



NORTH DAKOTA MEDICINE

University of North Dakota School of Medicine & Health Sciences

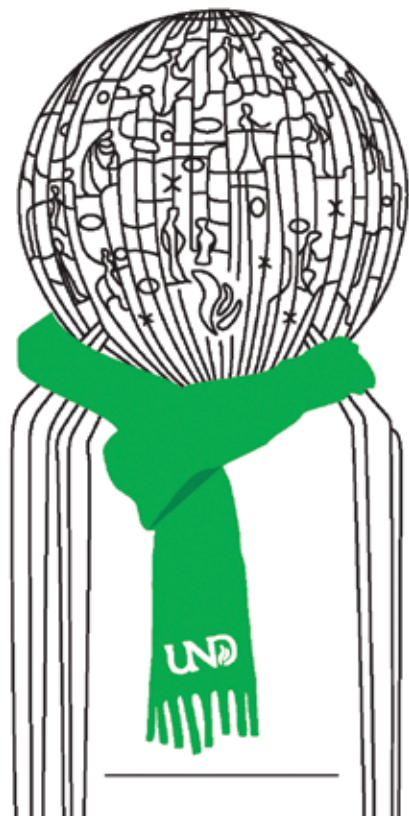


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**UNIVERSITY OF NORTH DAKOTA
SCHOOL OF MEDICINE & HEALTH SCIENCES**

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ON THE COVER: SMHS Department of Occupational Therapy alumna LaDonna Bannach (center) and her OT and PT colleagues in Fargo, N.D. (Photo courtesy Beyond Boundaries).



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AND THAT'S A WRAP 2022

As we close out 2022, it might be appropriate to pause for a minute and review the accomplishments of the faculty, staff, and students at the UND SMHS over the past year. One of the ways we do this is through our *Vital Signs* publication, a report to the community that we publish at the end of each calendar year that outlines the outcomes of our efforts in each of the three foundational activities of the School – education, discovery, and service. By the way, when clinicians talk about a patient's vital signs, they are referring to the patient's heart rate, blood pressure, respiratory rate, and temperature – metrics that tell us how well the patient is doing. Similarly, the *Vital Signs* publication gives us a perspective as to how well the SMHS is doing as an entity. You can review the report in its entirety at med.UND.edu/publications, but I thought that it might be helpful if I provided a summary and an overview here.

In the area of education, our students continue to perform at a high level. Every one of our academic programs boasts a national board certification examination pass rate that is at or above national averages. A stellar example of this high achievement level is the National Board of Medical Examiners Step 1 pass rate for our medical students, where a 100% pass rate was reported for students matriculating in 2018 and thereafter! This impressive pass rate is due to the hard work of our students, to be sure, but has been positively impacted by a variety of intentional curricular and programmatic improvements. Importantly, almost all of the students enrolled in our graduate and professional programs complete their

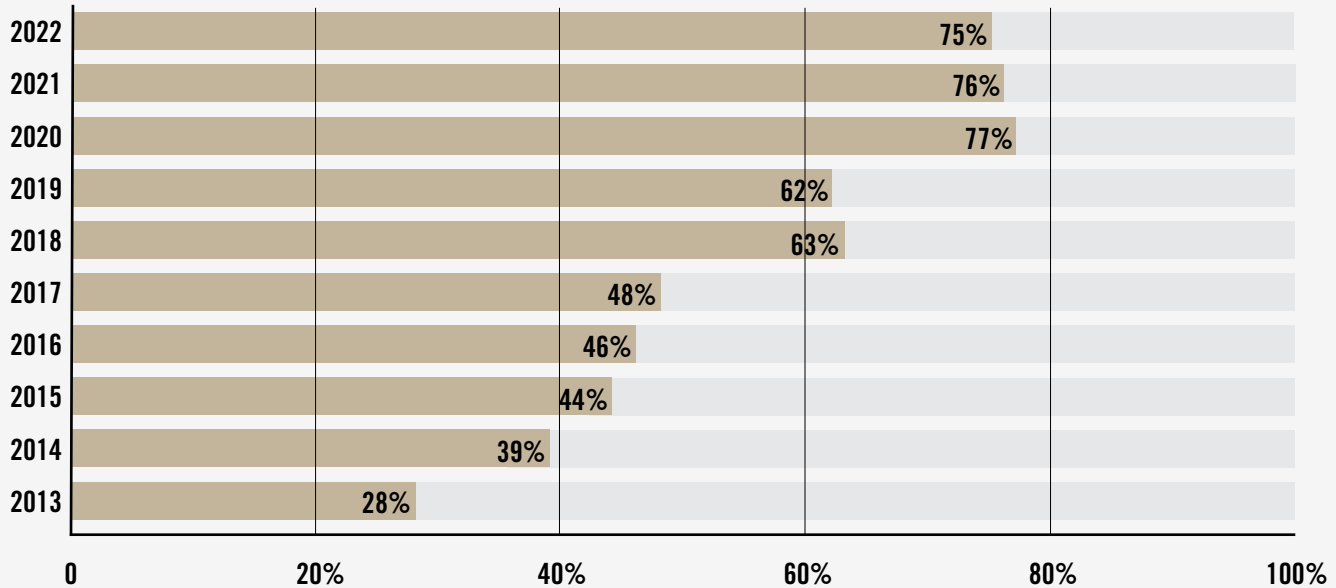
studies here and graduate – overall we have a 95 percent completion rate (the percent of starting students who graduate within the accepted time window).

Our clinician graduates are staying or returning to North Dakota to practice in increasing numbers over the years. One of the most dramatic examples of this increased retention is for medical student graduates. Not long ago, we retained significantly fewer of our graduates for in-state practice than other medical schools in the U.S. We were around the 25th percentile, meaning that three-quarters of medical schools had higher in-state retention rates. As the chart on the next page demonstrates, though, in the course of less than a decade, we've gone from around the 25th percentile up to the 75th percentile – that is, from well below average to well above. As a consequence, the fraction of doctors practicing in the state who graduated from the SMHS and/or participated in one of our residency programs has increased over time. Currently, half the doctors in the state graduated from one of our programs, and for family medicine doctors that figure is 78 percent! We see similar numbers for our health sciences programs, where around half of the physical or occupational therapists, physician assistants, or medical laboratory scientists practicing in North Dakota are UND SMHS graduates.

We see analogous impressive results for our research and service enterprise, where our total funding for the recently completed fiscal year (FY) 2022 set a new record for sponsored funding at \$48.7 million. This is up dramatically from \$38.5 million in FY 2021 and \$30.8 million in FY 2020 – a 58 percent increase over two years! Most of the funding for our research program comes from the federal government, especially the National Institutes of Health. The funding allows our scientists

RETENTION OF UND SMHS MEDICAL STUDENT GRADUATES FOR PRACTICE IN-STATE

Percentile rank (compared with other medical schools)



Source: Missions Management Tool, 2022 AAMC

THE RIGHT DIRECTION

Since 2013, our School has moved from the lower percentile to one of the top percentiles among American medical schools for retaining their graduates for in-state practice.

to address health issues of significance to North Dakotans, like Alzheimer's and Lyme disease, infectious diseases like influenza and SARS-CoV-2 (COVID-19), and cancer.

One of the reasons for the substantial increase in sponsored funding at the SMHS is due to the impressive growth in contracts awarded to the faculty and staff in the School's Center for Rural Health (CRH). That funding, used to assist North Dakotans throughout the state in addressing healthcare issues impacted by our rural setting, grew to \$18.3 million in FY 2022, up from \$10.5 million in FY 2021 and \$10.4 million in FY 2020 – a 76 percent increase! One of the important ways the CRH supports the educational programs of the SMHS mentioned above is through several pathway programs that are intended to interest kids – especially those from rural regions of the state – in an eventual health career (although these programs have been impacted to some degree by the recent pandemic).

Scrubs Academy, for example, is a program that brings sixth-through eighth-grade students from all over the state to the UND School of Medicine and Health Sciences for a four-day health career immersion camp. Camps are organized by local site coordinators and supported by CRH grant funds. Sites

must work with a local healthcare facility, economic or job development authority, and a local school so that each camp is a community-wide effort. The collective goal is an event where students can learn about careers in healthcare from local healthcare professionals, which clears the ground for their later entry into health workforce training. Additionally, the Rural Collaborative Opportunities for Occupational Learning in Health (R-COOL-Health) Scrubs Camps are one-day camps hosted in rural communities.

Thus, whether it is in the educational, discovery, or service realms of our mission, the faculty, staff, and students of the UND SMHS go above and beyond – for the betterment of our state and its people.

Joshua Wynne, MD, MBA, MPH
Vice President for Health Affairs, UND
Dean, School of Medicine & Health Sciences

ON THE ROAD AGAIN

UND Department of Occupational Therapy graduate LaDonna Bannach takes her Fargo-based team of occupational and physical therapists on the road

Time is money.

And because time is money to the parents of children who need pediatric occupational or physical therapy services, says occupational therapist LaDonna Bannach, many rural clients were missing needed services due to the long travel distances that required parents to leave work to see Bannach or one of her therapists.

“That would mean the parent taking time off work and pulling the child from school for half a day,” says the graduate of the UND

School of Medicine & Health Sciences occupational therapy program and CEO of Beyond Boundaries, a Fargo-based pediatric therapy provider. “It’s literally a four- or five-hour process, so parents would have to choose to not have the care their child needs or lose work or school hours.”

It was an unsustainable scenario for many families, Bannach says – but not one without a solution. So with a little creative thinking, and with the help of some friends and supporters, she retrofitted a solution.



GET ON THE BUS

Occupational Therapy Alum LaDonna Bannach behind the wheel of her Beyond Boundaries Mobile Therapy Unit.

“Might as well buy a bus”

Laughing today at her own bravado, Bannach said that after working through some logistics during COVID and talking the issue through with her team of therapists — many of whom are also SMHS graduates — she decided, “I might as well buy a bus.”

In 2021, then, Bannach and crew took a handful of grants and other donations and converted them into the Beyond Boundaries Mobile Therapy Unit (MTU) in an effort to take her team’s services on the road.

Occupying what was once a school bus, the MTU is a mobile sensorimotor space and mini gymnasium that now travels out to Beyond Boundaries Therapy clients in places like Valley City, Lisbon, and Milnor, N.D.

And as far as Bannach can determine, it’s the only mobile therapy unit in the upper-Midwest.

Equipped with a suspension swing, rope ladder, balance blocks, and other play therapy modules, the MTU and its traveling therapists offer most of the services clients would find in a brick-and-mortar facility. These include therapies specific to children looking for assistance with attention/behavior, strength/endurance, feeding, social skills, gross and fine motor coordination, sensory integration, and pediatric incontinence — all wheelchair accessible.

