects reviewed for certification included dredge projects on the Missouri River to alleviate flood potential; river crossings by highways, pipelines, and utilities; and bank stabilization and levies.

Accomplishments

- Provided water quality certification or conditional certification to approximately 76 projects that required a federal action or permit

Water Quality

WATER QUALITY STANDARDS

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

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

Accomplishments

- Completed the 2013 triennial review
- Amended the Standards of Quality for Waters of the State, which were approved by EPA in June of 2014

Division Goals

- Adoption of proposed amendments to the Standards of Quality for Waters of the State
- Provide necessary and increasing oversight on pipeline breaks, tanker truck rollovers, and numerous oil and saltwater spills in the oil patch of western North Dakota
- Maintain state funding for nonpoint source pollution projects
- Continue to use a watershed approach in all monitoring, assessment and control programs
- Provide education about the public's impact on water quality; increase awareness of local and state efforts to provide the quality of water necessary to meet all beneficial uses, such as drinking, fishing and swimming
- Increase educational outreach to building contractors regarding stormwater issues
- Provide necessary and increasing oversight for temporary housing facilities to ensure wastewater is disposed of properly
- Continue monitoring mercury and other contaminants in fish to ensure protection of special populations, such as children and pregnant women, when consuming fish caught in the state
- Expand monitoring for pesticides in surface and ground water to ensure that drinking water supplies are not contaminated
- 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 water contaminants, such as pharmaceuticals and personal care products
- Develop a comprehensive nutrient reduction strategy for lakes, reservoirs, rivers and streams that, when implemented, will help the state target and prioritize watersheds and BMPs to achieve cost-effective water quality improvements
- Finalize and adopt Brine Release Cleanup Guidelines
- Develop and adopt Crude Oil Release Cleanup Guidelines

Health Resources Section



The Health Resources Section consists of three divisions

- Health Facilities
- Food and Lodging
- Life Safety and Construction

The section promotes quality care and services for the people of North Dakota by:

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

Food and Lodging

The Division of Food and Lodging is responsible for protecting public health through licensure and inspection of food, lodging and other establishments in North Dakota. By law, through a Memorandum of Understanding with individual local public health units (LPHU), the NDDoH inspects those establishments LPHUs do not inspect. The Division of Food and Lodging inspects 544 restaurants, 301 bars and limited restaurants, 472 lodging facilities, 480 mobile home parks and campgrounds, 46 bed-and-breakfast facilities, 534 retail food stores, 38 meat markets, 12 bakeries, 42 assisted-living facilities, four tattoo/ body art facilities, 67 tanning facilities, and 19 electrologists. Inspection procedures ensure that these licensed establishments meet both sanitation and 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 20 pre-schools and daycare centers that prepare food. Staff members license and inspect 49 schools and migrant food service sites through an agreement with the Department of Public Instruction. The division provides educational courses in safe food handling, reviews plans for new establishments and extensive remodeling projects, and helps investigate possible foodborne illness outbreaks. The division has one FDA commissioned standardization officer. This employee standardizes and certifies that other state and local health inspectors are proficient and provide comprehensive application of the state's food code regulations.

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

Accomplishments

- Conducted more than 6,366 inspections of licensed facilities
- Pursued the purchase and implementation of a new information data management system that will allow the division to conduct and send electronic inspections and send electronic license renewals for all licensed facilities; inspection results will be posted on the division's website
- Continued standardization of state and local public health inspectors
- Began reviewing the 2013 FDA Model Food Code for potential changes we will propose to adopt as administrative rules for state food code regulations
- Stayed current in plan reviews and pre-operational inspections with the greatly increased workload affiliated with new food and lodging facilities in oil country

Division Goals

- Update memorandums of understanding with local public health units
- Continue to standardize state and local public health unit inspectors
- Implement the new information data management system, which will allow the division to conduct and send electronic inspections and send electronic license renewals for all licensed facilities; inspection results will also be posted on the division's website and will be available to the public
- Hold administrative hearings regarding proposed changes to our state food code regulations, which are modeled after the 2013 FDA Model Food Code

Health Facilities

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

The division licenses the following:

- General acute, primary care and specialized hospitals – 51
- Nursing facilities – 80
- Home health agencies – 21
- Hospice programs – 11
- Basic care facilities – 68

The division has certification responsibilities for the following:

- Long-term care nursing facilities – 80
- Hospitals – 36 critical access hospitals, 6 general acute hospitals, 2 long-term acute care hospitals, 3 psychiatric hospitals, and 1 rehabilitation hospital
- Intermediate care facilities for individuals with intellectual disabilities – 71
- Home health agencies – 17
- Hospice programs – 11
- Rural health clinics – 54
- Clinical laboratories – 669
- Ambulatory surgical centers – 13
- End-stage renal dialysis units – 16
- Portable X-ray units – 1
- Psychiatric residential treatment facilities – 6

Staff members conduct periodic surveys to determine compliance with state licensure requirements and federal certification regarding Conditions of Participation or Conditions of Coverage contained in Title XVIII (Medicare), Title XIX (Medicaid) and the Clinical Laboratory Improvement Amendments (CLIA) of the Social Security Act. In addition, the division investigates 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 developmental disabilities professionals.

The division approves nurse aide training and competency evaluation of 52 programs and more than 60 medication assistant training programs consistent with state licensing rules and/or federal certification requirements for long-term care facilities. The department's nurse aide registry maintains a record of individuals who successfully complete an approved competency evaluation.

