

# NORTH DAKOTA

Public Health Association

The mission of NDPHA is to improve, promote, and protect health for residents of North Dakota through leadership in policy, partnerships, and best practices.



*“Our Greatest Natural Resource is the Minds of Our Children” -Walt Disney*

## FROM THE DESK OF THE PRESIDENT MARY TELLO-POOL

Greetings all and Happy Spring!

With spring upon us and summer around the corner, public health awareness messages are once again needed to keep our citizens healthy and safe. Let’s do our part in reminding everyone to be aware of diseases transmitted by mosquitos, ticks, and rodents. Let’s also remind everyone to practice “safety first” when participating in water, park, and other outdoor summer activities. Following safety measures could help prevent dangerous health issues such as sunburn, dehydration, drowning, injuries, food poisoning, and severe allergic reactions. This is especially true for children and the elderly. Now that I have presented my public health message, I would like to share a few things on a more personal note.

As I enter into the last months of my term as President, I am amazed at how quickly the time has passed and how blessed I have been to have served. I have had the opportunity to work with some very dedicated public health colleagues. These individuals were instrumental in educating state leaders, healthcare partners, and public members on public health priority issues. I am proud of the support we provided to the APHA via letters to the editor, letters to our Congressmen, and personal contacts with our state legislators. This support allowed us to enhance the ability of the APHA to stand strong on legislative issues. I am also proud of our participation in “Public Health Day” at the legislature. It was an excellent opportunity for us to inform and educate our state legislators on the importance of supporting issues that contribute to ensuring good health for all North Dakotans. I know our efforts were appreciated and valued by so many.

I look forward to seeing you at the Rural Health Conference in June and hope to personally thank everyone for their continued support. Until then, I want to thank you for your gifts of membership and involvement with priority issues. I want to thank the Governing Council for their expertise and leadership. Finally, I want to thank our dedicated and very organized Executive Director for her unwavering support and attention to detail. Working together as a public health team is, and will continue to be, our greatest asset as an association!

Mary Tello-Pool, NDPHA President

# Sexual Assault Awareness Month



In 2016, 1,098 primary victims of sexual assault were served by 20 domestic violence/rape crisis centers in North Dakota according to CAWS ND (state domestic violence/sexual assault coalition). A national survey found about one in five women (18.3%) and one in 71 men (1.4%) in the U.S. have been raped at some time in their lives.

Sexual violence is a serious public health issue that affects all communities. Sexual violence is a broad term and includes rape, incest, child sexual abuse, intimate partner violence, sexual exploitation, human trafficking, unwanted sexual contact, sexual harassment, exposure, and voyeurism.

Sexual violence occurs when someone is forced or coerced into unwanted sexual activity without agreeing or consenting. Reasons someone might not be able to consent include fear, being

underage, having an illness or disability, or incapacitation due to alcohol or drugs.

Sexual violence is never the victim's fault. It does not matter what the victim is wearing or doing, whether the victim has been drinking, or what type of relationship the victim has with the person who is sexually abusing them.

As a health care professional, you might be one of the first people a victim chooses to talk to about an experience of sexual violence. While your focus often is on treating a victim in the aftermath of sexual violence, you also are a critical part of primary prevention (preventing violence before it occurs).

- Reinforce the meaning of consent for your patients when discussing sexual health. Consent is a voluntary, sober, enthusiastic, mutual and honest verbal agreement. It can't be coerced. The absence of a "no" doesn't mean "yes." Consent must be asked for during every step of the way.
- Believe survivors and educate staff on how to call out victim-blaming comments or rape jokes. Remind those around you that sexual assault is never the victim's fault.
- Develop protocols that ensure consistent practices for providing care to patients who experience sexual violence. This should include

screening patients for sexual violence at every opportunity.