Bannach says that Beyond Boundaries was the first provider in the area to utilize an integrated OT-PT approach to treating pediatric incontinence.

“Every day we provide the foundational aspects of therapy, but then we also have a lot of very specialized pieces of what we do,” she says with a smile, adding that most of her therapists specially trained in pediatric incontinence are UND grads. “The pediatric incontinence program is one of those specialties. And now we have research that has been published on our approach – it’s a really great program.”



PLAY-THERAPY

Inside the Beyond Boundaries Mobile Therapy Unit



“We started the nonprofit to help take away that burden for families,” Bannach explains. “Whether the issue is clients are uninsured or underinsured, there’s an avenue for us to provide them with therapy. We know our clients and we know the families we serve — over 450 clients a week — and it is absolutely amazing, the difference we’re making.”

Roll on

For its outreach work, the Beyond Boundaries and House of Everyday Learning teams were jointly given the Outstanding Rural Health Program award in 2022 at the Dakota Conference on Rural and Public Health.

Acknowledging that the North Dakota weather plays a role in determining how far the bus can travel, and when, Bannach says that she tries to keep the MTU on the road through November.

“Then we’ll start up again in March or April. There is a heater system on the bus, but it’s not insulated, so when it’s really cold we have to close it down. It has been super fun, though. The therapists have it all decorated right now for Halloween, with cobwebs all over and pumpkins. The kids love it.”

No child left behind

Such outside-the-box thinking on care provision is in her blood, Bannach says.

As far back as 2008, she was noticing that parents were facing “catastrophic deductibles” that likewise limited their ability to access therapy — geography notwithstanding.

In response, Bannach and her UND alumnus-husband founded a community nonprofit organization dedicated to providing comprehensive support services to individuals of all ages and abilities and their families in the Fargo-Moorhead area.

“It has always been part of who I am — making sure that no child is left without care,” she says, her eyes dampening just a bit.

Called the House of Everyday Learning, the nonprofit organization’s goal is to help remove barriers that prevent children and families from receiving needed services, in the hope that clients can move closer to functional and independent living.

Within six months of its rollout, the MTU has provided a mobile facility for therapists to screen, evaluate, and/or treat over 120 children in rural North Dakota.

Presented to a program that “delivers services in innovative ways through collaborative partnerships to improve the access and quality of care to rural North Dakota residents,” the award was a first for Bannach and crew.

And they hope it’s not the last.

“The award was extremely humbling because we’re just doing our thing,” she says. “To know that our program was really looked at highly and that we’re really meeting a need in these communities is rewarding.”

Moving forward, Bannach says she’ll continue to apply for grant funding to ensure that Beyond Boundaries outreach services remain free to the client.

“We need to continue to provide free screenings and services in those communities to individuals who are interested,” she says. “If it is deemed necessary that a child needs a medically-based evaluation, then insurance typically helps and more services are covered.”

And, says Bannach, she loves taking on UND PT and OT students needing clinical training, who in her mind are as prepared as ever for therapy careers.

“When I look back at things, I see what a great, well-rounded OT program UND had, even at that time, and how it really prepared me for practice,” she muses. “I felt like I stepped out after I graduated and was ready to rock and roll and was very well-prepared. And that’s very consistent with what I see now — the students coming out of UND are amazingly prepared, well-organized, eager to serve, and ready to take on the challenges of the world.”

By Brian James Schill

ALL IN THE FAMILY

UND alum Dr. Robert Grossman and his daughters on how North Dakota made them the physicians they are today



TRADITION!

SMHS alum Dr. Jodi Brehm (right) at her 2001 MD Graduation Ceremony with her maternal grandmother Geneva Jacobson

The irony is not lost on Dr. Jodi Brehm.

“We got to watch our first surgery in high school,” quipped Brehm, a 2001 graduate of the UND School of Medicine & Health Sciences, of her and her sister, Dr. Jennifer Reid. The sisters’ father, Dr. Robert Grossman (B.S. Med ’71), had brought the pair to watch a laparoscopic surgery at the hospital in Hettinger, N.D., in the 1990s. “Oddly enough, I passed out, and she didn’t. And now I’m the surgeon and she’s the psychiatrist, so there you go.”

From her home in Moorestown, N.J., Reid shrugged, pleading the fifth.

“I watched my sister go through surgical training and learned it was not my interest,” Reid hedged with a smile.

The family physician

Such is the tone – knowing smiles, mutual support, and many laughs – when the physician-sister pair reflect on their childhood in Hettinger, their joint interest in medicine, and the differences between their practices today.

As one might imagine, a family that produced two physicians must have had good medical role models growing up, and Brehm and Reid had such models in spades.

The two trace their interest in medicine not only to their father, Robert Grossman, but their maternal grandfather, Dr. Melvin Jacobson, for whom the Jacobson Memorial Hospital Care Center in Elgin, N.D., is named.

The son of two teachers whose own parents had immigrated to the U.S. from Europe, Grossman says that whatever his interests as a child may have been, his future was essentially mapped out for him by his own grandfather.

“My grandpa put me on his knee when I was about six years old and said, ‘Robert, you’re going to be a doctor,’” laughed Grossman from his home in Bismarck, N.D. “So, that took care of it because he was bigger, stronger, and faster than I was.”

His grandfather’s directive aside, Grossman acknowledged that it was his parents who “taught me the value of education and hard work,” and encouraged him to pursue medicine at UND. Matriculating at UND in the late-60s, Grossman earned his B.S. Med degree in 1971. After finishing his M.D. degree in Colorado (UND didn’t offer a four-year medical program at the time) and starting a residency in family medicine in Minneapolis, Grossman began “moonlighting” in Hettinger.

“When I went to Colorado, I thought I was going to be a vascular surgeon,” he recalled, adding that a phone call from Hettinger-based SMHS alum Dr. Jerome Sailer (B.S. Med, ’48) got him thinking otherwise. “After spending a month [at the Hettinger clinic] at the end of my senior year of Colorado, I realized that I was going into family medicine.”

The change of focus, said Grossman, had a lot to do with the jack-of-all-trades approach to medicine he saw — and quickly fell in love with — in rural family practice. So he stuck around over 30 years.

“There are days where I was 100 miles away from Hettinger and I was the only act around,” he said, referencing D.A. Benton’s classic leadership book *Lion’s Don’t Need to Roar*. “I’d drive over to Macintosh and work until noon, and then I’d get in the car and drive 60 miles to Eagle Butte and work there, and then I drive back home after five o’clock. If a woman’s coming in and wants to deliver a baby or a baby’s not breathing, or if somebody’s having a heart attack, or somebody loses a hand in an auger — you have to deal with that, and stabilize the situation in order to get patients to somebody specialized in that care.”

The surgeon

Such a schedule didn’t stop Grossman from falling in love with another of his affections, though, and he soon found himself married to Elgin, N.D., physician Melvin Jacobsen’s daughter Patricia. The two have been together ever since and raised three children over the years, two of whom opted for a career in medicine.

“I’m not sure exactly how he did it, but I think in all of that time he missed only one basketball game of mine,” smiled eldest daughter



FAMILY AFFAIR

From left to right: Dr. Robert Grossman with his son Joshua, daughters Jodi Brehm and Jennifer Reid, and wife Patricia Grossman.

Brehm from her home near Racine, Wis. “He and my mom never slept and probably lived on concession stand popcorn for an extended period of time – he always made time for our activities. Both he and my mom held us all together. That helped me realize that you could work hard in medicine and could still have a very rich family life.”

Much of that time “together,” both sisters admit, involved hanging out at what is today known as the West River Health Services hospital and clinic in Hettinger.

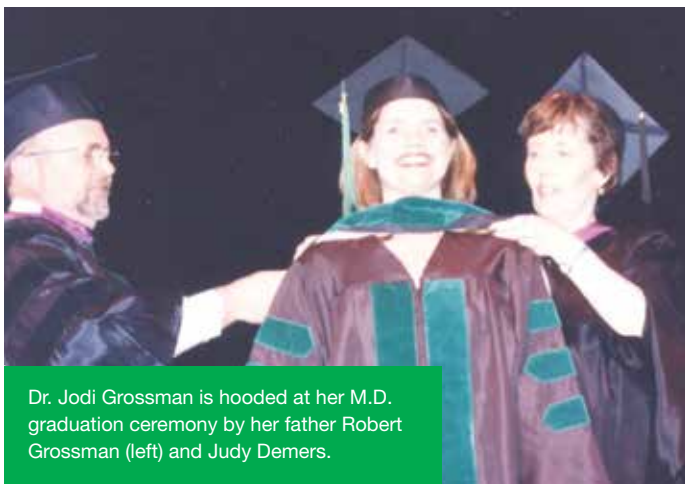
“Part of the reason I was so interested in medicine is that I could go in and watch those [providers] work and get to know them,” Brehm explained. “If I had an allergy shot, I’d walk up to the clinic after school, get my own shot, and then hang out in the doctors’ lounge. That was just a great place to grow up, and the older I got the more I thought I wanted to do this work.”

So Brehm enrolled at UND as an undergraduate, stayed for medical school, graduated in 2001, and took on breast surgery as a specialty at Rush University Medical Center in Chicago, Ill.

“I think it’s funny that my dad was going to be a vascular surgeon originally, because when I started medical school, he said, ‘Don’t be a surgeon,’” she laughed. “But my first rotation was with Dr. Steven Hamar (M.D. ’72) in Bismarck, and at that point I decided it had to be surgery. I knew what I wanted to be when I grew up.”

The psychiatrist

Reid agreed, although she ultimately did take her father’s advice. Earning her M.D. from Columbia University in New York City and completing a psychiatry residency at UCLA, Reid said that her own mental health struggles as a teenager and the desire to get to know her patients in a deeper way – plus the shortage of mental health providers nationally – drove her toward psychiatry.



Dr. Jodi Grossman is hooded at her M.D. graduation ceremony by her father Robert Grossman (left) and Judy Demers.

“Growing up in a small town in rural North Dakota, I had periods of depression in high school and even in college,” she recalled. “When I was in high school, there just were no psychiatric treatment options. We didn’t even have a therapist in town.”

Such an experience initiated in her a desire to “try and reach people who may not have access to mental healthcare,” she said – and to help produce quality mental health information available to everyone. Adding that telehealth is going a long way to help more people access such healthcare, and that changes in state licensure policies might bolster the cause, Reid began thinking in 2020 about building on her regular contributions to online magazine *Psychology Today* by developing a podcast. She did so — at the height of COVID — in the hope that she might better stay in touch not only with her own patients increasingly affected by a global pandemic but those countless non-patients across the nation who were stuck at home and whose mental health was deteriorating.