Accomplishments

- Convened quarterly meetings of the Long-term Care Advisory Committee, which consists of representatives from the long-term care community and other stakeholders
- Convened a long-term care collaborative work group to study the changes in facility compliance
- Conducted workshops that focused on care-related services that were identified through the survey process in conjunction with the state's provider associations
- Maintained state approval for 32 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 online name and address changes and renewals
- Maintained website to house program specific information accessible by the public

Division Goals

- Maintain the average survey interval of 12 months or less for long-term care facilities and intermediate care facilities for the individuals with intellectual disabilities
- Address complaints consistent with federal and state guidelines
- Ensure that new surveyors receive adequate training to pass the national Surveyor Minimum Qualifications Test the first time they take the test
- Promote consistency in the survey process
- Provide training to all survey staff to enhance consistency during the survey process

Life Safety and Construction

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

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

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

Accomplishments

- Updated construction standards (North Dakota Administrative Code) for hospitals, nursing facilities, and basic care facilities
- Hired and trained one full-time and one part-time employee to review construction plans and specifications for additions, remodeling and installations in nursing facilities, hospitals and basic care facilities
- Converted files from paper to digital format
- Provided training at provider association-sponsored conferences
- Maintained website to provide information to the public
- Attain an average survey interval of 12 months or less for nursing facilities and intermediate care facilities for individuals with intellectual disabilities

Division Goals

- Work to improve the delivery of services to our customers (Centers for Medicare and Medicaid Services, health-care providers, architects, engineers, contractors and the public)
- Work to improve plan review process to respond to increased activity in health care facility construction
- Promote consistency in the survey process
- Maintain average survey interval of 12 months or less for nursing facilities and intermediate care facilities for individuals with intellectual disabilities



Medical Services Section



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

The section includes the following divisions:

- Disease Control
- Forensic Examiner

Disease Control

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

- Epidemiology and Surveillance
- HIV/STD/TB/Viral Hepatitis Program
- Immunization

Health care providers and laboratories statewide notify the division of mandated reportable diseases. Division personnel collect information for or conduct investigations into over 20,000 cases of reportable conditions each biennium. In addition, division personnel work closely with private health care providers and facilities, local public health units, and the general public to reduce the incidence of communicable diseases and help ensure the health of North Dakotans.



Disease Control

EPIDEMIOLOGY AND SURVEILLANCE

The Epidemiology and Surveillance Program works to strengthen collaboration between epidemiology, laboratory and health information system practices through the CDC Epidemiology and Laboratory Capacity Grant. The goals of this program are to increase disease surveillance and response; build epidemiology, laboratory and health information systems infrastructure; provide training and education; and improve disease reporting systems. The program focuses on, among others, enteric/foodborne and vector borne diseases, zoonotic diseases, influenza, antibiotic resistant infections, parasitic infections, waterborne diseases, non-flu respiratory viruses, health care associated infections and mycotic infections. Additionally, the program provides cross cutting and flexible epidemiology and health information systems capacity that address a variety of infectious diseases. Additional functions include management of the NDDoH's syndromic surveillance program, Ebola and general infection control assessments and outbreak response activities.

Accomplishments

- Continued collaboration with the North Dakota Game and Fish, USDA Wildlife Services, Board of Animal Health, Division of Laboratory Services and the CDC on enhanced rabies surveillance
- Received grant funding for the Influenza Incidence Surveillance Project to determine the incidence of medically attended influenza-like illness, as well as the incidence of influenza and other respiratory virus pathogens
- Coordinated with the Division of Laboratory Services, the CDC and a local hospital laboratory on Polymerase Chain Reaction (PCR) confirmed influenza B specimens that were producing invalid influenza B rapid test results; 13 specimens were submitted to the CDC for further testing and characterization; the influenza B strains were regularly circulating strains indicating suboptimal test performance with the rapid test used at the hospital laboratory; other states soon reported seeing similar issues with influenza B results from the same rapid test
- Investigated 47 reported outbreaks of influenza-like illness in long term care facilities (44) and schools (3)
- Participated in the nationwide investigation of increased reported Enterovirus-D68 infections associated with severe respiratory illness
- Coordinated with the Department of Agriculture, Animal Health Division, in response to an outbreak of high pathogenic avian influenza in two commercial turkey farms
- Investigated a cluster of carbapenem resistant Enterobacteriaceae (CRE) at a health care facility; assisted the facility with surveillance screening protocols by identifying infection control improvement areas; and provided laboratory services for molecular testing and analysis of surveillance specimens
- Promoted and assisted health care facilities with National Healthcare Safety Network (NHSN) reporting
- Collaborated with infection preventionists and North Dakota Quality Health Associates on reducing health care associated infections

Responsible
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Disease Control

- Investigated a cluster of tularemia infectious disease cases following a community cleanup event where rodents, which carry the disease, may have been present; the case investigation was presented at the national Council for State and Territorial Epidemiologists annual conference
- Conducted epidemiological investigations on ten gastrointestinal and foodborne illness clusters
- Participated in a multi-state investigation into a rash illness associated with chemical Niacin exposure following the consumption of infused Mexican flavored rice
- Conducted a foodborne illness investigation tabletop exercise that included critical steps in epidemiologic investigation, laboratory identification, environmental health investigation, product trace back procedures and regulatory agency roles
- Developed a weekly zoonotic report summarizing reported human cases of reportable diseases that can impact both humans and animals; shared the report with partners from the Department of Agriculture, Animal Health Division, USDA Wildlife Services and North Dakota Game and Fish
- Increased the volume of mandatory reportable condition reports that come in via electronic laboratory reporting from 36 to 57 percent
- Maintained and improved the Division of Disease Control's electronic disease surveillance system (MAVEN)
- Developed a syndromic surveillance condensed specification implementation messaging guide for North Dakota health care facilities to use as a quick reference when electronically connecting with the NDDoH
- Implemented and received syndromic surveillance messages from 26 health care facilities in the state
- Implemented the CDC's BioSense 2.0 platform, which is used to visualize and analyze syndromic surveillance data
- Continued collaboration with the North Dakota State University Veterinary Diagnostic Laboratory on testing of equine and avian samples for West Nile virus
- Hosted various health care-associated infection trainings for local infection preventionists
- Coordinated with the North Dakota Board of Animal Health on the investigation and response to rabid kittens that were purchased at a pet store; this included investigating human and animal exposures to the rabid kittens and recommending post-exposure prophylaxis to exposed individuals
- Participated in Ebola traveler monitoring, outbreak planning and response activities

HIV/STD/TB/VIRAL HEPATITIS PROGRAM

These programs are managed by a staff of five who cross cut duties. The programs have been integrated under the ND Community Planning Group to maximize prevention activities toward certain populations at risk for the above conditions. The traditional approach had been to reach target groups separately for each disease entity, which was found to be less effective. The programs provide comprehensive educational opportunities to stakeholders in North Dakota. These opportunities include a biannual symposium that focuses on educating medical professionals on the latest trends in disease transmission, treatment and prevention efforts. The most recent symposium was held in September 2014.

