



COMMUNITY HEALTH IMPROVEMENT PLAN – LOGAN AND STUTSMAN COUNTIES

2012

To be the healthiest communities in which to live, learn, work, and play.

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CORE TEAM MEMBERS

2011-2012 Core Team Members

- ❖ Central Valley Health District - Robin Iszler, Nancy Thoen, Tami Dillman
Heidi Heim Larson (Board of Health)
- ❖ Healthy Lifestyle Coalition - Amy Walters
- ❖ Jamestown College - Jacqueline Mangnall, Mona Klose
- ❖ Jamestown Regional Medical Center - Cindy Gohner, Samantha Revering, Trisha Jungels
- ❖ Sanford Health – Jon Lillejord, Shar Gumke
- ❖ Social Services - Sandy Bendewald, Barb Hopewell
- ❖ South Central Human Service Center - Russ Sunderland
- ❖ Stutsman County Sheriff's Department – Ramone Gumke
- ❖ Wishek Community Hospital & Clinics - Trina Schilling



Jamestown COLLEGE South Central Human Service Center
Stutsman County Social Services

The development of this community health improvement plan was led by core team members, which would not have been possible without input and guidance from community members and partners identified in the Community Health Assessment

<http://www.centralvalleyhealth.org/databook.php>

COMMUNITY PRIORITIZATION PROCESS

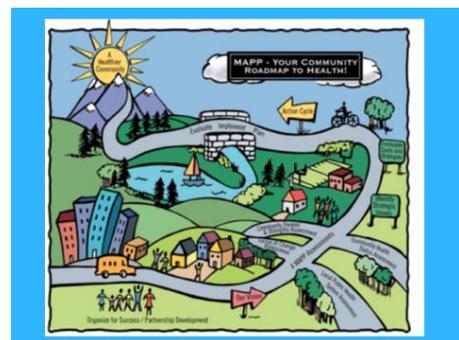
Introduction

The purpose of the Community Health Improvement Plan is to identify how to strategically and collaboratively address community priority areas to improve the health and well-being of the community. Community members used the assessment process to formulate a community health improvement plan aimed at striving to provide effective, quality health services and an environment that enables community members to reach their full health potential through assessment, leadership and partnerships. In September 2012, Central Valley Health District (CVHD), partners and community members engaged in prioritization processes (after completing a community health assessment (<http://www.centralvalleyhealth.org/databook.php>) based on the Mobilizing for Action through Planning and Partnerships (MAPP) modified process) to identify community health priorities and goals that serve as the foundation of the community health improvement plan.

The modified-MAPP process included:

- Community-wide meetings
- Telephone survey (Stutsman County, 400 respondents)
- One-on-one interviews (Community Mobilizing Change on Alcohol)
- Key informant surveys (Stutsman and Logan counties)
- Online survey and prioritization tool (202 respondents)

In October 2012, community partners further developed goals thru meetings and correspondence to create a plan to improve community health in Logan and Stutsman Counties. The community health improvement plan presented in this document identifies the components (goals, objectives, strategies, tactics and performance indicators) for each of the four priority areas selected by community members. The priority areas are strategic issues needing to be addressed for the community to realize its vision. These components are necessary pieces in developing an action plan with strategies focused on improving health outcomes and quality of life. As the plan is implemented, performance indicators will be used to evaluate the effectiveness of the strategies and tactics related to each priority area.

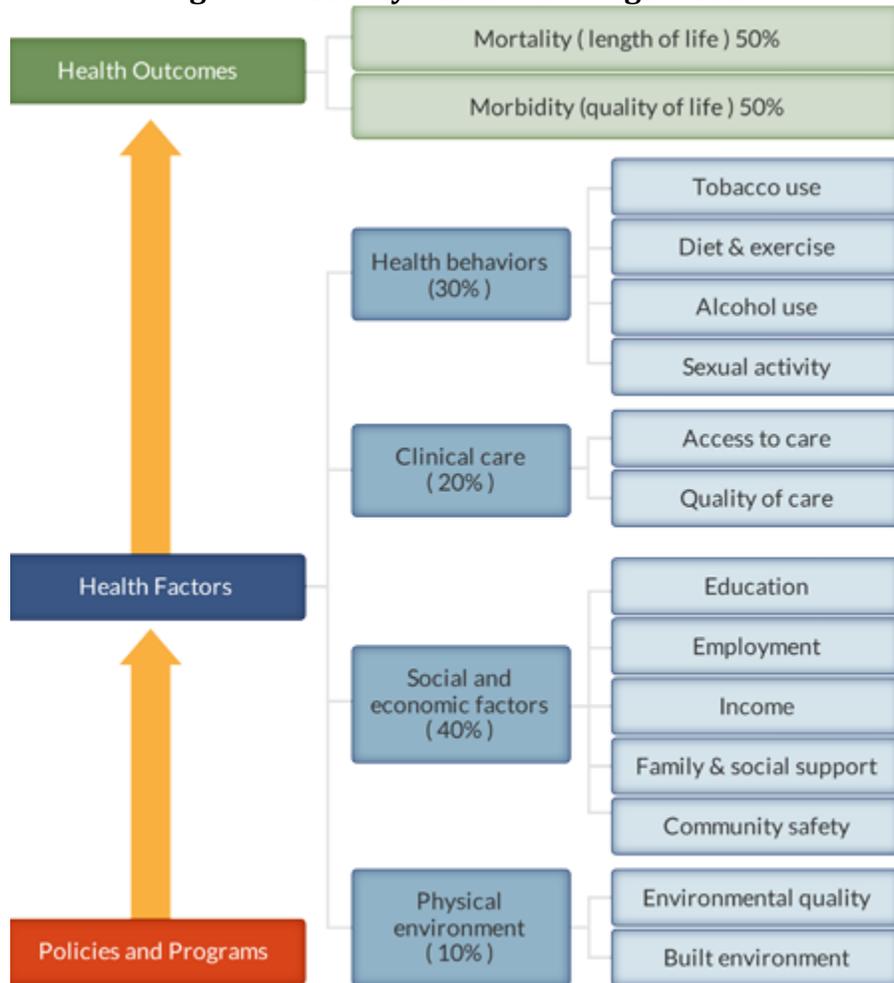


COMMUNITY PRIORITIZATION PROCESS

Community Prioritization Process

The prioritization process began with a review of the community health assessment data book and key findings. Community members reviewed a master list of health indicators (based on County Health Rankings Health Factors).

