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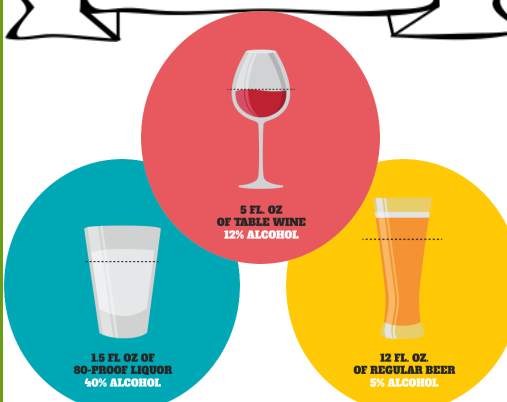
## PARENTS LEAD

Parents LEAD (Listen, Educate, Ask, Discuss) is an underage drinking prevention effort targeting parents through a statewide web-based communication platform. The program is designed to help parents initiate and/or continue conversations with their children about underage drinking and other difficult subjects at any age.

For more  
information visit:  
www.parentslead.org

Speak in Volumes  
&  
**YOU'LL SPEAK VOLUMES**  
about how much you're drinking

**ONE DRINK EQUALS**



1.5 FL. OZ. OF 80-PROOF LIQUOR  
50% ALCOHOL

5 FL. OZ. OF TABLE WINE  
12% ALCOHOL

12 FL. OZ. OF REGULAR BEER  
5% ALCOHOL

### WHAT'S A STANDARD DRINK SIZE?

The simple answer is .6 fluid ounces of pure alcohol. The not so simple answer: You can't drink pure alcohol. It's flammable. And it tastes awful. Even vodka, which at 100 proof is often called hard liquor, is only 50% alcohol. Then you have to factor in the size of the pour or, in the case of beer, the size of the glass.

The point is, counting drinks isn't a good way to keep tabs on how much you're drinking. Volume is. But, with so many variables, that takes some math.

You could ask the bartender. He or she should know the strength of the drinks they serve. You could also do a little research. Find out how much alcohol goes into your favorite drinks.

But, no matter what you do, please know that one drink isn't necessarily just one drink.



POLICE • COMMUNITY PARTNERSHIPS

## National Night Out/ Law Day

August 4, 2015  
5:30-8:00 p.m.  
North Hill Soccer Complex

The Minot Police Department will be teaming up with many other community agencies to host the annual National Night Out/Law Day. The community event will be held in order to promote public safety and give recognition to those individuals and agencies who keep our community safe. The event includes free games, food, music, educational booths and law enforcement special equipment displays. The event will be held in the North Hill Soccer complex (1200 block of 21st Ave NW) on Tuesday, August 4, 2015, 5:30pm to 8:00pm.

This annual event is designed to strengthen our communities by encouraging neighborhoods to engage in stronger relationships with each other and with their local law enforcement partners. It's also the perfect opportunity to get to know your neighbors and meet those who keep the Minot area safe. See you there!

First District Health Unit



www.fidhu.org

make a  
**difference**



Public Health  
Prevent. Promote. Protect.

# PREVENTION POST

Volume 1

Spring 2015



Quit tobacco today  
for your health and  
the health of your  
baby

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"An ounce of prevention is worth a pound of cure."

- Benjamin Franklin

Baby & Me Client ~ Lindsey Brossart & daughter, Kimber Raynn

## Baby & Me - Tobacco Free Program™

In 2009, First District Health Unit applied for a grant with the March of Dimes to implement the BABY & ME – Tobacco Free Program™. The following year the North Dakota Department of Health allowed grant recipients to apply for a local BABY & ME – Tobacco Free Program™. First District Health Unit has been growing the program ever since.

The BABY & ME – Tobacco Free Program™ is a national program that focuses on empowering pregnant women to quit smoking and then provides support in relapse prevention. It originated in Western New York State in 2002. The BABY & ME – Tobacco Free Program™ has a 60% quit rate six months after delivery.

## Working in Partnership with the Following Coalitions:





Quentin Burdick Job Corps Students with FDHU's Bonnie Riely

As of Monday, January 26, 2015 when students, visitors, volunteers, staff, contractors, and community members enter campus it will be the new, better, Quentin Burdick Job Corps – a place that promotes a healthy work and learning environment where all tobacco products, including electronic devices and paraphernalia are prohibited.

