



Stutsman County

Community Health Assessment & Improvement Plan

2018



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

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Purpose

Vision: To be the healthiest community in which to live, learn, work and play

Background

Community partners in Stutsman County have been meeting since 2010 to assess the health status of the community in order to identify priority areas and improve health.



The Community Health Partnership (CHP) was formed in March 2013 after the completion of the 2012 Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). The CHP is comprised of community members and numerous community agencies.

In 2015 the second CHA and CHIP was completed. Jamestown Regional Medical Center and Central Valley Health District co-lead the process.

2018 will be the third time that the CHA and CHIP process will be conducted for Stutsman County. The CHP group continues to meet to address the priorities of the Community Health Improvement Plan.

CHA goal is to provide effective, quality health and safety services in an environment that enables community members to reach their full potential through assessment, leadership and partnerships. The goals of the community health partnership are:

- Enhance efficiency of community connections
- Decrease duplication of efforts (and meetings)
- Improve awareness and health within the community (Stutsman County)
- Be an asset to the community by improving community health

2018 Assessment Process

A modified MAPP process was used in 2012, 2015 and 2018 to guide the process of the community health assessment (CHA) and the community health improvement plan (CHIP).

Process Steps:

1. Assess primary data – February to March 2018 paper survey distributed throughout the community.
2. Assess secondary data - present data to the Community.
3. Community meeting to review data, identify issues and themes and vote to select the priority areas
4. Additional Survey and final comments May & June 2018
5. Publish results and inform the public May/June 2018.

Community Partners & Resources (Assets)

Many thanks and sincere appreciation to the following community partners and the people of Stutsman County.

Alpha Opportunities (701-252-0162)

- Sue Kurtz
- Lori Podoll
- Lori Stiefel

American Heart Association (701-252-5122)

- Joan Enderle
- June Herman

Anne Carlsen Center (701-252-3850)

- Katie Iszler
- Sarah Fuchs
- Taylor Dockter
- Tracey Councilman

Arts Center (701-251-2496)

- Larry Kopp

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- Sue Johnson
- Tim Burchill
- Billi Zupan

Central Valley Health District (701-252-8130)

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- Tami Dillman
- Kara Falk
- Karena Goehner
- Robin Iszler
- Shannon Kaiser
- Kim Lee
- Sara Moser
- Nancy Neary
- Annette Niemeier
- Lakken Paulsrud
- Dianna Pollert
- Beth Schwartz
- Lynn Walden

Chamber of Commerce (701-252-4830)

- Becky Thatcher-Keller

CVHD - Board of Health

- Heidi Larson
- James Torrance

- Darla Reed
- Laurel Haroldson
- Cindy Schaar
- Dennis Ova
- Dean Entzminger

Child Care Resource & Referral (701-252-0350)

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- Shannon Brown

City of Jamestown

- Katie Anderson
- Ramone Gumke
- Dan Buchanan
- Steve Brubakken
- Pam Phillips

Community Action Head Start (701-252-1821)

- Tammy Hoggarth

Consumer Members

- Nici Flann

Downtown Association (701-320-3015)

- Lynn Lambrect

Edgewood Senior Living (701-952-8750)

- Tonya Perkins

Essentia Health (701-253-5300)

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- James Torrance, M.D.
- Ann Malmberg
- Laura Hovland

Eventide (701-252-5881)

- Doug Panchot

Freedom Resource Center (701-252-4693)

- Beth Dewald

James Valley Career & Tech Center (252-8841)

- Deb Fischer

Jamestown Ambulance (701-251-2273)

- Nancy Miller
- Dee Wanzek
- PJ Hardy

Jamestown Parks and Rec (701-252-3982)

- Doug Hogan

Jamestown Public Schools (701-952-4003)

- Rob Lech
- Adam Gehlhar
- Shelley Mack
- Mike Soulis
- Candy Wingenbach
- Darby Heinert

Jamestown Police Department (701-252-2414)

- Scott Edinger
- John Glettne
- Leroy Gross
- Nick Hardy
- Andrew Staska

Jamestown Regional Medical Center (JPMC)
(701-952-1050)

- K.C. Deboer
- Trisha Jungles
- Katie Ryan-Anderson
- Emily Woodley
- Katianne Brockpahler
- Ricki Ramlo

Jamestown Tourism (701-251-9145)

- Searle Swedlund

Lutheran Social Services of North Dakota (701-251-0005)

- Dawn Sauvageau

Main Street Downtown Jamestown Association

- Tara Kapp

North Dakota Counts (701-252-9042)

- Brian Washburn

North Dakota Department of Health

- Jennifer Schmidt

North Dakota State Hospital (701-253-3650)

- Rosalie Etherington
- Lyle Grove
- Elsie Motter

NDSU Extension (701-252-9030)

- Lu Morehouse
- Christina Rittenbach

PATH Incorporated (701-251-9150)

- Alicia Brown

Red Cross (701-252-3550)

- Jeff Wolsky
- Nancy Young
- Terri Krovoza

RM Stoudt (800-279-2889)

- Tara Kapp

RSVP+ South Central Volunteers

- Deb Lee

Safe Shelter (701-251-2300)

- Lynne Tally
- Mary Thysell

Salvation Army (701-252-0290)

- Zenithe Leininger

Sanford Health (701-251-6000)

- Jon Lillejord

South Central Human Service Center (701-253-6300)

- Don Boehmer
- Dan Cramer

Stutsman County Emergency Management
(701-252-9093)

- Jerry Berquist
- Kim Franklin

Stutsman County Sheriff's Department (701-252-9000)

- Jason Falk
- Chad Kaiser

Stutsman County Social Services (701-952-2038)

- Barb Hopewell

Two Rivers Activity Center (701-952-8722)

- Amy Walters

University of Jamestown (702-253-4318)

- Wendy Hournbuckle
- Ann Kindseth

Subcommittees exist in the community to work towards a common goal many CHP members are involved in other committees to address health and health disparities. Here is a listing of some of the coalitions or groups that address health issues:

Homeless Coalition

Health and Safety Committee substandard housing

Vulnerable populations

Behavioral Health Advisory Committee

Substance Abuse Committee

Tobacco Prevention Coalition

Downtown Jamestown Association

Human Trafficking

Local Emergency Planning Committee (LEPC)



Any other partners and/or individuals not mentioned, thank you for your contribution to this assessment.

Also, a special thanks to Tami Dillman, Shannon Kaiser, Robin Iszler and Beth Schwartz for all their work on this data book.

Thank you to the JPMC Team: Trisha Jungles, Katie Ryan-Anderson and Heather Erholtz for the partnership on this project.

Data Sources

Primary Data

A public survey was conducted by the University of North Dakota Center for Rural Health (UND CRH) from February to March 2018. The survey was available in both paper and electronic versions; a variety of notices were provided to the general public including Facebook posts, website and email listings. Approximately 700 surveys were completed. Analysis was provided by students from the Strategic Marketing class at the University of Jamestown. (Appendix B)

North Dakota Department of Health Division of Disease Control provided Stutsman County data on STD and Hepatitis Data. This document shows data and trends for STD rates in Stutsman County and is located on page 21.

Secondary Data Sources

The County Health Rankings developed by the University of Wisconsin Population Health Institute bases health status on Health Outcomes (today's health) and Health Factors (tomorrow's health). The county health rankings model was used to discuss the health of the community during the community meeting on April 19, 2018. The county health rankings illustrates what we know when it comes to making people sick or healthy and to show what we can do to create healthier places to live, learn, work and play. See page 32.


The Behavioral Risk Factor Surveillance System (BRFSS) is the world's largest, on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984. Currently, data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam.

Community Health Profiles. North Dakota Department of Health – secondary data sources were compiled for Stutsman County in a document called Stutsman County Community Health Profile (see link). This data is used through the report and compares Stutsman County to North Dakota.

<http://www.ndhealth.gov/HealthData/CommunityHealthProfiles/Stutsman%20County%20Community%20Profile.pdf?v=8>

This resource includes multiple data tables and provides a useful tool for this assessment. This document shows Data over multiple years. The Stutsman County Community Health Data or profile yields real weighted values for comparing county level data and statewide data. Additionally, throughout this data book when the term same or similar is used when comparing the difference between the county and state numbers there is no statistical difference between the county and state data.

The Youth Risk Behavior Survey (YRBS) was developed by the Division of Adolescent and School Health (DASH), National Center for Chronic Disease Prevention and Health Promotion, and the Centers for Disease Control and Prevention (CDC) in collaboration with



several representatives from state and local health education agencies and other federal agencies. This assessment identifies regional YRBS information: Region 6 includes Wells, Foster, Griggs, Stutsman, Barnes, Dickey, Logan, LaMoure and McIntosh counties.

Source: www.dpi.state.nd.us.

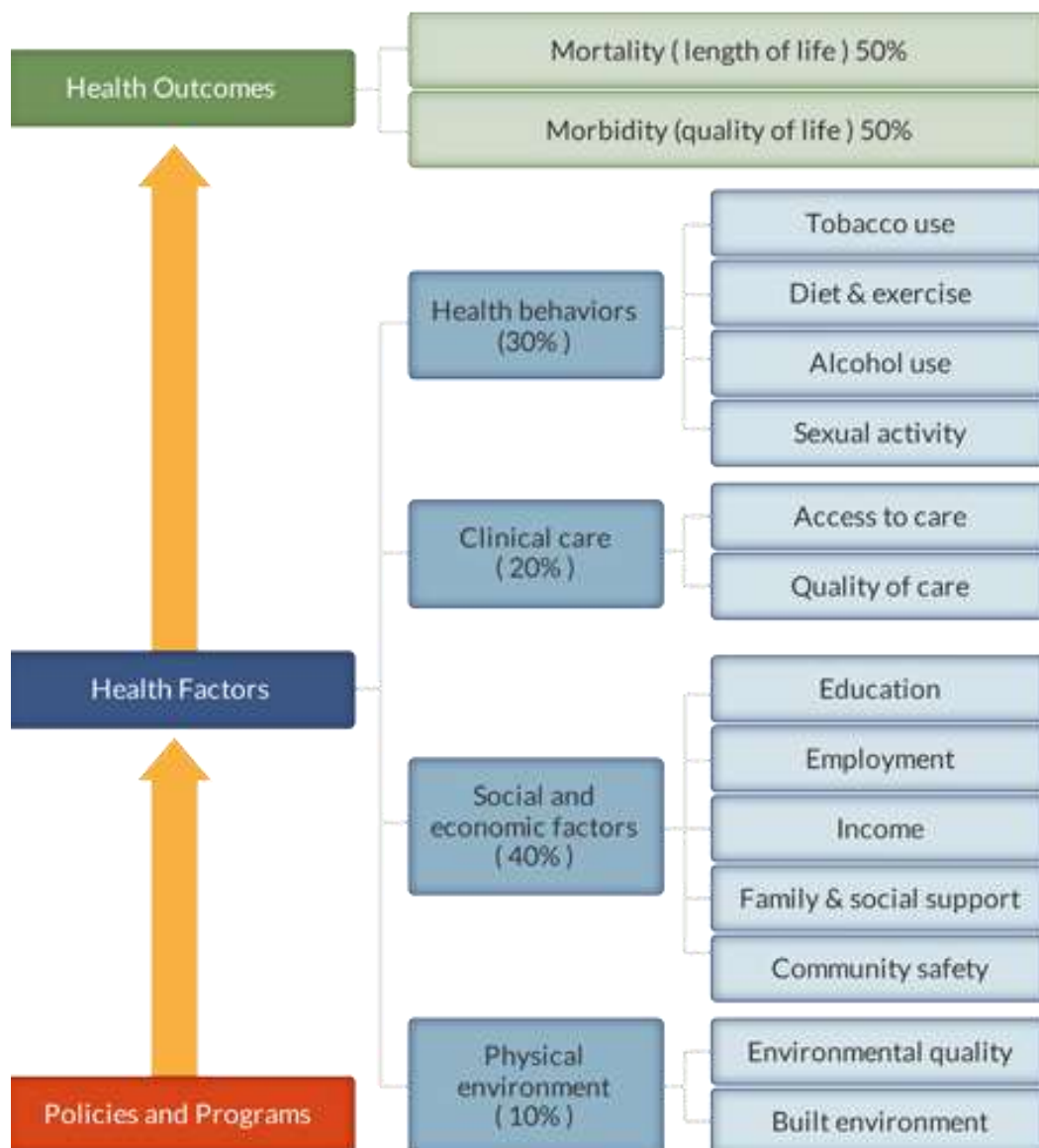
North Dakota Compass is a social indicators project that measures progress in our state, its eight regions, 53 counties, four Native American reservations, and larger cities. Compass tracks trends in topic areas such as children and youth, economy, health, housing, and workforce (with more currently being developed). It inspires people to take action to improve our economic vitality and quality of life.