1. HIV/AIDS Prevention Program

The mission of the HIV/AIDS Program is to reduce and prevent transmission of HIV and to reduce the associated illnesses and deaths of HIV infected people. HIV prevention services are conducted at 22 contractual sites, including local public health units, substance abuse treatment centers, college/university student health centers, family planning clinics, a homeless clinic and community action agencies. The services include HIV testing, pre- and post-test risk reduction counseling, partner notification, referrals, education, and prevention case management. Additional activities include working with HIV positive clients to ensure that all persons whom they may have exposed to their illness are referred for testing and offered appropriate medical care.



Disease Control

Accomplishments

- Expanded the number of state-funded HIV counseling and testing sites to 22 locations
- Conducted compliance audits on adherence to written protocols, record keeping, specimen collection and handling, appropriateness of services and referrals, and staff training and education at contract sites
- Provided HIV results to 99.6 percent of those tested at counseling and testing sites; those who tested positive received their results and were referred to appropriate medical care
- Offered an annual retreat for HIV positive individuals that focused on increasing health knowledge and improving quality of life utilizing a whole health approach
- Provided HIV education and testing at over 80 separate events in conjunction with Family HealthCare across the state

2. HIV/AIDS Surveillance Program

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

North Dakota continues to have one of the lowest incidence and prevalence of HIV/AIDS in the United States. From 1984 through June 30, 2015, 724 infections have been reported in the state. Of those, 424 individuals are known to be living in ND with HIV/AIDS.

Accomplishments

- Updated security and confidentiality guidelines to ensure the highest level of security when storing and accessing HIV data
- Worked alongside other disease control programs to ensure laboratories that perform HIV testing for health care facilities are reporting results electronically into the MAVEN system; this increases timeliness of investigation initiation, as well as capturing otherwise missed reports of HIV
- Created enhancements to MAVEN to monitor all HIV related surveillance data, which allows for enhanced surveillance for reportable co-morbid conditions

3. Ryan White Part B Program

The Ryan White Part B Program assists eligible low-income HIV-positive North Dakota residents in accessing and maintaining health care and supportive services. Services available include case management, financial assistance to obtain HIV medications and primary medical services. As of June 30, 2015, there were 170 clients enrolled to receive services through the Ryan White program. This number is roughly identical to the level reported at the end of the 2011-2013 biennium.

Disease Control

Accomplishments

- Administered a Ryan White client satisfaction survey to all clients
- Conducted audits on all Ryan White clients to ensure the program is compliant with the federal rule of being “the payer of last resort”
- Maintained a comprehensive and rich formulary for the AIDS drug assistance program (ADAP)
- Received a competitive grant to increase the monetary resources needed to sustain the ADAP program
- Made significant improvements to the data management system, MAVEN, which allows patients to seamlessly navigate from HIV diagnosis to care, and monitors the need for re-engagement in care, which reduces the burden of data entry and allows for more patient-centered focus
- Gave a presentation at the National Alliance of State and Territorial AIDS Directors (NASTAD) meeting regarding successes in navigating the Health Insurance Marketplace and how Medicaid Expansion has impacted the program

4. STD Program

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

Accomplishments

- Followed up or investigated over 5,000 cases of chlamydia, gonorrhea and syphilis
- Investigated, in conjunction with other health jurisdictions, an outbreak of syphilis among individuals whose primary risk factor was heterosexual contact
- Continue to educate providers about the ability to use expedited partner therapy to improve services and access to treatment
- Performed data quality control of STD data in MAVEN

5. Tuberculosis Program

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

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

TB continues to be a disease of low incidence in comparison to other states; however, the number of cases and the complexity of the cases and their management continue to increase. During the biennium, 32 cases of active TB were reported and of those, 19 (60 percent) were born outside of the United States in countries where tuberculosis is endemic.

Accomplishments

- Investigated a rare case of *Mycobacterium bovis* in a human, as well as positive cases in cattle that could be genetically linked; while not proven, it is thought that this case was one of the first that showed transmission of *M. bovis* from a human to an animal based on clinical presentation among the cases reported in the United States

Disease Control

- Investigated the first ever report of multi-drug resistant tuberculosis in North Dakota; the patient will require at least two years of follow-up and treatment to adequately ensure that the disease is cured

6. Viral Hepatitis Program

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

Accomplishments

- Instituted rapid hepatitis C testing in all counseling testing and referral sites to target people at high risk for hepatitis C infection
- Investigated an outbreak of Hepatitis C among residents of long-term care and assisted living facilities in Ward County; hundreds of individuals were tested and of those, 52 cases have been linked to the outbreak
- Provided hepatitis counseling training for HIV/hepatitis C counselors
- Performed data quality control of MAVEN
- Developed a strategic plan for Viral Hepatitis Program

IMMUNIZATION

The vision of the immunization program is to ensure all North Dakotans are vaccinated and protected against vaccine preventable diseases. The mission of the program is to continue to protect the health of North Dakotans by preventing and mitigating vaccine preventable diseases through immunization, by managing immunization resources and immunization information systems, and by identifying and promoting evidence based public health best practices.

The National Immunization Survey (NIS) estimates that 71.3 percent of North Dakota children ages 19 to 35 months were up-to-date on their immunizations (DTaP, polio, MMR, haemophilus influenzae type B, hepatitis B, chickenpox, and pneumococcal) in 2014. The goal for Healthy People 2020 is 80 percent.