Figure 1: County Health Rankings Model



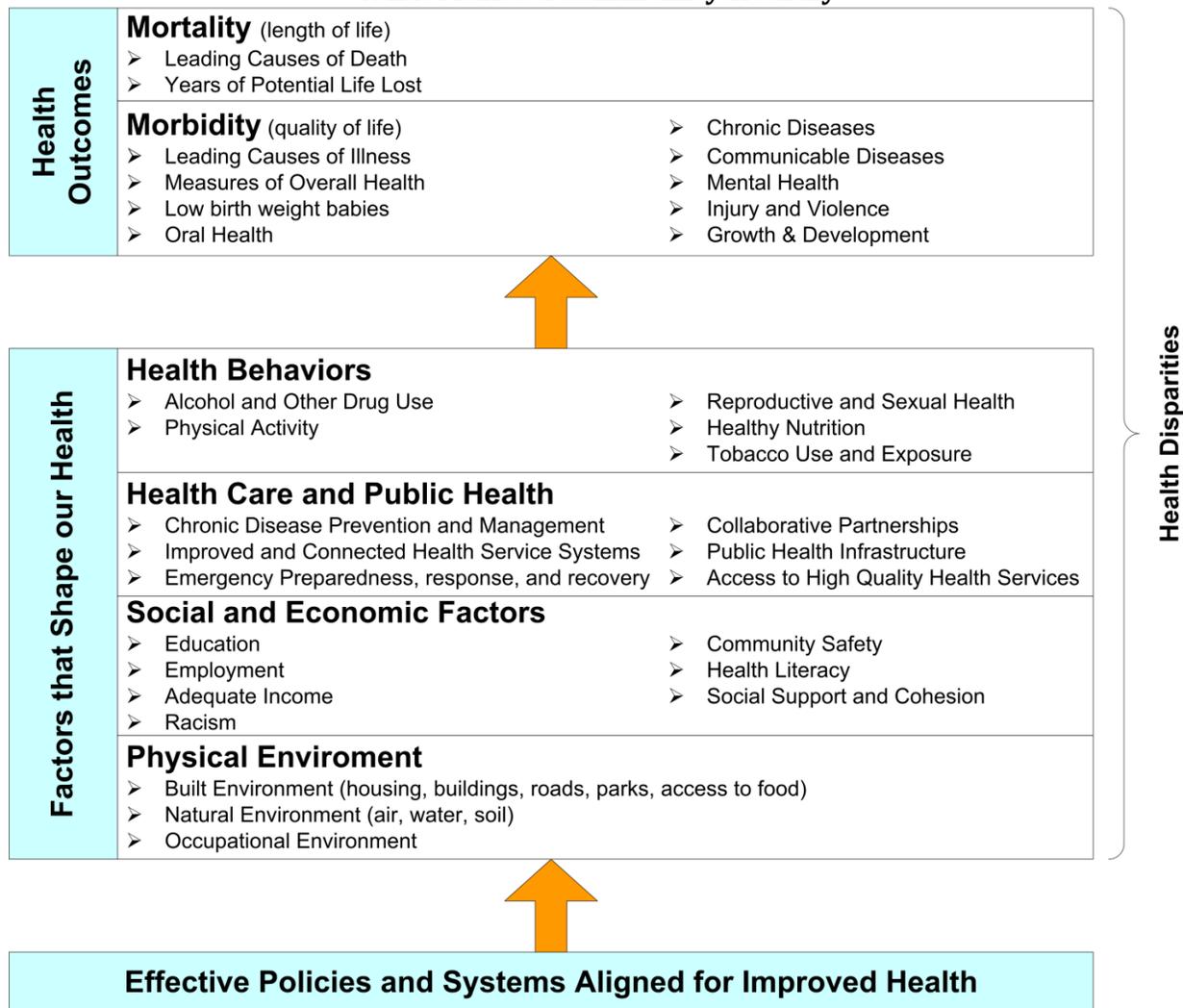
County Health Rankings model ©2012 UWPHI

COMMUNITY PRIORITIZATION PROCESS

Health Outcomes and Health Factors are affected by underlying causes. Figure 2 below from “The Wisconsin Guidebook on Improving the Health of Local Communities” identifies potential underlying causes related to Health Outcomes and Health Factors. Health disparities are the differences between groups in their health status. Examples of health disparities are race/ethnicity, gender, income groups and age.

Source: <http://fyi.uwex.edu/healthcare/files/2012/08/The-Wisconsin-Way-v1.0.pdf>

**Figure 2: Wisconsin Guidebook on Improving the Health of Local Communities
What Makes a Community Healthy**



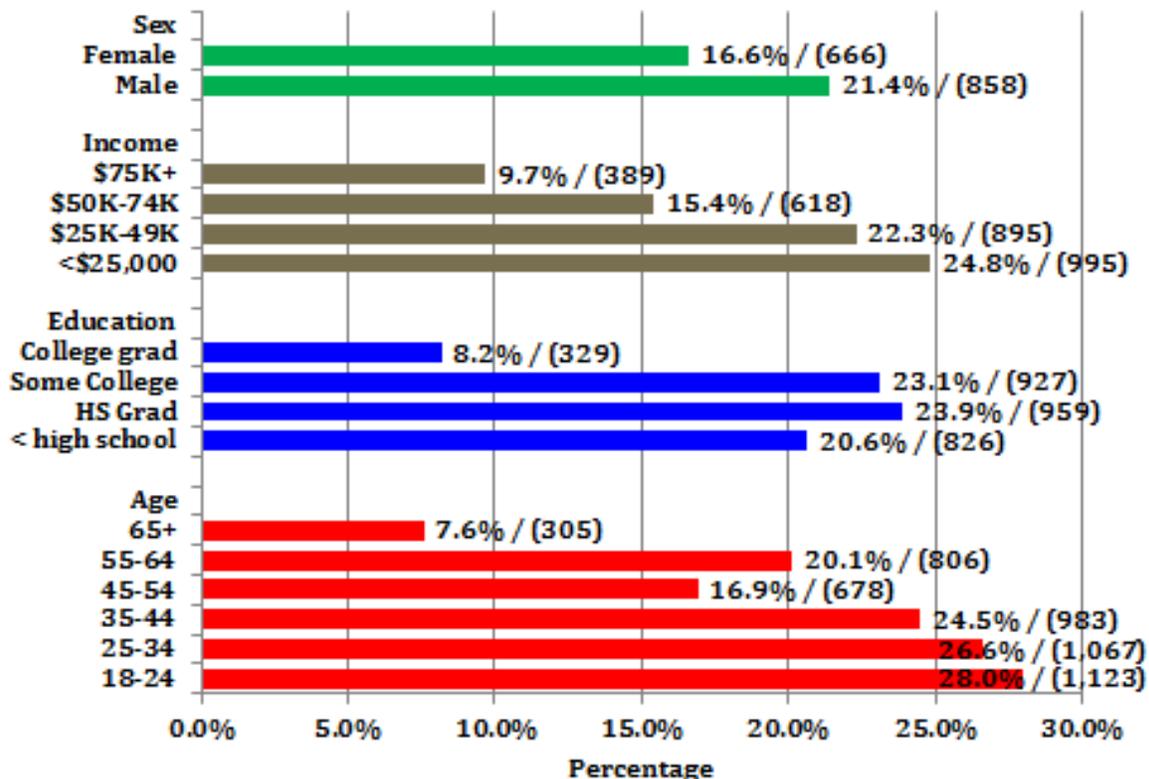
COMMUNITY PRIORITIZATION PROCESS

Social determinants of health (such as age, gender, income and education) were examined through the review of stratified health data for various health factors according to the corresponding areas (<http://www.centralvalleyhealth.org/databook.php>, pages 15-30):

- Smoking
- Less than recommended exercise
- Binge drinking
- Unable to get care because of cost
- Fair or poor general health

NOTE: Social determinants of health were specifically considered as activities for each of the community health priorities were developed.

**Figure 3: Smoking
Stutsman County Population 21,100 (2010 Census)**



Adult smoking highest in males, income < \$25,000, HS graduate, Ages 18-24.

Source: 2001-2010 Stutsman BRFSS.