- Partner with the local rape crisis center to promote activism campaigns with messages that support healthy masculinity, gender equality, and believing survivors.
- Educate staff on the forensic medical evidence collection process. Exams should be performed within 96 hours and should be conducted as privately as possible. Encourage nurses to become sexual assault nurse examiner (SANE) certified.
- Visit the ND Department of Health Sexual Violence and Intimate Partner Violence Prevention Toolkit for more information regarding primary prevention.

For more information on Sexual Assault Awareness Month visit the National Sexual Violence Resource Center at <http://www.nsvrc.org/saam>.

If you or someone you know is a victim of sexual assault, there is help available. For emergency safety services, support or shelter, contact your local rape crisis program or the National Sexual Assault Hotline 1-800-HOPE (4673). The list of ND service providers is available at <http://cawsnorthdakota.org/index.php/aboutus/directory/>.

# HAMILTON RETIRING FROM FIRST DISTRICT HEALTH UNIT

By Lois Mackey

Penny Hamilton, Director of Nursing, First District Health Unit is retiring the end of May this year. Her retirement party is scheduled for June 1<sup>st</sup>.

Penny graduated from Mary College of Bismarck with a Bachelor's degree of Nursing in May of 1972. She began her nursing career at St. Joseph's Hospital in Minot, ND. October 1, 1972 she found her passion for public health when she went to work at the First District Health Unit (FDHU). Penny has devoted 45 years of her life to the health of our public through her work at FDHU and in various volunteer positions. She became Director of Nursing at FDHU July 1, 1977.

She is passionate about Public Health. Infancy to elderly, she advocates healthy living for ages all across a lifespan.

In August of 1978, a baby had been born to a Minot Family who was deaf, blind, and severely disabled. The recommendation from the University Hospital was that the parents access an Infant Stimulation Program to provide intervention for the family; this program did not exist in North Dakota. In response, Penny initiated and organized an interagency meeting at the North Central Human Service Center (NCHSC) in Minot to collaborate a plan of action to assist this family in need. The outcome of that meeting was the establishment of the Minot State University Infant

Development Program which is still a vital regional program today. The program consisted of nurses provided by FDHU, social workers provided by NCHSC, and teachers provided by Minot State University. In addition to meeting the needs of the initial referral, the program served 45 infants at the end of the first year. Since that time, the program has met the needs of literally hundreds of infants and toddlers with disabilities or who were at risk to develop disabilities. Penny continued her pioneering efforts by guiding the program through-out its developmental stage by serving on the Advisory Board for many years, serving on the Regional Interagency Coordinating Council that resulted from these efforts, and assisting in the development of the first Regional Human Rights Committee.

Penny has guided many other vital health programs for poor families and at-risk families. This was evident in her work with the Intensive Care Newborn Clinic. This was a grant program secured by the First District Health Unit to provide a mobile clinic that would travel into the seven counties served by the FDHU to provide comprehensive developmental and health screening services and follow-up services to infants that had been discharged from the ICU in Minot. This became known as the High Priority Infancy (HPI) program. Penny also worked and supervised the Children and Youth



(C&Y) Clinic that provides comprehensive developmental and health screening services to low-income families and head start eligible families.

For years she has welcomed student nurses into the health unit, assuring that every student walks away with a deeper insight into social justice, health equality, and the empowerment that comes with involving the client in their care. Penny challenges students and her own staff to always think about the “bigger picture” and the impact of public health policies on diverse communities of people. She reminds us that we must be the voice for those who are not heard.

Among Penny's many callings of healthcare, home health held a special place in her career. Penny understands the importance of a person's “home” contributing to their well-being. She supervised and assisted dozens of contract nurses providing healthcare to the homebound for a number of years.

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# HAMILTON RETIRING FROM FIRST DISTRICT HEALTH UNIT

While assisting the FDHU environmental health staff with home inspections, she began her lifelong friendship with a woman in need, the local cat-lady. She took it upon herself to become guardian for this woman so she could maintain her independence in her own home.