“I was thinking about the shortage of psychiatrists and about how many people come to me for referrals, wondering how psychiatrists can broaden our reach,” she said of *The Reflective Doc* podcast, which as of this writing features over 50 episodes. “I wondered if I could, in some way, be part of sharing reliable information. The podcast was my way of trying to teach and share in an egalitarian way. It’s free and people can listen to it anywhere.”

And, she adds, her North Dakota heritage was never far from mind when she began conceptualizing the program.

“Coming from a family of physicians and teachers, I wanted to share high quality mental health information with everyone,” she continued. “I was shaped in my thinking by my roots, remembering both sets of grandparents and great-grandparents growing up poor in rural North Dakota.”

The original

Those grandparents include Melvin Jacobson, and his wife Geneva, a nurse who was legendary around Elgin for her “painless shots.”

“He did everything – not only deliver babies and perform surgery, but he fit eyeglasses and he did veterinary work,” says Grossman, acknowledging that his father-in-law was an incredible role model for practicing rural medicine. “And he did dental work. He did it all. And it was a blessing to have him to sit down and talk to about medicine. He was a reason why I really pushed hard to go into primary care in North Dakota.”

This legacy is why Robert and Patricia chose to honor this first of many Jacobson/Grossman physicians by establishing the Dr. Melvin Sander Jacobson MD & Geneva Jacobson RN Endowment with the UND Alumni Association & Foundation. The endowment provides scholarships for medical students from North Dakota, with preference given to students interested in rural medicine.

The scholarship has already helped reduce the debt burden of several UND medical students.

“I always considered myself as hitting the lottery,” concludes Grossman, a former associate professor of family medicine for the SMHS who served as president of the North Dakota Medical Association and in 2006 was named North Dakota’s Outstanding Rural Health Provider. “I was born in probably the finest country in the world and I ended up living in the best state of the union – North Dakota. I was able to watch my children grow, and was able to watch my grandchildren after I retired. I was able to practice medicine in a frontier-designated area for 34 years, and I’m very proud of my three children.”

And so is the University of North Dakota proud of Grossman and his entire family of alumni.

By Brian James Schill

THERE SHE IS...

Second-year UND physical therapy student Sidni Kast takes her Miss North Dakota crown to the Miss America Scholarship Competition

Sidni Kast knows how to answer a question.

“Yeah, lots of practice,” smiled the second-year physical therapy (PT) student from a couch at the UND School of Medicine & Health Sciences. “Keeping answers in a timeframe – 20 seconds – can be difficult.”

That skill in answering interviewer questions with both clarity and concision is a result of the fact that Kast has had plenty of practice lately: the recently named Miss North Dakota has been giving a lot of interviews.

“Exercise is a huge outlet for me to reduce stress,” she laughed of the increased stress that has accompanied the title, adding that learning to control an interview has taken practice. “I walk on the treadmill and listen to interview questions, pause the interview, and then answer those questions. You can answer the same question so many different ways in order to control which direction the interview goes. Learning how to do that has been valuable.”

Such repetition is necessary, though, said the Minot, N.D., native, even if it means she feels like she’s “on” all the time. Because soon the newest Miss North Dakota will join 50 other winners (49 American states plus the District of Columbia) at the Miss America Scholarship Competition in Hartford, Conn., from December 12–15, 2022.

Photo courtesy Natural Impressions
Photography by Justine.



She needs her responses to be both correct and succinct.

“We only get ten minutes to interview with the judges,” Kast shrugged. “Overall, I really just try to stay true to myself with all the preparation, because at the end of the day, that’s what they’re looking for.”

Miss Norsk Høstfest

So how does the daughter of two computer scientists (and UND alumni) in Minot end up at the Miss America Pageant?

It all comes down to Norsk Høstfest, said Kast.

Norsk Høstfest is an annual fall event held on the North Dakota State Fairgrounds in Minot. Founded in 1978 by a collection of locals interested in celebrating in their Scandinavian heritage, and Norwegian culture in particular, the festival has become North America’s largest Scandinavian festival. In addition to its entertainment, Scandinavian cuisine, and Norsk arts and crafts, the Høstfest hosts the Miss Norsk Høstfest competition.

“I’m not a pageant girl – far from it,” confessed Kast, who earned her undergraduate degree from Minot State University. “I always grew up going to the Høstfest, and there was always a Miss Norsk Høstfest. My mom one day said, ‘You should sign up for this.’ We had no idea it was in relation to the Miss North Dakota organization or Miss America at the time, but what got me involved were the scholarship opportunities.”

Explaining how “PT school is just like any professional school – it’s not cheap,” Kast said the prospect of five-figure scholarships caught her eye.

“Having that kind of support to help me get started and worry less about the expense of school and more about what I’m learning in school is huge,” she said.

Support for school notwithstanding, Kast said she found that performing in such competitions came more naturally than she had anticipated.

“I’m a lifelong performer,” she said. “I always did musicals in high school and choir and played instruments. Once I was done with high school, I didn’t have that opportunity anymore – I really had to find my own outlets and the Høstfest and Miss North Dakota competitions allowed me to perform again and really express myself in a way words can’t always do.”

Miss North Dakota and beyond

After winning Miss Norsk Høstfest, and later winning Miss Grand Forks following a last-minute entry, Kast figured she might as well try for the Miss North Dakota crown (after consulting with UND Department of Physical Therapy Chair Cindy Flom-Meland).

So she ran for Miss North Dakota, won, and is now headed to the televised national event – after finishing her final exams for the semester.

To that end, Kast will be performing – her “talent” is playing piano while singing – rock band Queen’s “Somebody to Love” at the Miss America Pageant in December.

At least 90 seconds of it. Like most interviews, talent displays are frustratingly, if necessarily, truncated, she said.

Performance aside, other components of the national competition include the private interview, an eveningwear competition, an on-stage interview, and the presentation of a social impact initiative. On this last, Kast is advocating on behalf of the One Body Movement, a “holistic approach to overall health focusing on the mind, body, and spirit,” she said.

This program helps Kast educate others on the importance of listening to one’s body by focusing “not so much on how we look, but more on how we feel.” She alternately explores each leg of the wellness stool – mind, body, and spirit – to help her audience understand the importance of balance in overall quality of life.

As she put it, one summary of the concept she likes to keep in mind is: “if you don’t make time for your wellness, you will be forced to make time for your illness.”

Win or lose

Win or lose, the fourth generation UND student wouldn’t trade the experience for the world – and she’s already convinced that her pageant involvement will make her a better physical therapist.

“I love helping people, but I also love the physical aspect of physical therapy, and it’s something that has really shaped who I am,” concluded Kast, adding that while her primary interest has been sports PT, she also might specialize in women’s rehabilitation and therapy. “Once I reach the clinical stage and get that hands-on learning, I think I’ll have a better understanding of what exactly I want to do.”

Describing how accommodating the Department of Physical Therapy faculty and staff have been – “I love the PT program here. It has been a phenomenal experience” – Kast also says her PT classmates have been supportive.

“They knew me before I was Miss North Dakota, and so they don’t look at me any differently.”

And that, said Kast of being treated like every other PT student, is the best award of all.

By Brian James Schill



HELPING INDIGENOUS ELDERLY PLAN FOR THE FUTURE

A new advance care plan plays a role in sharing end-of-life wishes for Indigenous people

It always is hard to think about the end of life. For Indigenous communities especially, such discussions are not always in line with culture and tradition. This mismatch can leave questions if an Elder, for example, is incapacitated or suffers a major medical event and family members, loved ones, and caretakers don't know her or his wishes.

“When you look at tribal communities,” explained Tasha Peltier, community engagement advocate for Quality Health Associates of North Dakota, “some of us are still navigating the impacts of colonization and the historical trauma that came with it. In dealing with these issues, it can be difficult to think about things down the road. Many of our elders are functioning in survival mode: ‘What do I need

to do today to make sure my needs, or my family's needs are met?’”

Peltier explained that often planning for the future is a privilege not everyone has. Indigenous people can't necessarily plan for illness or transitional care in the same way as non-Indigenous people. When they are consumed with how they will eat, or pay bills, planning for the future tends to fall off the list.

Written decisions

With the goal of helping Indigenous elderly, the National Indigenous Elder Justice Initiative (NIEJI) at the Center for Rural Health (CRH), within the University of North Dakota School of Medicine & Health Sciences, has developed a new product: the My Advance Care Plan

& Guide for Native Americans. The guide is designed to assist these individuals in planning for health issues and end-of-life decisions, and helping them share their wishes with a care team and loved ones.

The culturally-appropriate guide is intended to help encourage discussions and assist people with putting their wishes into writing.

Peltier shared that one of the things that plays into how this plan will be used depends on the person's understanding of the issues.

Sections of the guide include: what is important to you now; how you like to make decisions; what care and treatment you would like in the future; and what is important to you after your death.

Explaining how she got the idea of a local end-of-life guide after seeing a similar document developed by the Māori people of Aotearoa in New Zealand, Dr. Jacque Gray, director of NIEJI, said that she “felt this could be a valuable tool for many of our Elders and their families, and received permission to adapt it for the Indigenous peoples throughout the United States.”

Gray added that she wanted to make sure such a document was not only culturally-appropriate, but respected the different traditions and values of the various tribes/bands/clans throughout the country.

“We chose language and images that would help members of all tribes feel more comfortable while thinking about difficult situations,” she said.

The guide asks individuals to think about who they want making medical decisions on their behalf, if they are unable to do so. It also talks about subjects such as what worries them about the future; what type of medical care they prefer (medicine/treatment); the environment in which they wish to spend their last days; and how they want to be laid to rest. It also respects readers for whom speaking of future death and dying is counter to tradition.

Peltier noted, “The different language being used is helpful, looking at a spiritual journey. That language matters and it is helpful to have that incorporated into this plan. I am from Standing Rock Tribal Nation, and we see death as a transition – we are all on a path, and death is a transition to the next part of our journey. Not every tribe looks at it the same way, so I think those pieces are important.”

Encouraging important discussion

Peltier received a draft of the plan in 2021 to share with Indian Health Service providers as they worked on an age-friendly project, looking at the care being provided to geriatric patients and finding ways to provide better care. The plan fit within the scope of the project and the feedback from the providers has been positive.

“As far as the content and what it looks like, the providers think it is great,” said Peltier. “But they do not have the time to go through the plan with a patient during an appointment. So we discussed who would have the time to go through this with the patient and we created a process to refer the patient to a social worker in the facility, who can take the time to walk the individual through the plan.”

Peltier shared that asking someone to come back to the facility for another appointment may be difficult, due to transportation constraints. If such a barrier exists, bringing the document home and working through it with family could be an option.