COMMUNITY PRIORITIZATION PROCESS

Figure 4: Master List of Health Indicators

For each Health Indicator (supported by data identified in the community health assessment), state and national benchmarks as well as community perceptions were listed along with the local data so community members could establish a sense of meaningfulness to support two rounds of prioritization activities.

Health Indicators
Tobacco Use
Adult cigarette smoking in the past 30 days
HS students who smoked cigarettes on one or more of past 30 days
Diet & Exercise
Adult Obesity Prevalence (Sum of overweight + obese)
Youth Obesity Prevalence (Sum of Overweight + obese)
Lack of Physical Activity
Sexual Activity
Teen Pregnancy
Alcohol Use
Adult Binge Drinking (5 drinks men/4 drinks women in couple hrs)
Youth Binge Drinking (5 or more drinks in couple hrs)
Drunk Driving
Youth Alcohol Use last 30 days
Access to Care
Uninsured
Could not get healthcare due to cost
No primary provider
Women ≥18 years no pap smear in past 3 yrs
≥50 never had a colonoscopy/sigmoidoscopy
Women ≥40 years no mammogram in past 2 yrs
No dental visit in the past year
≥6 permanent teeth lost due to tooth decay or gum disease
Ever told by health provider Heart attack
Never had cholesterol test
General Health
≥8 days in past month when physical health not good
limitation due to physical, mental or emotional health problem
Education & Employment
Availability of good jobs
Education and training for good jobs (Associates, BA, or BS)
Senior citizens in poverty
Children in poverty
Family & Social Support
Suicide (adult & youth - based on % of actual # occurrences)
Prescription Drug Abuse (youth)
Emotional Health Support
Community Safety
Seatbelt Use - do not always wear seatbelt
Distracted Driving
Domestic Violence
Sexual Violence
Crime (youth + adult)

COMMUNITY PRIORITIZATION PROCESS

All indicators that made the master list were those indicators also supported by data in addition to concern expressed by community members. Community members discussed and approved criteria for the master list items for both rounds of the process: any health indicator must support the vision and community feedback must indicate that there is concern amongst community members. Community members approved the master list with no additional indicators.

Figure 5: Community Concerns by Health Indicator

Health Indicators	Stutsman County	Logan County
	Telephone survey %: Concerned + Very Concerned	Paper survey %: Concerned + Very Concerned
Alcohol Use	76.5	70.4
Adult Binge Drinking (5 drinks men/4 drinks women in couple hrs)	†	†
Youth Binge Drinking (5 or more drinks in couple hrs)	†	†
Drunk Driving	75.5	68.3
Youth Alcohol Use last 30 days	77.5	72.5
Tobacco Use	†	†
Adult cigarette smoking in the past 30 days	†	†
HS students who smoked cigarettes on one or more of past 30 days	†	†
Diet & Exercise	65.2	65.9
Adult Obesity Prevalence (overweight or obese)	58.8	58.6
Youth Obesity Prevalence (overweight or obese)	72.1	68.3
Lack of Physical Activity	64.6	70.7
Access to Care	47.1	42.5
Uninsured	46.8	41.5
Could not get healthcare due to cost	46.8	41.5
No primary provider	46.8	41.5
Women ≥18 years no pap smear in past 3 yrs	49.5	41.5
≥50 never had a colonoscopy/sigmoidoscopy	49.5	41.5
Women ≥40 years no mammogram in past 2 yrs	49.5	41.5
No dental visit in the past year	44.0	46.3
≥6 permanent teeth lost due to tooth decay or gum disease	44.0	46.3
Ever told by health provider Heart attack	46.8	41.5
Never had cholesterol test	46.8	41.5
General Health	53.7	46.3
≥8 days in past month when physical health not good	51.3	36.5
limitation due to physical, mental or emotional health problem	56.0	56.1
Sexual Activity	65.3	29.3
Teen Pregnancy	65.3	29.3
Education & Employment	62.1	49.6
Availability of good jobs	70.8	73.2
Education and training for good jobs (Associates, BA, or BS)	48.5	39.1
Senior citizens in poverty	67.0	36.6
Children in poverty	†	†
Family & Social Support	61.0	48.0
Suicide (adult & youth)	64.4	34.1
Prescription Drug Abuse (adult & youth)	62.6	53.7
Emotional Health Support	56.0	56.1
Community Safety	62.7	33.6
Seatbelt Use - do not always wear seatbelt	51.3	31.7
Distracted Driving	79.6	56.1
Domestic Violence	62.6	26.8
Sexual Violence	†	†
Crime (youth + adult)	57.4	19.6

† No exact local data available for comparison

COMMUNITY PRIORITIZATION PROCESS

Two prioritization techniques were used for two rounds of prioritization. In round one, each participant selected ten health indicators from the master list using the “dotmocracy” prioritization method. Each participant was given ten dots to vote for their selected ten priorities. Each participant could use only one dot per indicator.

Figures 6 & 7: Round One – “Dotmocracy” Prioritization



After all of the dots for each indicator were counted, eleven indicators emerged for round two prioritization. Due to a tie vote for two indicators, community members agreed to score all eleven indicators in round two. The indicators scored in round two involved a prioritization matrix comprised of two criteria approved by community members: seriousness (leading cause of death) and doability (can we make a difference). Each participant used a clicker to score each the eleven indicators twice according to a five-point scale: once for seriousness and once for doability.

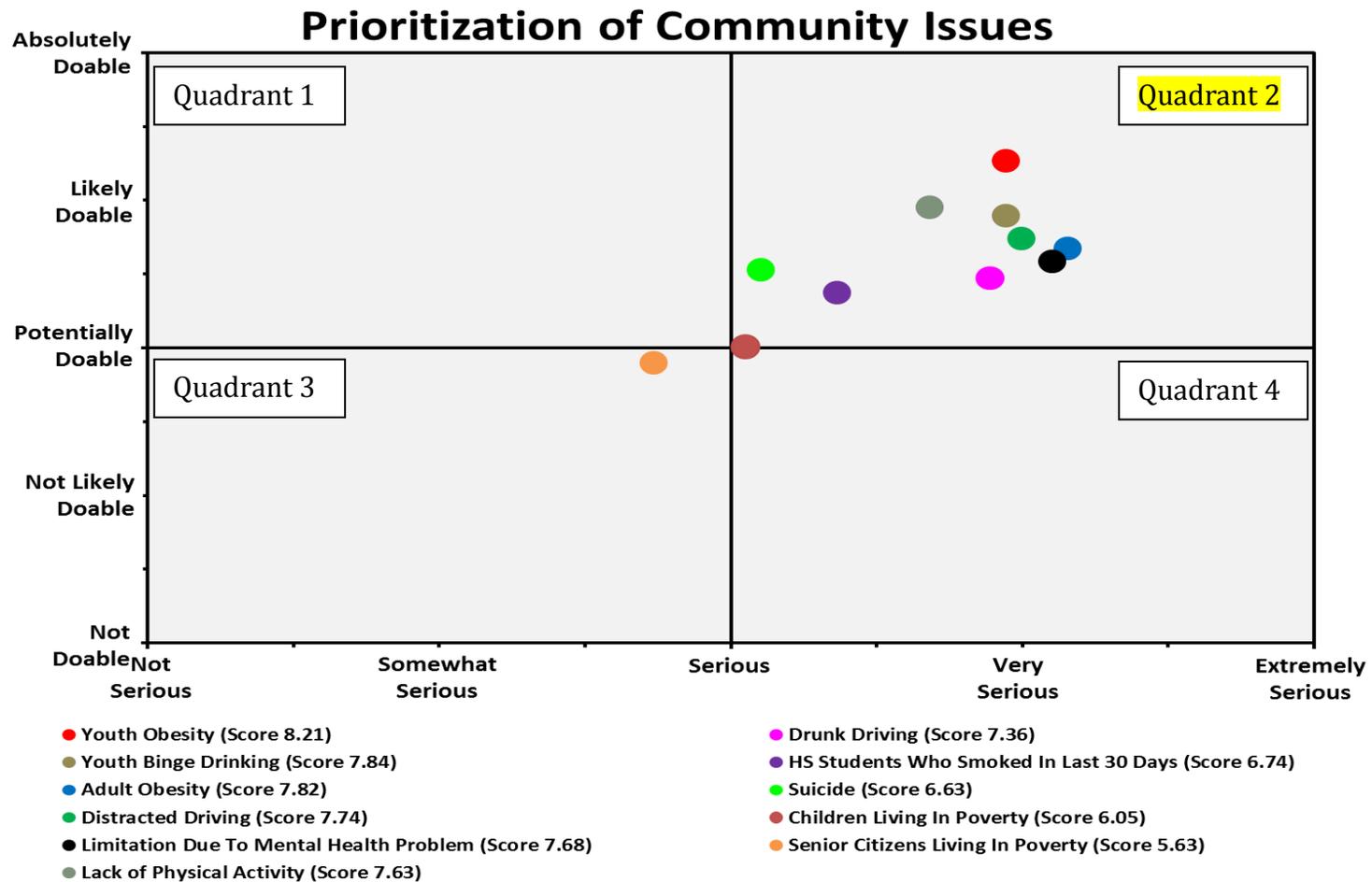
Figures 8, 9, & 10: Round Two – Matrix Prioritization