The NIS estimates that 92.1 percent of North Dakota adolescents were up-to-date on tetanus, diphtheria, and pertussis (Tdap) vaccine; 91.8 percent for meningococcal vaccine; and 41.7 percent of girls and 25.3 percent of boys were up-to-date for human papillomavirus (HPV) vaccine in 2012. The goal for Healthy People 2020 is 80 percent for each vaccine.

According to the 2014–2015 school immunization survey, 90.95 percent of kindergarten students were up-to-date for polio, 89.59 percent of diphtheria/tetanus/pertussis, 89.78 percent for measles/mumps/rubella, 92.82 percent for hepatitis B, and 89.50 percent for chickenpox. Of children entering kindergarten, 2.68 percent claimed an exemption to the school immunization requirements. Healthy People 2020 goals for kindergarten entry immunization rates are 95 percent.

According to the BRFSS, in 2013, 59.0 percent of North Dakotans 65 and older received influenza vaccine and 70.4 percent received pneumococcal vaccine. The Healthy People 2020 goal for influenza and pneumococcal vaccination of people 65 and older is 90 percent.

Accomplishments

- Educated health care providers about current and new immunization recommendations
 - o New recommendations included pneumococcal conjugate vaccine for high risk adults and people 65 and older, meningococcal B vaccine for adolescents at high risk, and nine valent HPV vaccines for adolescents and adults.
 - o Conducted monthly “Lunch and Learn” webinars
 - o Held a statewide immunization conference in 2014, which was attended by more than 260 providers
 - o Distributed a quarterly immunization newsletter

Disease Control

- Continued interoperability between the North Dakota Immunization Information System (NDIIS) and statewide electronic medical records
 - From beginning to the end of the 2013-2015 biennium, the percentage of doses submitted to NDIS electronically, rose from 14 percent to 74 percent
 - Interoperability has increased the percentage of adults with at least one dose in the NDIIS to 85 percent
 - The 2014 Project Management Institute Minnesota Project of the Year Award was awarded to the NDIIS Interoperability Project
- Promoted immunizations to the public through media campaigns, educational brochures, and social media including a statewide television, radio, and online campaigns to promote HPV vaccination
- Continued to be one of six states to receive an immunization information system sentinel site grant; sentinel sites have achieved high data quality standards to use their IIS for program evaluation and vaccine use assessments
 - Sentinel Sites partner with CDC to track patterns in immunization practices and assess vaccination coverage among children less than 19 years of age in their sentinel site geographic regions
- Conducted more than 240 Vaccines For Children (VFC) site visits at provider offices to assess compliance with federal requirements
- Conducted more than 75 Assessment/Feedback/Incentive/eXchange (AFIX) visits at provider offices to implement quality improvement for immunization rates
- Conducted reminder/recall of infants, school-aged children and adolescents who were 30 or more days past due for recommended immunizations; 293,349 postcards and letters were mailed to parents during the biennium
- Supplied continuous temperature monitoring data loggers to all enrolled immunization providers
- Coordinated the surveillance and investigation of more than 250 cases of vaccine preventable diseases, including pertussis, mumps, chickenpox and meningitis
- Coordinated the ordering and distribution of 335,937 doses of federal and state vaccine to enrolled providers
- Received Prevention and Public Health Fund grants for increasing HPV vaccination rates, enhancing the NDIIS for pandemic influenza tracking, continuing NDIIS interoperability with electronic medical records, and increasing the capacity of the NDIIS
- The immunization program manager received a grant from the International Association of Immunization Managers to participate in a peer-to-peer exchange in Dublin, Ireland, to learn how Ireland achieved high rates of HPV vaccination
- Participated in the Association of State and Territorial Health Officials IIS interstate data exchange meeting in Minneapolis
- Gave presentations at numerous in and out-of-state conferences and meetings, including the American Immunization Registry Association, National Immunization Conference, Council of State and Territorial Epidemiologists, and the Association of State and Territorial Health Officials

Disease Control

Division Goals

- Increase testing for HIV, Hepatitis C and STDs in high-risk persons in medically underserved areas of the state
- Increase HIV education and awareness in North Dakota
- Increase partner follow-up of HIV-positive individuals
- Re-engage HIV positive persons not in Ryan White and not currently in care, and coordinate their entry into or return to comprehensive medical care
- Continue conducting biennial client audits to ensure the Ryan White Program is “the payer of last resort”
- Ensure all Ryan White Program clients that do not have insurance, Medicaid or Medicare apply for Medicaid through the federally run insurance exchange; patients who do not qualify for Medicaid or other federally run insurance programs will be required to procure insurance through the exchange as their avenue for receiving ADAP services
- Increase immunization rates for all age groups to Healthy People 2020 goals, with an emphasis on HPV and school entry immunization rates
- Add additional functionality to the NDIIS and connect the NDIIS to electronic medical records throughout the state
- Ensure accountability for vaccines supplied through the federal VFC and 317 programs
- Ensure data quality in electronic disease surveillance system
- Increase the volume of mandatory reportable conditions that are reported to the division via electronic laboratory reporting
- Increase the number of facilities that send syndromic surveillance messages to the division
- Conduct annual training and educational opportunities for medical professionals to:
 - Promote rapid treatment of diagnosed cases of HIV, Viral Hepatitis and STDs
 - Ensure rapid notification of partners for HIV, syphilis and gonorrhea
- Provide health care practitioners with accurate, updated information regarding the diagnosis, treatment and management HIV, STDs, TB and Viral Hepatitis
- Work to integrate comprehensive sexual health screening and risk assessment into general practice at the primary care level in North Dakota
- Detect and timely respond to foodborne and enteric disease outbreaks and clusters
- Promote antimicrobial stewardship programs and activities in the state



Forensic Examiner

Autopsies are performed by the forensic examiner in Bismarck and by the University of North Dakota (UND) under a contract with the NDDoH. UND had always done Grand Forks County autopsies, and in 2013, they contracted to perform autopsies for 12 eastern counties. In 2014, eight additional counties were added to the contract.

