



What an exciting time to be part of NDPHA! We have been awarded the APHA (American Public Health Association) Affiliate Capacity Building Grant. It will be a great opportunity for each of us to work together to strengthen our association.

I would like to sincerely thank Debbie Swanson for the time and effort she put into applying for the grant. It would not have been possible without her drive, expertise and knowledge. She was able to conquer page after page of the grant application with her characteristic smoothness. Thank you, Debbie, for willingly using your proficiency to enable NDPHA to become a stronger voice in the health of all North Dakotans.

Danell Eklund, President

NEWS FLASH

The North Dakota Public Health Association is one of 31 states that have been awarded a capacity building grant from the American Public Health Association! This was a welcome piece of good news for the NDPHA Governing Board members who wrote a proposal and plan to strengthen the association over the next three years. The funding for the grants was provided by the Kellogg Foundation, with a \$2.2 million investment to strengthen the capacity of the state affiliates and in turn APHA. North Dakota's request is \$60,000 beginning October 2007 through September 30, 2010.

"Our affiliated public health associations are not only essential to the work of APHA, but they also play a crucial role in protecting public health across our nation," said Georges C. Benjamin, MD, FACP, FACEP (E), executive director of APHA. "With a variety of pressing health concerns facing Americans, it is imperative that our Affiliates have the infrastructure required to meet the needs of those in their communities. We thank the W.K. Kellogg Foundation for their investment in our nation's health."

"The plan for NDPHA includes infrastructure building activities, membership recruitment, an expanded website, increasing member benefits and strengthening our advocacy presence in the state", according to Debbie Swanson, primary contact for the initiative. For more information on other states receiving funding and the capacity building initiative, go to www.apha.org. Inquiries about the NDPHA plan may be directed to Debbie Swanson, 701-787-8113 or Danell Eklund 701-852-1376.

It's Flu Season in North Dakota!



Flu campaign materials are available for the 2007-2008 influenza season at www.ndflu.com.

The North Dakota Department of Health has influenza educational materials available **free of charge** on the state website at www.ndflu.com. Flu information brochures, high-risk specific brochures, posters, bookmarks and more can be accessed by clicking on the 'Campaign Materials' link. Additional educational materials such as fliers and fact sheets are available to print, just click on the 'Fact Sheets' link. Pneumococcal vaccine educational

materials also are available to order free of charge!

For more information, contact Michelle Feist at mafeist@nd.gov or Tracy Miller at tkmiller@nd.gov or call 800.472.2180.



Public Health Responds To the Tornado Disaster in Northwood

Wally Helland, Debbie Swanson and Don Shields
Grand Forks Public Health Department

Today is the one-month anniversary after the tornado, and it is hard to put into words how a storm of this magnitude impacted 959 residents, and forever changed the face of this beautiful little city on the prairie.

At approximately 8:50 p.m. on a hot Sunday evening, August 26, 2007, a category F-4 tornado tore apart the community of Northwood, North Dakota. This tornado caused great damage, injuring 18 people, and killing one person. Many streets were impassable because of debris and power lines brought down by the storm. Kevin Dean, Grand Forks Public Information Office, and spokesperson for the Northwood Emergency Operations Center (EOC) was at the scene by 11:00 p.m. that night and reported, "there's virtually nothing ... that hasn't been damaged."

The Grand Forks EOC was set up immediately Sunday night, in a "supporting role" to assist the Northwood EOC, located 30 miles southwest of Grand Forks, in Grand Forks County. Many Grand Forks city and county agencies responded to assist Northwood. These agencies included Emergency Management, Public Health, Public Works, Public Information Office, Police, Building Inspections, Fire Department, Urban Development, the Sheriff, and County Social Services. In addition, many other community agencies including Altru Hospital, Grand Forks Air Force Base, the Salvation Army, the American Red Cross, FEMA, North Dakota Department of Health, Lutheran Social Service Volunteers, Northeast Human Service Center and many more were also in Northwood providing a helping hand.

On Monday, August 27th, Governor John Hoeven issued an emergency declaration for Northwood and flew to the community to meet with local officials. People from around the region responded to help with debris removal, cleanup, and support for the citizens.