COMMUNITY PRIORITIZATION PROCESS

Matrix prioritization was utilized to help community members most easily identify the indicators for which improvement was vital and a realistic level of accomplishment could be achieved (see **Quadrant 2**).

Figure 11: Community Health Matrix



COMMUNITY PRIORITIZATION PROCESS

In reviewing the matrix prioritization results depicted in Figure 11, community members identified that some of the indicators were inter-related. It was decided to group indicators together according to the following themes with combined average scores noted in parentheses:

1. Obesity & Lack of Physical Activity (7.89)
2. Safe Driving (Distracted Driving & Drunk Driving) (7.55)
3. Youth Alcohol & Smoking (Binge Drinking & Smoking) (7.29)
4. Mental Health Awareness & Suicide (7.16)

While some of the community members present during the prioritization process were involved as representatives of Stutsman County, several of the participants were involved in Logan County efforts, also. In addition to the prioritization session, health concerns and data were also discussed at a separate meeting in Logan County with the Logan County Interagency Group. Top issues identified by community members included: availability of good jobs, lack of physical activity and access to fitness facilities. A Horizons Project was completed in 2009. During the Logan County Interagency Group meeting it was determined by community members that since the Horizons Project had been completed to build on that success to develop a community health improvement plan (see pages 10-12, Logan County goal for obesity and physical activity). The top priority ultimately selected for both Logan and Stutsman Counties is the same.

COMMUNITY HEALTH PRIORITIES

Community Health Priorities

LOCAL COMMUNITY HEALTH PRIORITIES:

Priority One: Obesity and physical activity – Logan and Stutsman Counties

Priority Two: Safe driving (Distracted driving & drunk driving) – Stutsman County

Priority Three: Youth alcohol and tobacco use – Stutsman County

Priority Four: Mental health awareness and suicide – Stutsman County

STATE HEALTH PRIORITIES:

On September 7, 2012 the North Dakota Department of Health conducted a statewide public health roundtable of stakeholders to determine a preliminary list of health priorities. The following priorities were identified by participants:

- Overweight / Obesity*
- Poverty
- Diabetes
- Binge Drinking*
- Cardiovascular Disease
- Lack of Physical Activity*
- Suicide*
- Distracted Driving*
- Drinking and Driving*
- American Indian Disparities

***Indicates local community health priorities also identified as statewide priorities.**

NOTE: State Health Priorities were not shared with local participants until AFTER local community health priorities had already been selected.

Once the priority groupings were established, community members (assisted by Technical Consultants, Lisa McCracken - Holleran Consulting and Reena Chudgar – National Association of County and City Health Officials) developed draft goals and objectives. Meetings were subsequently conducted throughout the month of October 2012 to revise the goals and objectives and identify strategies, tactics and performance indicators. The behavior change framework below was utilized as the community health improvement plan was developed. Since it usually takes years to see a measurable difference in a community regarding behavior change, community members focused on specific local measures to assess progress for all priority areas.

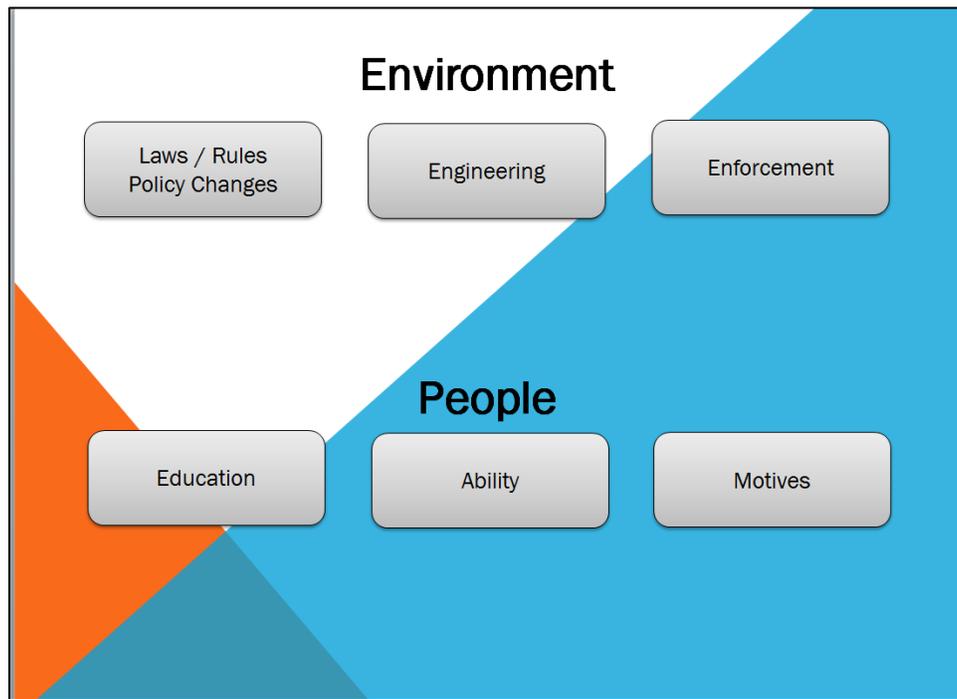
COMMUNITY HEALTH IMPROVEMENT PLAN

Figure 12: Behavior Change Framework

What influences behavior changes?