Data USA puts public US Government data in your hands. Instead of searching through multiple data sources that are often incomplete and difficult to access, you can simply point to Data USA to answer your questions. Data USA provided population demographic information for this report.

Health Challenges

The County Health Rankings model below was used to help understand what influences how healthy residents are and how long they will live. Data measures reviewed during the Stutsman County Community Health Assessment supports the County Health model.

County Health Rankings Model



County Health Rankings model ©2012 UWPHI



Most people want to live a long productive life and there are many aspects that contribute to quality of life. The Stutsman County Community Health Partners have a vision to be the healthiest community to live, learn work and play. When considering our community we need to think about all our citizens and how do we help address the most vulnerable.

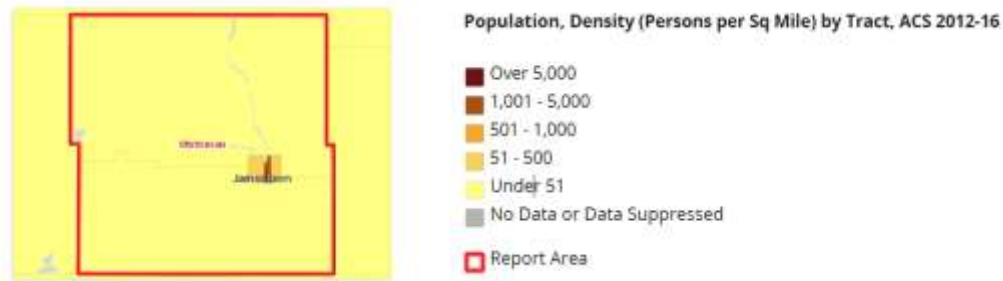
The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - World Health Organization.

During the community assessment process the Stutsman County Community Health Partners will explore our community and the relationship with social determinants of health. The model below shows the relationship between social determinants of health and health outcomes.



Demographic Data

Stutsman County is located in southeast central North Dakota, the county was organized in 1873 and the county seat is Jamestown. It covers a total area of 2,298 square miles and is mostly rural according to the American Community Survey (ACS) from the US Census Bureau as shown below.



Stutsman County has a population of 21,076 people, with a median age of **40.6** and a median household income of \$52,359. Between 2014 and 2015 the population of Stutsman County, ND grew from 21,056 to 21,076, a 0.09% increase and its median household income grew from \$50,926 to \$52,359, a 2.81% increase.

North Dakota has a population of 756,928 people with a median age of **34.9** and a median household income of \$60,557. Between 2014 and 2015 the population of North Dakota grew from 739,482 to 756,928, a 2.36% increase and its median household income grew from \$59,029 to \$60,557, a 2.59% increase. *The United States* has a population of 321M people with a median age of **37.8** and a median household income of \$55,775.

The *ethnic composition* of the population of Stutsman County, ND is composed of 19,737 White residents (93.6%), 424 Hispanic residents (2.01%), 357 Two+ residents (1.69%), 325 Native residents (1.54%), and 110 Black residents (0.52%). The most common foreign languages in Stutsman County, ND are Spanish (316 speakers), German (245 speakers), and Tagalog (63 speakers), but compared to other places, Stutsman County, ND has a relative high number of German (245 speakers), Other West Germanic (50 speakers), and Scandinavian (20 speakers).

The sole University in Stutsman County is University of Jamestown, which averages approximately 234 graduates per year. The median property value in Stutsman County is \$111,200. The homeownership rate is 66.7%. Most people in Stutsman County, ND commute to work by driving alone, and the average commute time is 13.1 minutes. Stutsman County, ND is the 8th most populated county in North Dakota.

Source: DataUSA

Stutsman County data found at <http://www.growingjamestown.com/jsdc>

Health Outcomes - Morbidity & Mortality

Mortality (DEATH) – the incidence of death in a population. Morbidity (ILLNESS) - the incidence of illness in a population.

Leading Causes of Death by Age Group for Stutsman County, 2011-2015			
Age	1	2	3
0-4	Prematurity*	Congenital Anomaly*	Unintentional Injury*
5-14	No Reported Deaths		
15-24	Unintentional Injury*	Suicide*	Homicide*
25-34	Unintentional Injury*	Cancer*	Cerebrovascular Dz*
35-44	Unintentional Injury*	Suicide*	Cancer*
45-54	Cancer 14	Cirrhosis 7	Heart*
55-64	Cancer 45	Heart 21	Unintentional Injury 8
65-74	Cancer 64	Heart 33	COPD 14
75-84	Cancer 77	Heart 61	COPD 23
85+	Heart 123	Cancer 57	Alzheimer's Dz 52

Leading Causes of Death by Age Group for North Dakota, 2011-2015			
Age	1	2	3
0-4	Congenital Anomaly 70	Prematurity 64	Sudden Infant Death 47
5-14	Unintentional Injury 19	Homicide 7	Cancer *
15-24	Unintentional Injury 200	Suicide 120	Cancer 17
25-34	Unintentional Injury 195	Suicide 111	Heart 47
35-44	Unintentional Injury 157	Suicide 103	Heart 99
45-54	Cancer 378	Heart 311	Unintentional Injury 201
55-64	Cancer 1,069	Heart 624	Unintentional Injury 169
65-74	Cancer 1,540	Heart 871	COPD 332
75-84	Cancer 1,853	Heart 1,467	COPD 592
85+	Heart 3,149	Alzheimer's Dz 1,628	Cancer 1,327

Source: Stutsman County Health Profile

Leading causes of death in Stutsman County

- Cancer, Cirrhosis and heart disease are leading causes of death for people age 45-54
- Unintentional injury is the leading cause of death for people age 15-44
- Unintentional Injury and Suicide are the number one and two causes of death for people between the ages of 15-24.

2015 U.S. Leading Causes of Death		Number
1	Heart Disease	633,842
2	Cancer	595,930
3	Chronic lower respiratory diseases	155,041
4	Accidents (unintentional injuries)	146,571
5	Stroke (cerebrovascular diseases)	140,323
6	Alzheimer's disease	110,561
7	Diabetes	79,535
8	Influenza and Pneumonia	57,062
9	Nephritis, nephrotic syndrome, and nephrosis	49,959
10	Intentional self-harm (suicide)	44,193

Source: <http://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>

Similarities are seen between Stutsman County, the State of North Dakota and the U.S leading causes of death (as listed in the table above). There is one exception - cirrhosis is the second leading cause of death for people 45-54.

The percentages for all health issues (excluding unable to get care because of cost) are higher among men. Higher percentages are also noted in the following populations:

- Smoking: ages 18-24, HS grad, < \$25,000
- Fair/Poor Gen Health: ages 55-64, < HS, < \$25,000
- Binge Drinking: ages 25-34, HS grad, \$75,000+
- Less than recommended exercise: ages 35-44, < HS, < \$25,000 and \$75,000+
- Unable to get care because of cost: females, HS grad

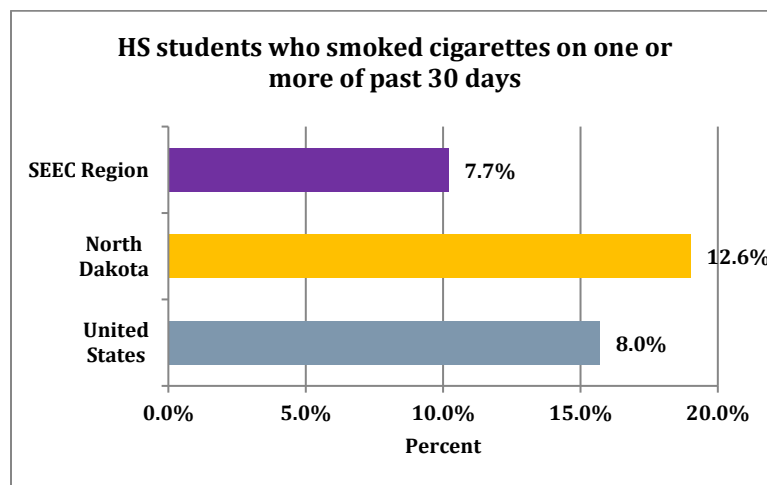
Health Issues by Population Groups, 2011-2015					
	Smoking	Fair or Poor General Health	Binge Drinking	Less than recommended exercise	Unable to get care because of cost
Total	18.7	15.9	20.3	87.2	5
Male	22.8	16.5	26.6	94.8	4.1
Female	14.4	15.1	14	79	5.9
18-24	29.3	7.9	33.2	76.2	*
25-34	22.4	10.6	42.8	89	*
35-44	19.6	14.3	25.4	92.9	*
45-54	18.3	17	16.5	90.3	5.6
55-64	13.8	21.6	7.6	90.6	3.6
65+	3.4	20.2	1.9	73.3	*
Race
< high school	15.1	25.9	*	98.2	*
HS Grad	33.3	17.7	27.1	92.7	7.1
Some College	12.6	14.4	17	83	4.8
College grad	6.2	10.4	19.6	80.7	1.4
<\$25,000	38.3	36.1	18.4	91.6	14.5
\$25K-49K	22.2	13.6	25.1	80.5	3.7
\$50K-74K	10.3	11.8	12.1	83.4	*
\$75K+	6.2	3.6	26.4	93.3	*

* Small numbers, highly unstable

Health Factors -Health Behaviors

TOBACCO USE

Tobacco use is a significant public health problem and is the leading cause of preventable death and disability in North Dakota and in the United States. Youth smoking and smokeless tobacco use rates in North Dakota rank among the highest in the nation. The North Dakota youth smoking rate is 19%, and the youth smokeless tobacco rate is 13.8%. In comparison, the national rate of youth smoking is 15.7%, and the rate of youth using smokeless tobacco is 8.8%.



Source: ND 2017 YRBS

The Stutsman County adult current smoking rate is 18.4%, which is lower than the North Dakota adult current smoking rate of 21.6%.

Tobacco Tax

The 2000 Report of the Surgeon General states “raising tobacco excise taxes is widely regarded as one of the most effective tobacco prevention and control strategies. Increasing the price of tobacco products will decrease the prevalence of tobacco use, particularly among adolescents and young adults.” Current research indicates that interventions to increase the unit price for tobacco products are effective both in reducing the number of people who start using tobacco and increasing the number who quit.