Who helps make decisions?

The plan is not a legal document, but discusses when it may be appropriate to appoint an enduring power of attorney (EPOA), or someone who legally may make medical decisions and should be included in any discussions about future care and treatment options. If there is no EPOA, there is a space for the individual to write down who they would like to be asked to make decisions.

“Tools like these are helpful, especially when you have multiple family members,” said Peltier. “Indigenous people have big, extended families. Our kinship looks very different. It is not the typical nuclear family that may be making these decisions. When a parent passes away, an auntie or uncle may step into that role. We have a different way of identifying our kinship and these roles are strong and important.”

She continued, “When you are looking at who should be making decisions, sometimes that looks different. Who in that tight-knit family will be making those decisions? It might not be a son or daughter. It might be a niece or nephew. It can get complex. They may be the oldest in that family. Having documents like this to help make these decisions is beneficial.”

CRH works with tribal communities to help improve health outcomes and well-being for American Indians, and assists to bring awareness to, and prevent, elder abuse through the work of NIEJI.

“The Center of Rural Health is focused on helping Indigenous Elders live healthier lives,” said Brad Gibbens, acting director of CRH. “Having the ability to encourage individuals to take control of their health and end-of-life decisions and make their wishes known is something we are proud to be a part of.”

The My Advance Care Plan & Guide for Native Americans is available online. For more information, please visit nieji.org.

By Jena Pierce



BUILDING A BETTER COMMUNITY

Addressing Rural Wellness through the Blue Cross Blue Shield of North Dakota Caring Foundation

Rural communities are notorious in the healthcare sector for the catchphrase “older, sicker, and poorer.”

And it’s often true: residents in these areas do face increased barriers to care and limited options for providers, generally creating poorer health outcomes. Social isolation can compound these factors and impact mental health in addition to physical health.

However, rural communities in North Dakota are working to reduce these barriers and strengthen the health of their citizens through a variety of programs.

One such program is the Building Healthier Rural Community (BUILD) Grants Program. Sponsored by the Blue Cross Blue Shield of North Dakota (BCBSND) Caring Foundation, in partnership with the Center for Rural Health (CRH) at the UND School of Medicine & Health Sciences, BUILD provides funding to North Dakota communities to address health disparities.

The BUILD Grants Program provides awardees between \$5,000 and \$7,500 to invest in their communities and improve the health and well-being of their residents.



“We discovered that over 90% of respondents in Adams County wanted to see personal enrichment or professional development classes held in the community, such as yoga, dance, and self-defense,”

CINDY HAM

Director of Community Relations
West River Health Services
Hettinger, N.D.

“We discovered that over 90% of respondents in Adams County wanted to see personal enrichment or professional development classes held in the community, such as yoga, dance, and self-defense,” said Cindy Ham, director of community relations at WRHS. “Community members also noted that healthy living classes should be a priority, and 65% of respondents said they would enroll in an enrichment class or training course.”

The process for WRHS started with a Community Health Needs Assessment, after WRHS identified a top need of the community being more activity availability for children and youth. WRHS then conducted various additional surveys to study the need for additional enrichment and recreational activities.

To address these community interests, WRHS collaborated with the Hettinger Chamber of Commerce, the Adams County Development Corporation, and the Adams County Library. An idea arose to provide the community with recreational equipment available for check out using a library card.

Only recently, the 2022 grant placed a focus on stimulating new thinking around physical activity and wellness programs, while the 2023 cycle is aimed at addressing the social determinants of health. To that end, recipients of the grant in 2023 will be provided funding to address economic stability, education access and quality, healthcare access and quality, neighborhoods and built environments, and/or social and community context.

West River Health Services (WRHS), located in Hettinger, N.D., was a recipient of the 2022 grant funding.



SLAM DUNK
Equipment available for check out at the Adams County Recreation library.

Utilizing existing recreational venues, parks, and lakes was a priority.

Ultimately, a recreation library was created, allowing community members to expand the use of already existing recreational opportunities in Adams County and instill a mindset of outdoor and physical activities as fun and healthy alternatives.

“We do not have the luxury of being able to quickly run to a big chain store to get equipment in small rural areas,” Ham said. “If local stores do carry recreational items, there are typically limited options.”

The benefits reaped from regular physical activity are clear. The second edition of the *Physical Activity Guidelines for Americans* states that physical activity helps prevent heart disease, stroke, high blood pressure, dementia, type 2 diabetes, depression, and eight types of cancer. Being physically active can also help manage many conditions people already have such as osteoarthritis, anxiety, and multiple sclerosis. In addition, active people generally live longer than those who live sedentary lives.

However, to attain the health benefits from physical activity, individuals need to choose to be active participants. The recreation library allows for more fitness options and increases access to equipment needed at no cost to the user. Items available through the recreation library include ice skates, Frisbee golf sets, gardening tools, jump ropes, bicycles, kayaks, pickle ball sets, and spike ball.

“Another bonus of this project is it helps those who don’t want to buy or do not have the means to purchase and store equipment,” Ham continued. “The recreation library has been well received by community members. We have great community support both financially and through the good will created by this program.”

Currently, the recreation library is following Adams County Library hours, with equipment available to be checked out 18 hours a week.

Other 2022 awardees of the BUILD program grant include: Foster County Public Health in Carrington; Beyond Boundaries Occupational Therapy, Inc., in Fargo; Steele County Public Health Department in Finley; Unity Medical Center in Grafton; SMP Health – St. Aloisius in Harvey; Nelson County Health System in McVillie; and Mountrail County Health Foundation in Stanley.

Holly Long, a project coordinator at CRH and principal investigator for the program, discussed the BUILD Grant Program’s strengths.

“CRH has been awarding BCBSND rural health grants since 2001. Throughout the years, funding has been used for a variety of purposes, from hosting wellness programs, 5K fun runs, and nutrition classes to implementing services that reduce barriers to care,” Long said. “One of the best things about this grant is that healthcare providers can tailor their program to fit their community’s needs. Rural areas aren’t a one-size-fits-all, and the BUILD program addresses that.”

Ham expressed her appreciation for the funding and encourages other communities to consider applying.

“We are grateful to have been chosen as a recipient of the BCBSND BUILD grant. It has allowed us to grow our community health and wellness programs. With this generous funding, we are working towards meeting our goal of providing more recreational and physical activities for all members of our community.”

By Jessica Rosencrans



DISASTER DECLARATION

As a volunteer with the mental health advocacy group Vibrant Emotional Health, Andrew McLean, M.D., M.P.H., chair of the UND School of Medicine & Health Sciences Department of Psychiatry & Behavioral Science, finds himself in his share of challenging environments. Whether he's providing logistical support for local mental health agencies in the wake of a flood in North Dakota or offering direct services in Wisconsin to asylum seekers impacted by war, he's never far from the front lines in the mental health fight. North Dakota Medicine caught up with McLean to learn more about his outreach work across the country.

Thanks for your time, Dr. McLean. You recently returned from Kentucky after assisting with the mental health needs of persons impacted by some natural disasters there, and you were working with Afghan refugees fleeing the Taliban too, yes? Two very different types of trauma, I imagine.

I've been involved in disaster mental health for some time. I started out with the floods in the Upper-Midwest years ago, when I was when working for the state as Medical Director for the Department of Human Services. I've done some research work on the impacts of COVID-19 with leaders from Vibrant Emotional Health (VEH), and later agreed to volunteer with VEH on the Afghan guests who came over after the "fall of Afghanistan" in 2021. This summer, they asked if I would consider deploying to Kentucky. VEH had been contacted by a foundation in eastern Kentucky that was struggling to assess the mental health needs of the individuals down there who had been impacted by significant flooding. And western Kentucky had experienced a tornado that was a pretty massive problem about eight or nine months ago. Well, they noticed that there was a difference in engagement between eastern Kentucky — people affected by the floods — and those affected by the tornado in western Kentucky, and they were just trying to get a handle on what the needs might be. My dad was from Kentucky, and I felt a bit of an obligation to go down there.

In terms of the natural disasters, then, would you say the mental health needs differ from one disaster to another — floods are different than tornados are different than earthquakes?

There are a number of variables that can make a difference. Some communities might actually identify themselves as a certain disaster region — "We're a flood community" or "We're tornado alley" — and might have actually gained some mastery in preparedness or response to one particular type of natural disaster. Others may be less prepared, and thus more impacted. Resources are a significant factor in how individuals or groups might rebound. I don't want to make assumptions, but my impression is that eastern Kentucky has historically been a poorer area. It's a different culture. They've had to deal with the extraction industry — coal and mining — and they have a long distrust of government. They have the rural "hollers" and so you don't have any easy-to-access group of people or large community where you can just say, "Let's meet at such and such location at this time and we'll all get together." It's very scattered. Historically, they've had to deal with lack of resources and perceived lack of attention from government, so we really followed the lead of the people who were down there, who knew the culture. In Appalachia, a common custom in talking about issues is the "story circle." Local leaders would identify a topic and group



members would share. We – volunteers, local leaders, and those impacted – utilized this practice. One issue that came up reminded me of a similar concern we heard about with Hurricane Katrina. Many of the damaged homes had been handed down through generations, but there was no legal written title to be located so people couldn't access FEMA funds. Unless you could prove you owned the property, you couldn't get relief funds.

To that point, you mentioned working with Afghans. Do we have any evidence indicating how the mental health needs are different for victims of a natural disaster versus other sorts of traumas, like war or emotional abuse?

Well, research has shown that natural disasters are generally better “tolerated” than manmade disasters. People who've been impacted significantly and had significant losses regardless — they're going to be at greater risk for depression, anxiety, and so on. But to clarify, in a lot of the so-called natural disasters, there's often an element of man-made problems that play a role. Again, with Hurricane Katrina, decisions on infrastructure pre-storm had an impact. Political and man-made decisions made that event worse. In the Minot, N.D., flood [in 2011] there was a similar element. The Souris River comes down from Canada into Minot and flows back up into Canada. Well, the Canadian officials had to release water from reservoirs up in Canada that summer to reduce flooding, but downstream, Minot suffered in part because of that — at least that was the perception. So, with a lot of these “natural” disasters, there's often a man-made element, which also has an impact on mental health.

This discussion reminds me a bit of that Naomi Klein book *The Shock Doctrine*, which is about how modern economic structures both produce more frequent disasters, via climate change for example, and then “capitalize” on the disaster.

Klein calls this “disaster capitalism,” and it's very hard on our mental health.