6 components necessary for behavior to occur

Behavior = Environment/Person



Thomas F Gilbert (1978) – father of human performance

For each of the four health priorities identified in the improvement plans, activities were selected according to the framework in Figure 12 created by Thomas F. Gilbert. The following pages (13-28) delineate the specific aspects of the community health improvement plans and community assets for Logan and Stutsman Counties. Social determinants of health were specifically considered as activities for each priority area were developed. Objectives are aligned with Healthy People 2020 and the National Prevention Strategy. Activities that will be implemented are based on evidence-based strategies according to the Guide to Community Preventive Services. A key part of the implementation process in Stutsman County is the formation of the Stutsman County Health Partnership Group that community partners have committed to. Logan County already has a similar entity in the Logan County Interagency Group.

COMMUNITY HEALTH IMPROVEMENT PLAN

Community Health Improvement Plan

PRIORITY AREA: <i>Obesity & Physical Activity</i>
GOAL: <i>Logan County will explore and develop opportunities that support residents in achieving increased physical activity.</i>

PERFORMANCE MEASURES		
How We Will Know We are Making a Difference		
Short Term Indicators	Source	Year
<i>Funding Prospects/Sources for Fitness Facility: Logan County Economic Development Coordinator - scheduled meeting with USDA to explore grant funding opportunities</i>	<i>Funding Prospect list</i>	<i>2012-2013</i>
<i>Community Member Support for Fitness Facility</i>	<i>Interagency Group</i>	<i>2013-2015</i>
<i>Community Interest in Bone Builders Program in Gackle</i>	<i>RSVP+ND Program Coordinator</i>	<i>2013</i>
Long Term Indicators	Source	Frequency
<i>Determine Location of Fitness Facility</i>	<i>Logan County Economic Development</i>	<i>2013-2014</i>
<i>Develop Business Plan for Fitness Facility</i>	<i>Logan County Economic Development</i>	<i>2013-2014</i>

ALIGNMENT WITH STATE/NATIONAL PRIORITIES			
Obj #	North Dakota Health Priorities	Healthy People 2020	National Prevention Strategy
<i>1</i>	<i>Obesity and Physical Activity</i>	Reduce the proportion of adults who engage in no leisure-time physical activity	3 Facilitate access to safe, accessible, and affordable places for physical activity.
<i>2</i>	<i>Obesity and Physical Activity</i>	PA-1 Reduce the proportion of adults who engage in no leisure-time physical activity	3 Facilitate access to safe, accessible, and affordable places for physical activity.

COMMUNITY HEALTH IMPROVEMENT PLAN

OBJECTIVE #1:					
Increase the coordination of efforts to establish a Fitness facility in Logan County					
STRATEGY: Establish a Fitness Center.					
Source: Logan County Community Health Assessment					
Justification: 70.7% of respondents very concerned/concerned about Lack of Physical Activity and Access to fitness facilities					
Evidence Base: "Sedentary behavior and related outcomes" recommended by The Guide to Community Preventive Services					
Policy Change (Y/N): No					
ACTION PLAN					
Activity	Target Date	Year	Lead Person/ Organization	Anticipated Result	Framework Level
Research funding prospects to cover start-up costs	Dec. 31, 2012	One	Sam Birenkott - Logan County Economic Development	Funding Prospect List	Motive
Provide an update to Interagency Group and Promote the process	Jan. 14, 2013	Two and Three	Robin Iszler and Jean Johnson - Central Valley Health	Community Support	Education
Work with Developer to determine location and establish a business plan	Dec. 2015	Two and Three	Sam Birenkott - Logan County Economic Development	Location Options and Business Plan	Ability

NOTE: This goal specifically addresses a social determinant of health.

OBJECTIVE #2:					
Increase the participation in the RSVP Bone Builders Program in Logan County					
STRATEGY: Expand the Bone Builders Program.					
Source: Logan County Community Health Assessment					
Justification: 70.7% of respondents very concerned/concerned about Lack of Physical Activity and Access to fitness facilities					
Evidence Base: Bone Builders Program developed by Rutgers University					
Policy Change (Y/N): No					
ACTION PLAN					
Activity	Target Date	Year	Lead Person/ Organization	Anticipated Result	Framework Level
Research funding prospects to cover start-up costs	Dec. 31, 2012	One	Tami Dillman - Central Valley Health	Funding Prospect List	Motive
Provide an update to Interagency Group and Promote the process	Jan. 14, 2013	Two and Three	Robin Iszler and Jean Johnson - Central Valley Health	Community Support	Education
Work with RSVP+ND Program to determine Gackle location and establish program	Dec. 2015	Two and Three	Deb Lee - South Central RSVP+ND Program Coordinator	Gackle Program	Ability

COMMUNITY HEALTH IMPROVEMENT PLAN

PRIORITY AREA:

Obesity & Physical Activity

GOAL:

Stutsman County will explore and develop opportunities that support residents in achieving increased physical activity.

PERFORMANCE MEASURES

How We Will Know We are Making a Difference

Short Term Indicators	Responsibility	Year
<i>Formation of Health Partnership Committee</i>	<i>Core Team</i>	<i>2012-2013</i>
<i>Coordinate with New Year New You Challenge Coordinator</i>	<i>Jamestown Regional Medical Center & Central Valley Health</i>	<i>2013-2015</i>
<i>Community Interest in Bone Builders Program in Medina and Cleveland</i>	<i>Retired and Senior Volunteer Program (RSVP)</i>	<i>2013</i>
Long Term Indicators	Source	Frequency
<i>New Year New You Challenge Participation- increase participation [at least 15% per year] from 500 to 615 participants in Year One (2013), to 730 participants in Year Two (2014) and 845 participants in Year Three (2015).</i>	<i>Jamestown Regional Medical Center & Central Valley Health</i>	<i>2013-2015</i>
<i>Bone Builders Program Participation</i>	<i>RSVP+ND Volunteer Program Coordinator</i>	<i>2013-2015</i>

ALIGNMENT WITH STATE/NATIONAL PRIORITIES

Obj #	North Dakota Health Priorities	Healthy People 2020	National Prevention Strategy
1	<i>Obesity and Physical Activity</i>	PA-1 Reduce the proportion of adults who engage in no leisure-time physical activity	4 Support workplace policies and programs that increase physical activity.
2	<i>Obesity and Physical Activity</i>	PA-1 Reduce the proportion of adults who engage in no leisure-time physical activity	3 Facilitate access to safe, accessible, and affordable places for physical activity

COMMUNITY HEALTH IMPROVEMENT PLAN

OBJECTIVE #1:

Increase the coordination of physical activity efforts among community partners.

STRATEGY: Streamline physical activity efforts.

Source: Stutsman County Community Health Assessment

Justification: Community members score – 7.89

Evidence Base: “Sedentary behavior and related outcomes” recommended by The Guide to Community Preventive Services

Policy Change (Y/N): No

ACTION PLAN

Activity	Target Date	Year	Lead Person/ Organization	Anticipated Result	Framework Level
Conduct initial meeting for Health Partnership Committee and review CHIP	Dec. 31, 2012	One	Core Team	Formation of Health Partnership Committee	Education
Convene Healthy Lifestyle Coalition and strategic partners as Health Partnership Committee Workgroup	Mar. 2013-2014	Two and Three	Amy Walters – Southeast Education Cooperative	Health Partnership Committee Workgroup	Education
Work with Workgroup to determine Center for Rural Health funding priorities	Mar. 2013-2014	Two and Three	Jamestown Regional Medical Center & Central Valley Health	Funded Promotion Activities	Ability

OBJECTIVE #2:

Increase the participation in the RSVP Bone Builders Program in Stutsman County

STRATEGY: Expand the Bone Builders Program.