## Job Corps Goes Tobacco-Free

It was 6:00PM on a Sunday evening. A group of about 50 Job Corps students gathered with several staff members to hold a ribbon cutting ceremony to celebrate the new healthy, tobacco-free campus at the Quentin Burdick Job Corps in Minot. The students and staff gathered in the once-popular smoking section of campus. Caution tape tied from one outdoor ashtray to another was used for the ribbon cutting ceremony. The Director of Job Corps, Mr. Curtis Shepard, declared Job Corps officially tobacco-free. The students and staff began to chant as the ribbon was cut: "Job Corps, Better, Job Corps, Better!"

The students moved inside to the recreation center to conclude the celebration. First District Health staff presented an Award of Excellence to Mr. Shepard for the new strong, comprehensive, tobacco-free policy. The students lined up for a catered dinner, cake, drinks and games.

In preparation for this policy change on campus, Job Corps staff contacted First District Health Unit – Tobacco Prevention Division for guidance. First District provided a checklist and a sample comprehensive policy endorsed by the North Dakota Center for Tobacco Prevention and Control Policy. Job Corps staff fulfilled all the items on the checklist in the process of implementing this high standard policy.

Helping current tobacco users quit was very important to the Job Corps staff and student leaders. Bonnie Riely, Tobacco Cessation Coordinator at First District Health, conducted two Kick Start classes on campus. About sixty students had their carbon monoxide levels tested, and received information on quitting tobacco. They also started the process of enrolling in NDQuits, the North Dakota quitline and web support program.

The student involvement in the process of policy change was extremely apparent. Students created posters, made decorations, participated in ribbon cutting, made the cake decorating recommendations and decided the time and location of the event. In addition, student leaders assistance with the Kick Start cessation classes.



Students Support New Policy



Bonnie Riely & Renae Byre Present a Gold Star Award to the Burdick Job Corps Center Director, Mr. Shepard



First District Health Unit in Minot offers car seat checks by appointment

Monday - Friday  
8:00 am - 4:30 pm

There is a \$5.00 fee for this service



TIP: The belt path is where the seat belt or latch strap goes through the car seat.

## Choosing and Using the Right Car Seat

### Stage 1: Rear Facing (0-2 yrs)

There are two different types of rear facing car seats: infant (rear facing only) and convertible (changes from rear facing to forward facing). It is important to keep your child rear facing as long as possible. It is the safest way for baby to ride.

Here are a few tips and tricks to tell if you are using your child's rear facing seat correctly:

- ◆ **Harness is adjusted to the level at or below baby's shoulders**
- ◆ **Harness is tight enough that you can't pinch any slack**
- ◆ **Harness is free of twists**
- ◆ **Chest clip is located at armpit level**
- ◆ **Seat moves less than 1 inch side to side**
- ◆ **You are using either the seat belt or anchor clips (never both together)**

You will know baby is too tall for his/her rear facing seat when they reach the height limit for their seat. Another way to tell is if their head is within one inch from the top of the seat. When that happens, it's time to move to a bigger seat.

### Stage 2: Forward Facing (2-4yrs)

Forward facing seats still have that all-important 5-point harness. Once your child has reached the maximum weight/height limit of their rear facing car seat they are ready to move to their forward facing seat.

In stage two you can either buy a forward facing only seat or change your convertible car seat to its forward facing position (usually done by flipping the foot on the bottom and turning the seat around). Convertible seats have two belt paths. Make sure you are using the right one for the forward facing position.

Here are a few tips and tricks to tell if you are using your child's forward facing seat correctly:

- ◆ **Harness is adjusted to the level at or above the shoulders**
- ◆ **Harness is tight enough that you can't pinch any slack**
- ◆ **Harness is free of twists**
- ◆ **Seat belt is through the correct belt path**
- ◆ **Chest clip is located at armpit level**

You will know your child is too tall for his/her forward facing seat when they reach the height limit for their seat. Another way to tell is that their ears are past the top of the seat. When that happens, it's time to move to a bigger seat.