Penny looked beyond her ratted clothes and brash personality and saw the vibrant, spit-fire of a woman who just needed a companion. Penny walked with her through each and every challenge she faced, whether it was her home being condemned, homelessness, physical decline, and nursing home placement. She took the time to take her shopping, out to eat, helped her with her finances, and took her to medical appointments. Penny never judged her, never forced her into a decision, but rather supported and assisted with helping her complete whatever task was at hand. Penny knew that one of the greatest sufferings her friend endured was loneliness. She allowed herself to step out of her comfort zone in many ways in order to advocate, protect, and empower her; even when it meant conflicting with others through work or professional affiliations. This is just one example of her compassion for people, especially the disadvantaged.

Penny initiated the development of the semi-annual ND Public Health Nursing Conference, which gathers public health nurses from across the state to discuss current health issues and promotes networking among the providers of Public Health.

She launched a work-site flu clinic program at FDHU which has substantially increased vaccination rates among the workforce in our community. This program allows employees to take a few minutes away from their job to get their flu shot without leaving their worksite. In 2016 alone she vaccinated 2,500 adults and their children at 78 local businesses.

She has been involved in Senior Services in the region for many years. In addition to her working career she has served on the board for the Minot Commission on Aging for 17 years, currently serving as board President.

She was a founding member of the Northern Plains Children Advocacy Center and has served on the board for a number of years.

Penny Hamilton is a woman who emulates justice, peace, and dignity to those who cross her path. Her character speaks without words. She is a doer and a leader. Penny would not ask of others unless she was willing to not only stand beside

them, but to fall with them. She represents what is fair and good in our world, never losing her faith for humanity. Penny's nurturing promotes, empowers, and teaches. It is how she lives. Awards:

Penny received the North Dakota Public Health Association "Outstanding Service Award" in 1996 for outstanding work and achievement over her lifetime in the field of Public Health.

In 2012 she was awarded the Minot Area Chamber of Commerce "Eagle Award" recognizing her for excellent customer service through the worksite flu clinic program.

In 2014 she received the North Dakota Public Health Association "Public Health Worker of the Year" award for outstanding public health contributions or achievements in that year.

The North Dakota Department of Health awarded Penny and her nursing staff the "Award of Excellence for Public Health Service" in 2014.

She received the 2016 Women of Distinction "Lifetime Achievement Award" from the YWCA which will be presented at a May 5th banquet in Minot.

# PESTICIDES AND ENVIRONMENTAL HEALTH

By Ryan Fischer

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## INTRODUCTION

Agriculture remains a dominant industry in the state of North Dakota, and pesticides in the form of agricultural chemicals continue to be the dominant form of controlling weeds, insects, and fungi. Among the priorities of public health are environmental health concerns, stemming from the effects that pesticides have had historically on human, plant, and animal populations; Rachel Carson's now-legendary Silent Spring awakened the world to the environmental impacts of DDT as a notable example.

By bringing environmental concerns related to pesticide use to attention, the North Dakota Public Health Association mirrors the mission of public health in a heavily agricultural state. Opportunities for education and outreach in cooperation with the North Dakota Department of Health and the North Dakota Department of Agriculture would work toward both the modifying of behaviors of pesticide users/applicators and the crafting of policies that will optimize compliance with regulations, as well as reducing the environmental impacts of pesticides.

## CURRENT POLICY

Training for individuals intending to apply pesticides is mandatory in the state and is conducted through the North Dakota State University extension service. Emphasis is placed on safe handling, use, and disposal of pesticides along with emergency procedures in the event of spills or other unintended releases of chemicals into the environment. Pesticides are viewed as a component of Integrated Pest Management (IPM), which, in addition to pesticides, includes biological, physical, and genetic controls that either eliminate or minimize the harm done by weeds, insects, and fungi. When pesticides

are used, IPM emphasizes use of the least toxic pesticide possible.