Source: Stutsman County Community Health Assessment

Justification: 64.6% of respondents very concerned/concerned about Lack of Physical Activity

Evidence Base: Bone Builders Program developed by Rutgers University

Policy Change (Y/N): No

ACTION PLAN

Activity	Target Date	Year	Lead Person/ Organization	Anticipated Result	Framework Level
Research funding prospects to cover start-up costs	Dec. 31, 2012	One	Tami Dillman – Central Valley Health	Funding Prospect List	Ability
Provide updates to the Health Partnership Group and Promote the process	Jan. 2013-2015	Two and Three	Tami Dillman – Central Valley Health	Community Support	Education and Ability
Work with RSVP+ND to determine Cleveland and Medina locations and establish programs (15 participants)	Dec. 2015	Two and Three	Deb Lee – South Central RSVP+ND Program Coordinator	Cleveland and Medina Programs	Education

NOTE: This goal specifically addresses a social determinant of health.

COMMUNITY HEALTH IMPROVEMENT PLAN

PRIORITY AREA:

Safe Driving

GOAL:

Stutsman County residents demonstrating safe driving habits supported by practice-centered activities.

PERFORMANCE MEASURES

How We Will Know We are Making a Difference

Short Term Indicators	Responsibility	Year
<i>Formation of Health Partnership Committee</i>	<i>Core Team</i>	<i>2012-2013</i>
<i>Coordinate with New Year New You Challenge Coordinator</i>	<i>Jamestown Regional Medical Center & Central Valley Health</i>	<i>2013-2015</i>
<i>Community Partner Interest In Supporting Primary Seatbelt Enforcement Law</i>	<i>Core Team</i>	<i>2013</i>
Long Term Indicators	Source	Frequency
<i>New Year New You Challenge Participation – Seatbelt Usage and No Cell Phone While Driving</i>	<i>Jamestown Regional Medical Center & Central Valley Health</i>	<i>2013-2015</i>

ALIGNMENT WITH STATE/NATIONAL PRIORITIES

Obj #	North Dakota Health Priorities	Healthy People 2020	National Prevention Strategy
<i>1</i>	<i>Distracted Driving & Drinking and Driving</i>	<i>IVP-15 Increase use of safety belts</i>	<i>3 Engage and empower people and communities to plan and implement prevention policies and programs.</i>
<i>2</i>	<i>Distracted Driving & Drinking and Driving</i>	<i>IVP-15 Increase use of safety belts</i>	<i>3 Engage and empower people and communities to plan and implement prevention policies and programs.</i>

COMMUNITY HEALTH IMPROVEMENT PLAN

OBJECTIVE #1:

Increase the coordination of safe driving (distracted driving and drunk driving) efforts among community partners.

STRATEGY: Reduce alcohol-related accidents

Source: Stutsman County Community Health Assessment

Justification: Community members score - 7.55

Evidence Base: *“Reducing Alcohol-Impaired Driving” recommended by The Guide to Community Preventive Services*

Policy Change (Y/N): No

ACTION PLAN

Activity	Target Date	Year	Lead Person/ Organization	Anticipated Result	Framework Level
Conduct initial meeting for Health Partnership Committee and review CHIP	Dec. 31, 2012	One	Core Team	Formation of Health Partnership Committee	Education
Convene Law Enforcement and strategic partners as Health Partnership Committee Workgroup	Mar. 2013-2014	Two and Three	Ramone Gumke – Stutsman County Sheriff’s Department	Health Partnership Committee Workgroup	Education and Enforcement
Work with Workgroup to determine Center for Rural Health funding priorities for a Public Awareness Campaign to decrease alcohol-related accidents	Mar. 2013-2014	Two and Three	Jamestown Regional Medical Center & Central Valley Health	Funded Promotion Activities	Ability
Include points for seatbelt use and no cell phone while driving for New Year New You Challenge	Jan. 2013, 2014, 2015	One, Two and Three	Jamestown Regional Medical Center & Central Valley Health	Increased Awareness and Safe Driving Practices	Motive and Ability

COMMUNITY HEALTH IMPROVEMENT PLAN

OBJECTIVE #2:

Increase seatbelt use in Stutsman County

STRATEGY: Establish a Primary Enforcement Law.

Source: Stutsman County Community Health Assessment

Justification: Community members score - 7.55

Evidence Base: "Primary Enforcement Laws" recommended by *The Guide to Community Preventive Services*

Policy Change (Y/N): Yes

ACTION PLAN

Activity	Target Date	Year	Lead Person/ Organization	Anticipated Result	Framework Level
Work with Workgroup to determine Center for Rural Health funding priorities for a Public Awareness Campaign to increase seatbelt use among caregivers	Mar. 2013-2014	Two and Three	Jamestown Regional Medical Center & Central Valley Health	More adults/caregivers wearing seatbelts	Motive and Ability
Work with Workgroup to develop support for Primary Enforcement legislation	Jan. 2013-2015	Two and Three	Core Team	Community Support	Education and Policy

COMMUNITY HEALTH IMPROVEMENT PLAN

PRIORITY AREA:

Tobacco & Alcohol Use

GOAL:

Decrease Tobacco and Alcohol Use among Stutsman County residents.

PERFORMANCE MEASURES

How We Will Know We are Making a Difference

Short Term Indicators	Responsibility	Year
<i>Formation of Health Partnership Committee</i>	<i>Core Team</i>	<i>2012-2013</i>
<i>Coordinate with New Year New You Challenge Coordinator</i>	<i>Jamestown Regional Medical Center & Central Valley Health</i>	<i>2013-2015</i>
<i>Community Partner Interest In Supporting Passage and Implementation of Tobacco-Free Indoor Workplaces (Measure 4)</i>	<i>Core Team</i>	<i>2012-2013</i>
Long Term Indicators	Source	Frequency
<i>New Year New You Challenge Participation</i>	<i>Jamestown Regional Medical Center & Central Valley Health</i>	<i>2013-2015</i>

ALIGNMENT WITH STATE/NATIONAL PRIORITIES

Obj #	North Dakota Health Priorities	Healthy People 2020	National Prevention Strategy
1	<i>Drinking and Driving</i>	SA-14 Reduce the proportion of persons engaging in binge drinking of alcoholic beverages	2 Promote positive social interactions and support healthy decision making.
2	<i>Drinking and Driving</i>	SA-2 Increase the proportion of adolescents never using substances	3 Engage and empower people and communities to plan and implement prevention policies and programs.

COMMUNITY HEALTH IMPROVEMENT PLAN

OBJECTIVE #1:

Decrease the youth initiation of tobacco and alcohol products.

STRATEGY: Increase Education and advocacy thru the Healthy Lifestyle Coalition.