The 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.

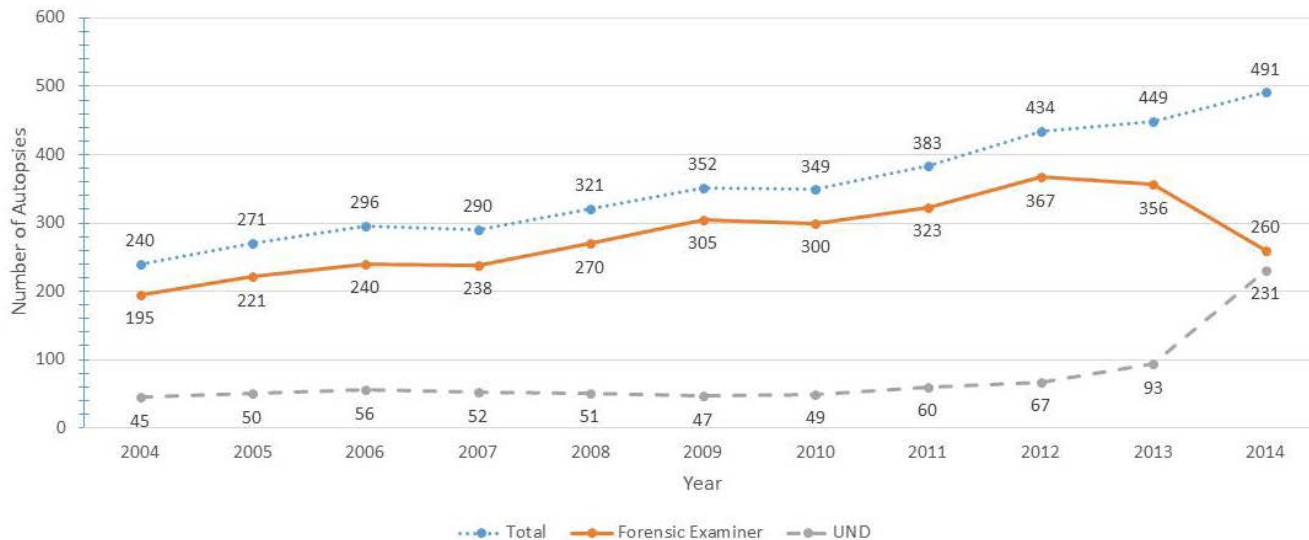
Accomplishments

- Conducted autopsies on 970 forensic cases at both the North Dakota Department of Health and the University of North Dakota. Fifty-five percent of the cases were accepted by the NDDoH and 45 percent by UND.
- Provided statewide education to law enforcement officers, county coroners and other agencies involved in death investigations
- Participated in the North Dakota Child Fatality Review Panel and the North Dakota Domestic Violence Review Panel
- Received referrals of cases from all geographical areas of the state, with local county coroners responding favorably to availability of forensic examiner services
- Worked toward an expanded role for the state forensic examiner in a statewide death investigation system that includes centralized reporting of all suspicious and violent deaths