### Stage 3: Booster Seats (4-12yrs)

A booster seat does not have a harness system. A booster seat positions the seat belt so that it fits properly over the strongest parts of the child's body.

**How to determine if your child is ready for a booster seat:**

- ◆ **The child has reached the height and weight limits of their current harnessed forward facing seat.**

- ◆ **The child is older than 4 and weighs more than 40 lbs.**

**If your child is younger than 4 years but has out grown the weight limits for their current harnessed seat, a booster is not your only option. Lots of manufacturers make higher weight harness seats (some up to 65 lbs).**

**A booster seat must be used with a lap and shoulder belt. It cannot be used with only a lap belt.**

Remember you should keep your child in a booster until they are at least 4'9". This is the height that the vehicle's seat belt will fit properly over the shoulder and waist area.



## North Dakota Child Passenger Safety Law

Children under the age of seven are required to ride in a child restraint (car seat or booster seat). The restraint must be used correctly – following the manufacturer’s instructions.

A seat belt may be substituted for children younger than 7 who weigh more than 80 pounds and are more than 57 inches (4’9”) tall.

A lap belt maybe used by children who weigh more than 40 lbs who ride in a vehicle with lap-only seat belts or if all other lap and shoulder belts are used by other occupants. (This is because booster seats require both a lap and a shoulder belt for correct use.)

Children ages 7 through 17 must be properly secured in a seat belt or child restraint (car seat or booster seat). The law applies to all seating positions, front seat and back.

The driver is responsible for ensuring that all occupants younger than 18 are buckled up in the appropriate restraint. The penalty for violation is a fine and one point against the license of the driver.

### FREQUENTLY ASKED QUESTIONS:

#### Which seat is the safest to use?

All child restraint systems are required to go through the same series of safety and crash testing. The safest seat for you is one you can install and adjust easily and correctly.

#### Does my seat have expiration date?

All child restraints have about a six year life. The expiration date is usually 6 years from the date of manufacture. There may also be a ‘do not use after’ date stamped somewhere on the bottom of your seat.

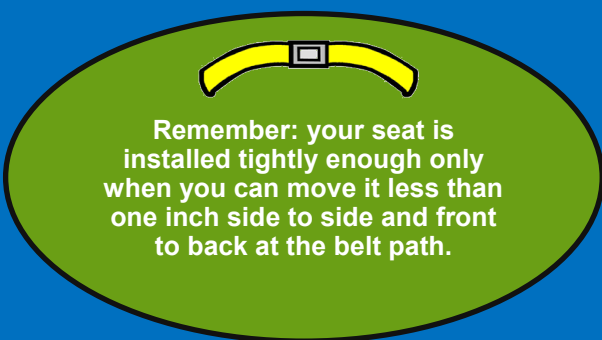
#### Is my baby is too big to be rear facing? Her legs are touching the seat and are bent or folded.

Having your child’s legs bent and touching the seat does not pose a safety hazard. Under age 2, it is more important to prevent neck and head injury in the case of an accident. You will know your child is too big to be rear facing when they reach the maximum weight and height limit for their seat (head is within 1 inch from the top of the seat back).

#### The back of my rear facing seat bounces up and down. I can lift it. Is this okay?

This is normal, and exactly what you want. In the case of an accident your seat will come up and cocoon baby between the car’s seat back and the child restraint. As long as your seat moves less than one inch side to side and front to back at the belt path your seat is installed tightly.

**Every time we move our children to the next stage we lose a level of protection; that’s why it’s important not to jump ahead. Their little bodies need time to develop. A 3-year-old may weigh 40 pounds but that doesn’t mean his body is developed enough to withstand a crash in just a booster seat.**



**Remember: your seat is installed tightly enough only when you can move it less than one inch side to side and front to back at the belt path.**



*Norm’s doctor encouraged him to share his story:*

*“You will save more lives by going out and telling your story than I ever will.”*



Norman Baune  
April 9, 1928-February 20, 2015

## “The Voice Of Experience” The Story of a Former Smoker

**It is with great sorrow** that the First District Health Unit Tobacco Prevention program mourns the loss of our dear friend Norm Baune.

Norm was a smoker for 43 years. Twelve years after quitting, he was diagnosed with cancer of the larynx.