North Dakota's agriculture department has a regulatory structure for enforcement of laws related to the handling, use, and disposal of pesticides. However, the language from the department's website is unspecific as to the procedures of enforcement.

*The Department takes violations of pesticide laws and administrative rules seriously because we recognize that non-compliance increases the risk of adverse effects to health, safety, and the environment. When violations are identified, we can respond in a number of ways to bring people into compliance, including using warnings and education, suspension or revocation of certification, or the issuance of civil penalties. (North Dakota Department of Agriculture, 2017).*

Complicating matters further is the expansion of North Dakota state government to include a department of environmental quality, which presumably could wrest control of enforcement (at least partially) from the agriculture department. Claims that this new department would prevent overreach of the federal government – particularly the Environmental Protection Agency – are worrisome to those charged with reducing harmful impacts of toxic substances. The inherently self-contradictory notion of an anti-regulatory regulatory agency casts doubt upon environmental policy priorities for the future, particularly for those concerned about the safe handling, use, and disposal of pesticides.

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To date, the agriculture department has included a voluntary pesticide take-back program as one of its commitments to environmental protection. Project Safe Send is offered once per year at various locations across the state, allowing citizens to safely dispose of leftover and unwanted chemicals that would otherwise be a nuisance or hazard where they were stored. However, it remains unclear as to how widely known or well utilized this program is, and as the intention of it is voluntary, it may not get taken advantage of as it should because of the no-pressure approach taken by the agriculture department. (On the other hand, it may be likened to “no questions asked” take-back programs for narcotic drugs and the like – the “carrot” is the fact that one is protected from any kind of self-incrimination in the event of misuse.)

To summarize the policy approach toward pesticides in North Dakota, it is evident that the state wishes to minimize nuisances that may be perceived as over-regulation or “government overreach.” While this assists producers in efficiency and profitability, it may at times compromise care for the environment. The result, therefore, is uneasy for environmental policy advocates when they sense an obligation to promote regulations that could decrease a producer’s efficiency or profitability. In order to lessen this unease, it is incumbent upon environmental policy advocates to remain engaged with both the

agricultural and legislative sectors in addition to the disciplines of environmental, plant, and insect science.

## RECOMMENDATIONS

There are no easy answers for issues this broad and far-reaching, but the North Dakota Public Health Association is encouraged to consider opportunities for advocating sound environmental health policies for the state’s agricultural sector. The most concrete way in which this advocacy can take place is through identifying environmental hazards (in this case, those caused by pesticides) and encouraging policies that reduce or eliminate these hazards.

The North Dakota Public Health Association, therefore, could advocate for broader opportunities for safe disposal of pesticides through expansion of the agriculture department’s Safe Send program. More generally, there may also be opportunities for expanding the roles of education and enforcement in situations where carelessness, indifference, and environmental damage is evident. Currently, the agriculture department cites “a number of ways to bring people into compliance,” but how often, consistently, and swiftly have violations been dealt with? The North Dakota Public Health Association must educate itself in this regard and ensure that environmental protection in the state’s agricultural sector remains a priority.

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The North Dakota Public Health Association, therefore, could advocate for broader opportunities for safe disposal of pesticides through expansion of the agriculture department's Safe Send program. More generally, there may also be opportunities for expanding the roles of education and enforcement in situations where carelessness, indifference, and environmental damage is evident. Currently, the agriculture department cites "a number of ways to bring people into compliance," but how often, consistently, and swiftly have violations been dealt with? The North Dakota Public Health Association must educate itself in this regard and ensure that environmental protection in the state's agricultural sector remains a priority.

In addition to advocating for more a more structured approach to enforcement, there are also opportunities to encourage incentives. If the "bottom line" of cost is important in the agricultural sector, then would be wise to consider making environmentally sound practices economically beneficial to producers. In *The Future Role of Pesticides in U.S. Agriculture* (2000), it is suggested that such incentives are as basic as phaseout of older, more toxic pesticides and introduction of newer, safer pesticides that can be used in smaller quantities at lower cost (p. 112). This, in addition to best practices proposed by the Organization of Economic Cooperation and Development (2012) that emphasize thorough regulation and compliance structures, has the potential to strike a balance between reward and penalty – which ultimately leads to the creation of sound policy.