I've read about disaster capitalism, but haven't read Klein's book. Actually, there are alliances now within the mental health field. There's the Climate Psychiatry Alliance and a group within the American Psychological Association specifically looking at these real and existential issues, including climate change, and all of those stresses that go along with potentially being climate immigrants or the changes in life or location that come about because of climate change. A lot of this is intertwined. When you were talking about the physical versus mental trauma, a lot of times in disasters, especially early on, we really just want to do the best we can in directing people to where the resources are — just for Maslow's hierarchy of needs: sleep, shelter, and safety. Certainly, there are people who are predisposed to more mental health concerns based on their history. Part of a response would be helping people adapt to this “unnatural” situation, given the natural response that people would have to stress like this. The other thing is identifying people who may be at higher risk or already have significant mental health problems — getting them appropriate referral and treatment to reduce their burden. For many people, these mental health concerns are a little farther down the road. They've been dealing with the basics first, and they need time to just breathe and reevaluate.



And that was similar to or different from the Afghan population you were working with in Wisconsin after the Taliban regained control of Afghanistan?

What I did there was part of Operation Allies Welcome. There hadn't been much precedent for getting that many people out of a situation like that and into the U.S. I can't remember the last time that actually happened at that degree—

Maybe Vietnam?

—Yeah, I think that probably is one of the better examples. So, when they came here, most of the Afghans did not actually have refugee status. Their legal status was different. And they arrived on military bases or military camps that were set up as best they could to bring those people in. They came in different stages, more or less, where I think they were placed on the East Coast, which filled up first, and then they opened more bases in the Midwest. So, I happened to be “deployed” to Wisconsin. Part of my job, even though it was to work with these guests, was also doing a lot of work with healthcare providers, including primary care, and helping them sort out how to treat mental health issues, what medications/ treatments are beneficial, and how to maintain wellness for themselves when working with traumatized people.

What kinds of people were you seeing in the camp?

There were a lot of single Afghans there, and there were families. If somebody was at high medical risk, or if they were pregnant, they were more likely to be released with benefits sooner. A lot of the last people to be released were single males — and they just wanted to work. You know that the economy was just devastated back in Afghanistan after the Taliban took over. They just wanted to work and send money back to their families, who were hiding

somewhere, and it was really heart-wrenching to see these oftentimes young individuals just sitting around when they really want to get out and work.

That's often not the perception many Americans have of such refugees is it?

One of the most touching things with the Afghans I saw was when we were doing some outreach in the camp, and we went over to a group of individuals who had been in their [Afghan] military. One of the volunteers who was from another organization was with me and she had served in the U.S. military, in Afghanistan. It was just so touching, as she was trying to communicate in English and then Pashto, and, essentially, when she informed this gentleman that she was a soldier working and fighting the same battle he was. He was just so grateful — he was beside himself that he was meeting someone who understood.

That understanding and sympathy probably goes a long way in mental health.

That's one of the takeaways for me. The other takeaway is that, in Kentucky, it was just so heartening to see all of the work that they're doing, despite all of the barriers — to see just the collective wisdom down there and the understanding of what they are up against. To see that they were doing the best they could, and they had a plan, as opposed to thinking everybody down there is just waiting for help.

*Interview conducted and edited for space
by Brian James Schill*

LEARNING TO LEAD

/// UND Master of Public Health alumnus Matthew Campion takes on a leadership role for a Critical Access Hospital in South Dakota



RURAL LEADERS

SMHS grad and interim health system CEO Matthew Campion (right) and his mentor Bryan Breiting at Avera Hand County Memorial Hospital.

Matt Campion didn't plan on being a healthcare leader at a hospital in rural Miller, S.D. In fact, he didn't contemplate going into healthcare leadership at all until late in his college career. Yet, at age 28, he is serving as interim CEO of a 25-bed Critical Access Hospital (CAH) with hopes for a bright future for his colleagues and community.

Miller is a town of just over 1,300 people, located some 70 miles from Pierre, S.D. The rural hospital there was established in 1947 and became part of the Avera system in 2008. Avera Hand County Memorial Hospital's most recent administrator, Bryan Breiting, served as the CEO for 21 years before a promotion within the Avera System to regional administrator caused the top seat to open up. Groomed for the position through Avera's

own Administrative Fellowship program, Matt Campion took the reigns as interim administrator in July of 2022.

Campion is a 2017 graduate of Concordia College in Moorhead, Minn., where he earned his degree in healthcare administration. During his first two years of college, healthcare was not on his mind or in his plans for the future. "I sort of shifted between majors my first two years," Campion said.

When his junior year of college rolled around, it was time to solidify some plans for after graduation. It was then that he really took time to reflect on his goals and motivations, and looked ahead to what he wanted to do in his career.

"I knew I wanted to make a positive difference in people's lives," Campion said. "I reflected on the people who impacted me and what roles they were in. Some were in healthcare and others were not. I asked myself what area aligned most with my skills and abilities, and healthcare was the obvious choice. It makes an impact on people every day," he said.

Taking on a healthcare leadership position is a big job for anyone, let alone a budding young professional just a few years out of college. Campion, however, was well prepared. After graduating from Concordia, he simultaneously entered the Master of Public Health (MPH) program at the University of North Dakota (UND) School of Medicine & Health Sciences (SMHS) through distance learning, and began working for a health system in central Minnesota as a finance intern, then quality improvement manager. Going through the MPH program while working proved beneficial, as Campion was able to apply what he was learning directly to his job.

“The things I learned in class were immediately applicable to my day-to-day environment. Looking back, it helped me retain the things I was learning,” he said.

While in the MPH program, Campion also participated in the Rural Health Interest Group (RHIG) at the SMHS. RHIG offered him a chance to attend National Rural Health Association (NRHA) events that opened his eyes to rural advocacy and the impact young professionals can have on the sustainability and viability of rural communities. “Rural has always been an interest area of mine. RHIG’s focus aligned with my interests, and I knew that if I wanted to make a difference in rural areas, I needed to understand what goes on in rural from a deeper perspective.”

Further preparation for the job Campion would eventually hold in Miller included admission into the Avera Administrative Fellowship program in Sioux Falls, S.D. The fellowship’s 12-month program offered guided work experience in healthcare administration by immersing the participant in administrative roles and responsibilities.

“Overall, the fellowship is designed to provide a solid foundation for a participant to grow and learn so that once they are in the field, they can lead a facility successfully,” said former CEO Breitling. “It provides a framework for strategic thinking and a process for how decisions are made.”

“I feel extremely fortunate to have gone through the fellowship,” Campion said. “I gained a lot of resources that even some seasoned administrators don’t have. I always feel like I have someone to bounce ideas off of.”

Since the fellowship’s goal is to benefit both the fellow and the organization, Campion was tapped to lead the transition of one of Avera’s hospitals from a Prospective Payment System (PPS) to a CAH in Mitchell, S.D. After a long and arduous process, Campion’s successful completion of the transition proved that he could handle a bigger assignment, which was to take

over as interim administrator at Avera Hand County Memorial Hospital in Miller.

Now, as a hospital leader, he maintains his focus and attention on rural viability and sustainability. “I stepped into a facility that has been a top-20 CAH (an NRHA award) for four of the past five years,” Campion said. His goal is to maintain a high level of care for the Miller community. “Thriving rural communities generally have a thriving healthcare system.”

While Breitling has changed positions within the Avera organization, he is still a part of Campion’s support system, and he knows his former workplace is in good hands.

“I think generally all leaders have a difficult time taking the next step and leaving behind a team they developed or nurtured for a time. Having young and energized leaders like Matt interested in stepping in and growing helps in that process, knowing that the team is being taken care of and is continuing to offer high quality and compassionate care,” he said.

As a new professional, and a new member of the Miller community, being the new kid on the block certainly comes with challenges, said Campion, especially in the wake of a pandemic. Navigating constant change while maintaining a positive big-picture outlook can be overwhelming at times. He credits his team members and their steady commitment to the success of the facility. “I try to keep things in perspective. I am the newbie, and there are team members who are more experienced. The old style of leadership – the thought process of ‘I am in charge and I make the rules’ – does not work here. We work as a team, decide as a team, and it’s an ‘us, together, for the good of the facility and community’ mentality.”

As a college junior at Concordia, Campion chose a healthcare career path because it aligned with his goal to make a difference in people’s lives every day. The people he wants to help certainly include patients, but through his current role, Campion works toward the goal of making a positive difference for his colleagues, too.

The most rewarding part of his job, Campion says, is the relationships he has built with colleagues. “I didn’t understand or value relationships in the work setting until I started the fellowship,” he concluded. “I realize now that, yes, this is work, but these are people. They have value. You begin to care deeply for the people you work with, and then it’s easy to get up and work because you all have each other’s back.”

By Stacy Kusler

CHANCE ENCOUNTER

Drs. Michelle and Robert Bianco establish the Dr. Michelle K. Bianco Medical School Scholarship Endowment for UND medical students



“We met in the old medical school building,” wrote Dr. Michelle Bianco of that fateful moment in 1995 when she first bumped into her future husband — in the space that is today UND’s Columbia Hall. “I was lost and needed help with directions.”

And there was Robert Bianco. A graduate student in biochemistry at the time, like Michelle, the Bismarck native was in the former medical school building, Michelle said, and helped her find her way.

A friendship was forged that later led to dating and marrying.

From her home in Horace, N.D., the Class of 2001 grad of the UND School of Medicine & Health Sciences M.D. program was keeping her written responses to my too-many questions both brief and direct.

Such concision was the necessary result of a year-old amyotrophic lateral sclerosis (ALS) diagnosis that has made answering any queries via phone or Zoom much more difficult.

“Email is best,” she wrote.

The Bianco Scholarship Endowment

Despite the difficult diagnosis, the levity with which Michelle approached sharing memories of her time at UND came through in her written responses. She is especially proud of the fact that the aforementioned chance meeting resulted not only in her eventual marriage to Robert, but, in time, the opportunity to help many future physicians cross the finish line.

In 2021, the couple established the Dr. Michelle K. Bianco Medical School Scholarship Endowment at the UND Alumni Association & Foundation in an effort to help UND medical students offset the rising cost of tuition.

“The scholarship will be awarded yearly to a student with financial need, a record of service, and good academic standing,” continued Michelle, noting that the service aspect of the gift gives preference to students with a military service background. “I was helped

through high school and college by the generosity of donors through need- and academic-based scholarships. We both feel it’s important to give back in gratitude for what you have received.”

Choosing a path(ology)

Even though future scholarship recipients need not follow Michelle’s specific path in medicine, Michelle certainly wouldn’t mind.

“The genetic and molecular basis of disease has revolutionized how we diagnose and treat illnesses,” wrote the now pathologist. “In my field of hematopathology, the genetic and molecular findings were essential in the proper diagnosis of hematologic malignancies, such as leukemia and lymphoma. In addition, these findings often influenced treatment and prognosis, which was essential for the clinicians treating the patient.”