Source: Stutsman County Community Health Assessment

Justification: Community members score - 7.29

Evidence Base: *“Community Mobilization with Additional Interventions and Smoking Bans and Restrictions” recommended by The Guide to Community Preventive Services*

Policy Change (Y/N): Yes for Smoke-Free Indoor Workplaces

ACTION PLAN

Activity	Target Date	Year	Lead Person/ Organization	Anticipated Result	Framework Level
Conduct initial meeting for Health Partnership Committee and review CHIP	Dec. 31, 2012	One	Core Team	Formation of Health Partnership Committee	Education
Convene Healthy Lifestyle Coalition and strategic partners as Health Partnership Committee Workgroup	Mar. 2013-2014	Two and Three	Amy Walters and Nancy Thoen - Healthy Lifestyle Coalition	Health Partnership Committee Workgroup	Education and Environment
Work with Workgroup to determine Center for Rural Health funding priorities/strategies for a Measure 4 and Public Awareness Campaign to decrease tobacco and alcohol use	Mar. 2013-2014	Two and Three	Jamestown Regional Medical Center , Central Valley Health & Beth Ryan, CMCA Coordinator	Funded Promotion Activities	Ability
Include points for no tobacco use and sugar in alcohol for New Year New You Challenge	Jan. 2013, 2014, 2015	One, Two and Three	Jamestown Regional Medical Center & Central Valley Health	Increased Awareness and Healthy Practices	Motive and Ability

COMMUNITY HEALTH IMPROVEMENT PLAN

OBJECTIVE #2:

Increase the Tobacco Tax.

STRATEGY: Increase Education and advocacy thru the Healthy Lifestyle Coalition.

Source: Stutsman County Community Health Assessment

Justification: Community members score - 7.29

Evidence Base: "Increasing the Unit Price of Tobacco Products" recommended by *The Guide to Community Preventive Services*

Policy Change (Y/N): Yes

ACTION PLAN

Activity	Target Date	Year	Lead Person/ Organization	Anticipated Result	Framework Level
Work with Workgroup to determine Center for Rural Health funding priorities for a Public Awareness Campaign to decrease tobacco and alcohol use	Mar. 2013-2014	Two and Three	Jamestown Regional Medical Center , Central Valley Health & Beth Ryan, Communities Mobilizing Change on Alcohol Coordinator	Less adults and youth using tobacco and alcohol	Motive and Ability
Work with Workgroup to develop support for Increasing Tobacco Tax	Jan. 2013-2015	Two and Three	Core Team	Community Support	Education and Policy

COMMUNITY HEALTH IMPROVEMENT PLAN

PRIORITY AREA:

Mental Health Awareness & Suicide

GOAL:

Improve the mental health and emotional well-being of Stutsman County residents by increasing the quality, availability and effectiveness of community-based mental health programs.

PERFORMANCE MEASURES

How We Will Know We are Making a Difference

Short Term Indicators	Responsibility	Year
<i>Formation of Health Partnership Committee</i>	<i>Core Team</i>	<i>2012-2013</i>
<i>Coordinate with New Year New You Challenge Coordinator</i>	<i>Jamestown Regional Medical Center & Central Valley Health</i>	<i>2013-2015</i>
<i>Retired and Senior Volunteer Program (RSVP) National Depression Day Screening</i>	<i>Core Team</i>	<i>2013</i>
Long Term Indicators	Source	Frequency
<i>RSVP+ND National Depression Day Screening and Initial Contacts for Services</i>	<i>Core Team & RSVP+ND Program Coordinator</i>	<i>2013</i>

ALIGNMENT WITH STATE/NATIONAL PRIORITIES

Obj #	North Dakota Health Priorities	Healthy People 2020	National Prevention Strategy
1	<i>Suicide</i>	MHMD-11 Increase depression screening by primary care providers	1 Provide people with tools and information to make healthy choices.
2	<i>Suicide</i>	MHMD-9 Increase the proportion of adults with mental health disorders who receive treatment	6 Enhance coordination and integration of clinical, behavioral, and complementary health strategies.

COMMUNITY HEALTH IMPROVEMENT PLAN

OBJECTIVE #1: *Support education efforts to improve community literacy or knowledge regarding mental health issues.*

STRATEGY: **Community outreach using existing social structures.**

Source: **Stutsman County Community Health Assessment**

Justification: **Community members score - 7.16**

Evidence Base: *“Reduce Depression Among Older Adults: Community-Based Exercise” recommended by The Guide to Community Preventive Services*

Policy Change (Y/N): *No*

ACTION PLAN

Activity	Target Date	Year	Lead Person/ Organization	Anticipated Result	Framework Level
Conduct initial meeting for Health Partnership Committee and review CHIP	Dec. 31, 2012	One	Core Team	Formation of Health Partnership Committee	Education
Convene Mental Health Providers and strategic partners as Health Partnership Committee Workgroup to build capacity	Mar. 2013-2014	Two and Three	Russ Sunderland – South Central Human Service Center	Health Partnership Committee Workgroup	Education and Ability
Work with Workgroup to determine Center for Rural Health funding priorities for a Public Awareness Campaign to tailor mental health information and education (New Year New You, schools, worksites, healthcare facilities)	Mar. 2013-2014	Two and Three	Jamestown Regional Medical Center & Central Valley Health	Funded Promotion Activities	Education and Ability
Develop Week 6 Emotional Well-Being Article for the New Year New You Challenge	Jan. 2013, 2014, 2015	One, Two and Three	Russ Sunderland – South Central Human Service Center	Increased Awareness	Motive and Ability

COMMUNITY HEALTH IMPROVEMENT PLAN

OBJECTIVE #2:

Develop efforts to demonstrate strong cross-sector collaboration and support within Stutsman County.

STRATEGY: Enhance emotional wellness by improving education, planning and community capacity.

Source: Stutsman County Community Health Assessment

Justification: Community members score - 7.16

Evidence Base: *"Reduce Depression Among Older Adults: Clinic-Based Depression Care Management"* recommended by *The Guide to Community Preventive Services*

Policy Change (Y/N): No

ACTION PLAN

Activity	Target Date	Year	Lead Person/ Organization	Anticipated Result	Framework Level
Work with Workgroup to improve case management and streamline efforts among providers	Mar. 2013-2014	Two and Three	Russ Sunderland – South Central Human Service Center	Enhanced Coordination and Provision of Services	Motive and Ability
Work with Workgroup to develop support for RSVP+ND National Depression Day Screening	Jan. 2014-2015	Two and Three	Russ Sunderland – South Central Human Service Center and Deb Lee RSVP+ND Program Coordinator	Community Awareness	Education And Ability

COMMUNITY HEALTH IMPROVEMENT PLAN

Community Partners Support

Healthy Lifestyle Coalition:

Mission: Working together to enhance community environments and promote healthy lifestyles.

Vision: Community members living healthy lifestyles.

- History
 - Began in August 2004 under leadership of Dr. Dave Smette
 - Healthy Food Choices, Substance Abuse, and Physical Activity
 - Met monthly and quarterly Advisory Committee meetings
 - 2010 transitioned to quarterly networking meetings
- Health Improvement Plan Initiatives:
 - Short-Term (2013):
 - Blue Cross and Blue Shield of North Dakota Official Sponsor of Recess Grant Awardee – partner with the James River YMCA and Healthy Lifestyle Coalition to increase physical activity among youth and adults in Stutsman County.
 - Long-Term (2014-2015):
 - Health and Safety Partnership – transition current coalition (and expand membership) to the Health and Safety Partnership, which will monitor the goals, objectives and activities.

Jamestown Regional Medical Center:

Mission: Exceed expectations and be THE difference in the lives of those we serve.

Vision: Jamestown Regional Medical Center will be the best rural hospital in the country for patients to receive care, employees to work, and providers to practice.