The current excise tax in North Dakota on cigarettes is 44 cents per pack, ranking 36th in the nation. The last significant increase in the tax occurred in 1993 when the tax was raised from 29 cents to the current 44 cents per pack. Since January 1, 2002, thirty-five states have passed 45 separate cigarette tax increases. South Dakota and Montana have increased their tax levels above the North Dakota rate.

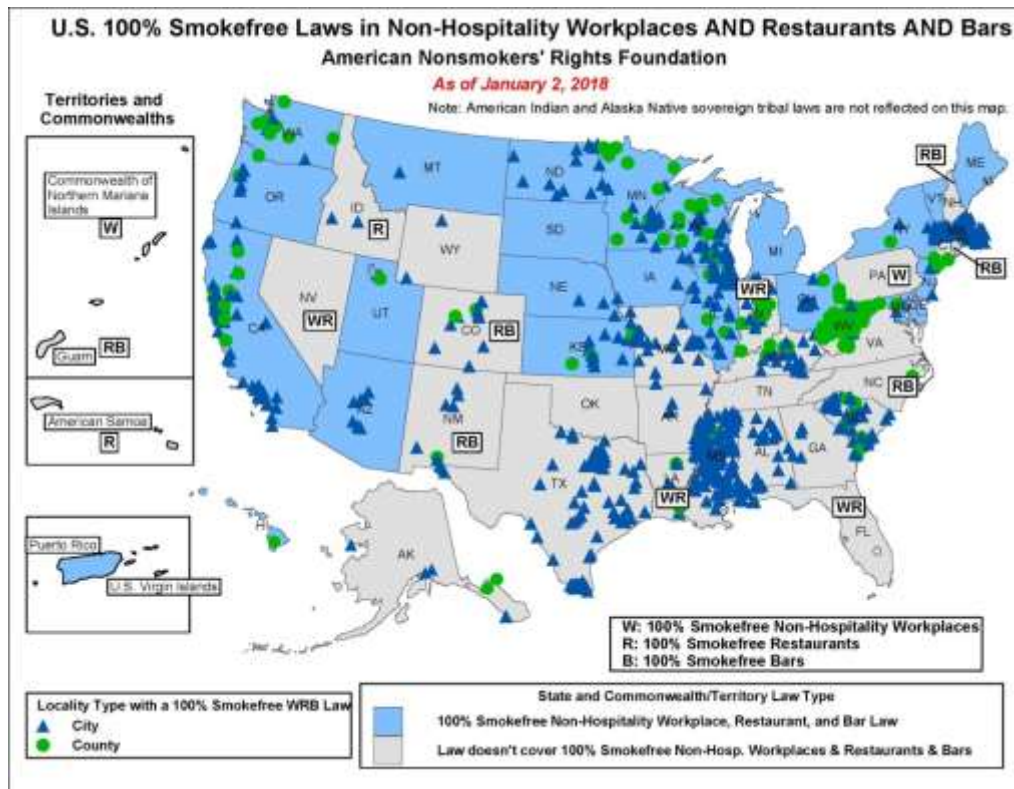


Average Cigarette Tax in Non-Tobacco States: \$1.68 per Pack



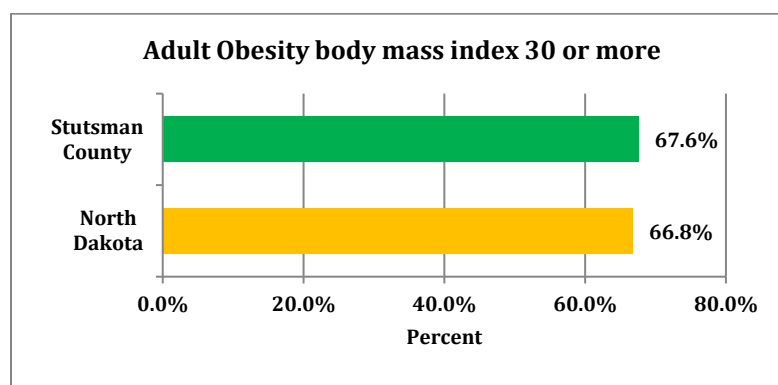
Secondhand smoke is the combination of smoke from the burning end of a cigarette and the smoke exhaled by smokers. Secondhand smoke contains more than 7,000 chemicals. Hundreds are toxic and about 70 can cause cancer. There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes numerous health problems in infants and children, including severe asthma attacks, respiratory infections, ear infections, and sudden infant death syndrome (SIDS). Some of the health conditions caused by secondhand smoke in adults include heart disease and lung cancer.

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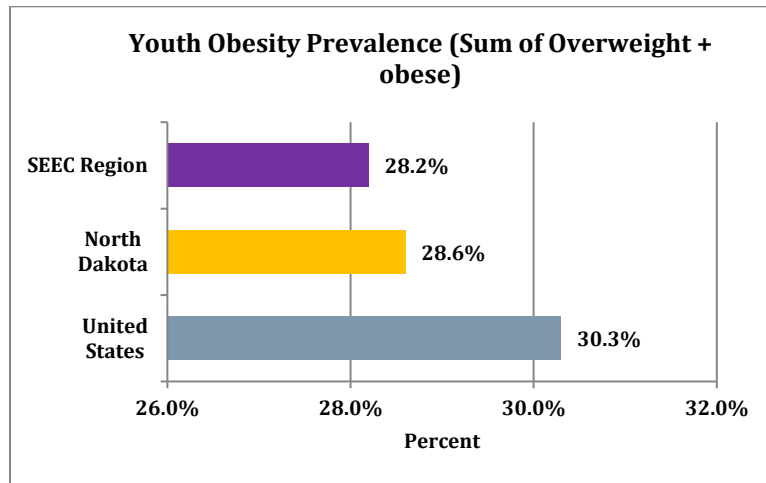
DIET & EXERCISE

Obesity, sedentary lifestyle, and poor nutrition are risk factors for numerous chronic diseases and they exacerbate others, including heart disease, diabetes, hypertension, asthma, and arthritis. The key to achieving and maintaining a healthy weight isn't about short-term dietary changes. It's about a lifestyle that includes healthy eating, regular physical activity, and balancing the number of calories you consume with the number of calories your body uses.



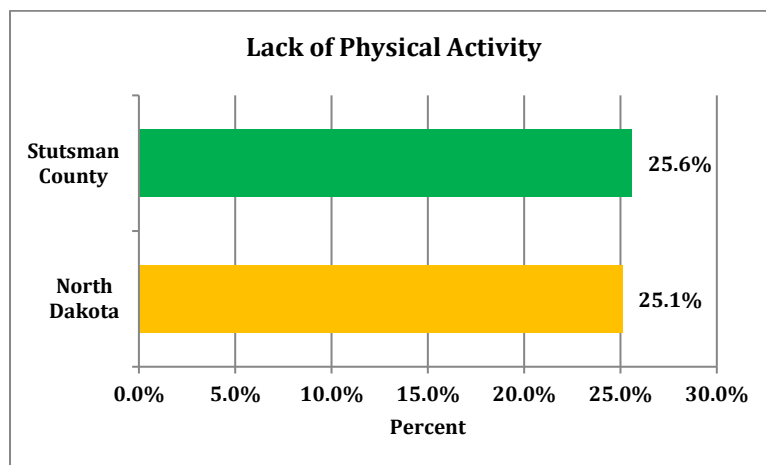
Source: Stutsman County Community Health Profile (2018)

Percentage of adult obesity with a body mass index over 30 in Stutsman County **higher** than ND. Source: Stutsman County Health Profile



Source: Stutsman County Community Health Profile (2018)

Percentage of Youth overweight or obese in SEEC Region is **lower** than ND
Source: ND 2017 YRBS



Source: Stutsman County Community Health Profile (2018)

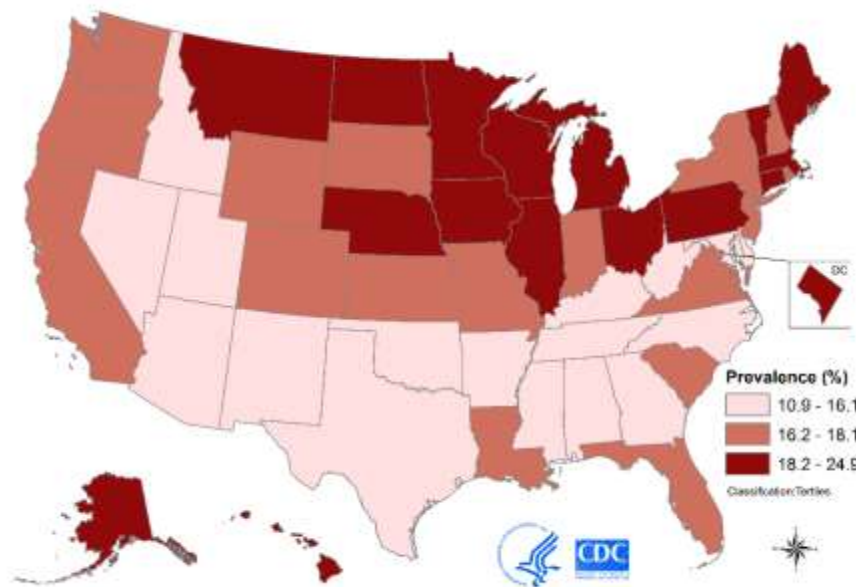
Percentage of respondents in Stutsman County that reported they did not get the recommended amount of physical activity is about the same as North Dakota respondents.

ALCOHOL USE

Excessive alcohol use, including underage drinking and binge drinking (drinking 5 or more drinks on an occasion for men or 4 or more drinks on an occasion for women), can lead to increased risk of many health problems, such as unintentional injuries, violence, liver disease, and cancer. Alcohol use in youth and adults North Dakota is a serious issue. According to the Centers for Disease Control, North Dakota ranks worst in the nation for adult binge drinking (see map below). Fifty-nine percent of North Dakota high school students had at least one drink of alcohol on at least one day during their lifetime (YRBS, 2017).

Following the Strategic Prevention Framework State Incentive Grant (SPF SIG) funding, Central Valley Health District was awarded the Partnership for Success (PFS) grant in 2016 targeting underage drinking. The PFS grant is utilizing the Community Health Partnership as its active coalition. The coalition voted and selected *retail access* and *social access* and the priority areas for the PFS grant objectives. The implementation phase of the project began in August 2017 and will continue until 2020. *Supporting documentation of the grant's community assessment and strategic plan at: www.chpstutsman.com.*

Prevalence of Bing Drinking Among US Adults, 2015



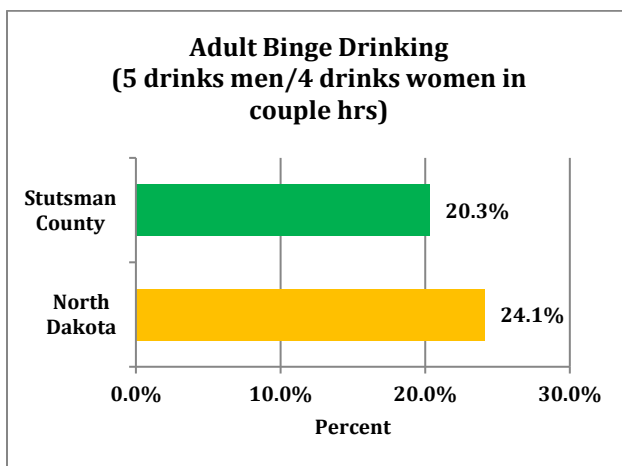
North Dakota ranks highest at: **24.9%**

Source: Behavioral Risk Factor Surveillance System (2015), Centers for Disease Control (2017)