Such a path wasn’t a foregone conclusion though, admitted Michelle, adding that as a young student she imagined she would end up in pediatrics.

“I adore children. But after taking the pathology course, I was very drawn to pathology,” she said of her specialty choice, adding that internal medicine too caught her eye as a student. “I’m a visual learner, and many aspects of pathology appealed to me. I found that pathology, in addition to a fellowship in hematology, was the best of both worlds. It allowed me to use my visual skills while taking the clinical picture into account.”

So it is that after a wedding in 2000, and a 2001 graduation (Robert took his doctoral degree from UND in 2002), Michelle and Robert ended up in Iowa City as Michelle pursued a pathology residency and hematology fellowship at the University of Iowa Hospitals and Clinics, while Robert undertook a post-doctoral research position in the university’s Internal Medicine Department.

Coming home

The family returned to North Dakota in 2006, settling in the Fargo area, where Michelle practiced. They were drawn back to the Red

Gratitude

River Valley not only because the region is home for both her and Robert, Michelle said, but because they felt a pull to serve the region that had given them so much.

“After living out-of-state, I had a strong desire to return home,” noted Michelle. “Serving the community and region where I grew up was important to me, and I was blessed to do so for over fifteen years.”

Of course, being closer to UND’s hockey program didn’t hurt.

“We were big hockey fans, enjoying games in the old and new arena,” Michelle added shortly after seeing UND defeat Holy Cross at the Ralph Engelstad Arena in Oct. 2022. “The relationships we had with students, faculty, and clinical mentors made the whole learning experience memorable, with graduation day being the culmination of years of hard work.”

As with so many games the pair took in around the turn of the century, UND won that night.

Of course, hockey is not the family’s only sport of choice. Having started fencing at UND through the university’s fencing club, and competing regionally

“I WAS HELPED THROUGH HIGH SCHOOL AND COLLEGE BY THE GENEROSITY OF DONORS THROUGH NEED- AND ACADEMIC-BASED SCHOLARSHIPS. [WE BOTH] FEEL IT’S IMPORTANT TO GIVE BACK IN GRATITUDE FOR WHAT YOU HAVE RECEIVED.”

MICHELLE K. BIANCO, M.D.

while the pair were in Iowa, Robert led the way in founding the Fargo-Moorhead Fencing Club earlier this century. This competitive club participates in the Minnesota high school league in Minneapolis.

“Robert coached both our daughters, Anna and Elise, who participate in the sport,” said Michelle, who has served as the club’s cheerleader, photographer, and lead fundraiser. “Anna has competed regionally and nationally.”

Such opportunities are among the many reasons, Michelle said, that there’s nowhere else she’d want to raise her children.

“Becoming a physician was one of the highlights of my life,” she reflected. “Completing my medical education at UND was a fabulous experience. We were in a medical school with faculty who were committed teachers and mentors. During my clinical years of training, our firsthand experience was much greater than many large medical schools. I was well prepared and competitive when it came to applying for residency programs. I feel thankful for my education at UND.”

By Brian James Schill

To contribute to the Dr. Michelle K. Bianco Medical School Scholarship Endowment, contact Jeff Dodson at jeffd@UNDfoundation.org or visit the UND Alumni Association & Foundation online at UNDalumni.org

ADOPT-A-PA STUDENT PROGRAM MARKS ITS 3RD YEAR



The third annual Department of Physician Assistant Studies Adopt-a-PA campaign is underway

We hope you take a moment to participate right now! To participate, gifts of \$100 per student can be:

- 1) Mailed to the UND Alumni Association & Foundation using the self-addressed stamped envelope enclosed in this magazine (please include "PA White Coat" in the check's memo line). Or,
- 2) Submitted through undalumni.org/smhs. Under "Comments" please put "PA White Coat."

As one of our recent PA grads put it in a message to the School, "Receiving a white coat from those who believe in us and our future in medicine was very humbling and gratifying. My white coat symbolizes many things, including the sensitivity, compassion, and empathy that I want to offer my patients. This coat also symbolizes our commitment to patients, colleagues, families, and communities, and a commitment to ourselves as healthcare professionals."

Why support UND? Because our pioneering PA Program is the only PA Program in North Dakota to have held continuous accreditation since 1974. The program claimed a 97% pass rate last year and a 5-year aggregate pass rate of 98% for graduates taking the Physician Assistant National Certifying Exam.

White coats will be formally presented to students during a ceremony in January 2023.

Similar to our Adopt-a-Med-Student Program, we encourage donors to write letters to the students to be included in their coat pockets. Our goal is to provide a lasting, supportive connection between students and donors. Letters to students can be included in Option 1 above or emailed to kristen.peterson@UND.edu.

Any gifts received after Jan. 1, 2023, are greatly appreciated and will be included in the 2024 Adopt-a-PA-Student Program.

If you have any questions, please contact Kristen Peterson at 701.777.4305 or the email address above.

Jeff Dodson

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NO SURPRISE Thompson named '22 namesake of the Preceptor Recognition Student Scholarship Program

Dr. Leah Thompson, psychiatrist at Southeast Human Service Center in Fargo, N.D., has been named the 2022 namesake preceptor for the UND School of Medicine & Health Sciences (SMHS) Preceptor Recognition Student Scholarship Program.

The scholarship program, funded by a \$100,000 endowment at the UND Alumni Association & Foundation, produces more than \$3,000 annually for medical student scholarships. It allows fourth-year medical students to select their favorite preceptor (or clinical instructor) based on their third-year clinical rotations, making this award effectively the “best preceptor in the state” award.

“I am extremely surprised and honored to receive this award,” said Thompson, a former psychiatrist at the North Dakota State Hospital in Jamestown. “I have been so impressed by the UND students I’ve had the honor to work with, particularly by the empathy and dedication they have shown while caring for patients at the state hospital.”

The Twin Cities native earned her M.D. from the Mayo Clinic School of Medicine in 2017. Opting to spend her residency years in Fargo as part of the SMHS Psychiatry Residency Training Program, Thompson entered practice as a board certified psychiatrist in 2021.

Having experienced a hemorrhagic stroke caused by a benign brain tumor at age 11, though, such a career path was far from certain, she said. Despite years of therapy, Thompson still manages a handful of physical challenges, including left-sided leg and arm weakness and vision loss.

This experience contributed, in part, to Thompson’s interest in neuroscience and behavioral health.

“I understand that students face challenges and self-doubt during medical school, and I am open and honest with them regarding the struggles I faced during my training, including as a physician with a significant physical disability,” added Thompson, who initially thought she might choose neurology as a specialty. “During medical school, I found learning patients’ stories and social



LEAH THOMPSON, M.D., HER HUSBAND DAN, AND NEW BABY

history the most interesting part of the clinical interview. I had the opportunity to care for several acutely mentally ill patients during my psychiatry clerkship who inspired me to go into psychiatry.”

Come graduation in May 2023, a scholarship will be given in Dr. Thompson’s name to the second-year UND medical student who earned the highest scores in the first 20 months (Phase 1) of their class’s four-year curriculum. Current third-year students will get an opportunity to select a different preceptor next year, and a student from the MD Class of 2026 will receive a scholarship in that new preceptor’s name in May 2024.

“This award is no surprise to me,” added Dr. Andrew McLean, chair of the SMHS Department of Psychiatry & Behavioral Science, who works closely with the School’s psychiatry residency. “We recognized what we had when Dr. Thompson interviewed with our residency, and we’re already looking for ways to keep her precepting for us in her new position.”

More than 1,300 part-time or volunteer clinical faculty in more than 30 communities throughout the state help to educate the nearly 450 medical students and residents based at the SMHS. In all, more than 70% of North Dakota physicians regularly teach at least one of the school’s students annually.

In the end, says Thompson, it’s such engagement by preceptors and alumni that makes the difference for many medical students.

“It was the times when my attendings discussed uncertainty and showed me how to use problem solving skills and clinical resources to tackle challenging clinical decisions that I found most helpful,” she concluded. “And the opportunity now to work with medical students and help them grow both in their knowledge of psychiatry and patient care has been extremely rewarding.”

By Brian James Schill

Individuals or organizations are invited to support UND’s Preceptor Recognition Student Scholarship Program at: undalumni.org/clinicalpreceptor.

STATE OF HEALTH

UND releases its Seventh Biennial Report on Health Issues for the State of North Dakota

As the North Dakota Legislative Assembly readies for its 68th gathering starting in January 2023, the UND School of Medicine & Health Sciences (SMHS) and its partners have been hard at work preparing the Seventh Biennial Report on Health Issues for the State of North Dakota (Report).

This Report, required of the School and its Advisory Council per North Dakota Century Code, updates legislators on the current state of the health of North Dakotans and their healthcare delivery system, along with an analysis of the steps the state can take to ensure that all North Dakotans can access high-quality healthcare at an affordable cost now and in the future.

“Our first Biennial Report was prepared during the 2009-11 biennium and released just prior to the start of the 62nd Legislative Assembly,” recalled Dr. Joshua Wynne, dean of the SMHS and vice president for health affairs at UND. “A total of six Reports have been released every two years since then, with the just-released update dated 2023.”

Healthcare workforce

According to Wynne, this latest report, coming on the heels of the worst global pandemic in a century, arrives at a pivotal time for health and healthcare in North Dakota.

“It goes without saying that COVID put our state’s health and healthcare system to the test over the past two years,” he continued. “Not only in how it affected our population and its access to care, but our healthcare workforce.”