The public health initial response involved coordination and resources for emergency rescue, evacuation, and then proceeded to restoration of services, food and water contamination, personal safety, injury surveillance, clean-up, debris removal, assessing of safe structures, and more recently the rebuilding process. It is interesting to note that when you look at disasters (i.e. tornados, flooding, hurricanes, etc.), 40% of all damage is the result of water damage.

Public Health was on the scene early providing nursing support services at the Northwood shelter. A church, used as a shelter, was not even on the list to be used as a shelter. However, all disasters require flexibility in terms of predetermined plans, people, and resources, because one never knows what will remain as a community asset after a disaster. Public Health staff also assisted the Red Cross national disaster relief coordinators when they arrived at the scene on Tuesday, August 28th to help the local Red Cross effort. We provided updates of local information and contacts regarding the situation in Northwood. In addition, by Tuesday afternoon, a Red Cross volunteer physician from Scranton, Pennsylvania, arrived to provide services in the shelter.



Mosquito Control crews from Grand Forks Public Health provided citywide spraying three times over the first several weeks to protect citizens and volunteers from West Nile Virus and nuisance mosquitoes while they worked outdoors in the cleanup effort. B & G Chemical Company generously donated the chemicals used in the spraying operations.

Grand Forks Environmental Health staff was involved conducting assessments, providing advice on disposal of food, guidance on temporary food operations, as well as safety and cleanup guidance. During this period we also responded to calls concerning mold in homes and businesses, due to the wet conditions, as a result of losing roofs and the subsequent downpour of rain. We continue to provide assistance to residents on mold, moisture cleanup, and remediation guidance.

Grand Forks Public Health nurses, UND nursing students, and other area nurses provided a tetanus vaccination clinic located in the Northwood Valley Community Health Center and at the hospital during this period. Grand Forks Public Health nurses are also working with Traill County District Health Department to provide school services and immunizations to Northwood children attending school in nearby Hatton. In addition, public health nurses provided home visits to clients in Northwood during this period. Some clients were still able to be in their homes, while other staff contacted families of clients who had evacuated. Nursing staff also escorted clients who were injured to the Northwood clinic for treatment and then to the pharmacy in Mayville to have prescriptions filled. Lastly, public health nurses coordinated and distributed replacement car/booster seats to families who had car seats destroyed or damaged.

The Northwood Community Hospital was also in need of a van to transport ambulatory patients, because their vehicle was damaged during the tornado. The Grand Forks Public Health van was provided to the hospital on loan, for a period of three weeks, until their vehicle was repaired.

We also consulted with the North Dakota Department of Health (NDDoH) on a daily basis. The NDDoH Environmental Health Waste Management and Air Quality staff responded on site to provide cleanup and disposal guidance for vegetation and building materials that could contain chemicals and/or asbestos. In addition, the NDDoH Public Health Information Officer was in Northwood, at the request of the North Dakota National Guard, assisting residents.



The North Dakota Regional State Epidemiologist increased disease surveillance at the Northwood Community Health Center (hospital, clinic, and nursing home). The surveillance report for the period August 27, 2007 – September 7, 2007 revealed no increase in use of the Northwood Emergency Department, no significant increase of gastrointestinal or respiratory illness, and no symptoms indicative of carbon monoxide poisoning during this period. There were however anecdotal reports from residents that included increases in minor cuts and debris in the eye (i.e. sawdust, plaster, sheetrock) from the ongoing community cleanup efforts. An informal discussion with community residents found many of them stating they had minor health issues. However, they were too busy cleaning to go to the local community

health center, and chose to treat many of these conditions themselves.

Safety information on carbon monoxide safety, cleanup, respiratory protections, wearing of N-95 masks, disposal of food, disposal of hazardous waste, and tetanus vaccinations were widely distributed in the community. In addition, the safety educational fact sheets and pictures from Northwood obtained by public health staff were posted on the Grand Forks Public Health web site to assist volunteers responding to help Northwood.