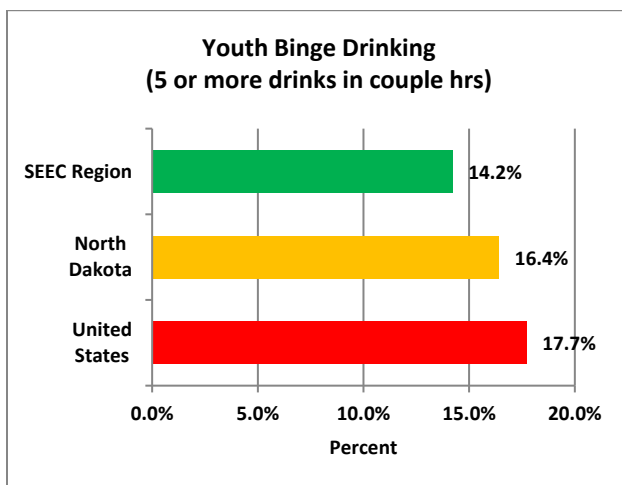
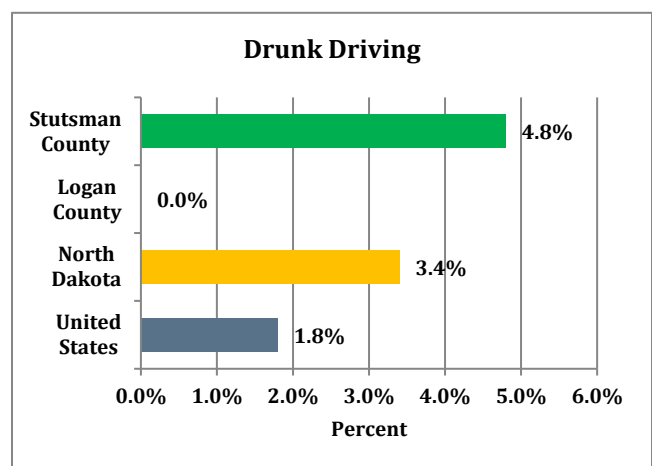
How does Stutsman County compare to ND?

According to the Centers for Disease Control, excessive alcohol consumption costs North Dakota \$487,600,000 annually. This economic cost is due to the results from losses in workplace productivity, health care expenses, and other costs due to a combination of criminal justice expenses, motor vehicle crash costs, and property damage.

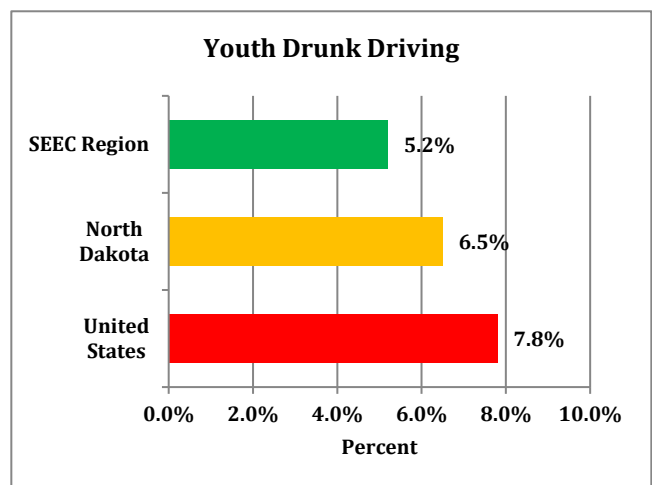
Stutsman County rates lower than the North Dakota average for Adult Binge Drinking, but rates higher than the state average for rates of reported Drunk Driving. Area high school youth rate lower than the state average for Current Binge Drinking. Youth also rate slightly lower than the state average for reported drinking and driving.



Source: Stutsman County Community Health Profile (2017)



Source: ND Youth Risk Behavior Survey (2017)



Definitions –

- *SEEC Region*: South East Regional Education Cooperative (SEEC) is one of the eight Regional Education Associations in North Dakota. The SEEC Region includes 36 public schools and 4 private schools in south east North Dakota.
- *Current Use*: performing a behavior within the past 30 days.

SEXUAL ACTIVITY

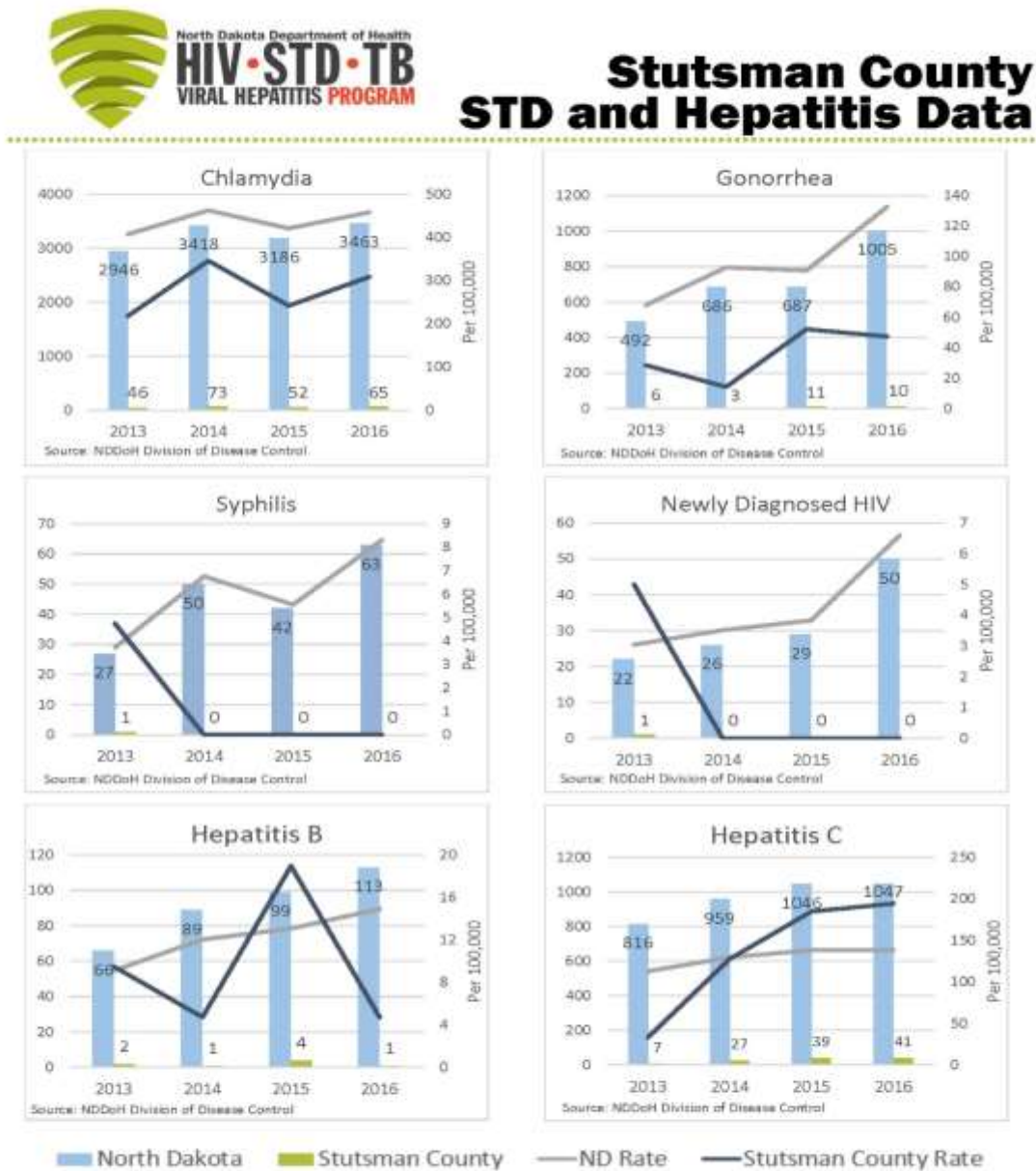
Teen pregnancies and rate is **lower** for Stutsman County than North Dakota as shown in the table below.

Births, 2011-2015				
	Stutsman County		North Dakota	
	Number	Rate or Ratio	Number	Rate or Ratio
Live Births and Rate	1,166	11.1	52,514	15.6
Pregnancies and Rate	1,258	11.9	57,065	17.0
Fertility Rate		65.5		81
Teen Births and Rate	67	20.2	2,876	25.2
Teen Pregnancies and Rate	83	25.0	3,377	29.6
Out of Wedlock Births and Ratio	427	366.2	17,005	323.8
Out of Wedlock Pregnancies and Ratio	501	398.3	20,769	364.0
Low Birth Weight Birth and Ratio	75.5	58.0	3,299	62.8

Source: Stutsman County Community Health Profile (2018)

Sexually Transmitted Infections

According to the ND Department of Health, the rates for Stutsman County have been historically lower than the ND and US rates. The following graphs from the ND Department of Health illustrate the number of positive cases per year for Stutsman County.



For more information, visit www.ndhealth.gov/std or call 800.472.2180.



Clinical Care

ACCESS TO CARE & QUALITY OF CARE

Based on the information provided in the table below, the the areas in green Stutsman County does better than ND as a whole. The orange areas Stutsman County is about the same as ND and the red areas indicate where Stutsman County is doing worse than others in ND. The seven areas where Stutsman County ranks higher than ND include:

- Women over 18 with no pap smear in past 3 years.
- Women over 40 no mammogram in the past 2 years.
- Permanent tooth extracted
- Told they had diabetes
- Limitations due to arthritis or joint issues
- Reported they had cancer (except skin)
- Reported they had COPD

Health Care Access Comparison	2011-2015	2011-2015
Access to Care and Quality of Care	N.D.	Stutsman
Respondents not having any health care coverage	10.8%	8.4%
Could not get healthcare due to cost	7.8%	5.0%
No personal provider	26.7%	19.6%
Women ≥18 years no pap smear in past 3 years	25.1%	37.7%
No colorectal cancer screening within recommended timeframe	40%	37.9%
Women ≥40 years no mammogram in past 2 years	27.0%	30.0%
No dental visit in the past year	33.7%	29.6%
Reported ever had a permanent tooth extracted	14.3%	16.4%
Ever told by health provider Heart attack	4.3%	4.1%
Never had cholesterol test	22.8%	21.5%
Ever told they had diabetes	8.5%	9.6%
Respondents told by health professional they had high BP	29.9%	29.2%
Respondents who report limitations due to arthritis or joints	47%	58.9%
Respondents who report they were told they had a stroke	2.4%	1.8%
Respondents who report cancer (excluding skin)	6.4%	7.3%
Respondents who report they were told they have COPD	4.7%	5.5%

Source: Stutsman County Community Health Profile

Hospital Readmission Rates

	IP Readmissions	IP Discharges	Readmission Rate
2015	46	1134	4.056%
2016	51	1121	4.431%
2017	51	1110	4.595%
2018	11	374	2.941%

The following primary data shows the current hospital readmission rates since 2015. According to America Health Rankings the Percentage of Medicare enrollees aged 65 and older who were readmitted within 30 days of hospital discharge for North Dakota is 14.1 and the US rate is 14.9%.