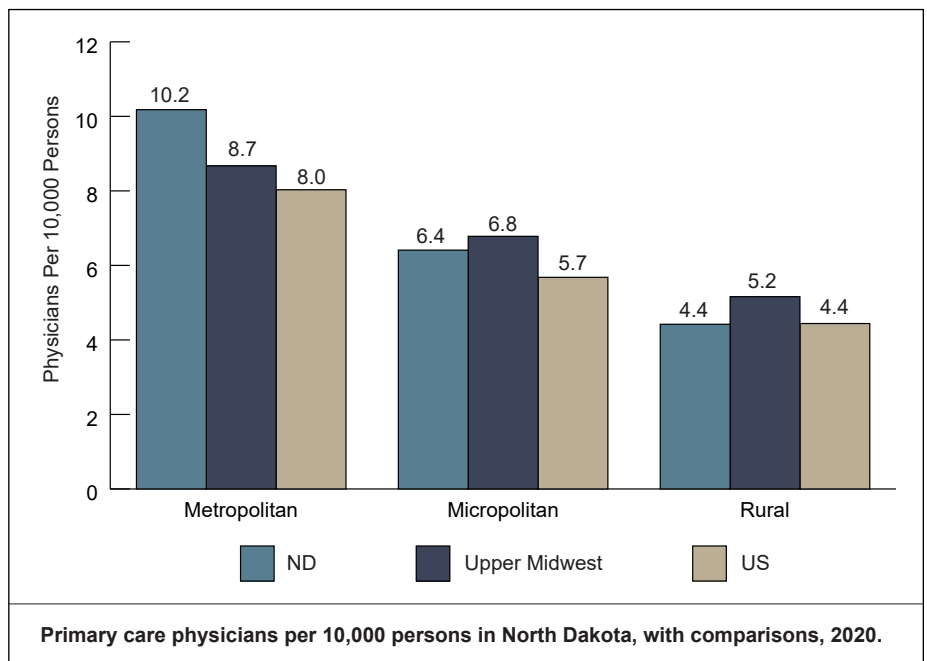
For a state already grappling with not only a shortage of healthcare providers but a maldistribution of those providers, said Wynne, COVID hit many rural hospitals and clinics especially hard. As the Report notes, the pandemic exacerbated “burnout” across health professions, resulting in early retirements and resignations among some providers – thus a greater shortage overall – at the same time as it increased workloads for those physicians, nurses, and therapists who remained in their professions.

The need for healthcare workers is particularly important in rural and western parts of North Dakota, where there has been a chronic shortage especially of primary care providers for many decades,

notes the Report’s Executive Summary: “Without direct intervention, the difficulty of providing adequate healthcare in North Dakota will worsen over the coming decades from the aging of the population (including aging and eventual retirement of the healthcare workforce) which will increase the demand for healthcare services in those areas.”

Even so, the healthcare workforce news is generally good for North Dakota, said the Report’s lead author Mandi Leigh Peterson, senior research analyst with UND’s Center for Rural Health and the School’s Healthcare Workforce Group.

“North Dakota’s efforts to train our own appears to be working,” Peterson said. “In previous reports North Dakota has



had fewer physicians per capita than our Midwest and U.S. peers. While this still holds true, we have narrowed the gap in the provider-to-population ratios. Another area where we're going in the right direction is that we've seen an increase in the number of health professionals in the state. The number of in-state graduates practicing in the state has gone up as well."

Population health

Such positive trends carryover to the overall health of North Dakotans, Peterson continued. This latest Report suggests that, COVID notwithstanding, the health of North Dakotans seems to be improving.

"Prior to the pandemic, North Dakota was showing varied trends in health behaviors with improvements being seen in areas over time that suggested positive behavior changes," Peterson said. "And according to national data, North Dakotans now are more likely to report good general health compared with other Americans."

For example, the percentage of survey respondents who report smoking, binge drinking, and drinking and driving all are

down relative to 2019, according to the Report. And up in the past few years is the percentage of North Dakotans who wear a seatbelt regularly.

Accordingly, the percentage of North Dakotans who report merely "fair" or "poor" health is down nearly two percentage points since 2019.

Health education

One notable fact from the Report, added Peterson, was the university system's stunning response to the pandemic. The SMHS, UND's College of Nursing & Professional Disciplines, and the NDSU College of Pharmacy all executed overwhelming programmatic and curriculum changes in a short amount of time in order to continue to provide the highest quality educational opportunities for students, despite the challenges of in-class cancellations and overall system uncertainty.

"The programs were able to provide opportunities for students to complete their curriculum and graduate on schedule to join the workforce at a critical time," she said, calling out UND's Master of

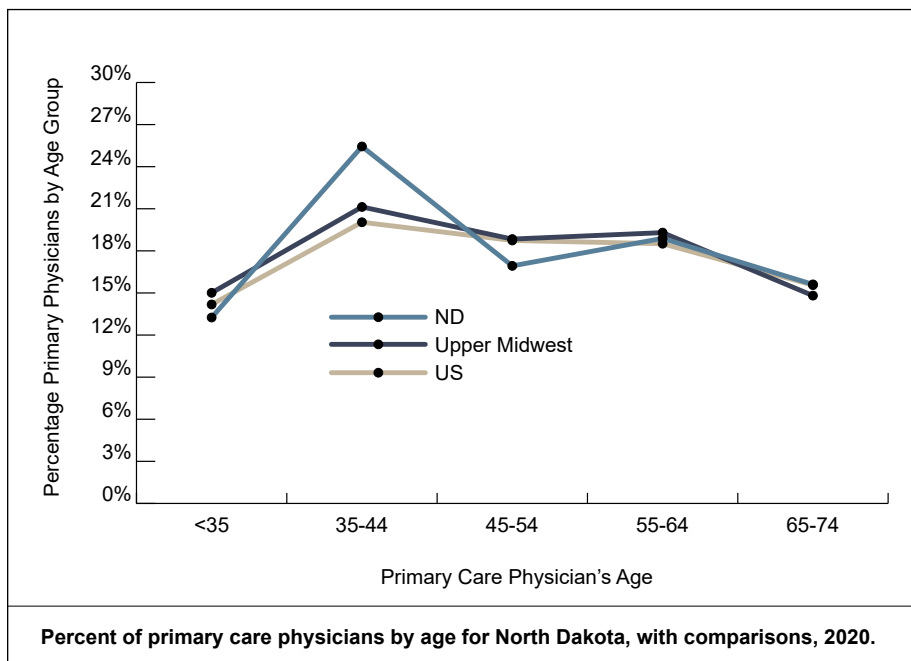
Public Health (MPH) program in particular for its efforts. From April 2020 to June 2022, MPH faculty, students, and staff, used funding provided by the North Dakota Department of Health to send more than 180 case investigators to work 80,113 hours in an effort to combat the spread of COVID.

"The MPH program's contributions to the contact-tracing efforts in the state were a very important asset that served the entire state," Peterson said. "An additional notable piece was the collaborative response regionally by public health, health systems, and organizations to coordinate large scale vaccination efforts to ensure that vaccines were available to the public in a highly organized and efficient manner."

In the end, both Wynne and Peterson suggest, the health picture, while not perfect, is improving in North Dakota.

"A few years ago, Gov. Doug Burgum asked me to head up a working group charged with developing a Strategic Plan for Health for the state of North Dakota, with the goal of making North Dakotans the healthiest people in the country," concluded Wynne. "We have since turned that plan over to the North Dakota Department of Health and State Health Officer Dr. Nizar Wehbi. And as these new data from this Report suggest, although we have a long way to go in achieving this bold goal, North Dakota is moving in the right direction."

By Brian James Schill



■ '10s

Dylan Torgerson, MD '19, has joined the Sanford Health Wahpeton team. Torgerson specializes in family medicine. He completed his residency at Indiana University Ball Memorial Hospital in Muncie, Ind.



Tyrone Berentson, MD '18, has accepted a position with St. Andrew's Clinic in Bottineau, N.D., and will serve the medical facility as a physician.

■ '00s

John Hoyt, MD '07, has been recognized in the Bismarck Tribune's Best of the Best publication as the Best of the Best Cardiologist. Hoyt is currently at CHI St. Alexius Health in Bismarck, N.D.

Joshua Deere, MD '06, was named President of Altru Health System in Sept. 2022.



"On behalf of Altru's Board of Directors, we are thrilled to share that Dr. Josh Deere will be Altru's next president," shared Karen Thingelstad, chair of Altru's Board of Directors. "Dr. Deere's experience in physician leadership, focus on providing exceptional patient experiences and a long-standing commitment to our community align with the vision the board of directors has for this role." Dr. Deere has been a physician leader at Altru for eleven years, serving as chair of family medicine for four years, medical director of primary care for seven years, and most recently as the interim chief medical officer. He has practiced as a primary care physician at Altru since 2009. Originally from Kennedy, Minn., Dr. Deere earned his medical degree from the UND SMHS and completed a family medicine residency through the Altru Family Medicine Residency program.

Marc Jon Baumgartner, MD '01, passed at his home on Sept. 13, 2022. Marc was born on Nov. 19, 1975, to Todd and Mary (Busch) Baumgartner, the middle of five children. After high school graduation, Marc attended the University of Mary to study biology and chemistry before entering medical school at the University of North Dakota, graduating in 2001, and completing a physician residency at the University of Minnesota - Twin Cities. Marc is survived by his wife, Rita, and their four children, Rogers, Minn.; his mother and father, Mary and Todd Baumgartner, Bismarck, N.D.; three brothers and a sister; grandmother, Gunda Busch, Bismarck, N.D.; nieces and nephews; and many aunts, uncles, and cousins who loved him dearly. He was preceded in death by his grandparents, Herman and Norma Baumgartner, Clemens Busch, and father-in-law Adrian Powers.

Jane Fargo, BS MT '70, age 73, of Brainerd, Minn., passed away on Aug. 14, 2022, surrounded by her children. Jane was born on Nov. 10, 1948, in Crosby, N.D., to John and Stella (Struxness) Selle. She was head of the microbiology department at Essentia Health St. Joseph's Medical Center and worked there for thirty-six years prior to her retirement in 2016. Jane is survived by her children, Jon (Christina) Fargo, Matt (Nikki) Fargo, Tony (Ashley) Fargo; her grandchildren; one brother, Stan (Connie) Selle; former spouse, Rick Fargo; and many nieces, nephews, and extended family. She was preceded in death by her parents.

Josephine (Jo) Madeline Thompson Stegall, BS MT '70, wife, mother, and grandmother, entered eternal slumber on March 17, 2022. She is survived by her beloved husband, Harry Edward Stegall; two dearly loved sons, Harry E. Stegall, Jr., and David C. Stegall; and one precious grandson, Jett T. Stegall; as well as her adored furry and feathered companions. Before her retirement, Jo worked many years in the field of industrial hygiene. She was a graduate of the University of South Carolina and the University of North Dakota.



UND School of Medicine & Health Sciences awarded nearly \$49 million of research funding in 2022

The Office of Research Affairs at the UND School of Medicine & Health Sciences (SMHS) has announced that the School was awarded



Susan Holden

nearly \$49 million in fiscal year 2022 for its research and service missions. This amount represents a single-year record in sponsored funding for the School.

According to the Office's Sponsored Projects Awards report, the SMHS won a total of 104 awards from external agencies like the National Institutes of Health (NIH), Centers for Disease Control & Prevention, National Science Foundation, the State of North Dakota, and other entities and foundations totaling \$48,651,717.

This figure follows a several-year growth trend in external funding awards to the School: over the past decade the School has brought in almost \$320 million in funding to UND for biomedical research and related purposes.