- Health Improvement Plan Initiatives:
 - Short-Term (2013):
 - New Year New You Challenge – partner with Central Valley Health District to increase participation [at least 15% per year] from 500 to 615 participants in Year One (2013), to 730 participants in Year Two (2014) and 845 participants in Year Three (2015).
 - Long-Term (2014-2015):

COMMUNITY HEALTH IMPROVEMENT PLAN

- Blue Cross and Blue Shield of North Dakota Official Sponsor of Recess Grant Awardee – partner with the James River YMCA and Healthy Lifestyle Coalition to increase physical activity among youth and adults in Stutsman County.

South Central Human Service Center:

Mission: Our mission is to provide quality, efficient, and effective human services, which improve the lives of people.

- Health Improvement Plan Initiatives:

Short-Term (2013):

- New Year New You Challenge – partner with Central Valley Health District to increase participation [at least 15% per year] from 500 to 615 participants in Year One (2013), to 730 participants in Year Two (2014) and 845 participants in Year Three (2015). Author week six article on Emotional Health and Well-Being.

- Long-Term (2014-2015):

- Health and Safety Partnership – transition current coalition (and expand membership) to the Health and Safety Partnership, which will monitor the goals, objectives and activities.
- National Depression Day Screening – partner with Central Valley Health District and local medical providers to coordinate depression screening.

Logan County Economic Development:

- Health Improvement Plan Initiatives:

Short-Term (2013):

- Blue Cross and Blue Shield of North Dakota Official Sponsor of Recess Grant Awardee – partner with the Central Valley Health District to increase physical activity among youth and adults in Logan County.

Long-Term (2014-2015):

- Health Partnership – partner with the Logan County Interagency Committee and RSVP+ Program to increase physical activity among youth and adults in Logan County.

COMMUNITY HEALTH IMPROVEMENT PLAN

Letters of Support



December 11, 2012

Robin Iszler, Administrator
Central Valley Health District
PO Box 880
Jamestown, ND 58402-0880

Dear Robin,

This letter serves as a letter of support for the role of the Logan County Economic Development with regard to the responsibilities outlined in the Community Health Improvement Plan (CHIP). We are pleased to be working with our community partners as we work to improve the health of our community.

Sincerely,

A handwritten signature in black ink that reads "Samantha Birrenkott".

Samantha Birrenkott
Economic Development Coordinator
Logan County Economic Development

COMMUNITY HEALTH IMPROVEMENT PLAN



Healthy Lifestyle Coalition

December 11, 2012

Robin Iszler, Administrator
Central Valley Health District
PO Box 880
Jamestown, ND 58402-0880

Dear Robin,

This letter serves as a letter of support for the role of the Healthy Lifestyle Coalition with regard to the responsibilities outlined in the Community Health Improvement Plan (CHIP). We are pleased to be working with our community partners in a strategic, focused way as we work to improve the health of our community.

Sincerely,



Amy Walters
Chairperson
Healthy Lifestyle Coalition

COMMUNITY HEALTH IMPROVEMENT PLAN



South Central Human Service Center
Jeff Stenseth, Regional Director
520 3rd Street NW, Box 2055, Jamestown, ND 58401
(701) 253-6300
Fax (701) 253-6400
VR (701) 253-6388
TTY 1-800-366-6888

Jack Dalrymple, Governor
Maggie D. Anderson, Interim Executive Director

December 11, 2012

Robin Iszler, Administrator
Central Valley Health District
PO Box 880
Jamestown, ND 58402-0880

Dear Robin,

This letter serves as a letter of support for the role of South Central Human Service Center with regard to the responsibilities outlined in the Community Health Improvement Plan (CHIP). We look forward to continuing to be an active partner to support efforts to achieve the goals and objectives identified in the plan and improve the health of our community.

Sincerely,

A handwritten signature in black ink that reads "R. SUNDERLAND".

Russ Sunderland
Assistant Director
South Central Human Service Center

COMMUNITY HEALTH IMPROVEMENT PLAN



2422 20th Street SW Jamestown, ND 58401
(701) 952-1050 • www.jrmcnd.com

December 12, 2012

Robin Iszler, Administrator
Central Valley Health District
PO Box 880
Jamestown, ND 58402-0880

Dear Robin,

This letter serves as a letter of support for the role of Jamestown Regional Medical Center with regard to the responsibilities outlined in the Community Health Improvement Plan (CHIP). We are excited to be working with our community partners in a concerted effort with the New Year New You Challenge as we work to improve the health of our community.

Sincerely,



Todd Hudspeth
CEO
Jamestown Regional Medical Center

COMMUNITY HEALTH ASSEST LISTS

Community Health Asset Lists

Priority	Program, Policy, Resource	Title	Description	Source
Obesity (Adult & Youth) and Lack of Physical Activity	Policy	School Wellness policy USDA School Meals	School Wellness policy USDA School Meals	
		State Breastfeeding Law	ND legislation to protect a woman's right to breastfeed her child in any location, public or private, where the woman and child are otherwise authorized to be. Also, established "infant-friendly" designations for workplaces that adopt breastfeeding support policies	ND Senate Bill No. 2344
	Program	Do Campaign	Physical Activity Promotion	
		Jamestown Chamber of Commerce	Employee Wellness Listings	
		Health Club Reimbursement	Blue Cross Blue Shield	
		Educational Programs	NDSU Extension	
		Logan County Wellness Group	Logan County Courthouse Employee-based group	
	Activity	New Year New You Challenge	Healthy Eating and Exercise Challenge to promote health and wellness	
		RSVP+ND Program	Bone builders	
		Activity	TRAC	Two Rivers Activity Center
	Activity	BMI Tracking	Clinics taking heights so BMI is calculated and used as a vital sign	

COMMUNITY HEALTH ASSEST LISTS

Priority	Program, Policy, Resource	Title	Description	Source
Safe Driving – Distracted Driving & Drunk Driving	Program or Activity			
	Policy	Secondary Enforcement Law	Drivers can be ticketed for not wearing a seatbelt if officer warrants during traffic stop.	NDCC

Priority	Program, Policy, Resource	Title	Description	Source
Youth Alcohol (Binge Drinking) & Smoking	Policy	Smoke Free Napoleon	Passed Initiated Measure	
		State Law	Must be 21 years old to legally consume alcohol	NDCC
	Program/Activity	Tobacco Program	Central Valley Health District Tobacco Collaborative	
		Tobacco Coalitions		
		CMCA	Community Mobilizing Change for Alcohol	
		DARE	Drug Abuse Resistance Education Program	

COMMUNITY HEALTH ASSEST LISTS

Priority	Program, Policy, Resource	Title	Description	Source
Mental Health Awareness & Suicide	Program or Activity	South Central Human Service Center	Initial Contact established from referral.	South Central Human Service Center
	Policy			

Sustainability

The community health improvement plan created by community members broadens and builds upon successful local initiatives, which will be supported by the established Interagency Group in Logan County and the creation of the Health Partnership Group in Stutsman County. The health improvement plan identifies specific evidence-based components based on community health needs (including social determinants of health). Core team partners have identified three grants (one already awarded) and two recently awarded from additional funders that are committed or potential funds for implementation initiatives. Additionally, some of the activities such as Bone Builders are self-sustaining efforts.

CONTACT INFORMATION

Contact Information:

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