Given also the high value in this state of coalition-building, the North Dakota Public Health Association must resist adversarial roles toward agricultural producers; furthermore, it must facilitate cooperation between the state's agricultural and health departments, the legislature, and those in the field – i.e. farmers themselves. Finally, success in policy advocacy depends on engagement with the people whose behaviors require modification; thus, it is extremely important to listen to the concerns of

everyone involved rather than imposing an agenda disguised as "education" upon them.

The North Dakota Public Health Association is hereby entrusted with the recommendations and strategies contained in this policy brief, and is encouraged to prioritize safe handling, use, and disposal of pesticides in agriculture as well as education, enforcement, and engagement in the state's agricultural and governmental sectors on matters of environmental health.

## REFERENCES

National Association of State Departments of Agriculture Research Foundation. (2014). *National Pesticide Applicator Certification Core Manual* (Second Edition). Arlington, VA: NASDA Research Foundation.

National Research Council. (2000). *The Future Role of Pesticides in US Agriculture*. Washington, DC: The National Academies Press.

North Dakota Department of Agriculture. (2017, April 20). *Pesticide Enforcement and Compliance Assistance*. Retrieved from <https://www.nd.gov/ndda/general-resource/north-dakota-state-government/pesticide-enforcement-and-compliance-assistance>

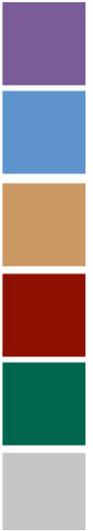
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2017

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Dakota  
Conference  
on Rural and Public Health

June 13-15 • Holiday Inn • Minot, ND



## CALL FOR RESOLUTIONS & POLICY STATEMENTS

Policy and Advocacy Committee Chair, Debbie Swanson

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An important part of the work of NDPHA is adopting positions on various public health issues. Advocacy is an essential part of public health as it helps to shape health policy and impacts the people we serve. The NDPHA Policy and Advocacy Committee would like to hear from the membership about public health policy, system or environmental change that is needed to improve public health. We would be happy to help you shape your idea into a resolution for presentation at the annual meeting on June 13, 2017, in Minot.

Please submit your resolutions to Debbie Swanson, Policy and Advocacy Committee chair by May 1, 2017. Members of the committee are: Holly Brekhus, Amy Burke, Chelsea Bryant, Gretchen Dobervich, Julie Ferry, Ryan Fisher, Morgan Foster, Eliot Koester, Anna Ojczyk, Jamal Omar, Jacob Walker Swaney, Debbie Swanson, Haley Thorson and Maylynn Warne.

Copies of current resolutions can be found at [www.ndpha.org](http://www.ndpha.org).

# Treating Tobacco Dependence in Behavioral Health Settings



A **FREE** two-day training developed for psychiatrists, nurses, counselors, directors and other mental health professionals, which prepares the practitioner to effectively deliver tobacco services to smokers with mental illness or substance use disorders in North Dakota

**TUESDAY, MAY 9, 2017**  
**9:00 a.m.-4:30 p.m.**

**WEDNESDAY, MAY 10, 2017**  
**9:00 a.m.-4:30 p.m.**

UNIVERSITY OF MARY | BISMARCK | NORTH DAKOTA

FEATURING

**RUTGERS**

Robert Wood Johnson  
Medical School



*Activity Director:*  
**Jill M. Williams, MD**  
Professor of Psychiatry  
Chief, Division of Addiction Psychiatry