"At a time when there is increasing competition for funding nationally, this continued acceleration in SMHS extramural research funding is a tribute to the outstanding work and dedication of our faculty and staff," said Dr. Marc Basson, senior associate dean for Medicine & Research at the School. "They have focused their efforts on discovery relevant to improving the health of the citizens of North Dakota in areas ranging from cancer and neuroscience to infectious disease and Indigenous health."

Such awards are already being put to use to study the prevention, diagnosis, and treatment of conditions like cancer,

Highlights from this group of 2022 awards include:

- Kumi Nagamoto-Combs, Ph.D., assistant professor with the Department of Biomedical Sciences, was awarded a \$1.8 million, five-year R01 grant through the National Institute of Allergy and Infectious Diseases of the NIH to explore the link between food allergies and neurodegeneration. R01 grants are the most prestigious awards researchers can receive from the NIH and are given for mature research projects that are hypothesis-driven with strong preliminary data.
- Sandeep Singhal, Ph.D., assistant professor in the Department of Pathology, received a one-year, \$200,000 grant from the National Institute of General Medical Sciences (NIGMS) to build cloud-based learning modules for biomedical research together with Google and Deloitte Consulting.
- Gary Schwartz, Ph.D., M.P.H., Ph.D., professor and chair of the Department of Population Health—along with his colleague Marilyn Klug, Ph.D., and Soojung Kim, Ph.D., M.P.H., associate professor and graduate director of the UND Department of Communication—was awarded a two-year, \$100,000 grant from the Prevent Cancer Foundation that will allow the team to further study the effects of a radon education smartphone application on radon testing in the upper-Midwest.
- Tim Casselli, Ph.D., research assistant professor with the Department of Biomedical Sciences, won a \$70,500 NIH R03 grant to study Lyme disease. Lyme disease, which is caused by infection from the tick-borne pathogen *Borrelia burgdorferi*, can lead to inflammatory diseases affecting the joints, heart, and nervous system. As there are no vaccines or effective vector controls against the infection, the overall goal of Dr. Casselli's project

Alzheimer's, Lyme disease, influenza, and SARS-CoV-2 (COVID-19).

"This is an amazing achievement and continues the dramatic surge in such funding garnered by the School's faculty and staff over the past few years," added SMHS Dean and UND's Vice President for Health Affairs, Dr. Joshua Wynne.

"Because almost all the sponsored grants awarded to our faculty are competitive and ranked by other investigators through peer review, the amount of grants awarded to an institution in any one year often is used as a surrogate marker for the size and quality of an institution's research enterprise."

Such numbers suggest that both the volume and quality of work coming out of the School are very good, said Wynne.

"We are excited with our growth in research funding that has been accelerating dramatically every year," added Susan Holden, the grant & contract officer for the SMHS. "With more proposals being submitted every month by our outstanding faculty and staff, and the growth within the Office of Research Affairs, we are hopeful to see this trend continue in the coming years."

UND School of Medicine & Health Sciences Medical Laboratory Science students receive scholarships for 2022-23 academic year

The Department of Medical Laboratory Science (MLS) at the UND School of Medicine & Health Sciences has awarded more than \$37,000 in scholarships to several MLS students for the academic year. Funds for the scholarships are given from various private sources, endowments, and scholarship funds.

Scholarship winners for the 2022-23 academic year include:

Marcia and Gary Anderson MLS Scholarship Award

Amanda Hendrickson, Grand Forks, N.D., and Alicia Westover, East Grand Forks, Minn.

Marcia Anderson, the daughter of scholarship donors Ralph and Hazel Rohde, was a graduate of the UND Medical Technology program, now called the Medical Laboratory Science program. Her husband Gary established the scholarship to give to a deserving student pursuing a career in medical laboratory science.

Janice and Clifford d'Autremont Scholarship Award

Brody Aberle, Lisbon, N.D.; Christina Greuel, Leonard, N.D. and Grand Forks, N.D.; and Cassidie Luther, Thompson, N.D.

Janice and Clifford d'Autremont of Rancho Palos Verdes, Calif., have established the scholarship in their name for an academically eligible student pursuing a degree in Medical Laboratory Science at the University of North Dakota School of Medicine & Health Sciences, with preference given to students from the Oakes, N.D., area.

Dr. Cyril J. Dillenburg Memorial Medical Scholarship

Cassidie Luther, Thompson, N.D.

Cyril Dillenburg, M.D., was medical director of the University of North Dakota Medical Technology program until his death in 1984. He was a friend and teacher of numerous students during this period. An award was started by his colleagues and friends to aid deserving medical technology and medical laboratory science students.

Jean Holland Saumur Award

Brady Roemmich, Bowman, N.D.

Jean Holland Saumur was the program director of the UND Medical Technology program for over thirty years, retiring in 1985. This award was established in Jean's honor to recognize the dedication, service, and significant contributions she had given to the University for over forty years.

Janice Schuh-Horysh MLS Scholarship Award

Paige Nelson, Grand Forks, N.D.; Hannah Stewart, West Fargo, N.D.

The Janice Schuh-Horysh award goes to a senior medical laboratory science student, with preference given to students from Nelson County, N.D. Janice Schuh grew up in Lakota, N.D., and earned her Bachelor of Science in Medical Technology degree from UND in 1968. She worked as a medical technologist in Grand Forks and Wisconsin before working at Altru Health System in Grand Forks, N.D., for nearly 40 years until her retirement in 2011.

Duane and Judy Lee Scholarship Award

Jacob O'Toole, Grand Forks, N.D.

Judy Lee graduated from the MLS program when it was known as the Medical Technology program. She worked in a clinic and hospital in Wahpeton, N.D., before moving to West Fargo, N.D., where she has been active in state politics. She has served in the North Dakota Legislature since 1994 and on the ND Senate Human Services committee since 1995, having been chair since 2001. The Duane and Judy Lee Scholarship award is given to a student earning a degree in medical laboratory science at the UND School of Medicine & Health Sciences.

Miltza (Mitzi) Luper Biochemistry Award

Sofia Lutz, The Dalles, Ore.

Ms. Luper was an assistant professor in the Biochemistry Department in charge of Medical Technology (Medical Laboratory Science) student training from 1955-1981. The scholarship is supported by income from an endowment given by various graduates of UND in honor of Miltza Luper.



**Eileen Simonson Nelson
Scholarship Award**

Christina Greuel, Grand Forks, N.D., and Leonard, N.D.

Eileen Simonson Nelson received her Bachelor of Science degree in Medical Technology, cum laude, from the University of North Dakota in 1955. Eileen began her career in UND's Department of Pathology in 1956. She served many roles in the department, including assistant professor, histopathology lab chief technologist, education coordinator of the Histotechnology Program, and acting director of the Medical Technology program. She taught the CLS 101/MLS 101 course for many years and was the major advisor of the undergraduate students in the Medical Technology Program during that time.

Mary Noble Award

Ansley Aldridge, Wetumpka, Ak.; Nicole Chisum, Salt Lake City, Utah; Jordyn Greene, Kalispell, Mont.; Katheryn Kilpatrick, Minot, N.D.; Cassandra Kompelien, Roseau, Minn.; Kerry Touts, Thibodaux, Lou.; Thy P. Nguyen, Westminster, Calif.; Ashley Sanders, Fort Worth, Texas; Sofia Lutz, The Dalles, Ore.; Claire Middleton, St. Louis Park, Minn.; Killeen Wareham, St. Paul, Minn.

Mary Beth Noble was a graduate of the Medical Technologist program, today known as Medical Laboratory Science program. Mary Beth worked everywhere from California to Cape Cod to the South, in Alabama and Kentucky, and finished her career at the Cavalier Clinic in Cavalier, N.D. Mary Noble passed away September, 2021 in Fargo, N.D.

Eleanor Ratcliffe Award

Rebecca Atayde, Denver, Colo.; Madison Larson, Devils Lake, N.D.

This award is given each year to a Medical Laboratory Science student who has shown academic excellence.

The Ralph and Hazel Rohde Award

Kate Schmidt, Wadena, Minn.

Ralph and Hazel Rohde's children had a strong interest in medical science. Two of their sons graduated in medicine, and their daughter and granddaughter graduated from UND in medical technology. The Rohdes established a Medical Scholarship Endowment in appreciation for the opportunities that were provided to their children and grandchildren.

**Mary Stanghelle Coleman MLS
Scholarship Award**

Caylee Osborne, Grand Forks, N.D.

Mary Stanghelle Coleman, a faculty member in the UND Medical Laboratory Science program established the scholarship award to give to a deserving senior student pursuing a career in medical laboratory science and active in the UND Medical Laboratory Science Club.

**David and Linnea Veeder MLS
Scholarship**

Holly German, Wahpeton, N.D.; and Allie Werth, Wahpeton, N.D.

Linnea Veeder was a graduate of the UND Medical Technology program, now called the Medical Laboratory Science program. She and her husband David established the scholarship for a deserving student entering UND as a freshman who is interested in a career in medical laboratory science.



PARTING SHOTS

Did you attend an event related to the UND SMHS? Share it with your colleagues. UND SMHS alumni, faculty, staff, students, friends, and family are welcome to send a high resolution photo to kristen.peterson@UND.edu for possible inclusion in the next *North Dakota Medicine*.



GREAT PUMPKIN

Occupational Therapy students get into the Halloween spirit.



FREEBIRD

The annual student/faculty talent show was back on this year!



THIS WON'T HURT A BIT

Kiddos with their stuffed animals at the SMHS for a "check-up" at the medical students' annual Teddy Bear Clinic in Oct. 2022.



I LOVE A PARADE

Occupational Therapy program students walk UND's annual Homecoming parade down University Ave. in Grand Forks.



CARE IS PRIMARY

Several SMHS alumni participated in the Center for Rural Health's annual Primary Care Week, sharing their journey from medical school into residency with current students.



JUST IN CASE

SMHS students train for emergency situations during the Simulation Center's annual "Zombie Apocalypse" Halloween training event in Oct. 2022.

"EXTREMELY FORTUNATE EVENT"

Master of Public Health program grad Michael Dulitz speaks to his colleagues and former faculty and classmates at the SMHS Homecoming Banquet, which recognized ten years of public health at UND.



CROSSING THE FINISH LINE

SMHS Dean Dr. Joshua Wynne and the School's faculty, staff, and students at the annual Joggin' with Josh 5k/10k walk/run event on the UND campus in Sept. 2022.

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SAVE THE DATES



**PHYSICIAN ASSISTANT STUDIES
WHITE COAT CEREMONY**
Jan. 20, 2023
School of Medicine
& Health Sciences

APTA COMBINED SECTIONS MEETING
UND Physical Therapy Alumni
Reception in San Diego, Calif.
Feb. 24, 2023
apta.org/csm



**GIVING
HEARTS
DAY**

Feb. 9, 2023
dakmed.org