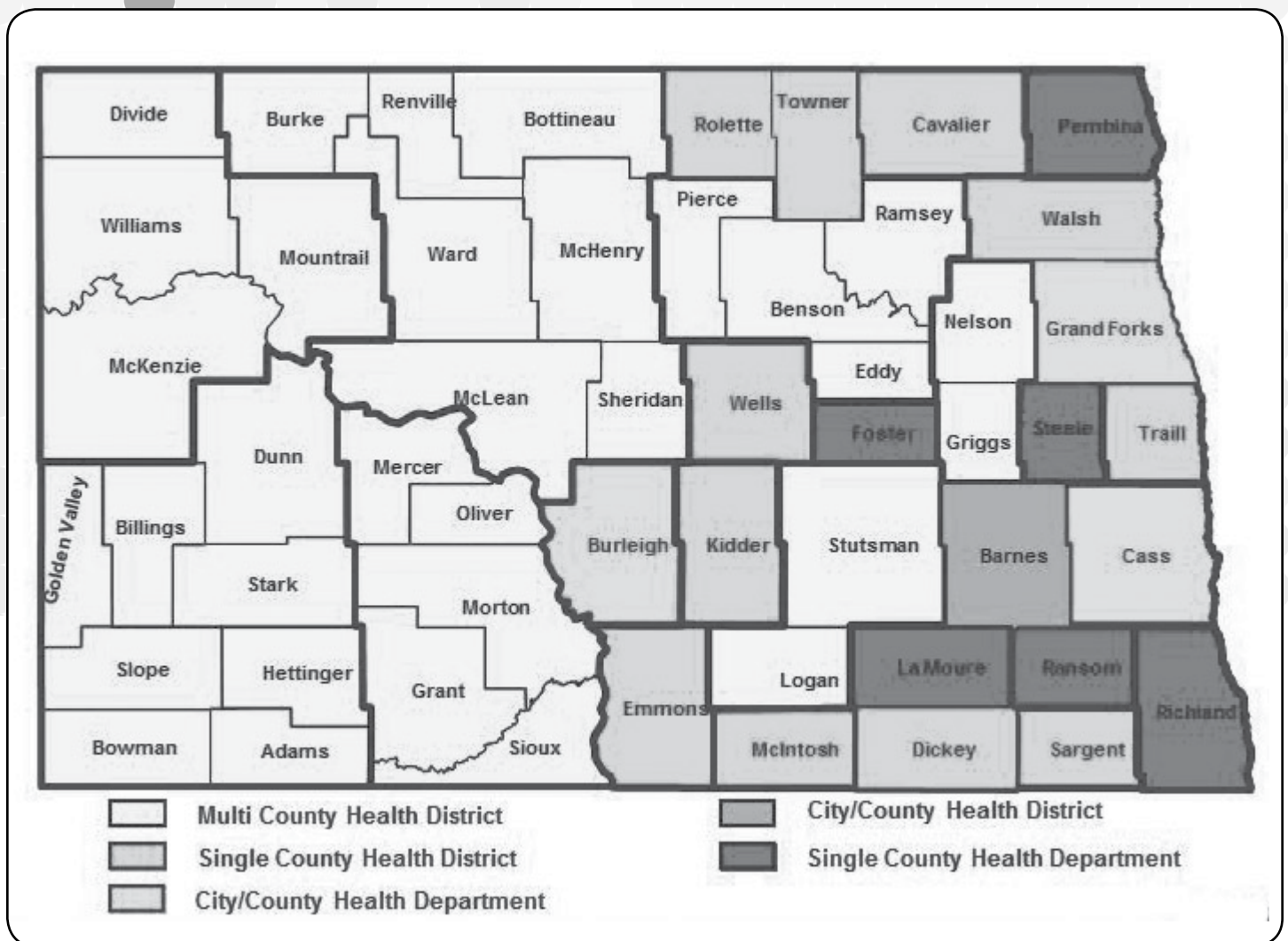
Goals

- Pursue adequate system and personnel to continue 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 provide vital information to county coroners, law enforcement personnel, public health officials and families of the deceased in an effective, timely and courteous manner
- Create and provide a quarterly and/or monthly newsletter providing coroners with information and updates on current investigative procedures, as well as relevant statistics
- Continue to participate in planning and preparedness for mass fatality events
- Achieve certification by national accrediting organization

Total Autopsies and Autopsies by Facility in North Dakota Forensic Examiner’s Office and University of North Dakota 2004-2014



Local Public Health Units



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

Services offered by each LPHU vary, but all provide services in the areas of maternal and child health, health promotion and education, disease control and prevention, and emergency response preparation and coordination. Some local public health units maintain environmental health programs; others partner with another local public health unit or the NDDoH to provide environmental services, such as public water system inspections, nuisance and hazard abatement, and food service inspections.

Local Public Health Unit Representatives

Health Unit

Location

Administrators

Bismarck-Burleigh Public Health	Bismarck	Renae Moch, MBA, CMPE
Cavalier County Health District	Langdon	Terri Gustafson, R.N.
Central Valley Health District	Jamestown	Robin Izler, R.N.
City-County Health District	Valley City	Theresa Will, R.N.
Custer Health	Mandan	Keith Johnson
Dickey County Health District	Ellendale	Roxanne Holm
Emmons County Public Health	Linton	Bev Voller, R.N.
Fargo Cass Public Health	Fargo	Ruth Bachmeier, R.N.
First District Health Unit	Minot	Lisa Clute
Foster County Public Health	Carrington	Lisa Solwey, R.N.
Grand Forks Public Health Department	Grand Forks	Debbie Swanson
Kidder County District Health Unit	Steele	Janel Brousseau
Lake Region District Health Unit	Devils Lake	Allen McKay
LaMoure County Public Health Department	LaMoure	Tony Hanson
McIntosh District Health Unit	Ashley	Cheryl Reis-Schilling
Nelson/Griggs District Health Unit	McVie	Julie Ferry, R.N.
Pembina County Health Department	Cavalier	Jeanne Kujava
Ransom County Public Health Department	Lisbon	Brenna Welton
Richland County Health Department	Wahpeton	Debra Flack, R.N., M.S.
Rolette County Public Health District	Rolla	Barb Frydenlund, R.N.
Sargent County District Health Unit	Forman	Alison Peterson
Southwestern District Health Unit	Dickinson	Sherry Adams
Steele County Public Health Department	Finley	Brittany Ness, R.N.
Towner County Public Health District	Cando	Sherry Walters, B.S.N., R.N.
Traill District Health Unit	Hillsboro	Brenda Stallman, R.N.
Upper Missouri District Health Unit	Williston	Javayne Oyloe
Walsh County Health District	Grafton	Wanda Kratochvil, R.N.
Wells County District Health Unit	Fessenden	Karen Volk, R.N.

October 2015

Local Public Health Unit Expenditures

For the Period July 1, 2013, through June 30, 2015

	<u>Total</u> <u>Expenditures</u>	<u>Annual Per Capita</u> <u>Expenditures</u>
<u>District Health Units</u>		
Cavalier County Health District	\$ 575,999	\$ 74.71
Central Valley Health Unit	4,372,069	94.74
City County Health Dept	2,778,962	125.00
Custer District Health Unit	4,920,118	52.12
Dickey County Health District	594,008	57.67
Emmons County Public Health	333,126	48.67
First District Health Unit	8,867,608	45.35
Foster County Health District	507,543	75.48
Kidder County District Health Unit	353,649	72.95
Lake Region Dist Health Unit	2,959,710	58.78
McIntosh Dist Health Unit	288,874	51.57
Nelson Griggs District Health	615,073	57.33
Rolette County Public Health	1,358,025	46.46
Sargent County District Health	432,761	55.04
Southwestern Dist Health Unit	4,826,218	51.84
Towner County Public Health	331,498	71.75
Trail District Health Unit	714,393	44.20
Upper Missouri Dist Health Unit	3,882,043	35.07
Walsh County Health Dept	1,047,351	47.74
Wells County Dist Health Unit	683,192	81.48
<u>City/County Health Departments</u>		
Bismarck-Burleigh Public Health	5,178,145	28.61
Fargo Cass Public Health	18,528,571	55.47
Grand Forks Public Health Dept	8,018,825	57.16
<u>County Health Units</u>		
LaMoure Public Health Unit	512,792	61.80
Pembina County Health Unit	489,145	34.31
Ransom County Health Dept	703,426	64.58
Richland County Health Dept	2,381,640	72.47
Steele County Public Health	139,140	35.59
Total Local Public Health Funding	\$76,393,904	\$66.65 Average Per Capita

*City County Health District has had a large capital expenditure during the biennium.