Social and Economic Factors

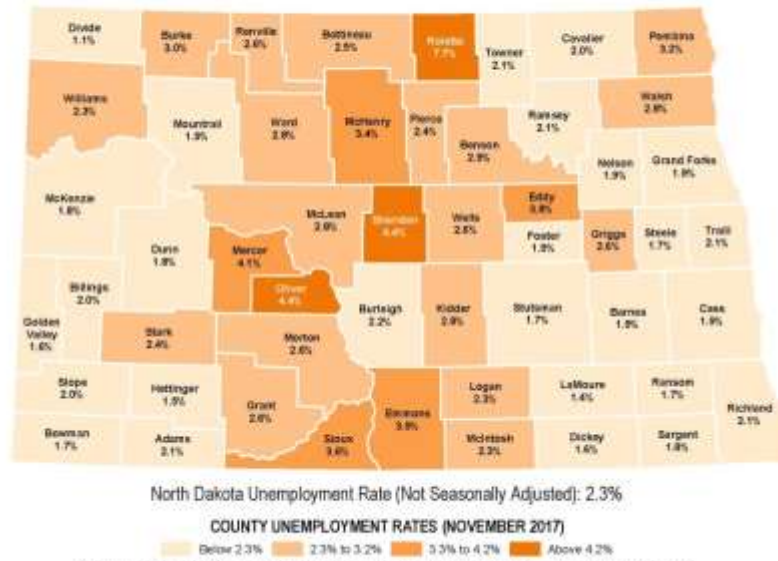
EDUCATION, EMPLOYMENT & INCOME

As indicated in below, Stutsman County is **higher** for those with a high school degree or GED than North Dakota. However, Stutsman County is slightly **lower** for some college or post graduate degrees and about the same for Bachelors as the North Dakota.

Educational Attainment Among Persons 25+, 2015 ACS Five Year Estimates				
Education	Stutsman County		North Dakota	
	Number	Percent	Number	Percent
Total	14,526	100.0%	468,030	100.0%
Less than 9th Grade	646	4.4%	18,153	3.9%
Some High School	946	6.5%	20,552	4.4%
High school or GRE	5,155	31.0%	128,248	27.4%
Some College/Assoc. Degree	4,346	29.9%	171,543	36.6%
Bachelor's degree	2,808	19.3%	93,946	20.1%
Post Graduate Degree	625	4.3%	35,588	7.6%

Source: Stutsman County Community Health Profile

NORTH DAKOTA COUNTY UNEMPLOYMENT RATES



Unemployment rates as of November 2017 (ND Workforce Intelligence and Bureau of Labor Statistics): Stutsman County 1.7%; ND 2.3% and U.S. 4.1%. ND has a low unemployment rate compared to the US rate.

The table below shows the Median Household income and the percentage of the population below poverty level for Stutsman county and ND. Overall, Stutsman County shows several age groups that report higher numbers below the poverty level than ND except for those age 18 to 64. Stutsman County does have a **lower** Median Household Income at \$52,359 than ND \$57,181 and the US average of \$55,775.

Income and Poverty Status by Age Group, 2015 ACS Five Year Estimates				
	Stutsman County		North Dakota	
Median Household Income	\$52,359		\$57,181	
Per Capita Income	\$29,490		\$32,035	
	Number	Percent	Number	Percent
Below Poverty Level	2,130	10.9%	79,758	11.5%
Under 5 years	221	10.4%	7,710	9.7%
5 to 11 years	255	12.0%	8,335	10.5%
12 to 17 years	200	9.4%	5,671	7.1%
18 to 64 years	1,045	49.1%	48,857	61.3%
65 to 74 years	146	6.9%	3,470	4.4%
75 years and over	263	12.3%	5,715	7.2%

Stutsman County Community Health Profile

According to the Pew Research Center, 30 percent of America's workforce earns a near-minimum-wage salary—that's almost 21 million people. As a cruel paradox, rents across the country keep rising.

A new report by the National Low Income Housing Coalition examines how these opposite trends play out regionally. This map shows how much an American worker needs to earn per hour in each state to rent a two-bedroom apartment. It finds that in no state can a person earning minimum wage afford such an apartment at market rent.



FAMILY & SOCIAL SUPPORT

Stutsman County is **higher** than North Dakota for families with mothers in the labor force and children living in a single parent family. Additionally there is a **higher** percentage of victims of child abuse and neglect.

Child Indicators: Families and Child Care 2015	Stutsman County		North Dakota	
Women in labor force, by age of children (ages 0-17)	1,463	83.4%	59,333	79.6%
Children ages 0-17 living in a single parent family (Percentage of all children ages 0-17)	1,395	32.1%	38,002	23.3%
Children in foster care (Percentage of children ages 0-18)	52	1.1%	2,344	1.3%
Victims of child abuse and neglect - services required (Percent of suspected victims)	83	29.3%	1,760	27.3%
Births to mothers receiving prenatal care beginning after first trimester or not at all	26	11.2%	1,535	13.6%

Source: Stutsman County Community Health Profile

General Health	Stutsman County	North Dakota
Fair or Poor Health – respondents who reported that their general health was fair or poor	15.9 (12.5-19.2)	14.0 13.5-14.6
Poor Physical Health – respondents who reported they had 8 or more days in the last 30 when their physical health was not good.	12.5 (9.5-15.6)	11.3 (10.8-11.8)
Poor Mental Health – Respondents who reported they had 8 or more days in the last 30 when their mental health was not good.	9.2 (6.4-12.0)	11.4 (10.9-12.0)
Activity Limitation Due to Poor Health – Respondents who reported they had 8 or more days in the last 30 when poor physical or mental health kept them from doing their usual activities.	15.0 (10.0-19.9)	13.6 (12.8-14.4)
Any Activity Limitation – respondents who reported being limited in any way due to physical, mental or emotional problem.	30.4 (26.0-34.2)	31.3 (30.6-32.1)

Source: Stutsman County Community Health Profile

COMMUNITY SAFETY

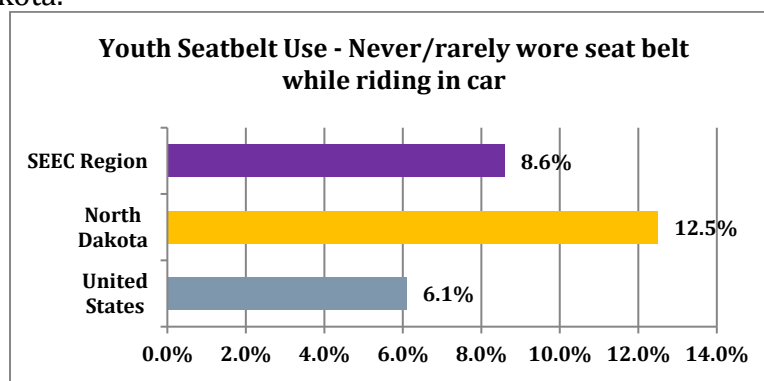
Falls

According to the Centers for Disease Control and Prevention (CDC), each year in the United States millions of adults aged 65 and older fall. Falls can cause moderate to severe injuries, such as hip fractures and head traumas, and can increase the risk of early death. Among older adults, falls are the leading cause of both fatal and non-fatal injuries; falls are also the most common cause of traumatic brain injuries. CDC reports that the death rate due to falls is about 40% higher for men than it is for women. Fortunately, falls are a public health problem that is largely preventable. The rate of respondents 45 and older that had fallen in the past three months in Stutsman County is 27.5% which is about the same as North Dakota 27.4%. Source Stutsman County Community Health Profile

Seat Belts

Considerable effort has been made to address seat belt use in North Dakota. Respondents in Stutsman County who reported not always wearing their seatbelt is 60.4, which is slightly better than ND at 61.4. Source Stutsman County Community Health Profile

Youth that never/rarely wore a seat belt while riding in a car lower in Stutsman County than in North Dakota.



Source: 2015-2017 Youth Risk Behavior Survey

The following tables show observed seat belt use for North Dakota counties completed by the Department of Transportation. In that study it showed in 2014, driver seat belt use was highest in Stutsman County at 87.9%. Passenger Seat Belt use was higher.

Driver Seat Belt Use, 2014



Source: ND Department of Transportation (2014)

Passenger Seat Belt Use, 2014



Source: ND Department of Transportation (2014)

Crime

Stutsman County's five year crime rate is similar to the North Dakota rate.

Stutsman County							
	2011	2012	2013	2014	2015	5 Year	5-Year Rate
Murder	1	0	0	0	0	1	0.9
Rape	16	15	23	5	2	61	57.7
Robbery	0	0	2	1	1	4	3.8
Assault	22	21	22	4	1	70	66.3
Violent crime	39	36	47	10	4	136	128.7
Burglary	52	91	108	9	49	309	292.4
Larceny	264	349	296	16	28	953	901.9
Motor vehicle theft	20	33	21	7	5	86	81.4
Property crime	336	473	425	32	82	1,348	1,275.8
Total	375	509	472	42	86	1,484	1,404.5

North Dakota							
	2011	2012	2013	2014	2015	5 Year	5-Year Rate
Murder	15	20	14	19	21	89	2.5
Rape	207	243	237	389	428	1,504	41.6
Robbery	91	117	151	166	157	682	18.8
Assault	1,040	1,071	1,156	1,145	1,185	5,597	154.7
Violent crime	1,353	1,451	1,558	1,719	1,791	7,872	217.6
Burglary	2,227	2,200	2,656	2,490	3,212	12,785	353.4
Larceny	9,344	10,184	10,243	5,214	6,181	41,166	1,137.8
Motor vehicle theft	854	1,031	1,228	1,462	1,725	6,300	174.1
Property crime	12,425	13,415	14,127	9,166	11,118	49,133	1,358.0
Total	13,778	14,866	15,685	10,885	12,909	55,214	1,526.0

Source: Stutsman County Community Health Profile

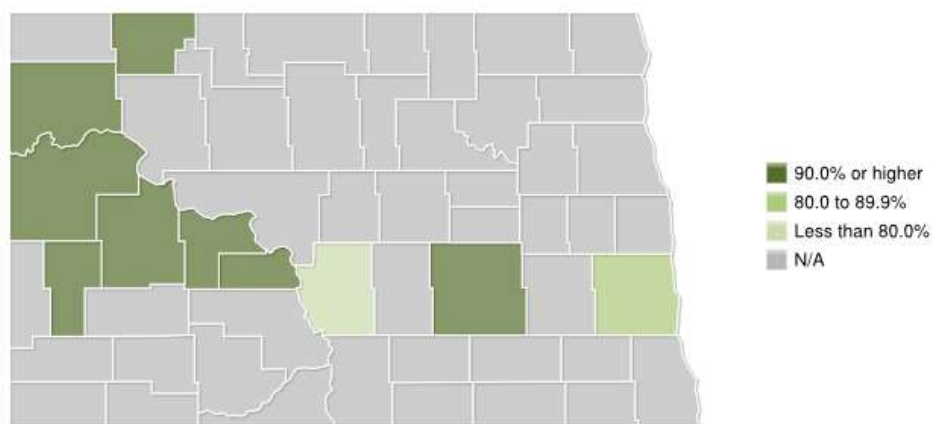
Physical Environment

AIR QUALITY

Poor air quality is associated with increased risk of asthma, lung disease, and heart disease. Ground-level ozone, commonly known as smog, and particle pollution pose the greatest known health risks to humans. Air pollutants can also cause damage to lake ecosystems, crops, and our climate. The Air Quality Index, or AQI, measures five of the main pollutants regulated by the 1990 Clean Air Act. Days are rated as "Good," "Moderate," "Unhealthy for Sensitive Groups," or "Unhealthy" based upon the amount of pollutants in the air. We can increase the number of Good days that we have by reducing our energy consumption, amount of driving, and waste production.

Percentage of days that the Air Quality Index was "Good"

By county, North Dakota, 2016



WATER QUALITY

Approximately 94% of North Dakota's residents get their drinking water from public water systems. A public water system is defined as one which has at least 15 service connections or serves at least 25 people on a regular basis. Public water systems may be classified as "community" water systems or "non-community" water systems. Community water systems are typically cities, mobile home parks, or rural water systems. Non-community water systems may provide water to either a transient population (such as restaurants, campgrounds or truck stops) or a non-transient population (such as schools, manufacturing, or power plants).