Things that you might want to consider in your community emergency preparations include reviewing all emergency operations checklists with staff, updating staff contact listings, and developing an emergency health and human service agency contact listing with support time-lines. You may also want to consider establishing early increased surveillance for health and safety issues, drafting brochures and news releases in advance of an emergency for such common items as clean up, contaminated food, salvage items, carbon monoxide (generators), and immunization needs. In addition, be prepared to liaison with North Dakota State Health Department, and provide daily updates of current events.

One unresolved issue is the need to temporarily reassign staff that will still be paid with state and federal grants to respond to an emergency. Currently the North Dakota Department of Health prohibits using staff in an emergency response situation paid by the categorical programs. Grand Forks, like many public health departments, have about one half of the staff members that are funded by state and federal grants programs. A good example involves the emergency readiness preparedness grant. Currently this grant pays for an emergency response planner, an environmental health specialist, and a public information officer. All of these individuals responded and were paid by the grant for their efforts. A key component of this grant is the County Supplement portion that funds staff training and exercises to increase proficiency. What better staff training than an actual emergency event? Does it not make intuitive sense to use these funds to pay the salary of other department staff to respond during an emergency?

Another example can be seen in the Community Health Grant that supports work in school tobacco prevention. Our staff are members of the tobacco prevention coalition in Northwood, a group made up of community and faith leaders. By having Community Health funded staff in Northwood helping at the shelter, the presence will be remembered and the influence with school and community leaders on the prevention coalition will be greatly strengthened in the future. Other Community Health funded staff provide tobacco cessation services and counseling. These same staff working to support the shelter and clinic may lead to helping people maintain a tobacco free life during times of stress, or lead to referrals to the programs. In short, it is our belief that the funding silos should not be a deterrent to a seamless and effective response during an emergency.



We hope this article will assist other public health units in planning and responding to conditions as a result of a major disaster. All disasters are local events, and you will need to collaborate early and often with community, regional, and state agencies. You will also need more resources than you think you will. It is very important to prioritize your efforts, taking things one bite at a time, because it is impossible to do it all at once.

Grand Forks Public Health is grateful to the many local public health units, the North Dakota Department of Health, and the many individual volunteers that provided assistance from the initial emergency response efforts during the unfolding disaster, and through the ongoing recovery that continues today. The recovery effort is a tough process about engaging bureaucracies, and Northwood will need assistance for a long time.

The citizens of Northwood, who we talked with, were very appreciative of any and all assistance. In fact, they were overwhelmed with the generosity, caring, and commitment of the many volunteers, agencies, and people helping them in this time of great need.



Nutrition in the Garden A Public Health Venture

By Wanda Agnew, PhD, LRD

Bismarck Burleigh Public Health (BBPH) nutrition services took advantage of the community's first public garden by offering nutrition messages in the garden. The project was a partnership between Park & Rec, BBPH's dietitian, and adolescent foster children from the community.



BBPH procured the 12' X 12' plot, gathered partners to donate plants, and collaborated with foster care organizations willing to include the "Nutrition in the Garden" project as part of their regular summertime activities. More than 20 adolescents and their care providers came to the garden throughout the summer to help plant, weed, water and learn about plants and growing food. Of these participants only one had experienced gardening previously, but all were excited as they were able to identify the plants by name as the summer progressed. At the initial gardening session each participant identified their cultural heritage and any gardening memories they could recall from the past. Every participant had as memory of their parent or grandparent growing some of their own food. It is a societal concern that these memories will not be available to the younger generations. The participants gathered more than three bushels of tomatoes, over a bushel of a variety of peppers, 11 pumpkins, 13 squash, sage, dill, onions, and parsley. The teens were very excited to learn how to turn their produce into salsa and pickles. The project lessons included the fitness benefits gardening offers, herb use, Fruit and Veggies-More Matters, phytochemicals, plant fiber science, as well as information about The Three Sisters – Corn, Beans and Squash. Three Sisters stories are varied and originated from many indigenous tribes in North and South America as well as Africa. Most cultures used Mother Nature to base their calendars and teach children about respect, food and the connection to health, as well as procreation and selection of lifelong mates. The plan is to replicate the project again in 2008 with the hope of opening the Nutrition in the Garden lessons to all community members. The photos show the corn and squash patches.