**Marc Steinberg, PhD**  
Assistant Professor of Psychiatry



**Patricia Dooley, MA, LPC, CTTS**  
Mental Health Clinician  
Tobacco Treatment Specialist

## Two-day CE/CME Activity ACCREDITATION

- **Physician:** 12 AMA PRA Category 1 Credits
- **Certified Counselor (NBCC):** 12 clock hours
- **Psychologist:** 12 CE Credits
- **Social Work (ASWB):** 12 Clock Hours
- **CTTS:** 12 Hours
- **Nurse:** This activity has been designed to meet the North Dakota Board of Nursing CE requirements. Refer to [NDBON.org](http://NDBON.org).
- **ND Board of Addiction Counseling:** 10 Hours

Click here to register or go to [bit.ly/2mk8MYO](http://bit.ly/2mk8MYO)

**Register**

## TUESDAY, MAY 9

- 9:00 a.m. **Prevalence of Tobacco Use and Mental Illness Co-morbidity**
- 10:00 a.m. **Neurobiology of Tobacco Use and Mental Illness**
- 10:45 a.m. Break
- 11:00 a.m. **Tobacco Control 101: E-cigarettes and Other Tobacco, Taxes and Policy**
- 12:00 noon Lunch
- 1:00 p.m. **Incorporating Assessment of Tobacco Dependence into Current Psychiatric Evaluations**
- 2:00 p.m. **Pharmacologic Treatments: Part 1**  
**Pharmacologic Treatments Part 2: Tailoring Pharmacology for Smokers with Mental Illness**
- 4:30 p.m. Adjourn | Closing Remarks

## WEDNESDAY, MAY 10

- 9:00 a.m. **Using Motivational Interviewing in Tobacco Dependence Treatment**
- 10:30 a.m. Break
- 10:45 a.m. **Psychosocial Treatments: Individual and Group Counseling for Tobacco**
- 11:45 p.m. Lunch
- 1:00 p.m. **Using Peers to Address Tobacco: CHOICES Program**
- 2:00 p.m. **Behavioral Health Systems Change: Promoting and Creating a Tobacco-free Environment**
- 3:00 p.m. **Treatment Planning Discussion and Exercises**
- 4:15 p.m. Participant Evaluation and Post-test
- 4:30 p.m. Adjourn

After the training, attendees may be eligible to receive technical assistance toward integrating their learnings into organizational practice. Organizations are encouraged to be strategic about who attends this training for optimal staff development and system-wide support.

## LEARNING OBJECTIVES

Upon completion of this program, participants should be better able to:

1. Describe the prevalence and consequences of tobacco use and behavioral health conditions (mental illness and addictions).
2. Better understand the neurobiology of smoking and behavioral health conditions (mental illness and addictions).
3. Recognize the basic “spirit” of motivational interviewing, treatment engagement strategies (i.e., open-ended questions, affirmations, reflective listening) and describe “change talk”.
4. Describe valuable tools for assessing tobacco dependence including DSM criteria, Fagerstrom scores and measurements of expired carbon monoxide.
5. Review the role, benefits and potential risks of FDA approved medications for treating tobacco dependence including indications and contraindications, special precautions and warnings.
6. Become familiar with brief interventions, group and individual counseling and social supports to treat tobacco dependence and prevent relapse after a quit attempt.
7. Describe the advantages of using a peer-to-peer approach to address tobacco for individuals with behavioral health conditions and learn about one approach, the CHOICES Program.
8. Learn about ways that policy can reduce tobacco use and support treatment and review practical strategies to overcome challenges in becoming a tobacco-free facility.
9. Assess the influence that tobacco marketing communications have on smoking behaviors and dispel myths and misconceptions about tobacco products.
10. Develop treatment plans for treating tobacco dependence in diverse populations with behavioral health conditions.



## CONTACT

**Reba Mathern-Jacobson, MSW**  
**Director, Tobacco Control**  
**American Lung Association in North Dakota**  
**Reba.MathernJacobson@Lung.org**  
**701-354-9719**