Total expenditures without the capital purchase is \$2,105,574 with an annual per capita of \$94.47.

Financial Summary

North Dakota Department of Health Appropriations Summary For the Period July 1, 2013, through June 30, 2015

<u>Description</u>	<u>Original Appropriation</u>	<u>SB 2023 Deficiency Bill</u>	<u>Total Department Appropriation</u>
Salaries & Wages	\$54,757,510		\$54,757,510
Accrued Leave Payments	2,223,289		2,223,289
Operating Expenses	38,395,014	720,900	39,115,914
Capital Assets	2,224,288		2,224,288
Grants	57,610,729		57,610,729
Tobacco Prevention & Control	5,544,251		5,544,251
WIC Food Payments	24,659,861		24,659,861
Federal Stimulus Funds	155,000		155,000
Total	\$185,569,942	\$720,900	\$186,290,842
General Fund	\$46,001,508	\$720,900	\$46,722,408
Federal Funds	119,989,143		119,989,143
Special Funds	19,579,291		19,579,291
Total	\$185,569,942	\$720,900	\$186,290,842

North Dakota Department of Health Appropriations Summary

For the Period July 1, 2013, through June 30, 2015

Description	Administrative Support	Medical Services	Health Resources	Community Health	Environmental Health	Preparedness & Response	Total
	Section	Section	Section	Section	Section	Section	Expenditures
Salaries & Wages	\$6,244,804	4,990,706	\$7,279,487	\$6,524,456	\$24,524,150	\$2,708,085	\$52,271,688
Accrued Leave Payments	63,321	13,971	5,687	32,637	106,207	7,697	229,520
Operating Expenses	2,191,552	10,618,242	1,366,575	6,718,632	9,632,619	3,585,953	34,113,573
Capital Assets	6,330	294,310	5,790	19,137	1,244,850	476,764	2,047,181
Grants	6,782,105	847,958		17,913,416	8,731,172	14,918,314	49,192,965
Tobacco Prev. & Control				5,520,815			5,520,815
WIC Food Payments				18,005,616			18,005,616
Federal Stimulus Funds		130,682					130,682
Total	\$15,288,112	\$16,895,869	\$8,657,539	\$54,734,709	\$44,238,998	\$21,696,813	\$161,512,040
Total FTEs	39.50	32.00	48.50	54.75	164.25	15.00	354.00

Strategic Map

**CENTRAL CHALLENGE:
Protect and Enhance the Health and
Safety of All North Dakotans and
the Environment in Which We Live**

June 22, 2015

**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

**Improve Access
to and Delivery
of Quality
Health Care and
Wellness Services**

Promote and Maintain
Statewide Emergency
Medical Services

Enhance the
Quality
of Health Care

Improve Access to
and Utilization of
Health and Wellness
Services

Improve Health
Equity

**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

Ensure Safe Food
and Lodging Services

**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

Manage Emerging Public Health Challenges such as Oil Impact, Flooding and Other Events

Achieve Strategic Outcomes Using All Available Resources

Healthy North Dakota Strengthen and Sustain Stakeholder Engagement and Collaboration

Publications

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

Administrative Support Section

Reports

- Annual C-Section Reports
- Annual Fast Facts Reports
- Annual Induced Termination of Pregnancy Report
- Annual Vital Events Summary Reports
- North Dakota Department of Health 2011-2013 Biennial Report
- Vital Events Summary

Community Health Section

Booklets

- Autism Spectrum Disorders Resource Booklet (revised)
- Complex Dental Conditions Resource Booklet
- Your Own Special Goodbye

Brochures

- Booster Seat Best Practices
- Children's Special Health Services
- Dental Care for Your Child
- Family Planning (2015)
- Fluoride Facts for Parents
- Guidelines for Becoming a Recognized Infant-Friendly Worksite
- Health Care Coverage Options (revised)
- North Dakota Autism Spectrum Disorder (ASD) Database – Information for Families
- North Dakota Autism Spectrum Disorder (ASD) Database – Information for Providers
- Oral Cancer, Are You at Risk?
- Poison Brochure
- Safe Sleep for Babies
- Taking Care of You: Information About Breast Health
- Taking Care of You: Information About Pap Tests

Data Briefs

The following were developed using data from the 2009/2010 National Survey of Children with Special Health Care Needs (CSHCN):

- Overview of Children with Special Health Care Needs in North Dakota
- Families are partners in decision making at all levels in North Dakota
- Coordinated, ongoing, comprehensive care within a North Dakota medical home
- Adequate insurance to cover needed services
- CSHCN who are screened early and continuously for special health care needs in North Dakota
- Community-based service systems are organized for ease of use in North Dakota
- CSHCN youth receive services needed for transition to adulthood in North Dakota
- System of Care for CSHCN meeting all age relevant core outcomes in North Dakota

Publications

Fact Sheets

- Breast Cancer Fact Sheet
- Cervical Cancer Fact Sheet
- Dental Sealants (for parents)
- Directory of Dental Access Programs
- Fluoride Varnish
- HPV and Cervical Cancer
- Oral Health for Children with Special Health Care Needs
- Oral Health and Diabetes
- Oral Health Facts - Programs and Services
- Overview of Adverse Child and Family Experiences (ACE's) Among North Dakota Children
- Pap Test Guidelines Fact Sheet
- Smiles for Life Fluoride Varnish (fact sheet for medical professionals)
- Smiles for Life Geriatric Oral Health (fact sheet for medical professionals)
- Title V/Maternal and Child Health State Performance Measure