BUILT ENVIRONMENT

Stutsman County has more homes built prior to 1970 at a **higher rate of 50.5%** than the North Dakota rate of 39.3%.

Age of Housing, 2015 ACS Five Year Estimates				
	Stutsman County		North Dakota	
	Number	Percent	Number	Percent
Housing units: Total	10,030	100.0%	341,062	100.0%
1980 and Later	2,677	26.7%	139,698	41.0%
1970 to 1979	2,289	22.8%	67,404	19.8%
Prior to 1970	5,064	50.5%	133,960	39.3%

Source: Stutsman County Community Health Profile

Data Summary and Priority Determination

On April 19, 2018 the Stutsman County community health partners met to discuss the health of the community and results of the community survey. The meeting was attended by 30 community partners and process for data sharing was as follows:

April 19, 2018 / 11:00 am – 2:00 pm | Gladstone Inn & Suites

2018 Community Health Assessment Survey Results and Prioritization

Welcome & Introductions	11:00
Stutsman County Data & Community Survey Results	11:15
Lunch Break.....	12:00
Results Discussion & Comments.....	12:30
Prioritization Process.....	1:30
Closing/Comments	1:55

During the results discussion and before the prioritization process, the group reviewed the County Health Rankings for Stutsman County. Overall improvement was identified in Health Outcomes (today's health) in the 2018 rankings: 31 out of 49 (compared to 34 in 2015) and Health Factors (tomorrow's health): 15 out of 49 (compared to 30 in 2015). All 2018 rankings categories for Health Factors improved except length of life and health behaviors. The lower ranking in health behaviors specifically adult obesity is likely attributed to obesity rates in our county. *Areas of Strength* according to the County Health Rankings are Primary care physicians, mental health providers, some college education, unemployment and children in poverty; *Areas to Explore* for improvement include adult smoking, adult obesity, excessive drinking and high school graduation.

The following **2018 County Health Rankings Snapshot** details the health status of the community compared to North Dakota and Top US Performers. Areas in red show where Stutsman County is worse in 2018 than the County Health Rankings in 2015. Those areas are: adult obesity, sexually transmitted infections, Diabetes monitoring and violent crime. Yellow is the about the same - Physical activity, Alcohol Impaired driving deaths, uninsured, Mammography screening, High school graduation, Unemployment, Children in poverty and Air pollution – particulate matter. Green highlights areas that improved from the County Health Rankings in 2015 - Preventable hospital stays. Using the County Health Rankings framework, community members met on April 19 to discuss the data and conducted initial voting to select the top three priority areas in the Community Health Improvement Plan.

2018 CHIP Priority Voting Results:

Tobacco Use	12
Obesity and PA	31
Substance Use	44
Unsafe Sex	4
Access to Care	8
Quality of Care	3
Education	3
Employment	9
Income	7
Family & Social Support	35
Community Safety	10
Environmental Quality	1
Built Environment	10

State health priorities were also considered – see list on page 37. The priority areas chosen were Family & Social Support (27 votes), Substance Use (27 votes) and Obesity & Physical Activity (15 votes). A follow up survey was sent out in conjunction with a press release in *The Jamestown Sun* to all Community Health Partnership members not in attendance on April 19. The survey was completed by May 25 and captured additional votes for community priority areas and the priority areas were affirmed with the final voting results were Substance Use (44 votes) Family & Social Support (35 votes), and Obesity & Physical Activity (31 votes) – see all votes in the adjacent table.

Community Health Partnership members noted the following efforts by agencies in the community related to the priority areas (see table).

Draft goals, objectives and strategies were developed and discussed with Community Health Partnership members. Approval of the Community Health Priorities and Improvement Plan was obtained at the Community Health Partnership meeting on June 21, 2018.

JRMC Family and Social Support: <ul style="list-style-type: none"> Employee assistance program JRMC classes for the public Example – maternal, fetal Substance Abuse: <ul style="list-style-type: none"> Employee assistance program Diet and Exercise: <ul style="list-style-type: none"> Wellness credit with health insurance for employees Free gym membership to JRMC rehab gym for employees JRMC walking paths 	Edgewood Senior Living Family and Social Support: <ul style="list-style-type: none"> Adult day service Association support groups Dementia Education Overnight Respite care Dementia 	Jamestown Public School/ CVHD Board of Health <ul style="list-style-type: none"> Support for sidewalk Exchange of land for services at TRAC Working with juvenile drug court Referrals Portfolio – example homeless portfolio Relationship mapping
NDDoH Disease Control <ul style="list-style-type: none"> HCV & HIV awareness and testing Comprehensive sexual health Healthy relationships 	Jamestown High School <ul style="list-style-type: none"> Support group for LGBTQ 	Juvenile Court <ul style="list-style-type: none"> Refer families Make awareness of different services, activities of agencies in the community Substance Use: <ul style="list-style-type: none"> Screen and refer youth for addiction evaluation Drug testing Juvenile drug court
TRAC Diet and Exercise: <ul style="list-style-type: none"> TRAC physical activity Built environment: <ul style="list-style-type: none"> Safe routes to school Bike fleet Family and social support	Central Valley Health District Diet and Exercise: <ul style="list-style-type: none"> Diabetes prevention program TRAC Walking trail park signs, kiosks, and brochures Healthy lifestyle education and promotion via resources and education Built Environment: <ul style="list-style-type: none"> Tobacco free grounds Smoke free public spaces Substance use: <ul style="list-style-type: none"> Partnership for Success grant program addressing social and retail access of alcohol to minors Drug take back program promotion Parents Lead promotion 	

County Health Rankings (CHR) - Stutsman County Snapshot 2018

	Stutsman County	Top US Performers	North Dakota	Rank (of 49)	2015 CHR
Health Outcomes:				31	35
Length of Life				18	17
Premature Death	7,300	5,300	6,600		
Quality of Life				36	40
Poor or fair health	13%	12%	14%		
Poor physical health days	2.8	3.0	3.0		
Poor mental health days	2.7	3.1	3.1		
Low Birthweight	7%	6%	6%		
Health Factors:				15	30
Health Behaviors - 30%				19	14
Adult Smoking	17%	14%	20%		
Adult Obesity	34%	26%	32%		
Food Environment index	8.8	8.6	9.1		
Physical Activity	25%	20%	24%		
Access to exercise opportunities	81%	91%	75%		
Excessive Drinking	23%	13%	26%		
Alcohol impaired driving deaths	36%	13%	48%		
Sexually Transmitted infections	236.6	145.1	427.2		
Teen Births	21	15	25		
Clinical Care - 20%				5	6
Uninsured	8%	6%	9%		
Primary Care Physicians	1,320:1	1,030:1	1,330:1		
Dentists	1,510:1	1,280:1	1,550:1		
Mental Health Providers	340:1	330:1	610:1		
Preventable Hospital Stays	42	35	49		
Diabetes Monitoring	86%	91%	87%		
Mammography Screening	71%	71%	69%		
Social and Economic Factors - 40%				29	40
High School Graduation	82%	95%	85%		
Some college	66%	72%	73%		
Unemployment	2.5%	3.2%	3.2%		
Children in Poverty	14%	12%	12%		
Income Inequality	4.1	3.7	4.3		
Children in single-parent households	35%	20%	28%		
Social Associations	18.5	22.1	15.7		
Violent Crime	212	62	260		
Injury Deaths	71	55	68		
Physical Environment - 10%				28	47
Air Pollution-particulate matter	7.7	6.7	7.5		
Drinking water violations	no				
Severe Housing problems	8%	9%	11%		
Driving alone to work	81%	72%	80%		
Long Commute-driving alone	10%	15%	14%		
CHR Areas of Strength					
CHR Areas to Explore					
Worse than 2015 CHR					
Same as 2015 CHR					
Better than 2015 CHR					

Community Health Improvement Plan – Action Plan:

Community Health Improvement Plan

Stutsman County Improvement Process Implementation Plan

Date Created: June 2018

Date Reviewed/Updated:

PRIORITY AREA: *Obesity and Physical Activity*

GOAL:

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

PERFORMANCE MEASURES

How We Will Know We are Making a Difference

Short Term Indicators	Source	Frequency
<i>NYNY Challenge: Survey Results</i>	<i>Survey Results</i>	<i>Annual</i>
Long Term Indicators: % of Adults or Youth reporting overweight	Source	Frequency
<i>Youth Behavior Survey</i>	<i>YRBS</i>	<i>Bi - Annual</i>
<i>Adult Behavior Survey</i>	<i>BRFSS</i>	<i>Annual</i>
<i>County Profile Data</i>	<i>NDDoH</i>	<i>Annual</i>
<i>County Health Rankings</i>	<i>University of Wisconsin</i>	<i>3 Years</i>

OBJECTIVE #1:

Increase the coordination of physical activity and obesity prevention efforts among community partners.

BACKGROUND ON STRATEGY: Enhance physical activity efforts and obesity prevention efforts.

Source: *Stutsman County Community Health Assessment 2018*

Evidence Base: *“Sedentary Behavior and related outcomes” recommended by The Community Guide*

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Conduct Community Health Partnership monthly meetings to assess and monitor progress	ongoing	Members Time Space	Central Valley Health Department	Community Collaboration	View Progress Report
Increase New Year, New You Challenge Participation by 10% each year	January 2017	NYNY Program Staff Time	Jamestown Regional Medical Center	Participation from the community	See Results

NDSU Healthy Eating Programs	Ongoing	Staff Participation Time	NDSU Extension	Changes in Eating Behavior	Progress Report
Jamestown Public Schools Summer Breakfast	Ongoing	Staff Time	NDSU Extension and JPS	Changes in Eating Behavior	Progress Report
Jamestown Public Schools Wellness Policy	2016	Staff Policy Development	JPS	Healthy Eating at Schools	Complete
Diabetes Prevention Program	2017	Staff	CVHD, NDSU Extension, Essentia	Behavior changes to prevent Diabetes	Class Ends 12/2017
Increase Opportunities to walk safely in the Community	Ongoing	Funding	Community Partners	Culture Changes/Behavior Change	
Develop Community Bike Fleet Plan	2018-2019	Grant Funds	Community Health Partnership	Bike Fleet Established	
Develop Sustainability plan for TRAC scholarships	2018-2021	Dedicated funds	Two Rivers Activity Center	Sustainability plan established	
Community based physical activity sessions for various ages (i.e. bone builders)	Ongoing	Staff	Community Partners	Behavior changes	

PRIORITY AREA: *Family and Social Support*

GOAL:

Improve Family and Social Support in Stutsman County

PERFORMANCE MEASURES

How We Will Know We are Making a Difference

Short Term Indicators	Source	Frequency
<i>County Health Rankings - Annual</i>	<i>University of Wisconsin</i>	<i>Annual</i>
Long Term Indicators	Source	Frequency
<i>County Health Rankings – Three Year Comparison</i>	<i>University of Wisconsin</i>	<i>3 Years</i>

OBJECTIVE #1: Identify components of family and social support to increase awareness of resources

BACKGROUND ON STRATEGY:

Source: *Stutsman County Community Health Assessment 2018*

Evidence Base: *“Physical Activity: Social Support Interventions in Community Settings” recommended by The Community Guide*

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or	Progress Notes
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				Result	
Survey community members to determine the definition of family and social support	December 2018	Survey template	Community Health Partnership	Components identified	
Review components to align with CHIP priority areas, possible exploring physical activity as social support	December 2019	The Community Guide	Community Health Partnership	Strategy identified	
Education programs that teach coping strategies, healthy behaviors (i.e. DARE, Sources of Strength)	Ongoing	Best Practices, Staff, Funding	Community Partners	Norms changes	

PRIORITY AREA: *Substance Abuse*

GOAL: Reduce Substance Abuse in Stutsman County.