New Program Director for Comprehensive Cancer Prevention and Control Program



Joyce Sayler joined the North Dakota Department of Health, Community Health Section, Division of Cancer Prevention and Control as the program director of the Comprehensive Cancer Prevention and Control Program on September 24, 2007. As program director, Joyce will be responsible for the oversight and administration of this program, including building and maintaining collaborative efforts, partnerships and community networks to achieve program goals and objectives. She will work closely with the North Dakota Cancer Coalition in the implementation of the State Cancer Control Plan.

Joyce comes to the Department of Health from local public health, having worked at Custer Health for 13½ years. Her primary role while at Custer Health was as the *Women's Way* local coordinator for 10 years. While at Custer Health, she was instrumental in the development of a women's wellness program on the Standing Rock Reservation that involved partnership building with a variety of tribal, state and federal entities. This program has since expanded into the local men's wellness program and is being replicated on many other reservations.

Joyce lives in Mandan with husband, Mark. She has two grown children, Elizabeth Jacobs and Tony Sayler.

UND NURSING RECEIVES TWO FEDERALLY FUNDED GRANTS TO SUPPORT MASTER'S PROGRAM SPECIALTIES

The University of North Dakota College of Nursing is the recipient of two grants to support new Master's degree tracks specializing in Gerontology and Public/Community Health Nursing. The grants are funded through the Health Resources Services Administration (HRSA), a division of the U.S. Department of Health and Human Services. Enrollment for both degree options will begin in the fall of 2007 with options to earn an RN to MS degree, MS degree, or post-nursing master's certificate.

With the addition of these two programs, the UND College of Nursing now has three federally funded Master's degree grants, the Psychology/Mental Health Master's degree grant was renewed in 2006. "We at the College are thrilled with this news", shares Dr. Chandice Covington, dean of nursing. "Education in the areas of gerontology and public/community health is in high demand in North Dakota and the nation. The faculty directing these programs are dedicated to success and seeing an impact on health in our region. We at the College applaud their hard work and commitment."

The **Gerontological Nurse Practitioner (NP)/Clinical Nurse Specialist (CNS) program** is an online, five-semester track of 51 credits for the NP and 54 credits for the CNS which will allow graduates to earn their Gerontological NP or Gerontological CSN certifications through the American Nurses Credentialing Center (ANCC).

Of today's 2.7 million registered nurses, less than 1% is certified in Gerontological nursing and only 3% of Advanced Practice RNs have specialized training in this area. Nearly two-thirds of North Dakota's 39 rural counties have 20% or more of their population base 65 years of age or older and that proportion is expected to jump by at least 10% by 2020.

"Without enough gerontologically educated advanced practice nurses, our state and our nation's health care industry remains under-prepared to address the complex health care needs of older adults," shares Dr. Marcia Gragert, project director.

The **Public/Community Health Clinical Nurse Specialist (P/CHN CNS) program** will prepare nurses for advanced practice nursing care of populations in a distance-delivery format. The Master's track will focus on population-based care of vulnerable populations in rural areas and will provide education in the public health sciences.

"In many rural areas, nurses provide the majority of public health services and are often one of the only health professionals in the community," shares Dr. Tracy Evanson, project director. "This demands that these nurses fill many diverse roles and have a high level of competence in the areas of health promotion and disease prevention at the individual, family, community, and systems levels in order to keep rural populations healthy. The new track will prepare nurses for this advance practice role and will enable them to develop effective interventions to meet the needs of vulnerable rural populations."

This program is greatly needed in North Dakota and region, as it is the only one of its kind between Minneapolis, MN, Boise, ID and Omaha, NE. The program will serve to improve the public health infrastructure, one of the major focus areas of Healthy People 2010.

Both project directors are faculty within the UND College of Nursing.

Dr. Gragert has a great deal of experience in adult health and gerontology nursing. She has worked in critical care, medical-surgical and long-term care areas and her research has focused on chronic health problems and sleep disturbances in the adult and older adult population.

Dr. Evanson has a strong background in public and community health in both practice and research. Her research focuses on developing the role of public health nursing in domestic violence prevention and intervention. Victims of domestic violence are a vulnerable population that is often hidden, unrecognized by health care providers, and difficult to access. Public health nurses, who often work in home settings, may be in the best position to provide effective care to this vulnerable population.