Newsletters

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

Reports

- 2011-2016 North Dakota Cancer Control Plan
- 2013 Burden of Cancer in North Dakota Report – Professional
- 2013 Burden of Cancer in North Dakota Summary – Public
- 2013 Youth Risk Behavior Survey
- 2014-2016 North Dakota Suicide Prevention Plan
- Child Restraint Misuse In North Dakota
- Children with Special Health-Care Needs in North Dakota: A Report for Policymakers, Advocacy Groups and Families
- Chronic Disease in North Dakota – A Status Report for 2014
- ND Title V – FY 2016 Block Grant Application and FY 2014 Annual Report
- North Dakota 2014 Infant Mortality Summary Report
- North Dakota Diabetes Report (June 2014)
- North Dakota Family Planning 2014 Annual Report
- North Dakota Five-Year Needs Assessment (2011-2015) for the Maternal and Child Health Services Title V Block Grant Program
- North Dakota Five-Year Needs Assessment (2011-2015) for the Maternal and Child Health Services Title V Block Grant Program - Executive Summary
- North Dakota Home Visiting Needs Assessment
- North Dakota MCH 2016-2020 Needs Assessment Survey Summary Report
- North Dakota Oral Health Surveillance Plan
- North Dakota WIC 2014 Annual Report
- Oral Health Healthy People 2020 Indicators

Publications

- Oral Health in North Dakota – Burden of Disease and Plan for the Future (2012-2017)
- Oral Health Program Accomplishments 2012-2013
- Oral Health Third-Grade Basic Screening Survey Data Tables
- Oral Health Third-Grade Basic Screening Body Mass Index Data Tables
- WIC Food Consumption and Buying Habits

Other

- 2015 Child Passenger Safety Activity booklets for children grades K-2 and 3-6
- A Bicycle Helmet for My Child
- A Connection for Families and Agencies – Resources for North Dakota Children Ages Birth to 8
- Annual Children’s Special Health Services Multidisciplinary Clinic Directory
- Booster Banners promoting booster use for children shorter than 4’9” and a seat belt for children taller
- Coordinated School Health Blueprint
- Coordinated School Health Guidebook
- CPS Best Practice Quick Reference Guide’s for Law Enforcement laminated cards and ND CPS law flyer (translated into English, Bosnian, Chinese, Farsi, Nepali, Somalian, and Spanish)
- Easy Steps to Properly Fit a Bicycle Helmet
- Emergency Guidelines for North Dakota Schools Manual
- Family Handbook for Diagnostic and Treatment Services
- Handbook for Public Playground Safety
- Health Guidelines For North Dakota Schools Manual
- Head Lice: A Lousy Problem
- Helmet Fit Checklist
- Home Safety Checklist
- How to Remove Head Lice
- *Incidence and prevalence of birth defects in North Dakota* were reported in the annual Congenital Malformation Report published by the National Birth Defects Prevention Network
- Information About Pregnancy and Abortion
- Newborn Screening Healthcare Guidelines
- Posters promoting children to ride in the back seat until age 13
- Rear-facing Best Practice cards
- Suicide Prevention Cards
- Suicide Prevention Posters
- Umbilical Cord Blood Donation Information
- Women’s Way Program Card
- Women’s Way Program Card (Spanish version)

Emergency Preparedness and Response Section

Newsletters

- Division of Emergency Medical Systems and Trauma (DEMST) Newsletter

Reports

- North Dakota Data Report (2014)
- Rural EMS Improvement Project

Other

- ND Critical Incident Stress Management Team: Providing Care for the Care Providers
- ND EMS Protocol Manual
- ND EMS Week 2014 Video

Publications

- NDLTCA Directory & Buyers Guide
- NDLTCA Emergency Preparedness Quick Guide & Directory
- North Dakota Briefing Book
- North Dakota EMS Protocols
- North Dakota Ground Ambulance Map Application

Environmental Health Section

Newsletters

- Official Bulletin

Reports

- 2008-2009 National Rivers and Streams Assessment in North Dakota (Revised 2015)
- Air Quality Monitoring Annual Report (2013 and 2014)
- Annual Drinking Water Compliance Report (2013 and 2014)
- Annual Capacity Development Program Report (2013 and 2014)
- Annual North Dakota Mosquito Surveillance Report (2013 and 2014)
- Annual Operator Certification Program Report (2013 and 2014)
- Assessment of the Biological Assemblages, Water Quality and Habitat in the Red River of the North, 2010 - U.S. Mainstem Portion: Wahpeton to Pembina, ND (July 31, 2015)
- Chemical, Physical and Biological Characterization of Devils Lake 1995-2013 (January 2014)
- NDPDES Annual Compliance Monitoring Report (2013 and 2014)
- NDPDES Annual Non-Compliance Report (2013 and 2014)
- North Dakota 2014 Integrated Section 305(b) Water Quality Assessment Report and Section 303(d) List of Waters Needing Total Maximum Daily Loads
- North Dakota Hazardous Waste Compliance Guide
- North Dakota Regional Haze State Implementation Plan Periodic Progress Report (January 2015)
- State of North Dakota Capacity Development Report to the Governor (2014)
- State/Industry Ambient Monitoring Network Air Quality Reports

Other

- Air Dispersion Modeling for Emergency Engines/Flares
- Air Quality Analysis Guide
- Air Regulations for Grain Facilities Guide
- Arsenic in Drinking Water Fact Sheet
- Criteria Pollutant Modeling Requirements for a Permit to Construct
- Dispersion Modeling Requirements for Compressor Engines and Glycol Dehydration Units
- FAQ sheet for Construction Stormwater (NDR10-0000)
- Model Input Parameters for Flares
- North Dakota Air Pollution Control Rules
- North Dakota Water Pollution Control Rules
- Oilfield Impacts and the North Dakota Department of Health Environmental Health Section
- "Our Water – Keeping It Clean" articles in the North Dakota Water magazine
- Policy for the Control of Hazardous Air Pollutant Emissions in North Dakota
- Recommended AERSURFACE Inputs (North Dakota)
- Sanitary Pumper Rules
- Septic Pumper Guidance

Publications

Health Resources Section

Newsletters

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

Medical Services Section

Newsletters

- Epi Report
- Immunization Newsletter
- Pump Handle

Reports

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

Other

- Child Care/School Infection Control Manual
- Foodborne Outbreak Manual
- Healthcare-Associated Infections Prevention Plan and Reference Manual



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