Although Norm’s larynx was removed as part of his treatment, his goal is to make his ‘voice’ heard by a wide audience. Norm’s doctor encouraged him to share his story: “You will save more lives by going out and telling your story than I ever will.”

Using a hand-held device to make his voice audible, Norm shares his experience with a humorous and non-judgmental style that engages both students and adults. Using examples from his daily life and props used in his care, Norm’s tobacco-free message came through - loud and clear. By turning his cancer tragedy into a educational opportunity, Norm was able to make an impact and lasting impression on many students and adults. We are greatly honored to have learned from his “voice of experience”.

### 2015 LEGISLATIVE UPDATE



There were several bills that tobacco prevention educators and partners monitored and advocated for during this year’s legislative session.

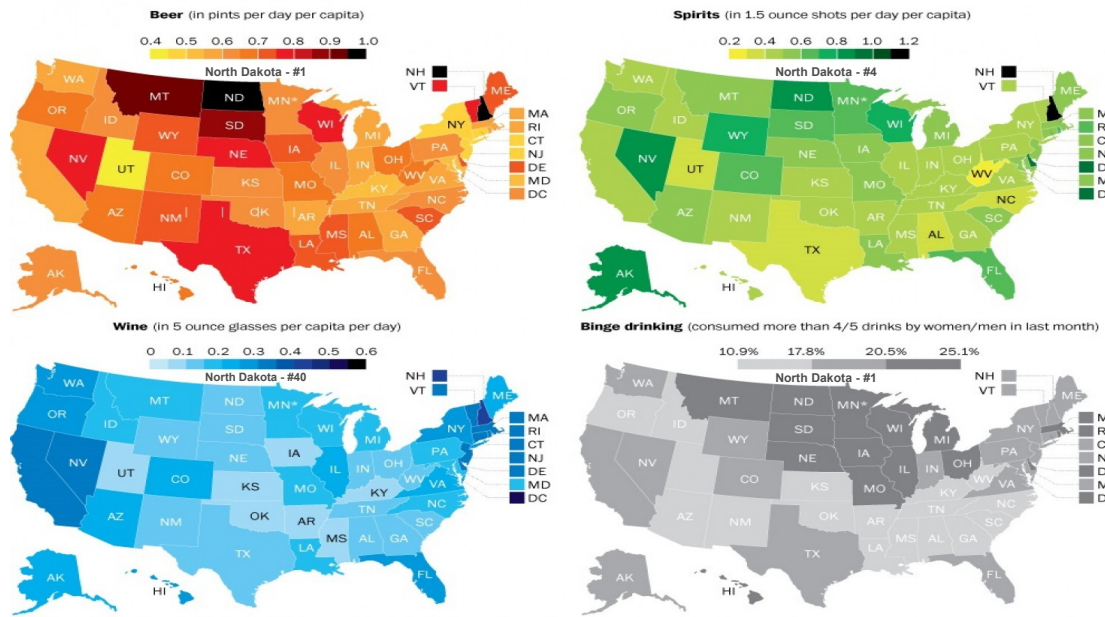
Two bills were introduced to increase the tobacco tax in the state of North Dakota: HB1421 and SB2322. Both bills failed on the floor. Currently, the tobacco tax in North Dakota is one of the lowest in the nation. Raising the cost of tobacco is a strategy that has been proven to decrease tobacco use, especially among youth.

Three electronic cigarette bills were introduced: HB1186, HB1078 and HB1265. Each of these bills supported an age restriction on electronic cigarettes. After combining language from all the bills, HB1186 was signed into law. There are a number of positive outcomes of this new law, including:

- a statewide age restriction of e-cigarette sales to minors;
- a comprehensive definition of electronic smoking devices and for vending machines sales;
- a requirement that packaging be child-resistant; and
- a ban on self-service displays of electronic smoking devices.

Several other bills will impact tobacco prevention funding in our state: HB1024, the Center for Tobacco Prevention and Control Policy budget; HB1004, the North Dakota Department of Health budget; and HB 1214, which related to the tobacco settlement trust fund.