PERFORMANCE MEASURES

How We Will Know We are Making a Difference

Short Term Indicators	Source	Frequency
Server Training and Compliance Checks	Jamestown Police Department	Annual
Partnership for Success Youth Survey	WYSAC	Annual
Long Term	Source	Frequency
County Health Rankings	University of Wisconsin	3 Years
Behavioral Risk Factor Surveillance System Survey (BRFSS)	CDC	2 Years
Stutsman County Community Readiness Survey	WYSAC	2 Years
Youth Risk Behavior Survey (YRBS)	CDC-State of ND	2 Years

OBJECTIVE #1: Eliminate Exposure to Secondhand Smoke in Stutsman County

BACKGROUND ON STRATEGY:

Source: *Stutsman County Community Health Assessment 2018*

Evidence Base: *"Tobacco Use and Secondhand Smoke Exposure: Smoke-Free Policies" recommended by The Community Guide*

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Increase the number of tobacco-free public recreation areas	June 2019	Staff time	Central Valley Health District	Policies passed (reported to the ND Dept of Health)	

OBJECTIVE #2: Prevent Initiation of Tobacco Use by Youth and Young Adults in Stutsman County.					
BACKGROUND ON STRATEGY: Source: <i>Stutsman County Community Health Assessment 2018</i> Evidence Base: <i>"Tobacco Use and Secondhand Smoke Exposure: Smoke-Free Policies" recommended by The Community Guide</i>					
ACTION PLAN					
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Educate and advocate with Stutsman County Schools who do not currently have a comprehensive tobacco policy in place, to adopt one	June 2020	Staff Time	Central Valley Health District	Policies passed (reported to the ND Dept of Health)	

OBJECTIVE #3: Reduce underage drinking in Stutsman County as measured by high school students reporting "use in the last 30 days" on the North Dakota Youth Risk Behavior Survey.					
BACKGROUND ON STRATEGY: Source: <i>Stutsman County Community Health Assessment 2018</i> Evidence Base: <i>"Excessive Consumption: Social Host Liability Law and Responsible Server Beverage Training" recommended by The Community Guide</i>					
ACTION PLAN					
Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Implement social access media campaign	Ongoing	Marketing tools Staff Time	Central Valley Health District	Increased education to community on the consequences of social hosting	
Increase the perceived risk of harm for underage drinking	Ongoing		Central Valley Health District Community Health Partnership	Increased education to community on the consequences and dangers of underage drinking	
Reduce the perceived "snitching" barrier among community members	August 2020	Texting tipline	Central Valley Health District Jamestown Public School Jamestown Police Department Stutsman County Sheriff's Department	Implement new texting tipline including 3 keywords that directs tips to specific areas of the community (school, PD, sheriff)	
Promote Parents Lead materials	Ongoing	Parents Lead Resources	Central Valley Health District Jamestown Public	Increased utilization of Parents Lead	North Dakota based imitative

			School	resources	created to assist parents in talking to their kids about alcohol and other substance use, and more.
Decrease inconsistency of ID checking practices at on and off sale establishments in Stutsman County	August 2020	Responsible Beverage Server Training ID Scanners	Central Valley Health District Jamestown Police Department	Decrease in failed compliance checks	

PRIORITY AREA: *Emerging Issues/Partnership Updates*

GOAL:

Coordinated Community Prevention Activities and response to emerging issues

PERFORMANCE MEASURES

How We Will Know We are Making a Difference

Short Term Indicators	Source	Frequency
<i>List of Activities from Community Health Partnership</i>	<i>Partnership Meeting Minutes</i>	<i>Annually</i>
Long Term Indicators	Source	Frequency
<i>Community members knowledge of prevention activities</i>	<i>Partnership Meeting Minutes</i>	<i>Annually</i>

OBJECTIVE #1:

BACKGROUND ON STRATEGY: Group meets the needs of the community as they occur and respond to issues.

Source: Members provide updates at meetings based on community emerging issues.

ACTION PLAN

Activity	Target Date	Resources Required	Lead Person/ Organization	Anticipated Product or Result	Progress Notes
Facebook and Email sharing to the Community Health Partnership group regarding programs and information for the priorities has enhanced through the coordinator position.	ongoing	Staff Coordinator CHP	Community Health Partnership Coordinator	Information Sharing	# of Facebook Shares:
Website developed for CHP with branded logo being used with communication.	ongoing	CHP Coordinator	Community Health Partnership Coordinator	Increased Information	# of Views
Meetings are attended by community partners monthly with good representation	ongoing	CHP Coordinator	Community Health Partnership Coordinator	Engagement of Partners	# of Meetings:

Human Trafficking Coalition started meeting in Jamestown with assistance from local navigator Melissa Williams. Working on a community protocol for victims in our area.	ongoing		Melissa Williams	Develop a plan for Human Trafficking Response	Meetings started December 2016 into 2017
Partnership for success youth alcohol prevention. Assessment, Planning and Implementation over the next 4 years.	Ongoing	Coalition members for plan development and implementation of strategies	CVHD – PFS grant coordinator	Policy changes to impact youth alcohol use	
Drug Take Back Day. Community awareness on how to dispose unused medications	April 2017	Partnerships with Law Enforcement and Pharmacy	CVHD	Number of pounds of medications destroyed	
Stop Bleed community awareness on acting quickly during a emergency to prevent bleeding		Partnership to promote and educate community	JRMC	Number of people educated and number of stop the bleed kits in the community	
Car Seats kids are riding safely in car seats and families are educated on safe car seat use	Ongoing	Car seats for those in need, education efforts and car seat events	JRMC, CVHD, ND Highway Patrol	Numbers educated Numbers receiving seats.	
Kids Safety Day – community education on kids safety issues.	Ongoing	Staff time, place to hold the event	CVHD and community partners	Numbers attending event	
Address community homelessness	ongoing	Partners, funding data on homeless individuals	Homeless coalition	Meeting notes	
Address community blighted structures and safe housing	ongoing		Health and Safety Committee	Meeting notes	

North Dakota Priorities:
<i>1 Promote health weight for all North Dakotans</i>
<i>2 Collaborate for data and research</i>
<i>3 Support for children, families and caregivers for improved behavioral health</i>
<i>4 Promote health through Worksite Wellness</i>
<i>5 Increase immunization rates in school children</i>

DESCRIBE PLANS FOR SUSTAINING ACTION

1. **Develop yearly progress reports and provide to the community**
2. **Dedicate resources to keeping the plan up to date and reviewing data every 3 years**
3. **Discuss plan at monthly meetings with CHIP members**
4. **Advocate for policy changes and funding opportunities to support activities outlined in the plan**

Evaluation & Monitoring of Progress:

The Community Health Partnership meets at Central Valley Health District in Jamestown on the third Thursday of every month at noon. The group convenes to discuss emerging issues as well as assessing the progress on an annual basis for the community health improvement plan.



Contact Information:

Central Valley Health District
122 2nd Street NW
Jamestown, ND 58401
Tel 701.252.8130
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Centralvalleyhealth.org



APPENDIX A



Community Health Partnership Survey

Submitted to:

Ms. Katie Ryan-Anderson and Dr. Mort Sarabakhsh

Consultants:

Ben Mathews

Tifani Schorzman

Yawen Zhu

Jonathon Purinton

BUS 480 Strategic Marketing

University of Jamestown

April 17th, 2018

Acknowledgment:


The consultants would like to thank the Jamestown Regional Medical Center, particularly Ms. Katie Ryan-Anderson for proposing the opportunity to the team in which to gain practical experience in the strategic marketing field. The students would also like to extend their appreciations to all those involved in the Community Health Partnership and to all those from the University of Jamestown community who participated in the survey. Without their contribution, the research we conducted would prove no results.

Consultants Biographies:

Ben Mathews is a senior at the University of Jamestown and hails from London, England. He is majoring in Health and Fitness Administration with minors in Marketing and Business Administration. He is a member of the University of Jamestown Men's Soccer Team and is also a Jimmie Ambassador. Upon graduation in the spring of 2018 Ben would like to utilize his OPT visa to gain a position in a firm in the United States, potentially specializing in Marketing and Public Relations with an aim of eventually becoming an Athletic Director.

Jon Purintun is a junior at the University of Jamestown. He is a Business Administration Major with concentrations in both Global Business and Marketing. Along with school, Jon also plays on the Men's Basketball team. Jon plans on graduating in the spring of 2019.

Yawen Zhu is a senior at the University of Jamestown from China. She will graduate with a degree in Business Administration with a concentration in Marketing and a minor in Psychology. She plans to graduate in May of 2018. She also plans on finding a job in the marketing or advertising industry after graduation.



Tifani Schorzman is a senior from Coeur d' Alene, Idaho. She is a member of the softball team. She plans to graduate in December of 2018 with a major in Communication and a minor in marketing. After graduating she plans to work for her family business.


Executive Summary:

Ms. Katie Ryan-Anderson, the marketing manager with the Jamestown Regional Medical Center, approached the University of Jamestown and asked the consultants to use the already existing Community Health Partnership Survey, and to tailor it to send out to the University of Jamestown Community. The survey was used to gain a perception on the health and wellness of the respondent's communities. The consultants analyzed the current survey and edited it to match the surroundings of UJ. Upon completion of the survey as a result of the deadline date, the consultants also analyzed the results and then provided recommendations and conclusions based on the community's health choices and their health preferences.

Purpose of Study:

The purpose of this study was to identify the positive and negative experiences of the citizens from the University of Jamestown in terms of health and wellness in their community. The purpose was to also identify the concerns of the community at large in terms of health and wellness, along with options the citizens want to have added into their community.

Hypothesis:



The consultants speculated that the majority of people who answered the survey questionnaire would not be completely satisfied with the health and wellness in their community. We predicted that many people would not be happy with the lack of public transportation in Jamestown, the lack of specialist facilities such as a cancer department and that the majority would associate the community as being very safe and beneficial when raising a family.

Research Methodology:

The consultants utilized the original survey given by the Jamestown Regional Medical Center. The survey was tailored to fit the University of Jamestown community in which a portion was included to add an incentive. The survey was sent out to the entire UJ community including Students, Staff and Faculty. There was a deadline for completion in which we then received the results in accordance to previous analysis by the University of North Dakota and the Jamestown Regional Medical Center. The consultants then analyzed the results and provided the client with the responses and their evaluations and recommendations.

Limitation of the Study:

The study was limited to the following constraints:

1. The consultants developed an incentive in which to gain more respondents from the UJ community. The consultants understood that to gain the most exposure and to generate the most results an incentive of six \$25 Visa gift cards were to be offered. This incentive was not offered to the rest of the Stutsman County. This showed when the results came through, in which of the 760 responses, 208 came from the University of Jamestown. UJ has a community of a little over a 1000 whereas the Stutsman County has a reach of over
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16,000. This shows that in terms of percentage of citizens reached per respective area, UJ and Stutsman County, UJ had a much higher percentage.

2. When analyzing the results, it was not possible to separate the results between the UJ community and the Stutsman County. With over 25% of the results coming from the UJ community, the ability to gain a true representation of the community as a whole is impacted negatively.
3. The UJ community was much more inclined to answer the survey due to the use of incentives, whereas the Stutsman County community was not. Therefore, the UJ community may have spent more time and effort whilst responding to the survey.
4. The majority of survey respondents were female. Therefore, we could not gain a fair representation of the entire community.