The UND College of Nursing offers undergraduate and graduate programs, from a baccalaureate nursing program that is fully accredited by the Commission on Collegiate Nursing Education to master's education with six specializations and a doctoral program that prepares nurses for roles as nurse scientists and faculty. The Department of Nutrition and Dietetics prepares students for roles in community nutrition or dietetics and is accredited by the Commission on Accreditation for Dietetics Education of the American Dietetic Association.

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MEDICAL MISSION TRIP TO GUATEMALA

Imagine little children getting no milk or meat in their diet, a stream of sewage where they play, and drinking water that is full of bacteria. The children don't grow very big and often have intestinal diseases.

As a Grand Forks Public Health Nurse, a medical missions trip to Guatemala was eye opening. I felt grateful for the strong public health system in our country that ensures safe water, food and waste management. Health care was seldom accessible for the Mayan people I visited. Poverty is a public health issue and I am glad to be a part of a system that works to eliminate some of those inequities. Not everyone is so fortunate.



Cindy Loiland, Grand Forks PHN
Demonstrating how to use fever medicine

3rd Annual Bismarck Tobacco Prevention Youth Summit



On Oct. 4, 2007, Sue Kahler, School Tobacco Prevention Coordinator from Bismarck Burleigh Public Health organized the 3rd Annual Bismarck Tobacco Prevention Youth Summit for middle and high

schools. About 65 students from Bismarck High School, Century High School, St. Mary's High School, South Central High School, Horizon Middle School, Simle Middle School and St. Mary's 8th & 7th graders attended.

The goal of the summit was to educate the students about the latest information on how the tobacco industry markets to youth and the effects of secondhand smoke.

The Gold Star awards were presented to schools that have model tobacco prevention policy. This award is an

honor given when a school follows all the procedures in obtaining full tobacco prevention. Schools must offer tobacco prevention education, tobacco-free buildings and tobacco information. There was a presentation by Sue Kahler and Pat McGeary on how the tobacco industry targets youth through advertisement placements in tobacco stores. Another presentation was provided by Michelle Walker focusing on the need to have smoke free homes and cars. According to a 2006 surgeon general's report, there is no risk free level of exposure to secondhand smoke

The result of the summit was action plans that each school developed with activities they plan to do for Great American Smoke Out on Nov. 15 and Kick Butts Day on April 2, 2008.



Women's Way Celebrates 10 Years of Service to North Dakota Women

On Sept. 18, 2007, the Governor's Residence was filled music, laughter and more than 70 *Women's Way* clients, volunteers and health partners celebrating the 10th anniversary of the program.

First Lady Mikey Hoeven hosted the anniversary celebration. "As women, we often put our family's needs before our own," Mrs. Hoeven said. "This 10th anniversary celebration highlights how important it is for us women to take care of ourselves and our health."

Women's Way is North Dakota's Breast and Cervical Cancer Early Detection Program. The program works to reduce breast and cervical cancer deaths by increasing education and preventive screening among low-income, medically underserved, high-risk and minority women ages 40 to 64.

Women's Way screened its first client in September 1997; since then, 8,883 North Dakota women have received lifesaving breast and cervical cancer screenings and services. In addition, 141 breast cancers and 792 cervical pre-cancers and cancers were diagnosed and treated for women who otherwise may not have sought medical care.

At the *Women's Way* celebration, Kathryn Wentz, a breast cancer survivor from Bismarck, spoke about her experiences with *Women's Way*. She recalled how she discovered a lump in her breast and kept it secret for more than a year because she didn't have health insurance and couldn't pay for cancer tests or treatments. After enrolling in *Women's Way*, Kathryn underwent tests that diagnosed stage 3 cancer. Since then, the Medicaid – Women's Way Treatment Program has helped her pay for cancer treatment.

"*Women's Way* saved my life," Kathryn said. "Women should never have to keep cancer a secret because of money. There is a way with *Women's Way*."