Alcohol consumption by type by state



The maps above illustrate the alcohol problem in North Dakota

## Alcohol Prevention at FDHU

After being awarded a Strategic Prevention Framework State Incentive Grant (SPF SIG) from the North Dakota Department of Human Services, a task force of FDHU public health professionals was identified. The first phase was assessing the issues relating to underage drinking and adult binge drinking in our service area. Data related to substance use and related consequences was collected and examined. Keeping in mind the community climate, environment, resources and current infrastructure located in our service area. To help provide a better picture of concerns within the community regarding underage drinking and adult binge drinking, key partners/stakeholders were interviewed. These were community members from law enforcement, medical personnel, education representatives, governmental leaders and other stakeholders/influential partners. The number of radio and newspaper alcohol promotions were also examined.

Data and Information was gathered from a variety of sources including: uniform crime reports, DUI arrest rates, Crash reports, alcohol related property damage, Behavior Risk Factor Surveillance System 2002-2010,

the youth Risk Behavior Survey 2001-2013, Community Readiness Survey 2008, North Dakota Supreme Court 2008-2012, and CORE Alcohol and Other Drug Survey 2013.

When completed with the assessment, we were able to rank and score the intervening variables that the data showed is impacting our service area. Once this step was completed we went into each of our communities that has an established coalition. We invited key individuals and community members to take place in a meeting to choose the factors we should be working on in each community. The Strategies that First District Health Unit's service area have agree to pursue are the following: Mass media and local media campaigns on Parent's LEAD and adult binge drinking, compliance checks of underage alcohol sales, shoulder tap enforcement programs, teen party ordinance, enhanced law enforcement of alcohol related issues, school and campus alcohol policy, and alcohol warning posters.

Please be looking for our future newsletters so that we can report the progress we are making in these areas. If you would like to view our assessment or strategy workbooks to see more in depth information log on to [www.fdhru.org](http://www.fdhru.org) or call us at (701) 837-5182.

know your  
**DRINK**  
know your  
**LIMIT**

### WHAT'S BINGE DRINKING?

Here's how the National Institute of Alcohol Abuse and Alcoholism (NIAAA) defines it: **Drinking that brings blood alcohol levels to .08 g/dl. That typically occurs after four drinks in two hours for women and five in two hours for men.**

The caveat, of course, is that not all drinks are created equal. Some can be the equivalent of three and even four drinks. Which is why we say speak in volumes, and you'll speak volumes about how much you're drinking.



### Try These Quit Tips

- Pick a day to quit and stick to it.
- Throw out all your cigarettes.
- Drink 6 to 8 glasses of water a day.
- Chew gum, carrots or celery.
- Keep your hands busy. Make a baby album.
- Ask for support from your family, friends and healthcare provider.
- Think about your growing baby!

Get **FREE** diapers for quitting tobacco!



For more information contact FDHU today! 701-837-5171

### Baby & Me - Tobacco Free Program™

Continued from Pg. 1

Tobacco use during pregnancy is directly linked to low birth weight, premature rupture of membranes, placenta previa, placenta abruption, preterm delivery, and Sudden Infant Death Syndrome (SIDS). Each woman will initially meet with a tobacco cessation coordinator or nurse to assess tobacco dependence and develop an individualized quit plan. All women enroll in the NDQuits program. Each monthly visit the women meet with a nurse or cessation coordinator for tips and support in the quitting process. Once the woman delivers the baby, she continues monthly visits for twelve months. Verification of her smoke free status is confirmed through CO testing or saliva testing. If the test is clear, a voucher for \$35.00 will be issued to purchase diapers. If nicotine is present, the client will no longer be



**HEALTHY BABIES**



**BORN ON TIME**

eligible for the program and referred to other cessation programs.

To date, First District Health Unit has enrolled more than 40 individuals into the program. These clients are at various stages in the program, from the first month of conception, to delivering her bundle of joy, to the baby reaching the one year mark. Seven of the women have graduated from the program. These women have been seen at least monthly for the past 20 months. Several others are coming close to completing the program. The cover page features a current client and her healthy baby.

Women enrolled in BABY & ME – Tobacco Free Program™ are also be encouraged to enroll in First District's already established Optimal Pregnancy Outcome Program (OPOP). OPOP is a primary prevention program designed to empower pregnant women to make informed healthy lifestyle choices for healthy babies.