Mrs. Hoeven told the women in attendance about how her mother died of breast cancer and how her father reminds her often about the importance of screenings. "My dad called just the other day and asked me if I'd done a breast self-exam," Mrs. Hoeven said. "I encourage all women to take care of their health, and all eligible women to seek the lifesaving services of *Women's Way*. Do it for your loved ones. Do it for yourself."

For more information about *Women's Way*, call 1-800-44WOMEN or visit www.ndhealth.gov/womensway.

Jessica Gilbertson Wins Regional Award from the Cancer Information Service



Jessica Gilbertson has been awarded the Spirit of the Cancer Information Service (CIS) Award for the North Central Region. Gilbertson is a CIS Partnership Program Coordinator located at the North Dakota Department of Health. The Cancer Information Service is a program of the National Cancer Institute providing the latest, most accurate information about cancer to patients, their families, and the public.

The Spirit of CIS Award is a national award is given to one person from each CIS regional office who had exemplified the qualities of caring, leadership, service, team spirit, and knowledge over the past year.

"Jessica is recognized not only by the regional team but also her partners as one who can be counted on to be available, persistent, focused and prepared," the nomination reads.

For the past 25 years, the Cancer Information Service (CIS) has provided the latest, most accurate information about cancer to patients, their families, and the public through its 1-800 4 CANCER phone service. The Cancer Information Service equips people with the reliable, science-based information they need to become active participants in their own health care - from prevention, to early detection, to treatment and survivorship.

Jessica grew up in Bismarck. Her husband Mike works at Bismarck High School. They are expecting their first baby in February. Jessica is an enrolled member of the Turtle Mountain Band of Chippewa Tribe.

Mission: Lifeline – a new plan to decrease deaths from major heart blockages

June Herman, American Heart Association

The American Heart Association recently launched **Mission: Lifeline**, a community-based initiative aimed at quickly activating the appropriate chain of events critical to opening a blocked artery to the heart that is causing a heart attack.

"**Mission: Lifeline** is our newest tool in fighting disability and death caused by heart attack and stroke," said Dr. Robert Oatfield, a North Dakota Cardiac & Peripheral Interventionalist and American Heart Association leadership volunteer.

"To improve their outcomes from a heart attack, patients need to recognize heart attack symptoms and immediately call 911 for emergency assistance. From that starting point, this critical chain of events must move quickly and appropriately so that we can open the blocked artery to their heart and restore blood flow to the heart muscle. This initiative will seek to improve quality and speed in many steps of this sequence of care for heart attack patients."

Oatfield said the association is uniquely able to activate national, state and local resources to implement the systems of care that improve patient outcomes. "With our network of volunteers and health professionals we can build systems so

patients get the care they need, where they need it and when they need it," he said. "We have great therapy for heart attacks. We must deliver it to everyone, and quickly, to save more lives – the context is that simple."

Mission: Lifeline is based on the findings of a group of key experts and stakeholders the association convened last year to develop a plan for improving care for ST-elevation myocardial infarction (STEMI), a type of heart attack caused by the sudden, total blockage of a coronary artery. The findings and recommendations of this workgroup will appear online today in *Circulation: Journal of the American Heart Association*.

While most of the 865,000 heart attacks that occur each year are non-ST elevation heart attacks that are not easy to recognize early, ST elevation heart attacks can be quickly recognized and treated to reduce heart damage. A STEMI heart attack carries a substantial risk of death and disability and calls for a quick response on many fronts. Although **Mission: Lifeline** is focusing on improving the system of care for the nearly 400,000 people who suffer from a STEMI heart attack, improving that system will ultimately improve care for all heart attack patients.

"Despite the proven benefits of quickly restoring blood flow to the heart muscle during a heart attack, 30 percent of STEMI patients do not receive the treatments available," said June Herman, Senior Advocacy Director for North Dakota. "Regrettably, public awareness campaigns and community-based interventions have not yet been effective in reducing the time from symptom onset to first medical contact or in increasing the number of patients who use emergency medical services to get to hospitals where they can receive the appropriate care. We must have a system in place that will do this."

"Addressing the systems of care for STEMI is a complex issue," she said. "As part of this initiative, STEMI treatment has been assessed from all points of view: doctor, nurse, patient, payer, hospitals, emergency medical services and policy-maker. It is the local community that can save a life and we are committed to empowering our communities to do just that. Because each community will have unique needs – based on geographical size and location, as well as varying resources among other factors – one system of care won't meet the needs of everyone. Through **Mission: Lifeline** we are working with local stakeholders to find the local solutions that will work for their communities."

Oatfield said there are two ways to open the heart artery for STEMI patients: either with clot-busting drug therapy or with the artery-opening procedure known as angioplasty. Among patients who receive either therapy in the United States, less than half are treated within the recommended timeframes after arriving at the hospital (30 minutes for clot-busting drugs; 90 minutes for angioplasty).

Angioplasty, also called percutaneous coronary intervention (PCI), is a procedure in which a tiny wire is inserted into the blocked area of a person's artery and a balloon is inflated to re-open the artery and restore blood flow to the heart. In many cases, a wire mesh tube, called a stent, is put in place to prop the artery open and prevent re-blockage. When performed as an emergency, the procedure is called "primary" PCI.

"Research suggests that primary PCI, when performed in a timely fashion by health care providers in experienced medical centers, is superior to clot-busting therapy in reducing the rates of death and complications after a STEMI heart attack – even when patients need to be transported from a hospital that can't perform PCI to one that can," Oatfield said. "However, clot-busting therapy is the mainstay of treatment because it is more widely available."

Of the nearly 5,000 acute care hospitals in the United States, about 2,200 have heart catheterization laboratories and only 1,200 of those are capable of performing PCI, according to the summary of last year's conference proceedings. Herman said that jeopardizes timely delivery of primary PCI to the majority of STEMI patients.

"Saving time saves lives. Getting STEMI patients the timely care they need involves a series of events that must flow seamlessly to be most effective," Hermans said. "The goal of **Mission: Lifeline** is to develop community-based systems across the country so patients can get appropriate care more quickly. Ultimately our goal is to improve outcomes and save lives."

This process starts with patient education to make the public more aware of the signs of a heart attack (which can be more subtle than most people realize) and the importance of calling 911 for emergency medical services (EMS) for transport to the hospital. Unfortunately, over half of STEMI patients either drive themselves to the hospital or are driven by family and friends resulting in a delay in life-saving diagnosis and treatment that trained EMS personnel could provide, Herman said.

Improving the diagnosis of STEMI heart attacks by EMS personnel before hospital arrival will be a crucial part of **Mission: Lifeline**. Currently, the diagnosis of STEMI or non-STEMI patients is typically not made until a patient arrives at the emergency room. However, if EMS systems have the personnel, training and appropriate resources, they can acquire, interpret and transmit 12-lead electrocardiograms (ECGs) that can show the patient is having a STEMI heart attack.

In the ideal scenario, the catheterization laboratory would be activated by EMS from the field, or by emergency physicians at the hospital after receiving transmitted ECGs from the EMS staff treating the patient. Patients transported to a non-PCI-capable hospital by EMS would remain on the stretcher with EMS personnel in attendance until the decision is made about whether to transport to a PCI-capable hospital. For patients who transport themselves to a non-PCI-capable hospital and require primary PCI, their transfer would occur with the same urgency as a 911 call.

"Since the majority of STEMI patients go to hospitals without onsite primary PCI capabilities, these medical facilities will play a pivotal role in increasing the number of patients with timely access to angioplasty," Herman said.

These hospitals would be referred to as STEMI referral hospitals and would treat patients according to standard triage and transfer protocols recommended by the American College of Cardiology/American Heart Association guidelines, with

incentives to rapidly transfer appropriate patients to a PCI-capable hospital for primary PCI. The system of care would also incorporate rapid data transfer to the PCI-capable hospital.

Other integral steps in the process will be working with payers and policy makers to ensure that mechanisms are in place for appropriate reimbursement and accountability protocols. A final component will be the development of a STEMI Center Certification Program with criteria for both STEMI referral and receiving hospitals.

Existing regional STEMI systems of care in Minnesota, North Carolina and Boston have served as models for the development of **Mission: Lifeline**. The American Heart Association-led initiative is being piloted in California, Texas and Florida, where state-level task forces of key stakeholders have already convened. Other states are considering holding similar meetings over the next year.

"In light of current ND legislative studies on the state's Emergency Medical System, the AHA will be convening an AHA advisory group to provide us with guidance in evaluating system recommendations that deliver evidenced-based quality health care to heart and stroke patients," Herman said. "Our guidelines for emergency cardiovascular care, our stroke center certification program and our Get With The Guidelines hospital quality improvement initiative have already saved many lives, but there is more we can do. **Mission: Lifeline** will help save more lives."

The North Dakota office of the American Heart Association will be convening a STEMI task force this September. Interested parties should contact June Herman at june.herman@heart.org

COVINGTON REPRESENTS NURSING IN NORTH DAKOTA AT REGIONAL CONFERENCE

Becky Cournia, Alumni & Development Coordinator, University of North Dakota College of Nursing

Dr. Chandice Covington, dean of nursing at the University of North Dakota, was a panelist at the August 2007 Council of State Governments' Midwestern Legislative Conference in Traverse City, Michigan. An invitation to present was extended by North Dakota Senator John Warner and Kansas Senator Vicky Schmidt, Co-Chairs on the Conference Health and Human Services Committee,

Dr. Covington spoke on North Dakota efforts to educate a new generation of healthcare professionals, as well as strategies to recruit and retain doctors and nurses, especially in the rural areas of North Dakota.

"I was so inspired by this conference where North Dakota legislators met to share with and learn from their peers in the Midwest region concerning their constituents' needs," said Dr. Covington.

"These dedicated elected officials spent long hours in meeting rooms talking about critical needs in human services, such as the nursing shortage and how the state legislatures can help ease the crisis. It was an honor to present the new work of the North Dakota Nursing Consortium voted in by Senate Bill 2349 in the last biennium. The Consortium is comprised of all nursing programs in the state and will address needs such as faculty shortages, student financial concerns, and accessing clinical resources for quality education of nursing professionals."

Senator John Warner shares that "we frequently adopt the attitude, in North Dakota, that we are too small or that we have too few resources to take a leadership position in national health policy but in many ways North Dakota's small size is our greatest asset."

"We can be a great laboratory for innovation," stated Senator Warner. "If something works it can be polished and perfected before it is presented to the larger community, and if an experiment fails we can turn North Dakota's relatively small health and medical establishments quickly to move in a new direction. Dr. Covington has developed a reputation for innovative

ideas and creative approaches to problem solving. I was delighted with the opportunity to show off one of North Dakota's brightest and best to this regional forum."

This annual conference focuses on those issues of greatest interest to policymakers in our nation's heartland – providing state leaders with the resources and tools they need to effectively address today's public policy challenges. Other topics on this year's agenda included a keynote session from innovation expert Daniel Pink entitled Technology & Society, a preview of the Congressional Agenda and Campaign 2008 and Pulitzer Prize-winning historian David M. Kennedy giving the closing address on Learning from Crises: The Great Depression and World War II.

North Dakota Legislators attending the conference included Senators Arthur H. Behm, Dick Dever, Dave Nething, Jim Pomeroy, Rich Wardner, and John Warner; and Representatives Wesley R. Belter, Rick Berg, Donald L. Clark, Mark A. Dosch, David Drovdal, Pam Gulleason, Matthew M. Klein, Kim Koppleman, William E. Kretschmar, Gary Kreidt, Ken Svedjan, and Steve Zaiser.

The Council of State Governments (CSG) was founded in 1933 with the sole purpose of pursuing excellence in state government. As the only nonpartisan, nonprofit association representing all three branches of government, they are committed to helping put the best ideas and solutions into practice.

The UND College of Nursing offers undergraduate and graduate programs, from a baccalaureate nursing program that is fully accredited by the Commission on Collegiate Nursing Education to master's education with six specializations and a doctoral program that prepares nurses for roles as nurse scientists and faculty. The Department of Nutrition and Dietetics prepares students for roles in community nutrition or dietetics and is accredited by the Commission on Accreditation for Dietetics Education of the American Dietetic Association.