SWOT Analysis:

The SWOT analysis is a marketing tool that is used to identify internal strengths and weaknesses, as well as external opportunities and threats of an organization.

Strengths:

1. The survey offered open ended questions. This helps to generate answers that are straight from the participants mind.
 2. The survey offered a mix of open and closed questions. The closed questions helped to understand specific points about the community and allowed these points to be analyzed very easily.
 3. Stutsman County is a community that is very close, with good schooling and good health care.
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4. There is little crime and it is a very safe place to raise children.

Weaknesses:

1. Appointments can be perceived as extremely hard to come by in a timely manner.
2. There are a lack of specialists in this area.
3. Wages do not match the cost of living.
4. Lack of public transportation.

Opportunities:

1. Specialized centers such as a cancer center.
2. Expand advertisement so that residents are aware of all the services offered.

Threats:

1. Retention of families who are leaving the county due to the struggle of affording the cost of living.
2. People are travelling to Bismarck/Fargo/Twin-Cities to see specialists.
3. Trend of concerns for drug and alcohol abuse amongst the youth.

Data Analysis:

The total number of respondents equaled to 760. This number incorporates the whole Stutsman County and the University of Jamestown tailored survey. In total there were 208 responses from the University of Jamestown. This equals to 27% of all respondents. This emphasizes how important an incentive is when exposing a survey questionnaire.

For each question below taken directly from the survey results, the top three selected answers have been listed and the percentages have also been listed. Underneath each question is a statement providing a brief summary of each questions most popular responses.

Considering the PEOPLE in your community, the best things are (choose up to THREE):

1. People are friendly, helpful and supportive – 548 – 32%
2. Feeling connected to people who live here – 379 – 22%
3. People who live here are more connected in their community – 316 – 19%

This shows that the Stutsman County is a very community run society that is driven by faith and the generous, friendly personalities of those who live there.

Considering the SERVICES AND RESOURCES in your community, the best things are (choose up to THREE):

1. Active faith community - 353 – 20%
2. Quality School systems – 312 – 17%
3. Health Care – 305 – 17%

This emphasizes the idea of a faith driven community. These answers also prove that the education system in the Stutsman County is very good as well as the Health Care systems.

Considering the QUALITY OF LIFE in your community, the best things are (choose up to THREE):

1. Family friendly, good place to raise kids - 489 – 27%
2. Safe place to live, little/no crime – 472 – 26%
3. Closeness to work and activities – 417 – 23%

The best things when regarding the quality of life emphasize the safety of the community and how the small community feel makes the community a fantastic place to raise children and to live with a family.

Considering the ACTIVITIES in your community, the best things are (choose up to THREE):

1. Year round access to fitness opportunities – 447 – 29%
2. Recreational and sports activities – 402 – 26%
3. Activities for family and youth – 272 – 17%

These answers prove that the main activities that people desire are those to do with sports and fitness. The addition of the TRAC center may have been influential in this answer.

Considering the COMMUNITY HEALTH in your community, concerns are (choose up to THREE):

1. Jobs with livable wages – 338 – 20%
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2. Attracting and retaining young families – 332 – 19%
3. Affordable housing – 297 – 17%

These responses show that people are very concerned with their earning potential and how the lower earning potential will influence their ability to afford the cost of living. Also retaining young families is a huge issue.

Considering the AVAILABILITY OF HEALTH SERVICES in your community, concerns are (choose up to THREE):

1. Availability of Specialists – 330 – 21%
2. Ability to get appointments – 291 – 18%
3. Availability of primary care providers – 258 – 16%

These are huge concerns for people as the lack of ability to receive appointments with specialists may drive them to look elsewhere for health care.

Considering the SAFETY/ENVIRONMENTAL HEALTH in your community, concerns are (choose up to THREE):

1. Public transportation – 222 – 16%
2. Traffic Safety, speeding, road safety, drunk driving – 192 – 14%
3. Crime and safety – 191 – 14%

The main concerns are in accordance to transport issues. The lack of public transportation can be attributed to the increased concern of alcohol related driving issues.

Considering the DELIVERY OF HEALTH SERVICES in your community, concerns are (choose up to THREE):

1. Cost of Health Insurance – 316 – 19%
2. Ability to recruit and retain primary health care providers – 309 – 19%
3. Cost of health care services – 288 – 17%

The main concern with the delivery of health services is the cost of health insurance and the cost of health care services. Being a community that previously stated concerns with the cost of living, health insurance costs is a big worry for residents.

Considering the PHYSICAL HEALTH in your community, concerns are (choose up to THREE):

1. Obesity/Overweight – 364 – 21%
2. Cancer – 249 – 15%
3. Poor nutrition/ eating habits – 235 – 14%

These concerns fit in with most other communities is the USA. The health risks associated with Obesity are extreme, therefore naturally with the increase in the amount of people who are overweight and obese, the concern also increases.

Considering the MENTAL HEALTH AND SUBSTANCE ABUSE in your community, concerns are (choose up to THREE):

1. Youth drug and abuse – 229 – 13%
2. Youth alcohol use and abuse – 212 – 12%
3. Youth Mental Health – 208 – 12%

There is a large concern in the community when it comes to the mental health of the youth.

These were the three top mentioned concerns. This potentially shows that more services need to be available to the youth to tackle these problems.

Considering the SENIOR POPULATION in your community, concerns are (choose up to THREE):

1. Availability of resources to help the elderly stay in their homes – 253 – 18%
2. Ability to meet needs of elderly population – 232 – 16%
3. Availability of resources for family and friends caring for elders – 206 – 14%

In response to the formulated answers, there is a large concern that the needs of the elderly are not being met in the community. The resources available are not sufficient.

Which of the following SERVICES provided by your local public health unit (CENTRAL VALLEY HEALTH DISTRICT) have you or a family member used in the past year?(Choose ALL that apply):

1. Flu Shots – 262
2. Immunizations – 172
3. Office Visits – 91

The main services used are general tasks that are very routine.

Where do you find out about LOCAL HEALTH SERVICES available in your area?

1. Word of mouth – 379
2. Advertising – 226
3. Health Care Professionals – 220

These responses show that word of mouth in this community is extremely powerful. The reputation of the health services in this community are how people find out about the health services.

What PREVENTS you or other community residents from receiving health care locally? (Choose ALL that apply):

1. Not able to get appointment/limited hours – 259 – 16%
2. Not enough weekend or evening hours – 197 – 12%
3. Not able to see same provider every time – 196 – 12%

This emphasizes previous questions in which the availability of appointments is extremely hard to come by.

Where do you turn for trusted health information? (Choose ALL that apply)

1. Primary care provider, doctor, nurse – 495 – 34%
2. Other health care professionals – 353 – 24%
3. Web searches – 287 – 20%

People are turning the internet to research information however there is still a large percentage of people who are still using their primary health care provider for their information.

Do you work for the hospital, clinic, or public health unit?

79.4% said no

Health insurance or health coverage status (choose ALL that apply):

1. Insurance through employer or self-purchased – 505
 2. Medicare – 73
 3. Other – 43
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Most people are covered through their own policies or through their employer.

Age:

21% less than 18

20.8% 45-54

18.8% 25-34

A large portion of younger people were participants in this survey. The two other largest represented groups were of working age.

Highest level of education:

1. 38.2% bachelors

2. 21.2% some college/technical degree

3. 19.2% Graduate or professional degree

The majority of people who answered the survey were of a higher education.

Gender:

1. 74.8% female

2. 24.5% male

3. 0.7% transgender

The majority gender was female. This could be argued that the survey answers are biased and unfairly represented.

Employment status:

1. 61.7% full time

2. 16.6% part time

3. Retired 9.5%

Race/Ethnicity (choose ALL that apply):

1. White/Caucasian – 583

2. American Indian – 10

3. Prefer not to answer – 13

This shows a majority of respondents were Caucasian. This could also argue that the survey results are biased as other ethnicities are underrepresented.

Annual household income before taxes:

1. \$50,000 - \$74,999 – 18.8%
2. \$75,000 - \$99,999 – 18.7%
3. \$100,000 - \$149,999 – 18.7%

This shows that the majority groups who responded to the survey were fairly affluent in terms of their household income.


What specific health care services, if any, do you think should be added locally?

The main answer that was frequently found was the need for the addition of a cancer center. This was also accompanied by the need for better access to specialists and improved mental health services.

Conclusion:

Based on the results that we assessed, we noticed that we did receive a lot of positive feedback and suggestions to help improve the health and wellness of the community, and specifically the Jamestown Regional Medical Center. We found trends with the people in the community who have a strong feeling of both a sense of community collectiveness where everybody gets along and is supportive, along with a safe, small town, family feel. However, people responded that in their community, they believe it is tough to get appointments and get seen by a professional in a timely manner, moreover it is even harder to get seen by the right type of person/professional.

We also saw a lot of trends when analyzing the results addressing concerns that the residents may have. The biggest concern was dealing with specialist needs such as cancer services. Along with cancer services which is a huge need in this community, most people see a need to address obesity concerns throughout the community and also had concerns about the youth and ways




they can help children stay healthy, physically and mentally. Some feel as though the needs of elderly are not being met such as assisted living.

When looking at the results of the respondents, we discovered that the majority (75%) of them were females. On top of that, most of the respondents are fairly affluent. There were many challenges when asked about the community as a whole. A few of these other challenges and concerns were drug and alcohol abuse, affordability of care, retention of families, cost of living which is outweighing affordability. Affordability is a rising concern, as many stated money isn't enough to keep them around.


Recommendations:

1. The first recommendation would be to address the needs for specialist services such as a cancer center. The results show that this is a big concern for residents which is resulting in them regular health services in Fargo, Bismarck or other surrounding areas. The addition of a Cancer center would stop these residents using other health care providers which would help to increase traffic through JRMC.
 2. The second recommendation would be to improve the availability of health care providers so that there is no issues when trying to gain appointments. By improving this system, the impact that will be brought to the word of mouth and reputation of JRMC would sky rocket. Residents who are kept happy with the simplest services such as appointment setting and the possibility of seeing their preferred health care professional will encourage them to spread positive words about JRMC within the community.
 3. A third recommendation would be to introduce an education program for families and for their children specifically. These programs would be introduced in order to educate them
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about mental health issues, obesity issues and drug and alcohol use. We found through analyzing the results that there was a massive concern amongst the community for the health of the youth. By introducing an education program, individually or through the local schools, these young people will be ready to deal with these challenges.

4. A further recommendation is regarding the cost of health care. Through analyzing the results we found that a large enough percentage of people are concerned with the heavy cost of health care facilities. This is drawing residents to use other providers in different areas. By lowering the costs, it may help to keep residents using the health facilities in Jamestown rather than travelling. This travelling may lead a family to move away from the Stutsman county area. By decreasing the cost, we feel that the retention rate will increase.
 5. A fifth recommendation would be to further evaluate the living conditions of the elderly. The elderly are the largest group of the population who use health care facilities due to their vulnerability. The results of the survey show large concern with the needs of the elderly not being met. The biggest concern was providing the elderly enough resources and services to stay in their own homes. By improving these services, the health of the elderly in the community can be improved dramatically.
 6. The James River Transit and the one taxi service are currently the only means of public transport within this community. There was a big concern for people who do not have their own means of transport along with the fact that the public transport is very minimal. By adding a regular bus service at routine stops around town, a service that is common throughout the US and around the world, there would be less of a concern for people to get to their destinations. A lot of elderly people are unable to drive due to many
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circumstances. Adding a more improved transport service would provide them with regular access to essential facilities such as the hospital, Walmart etc.

7. We found through analyzing the results that some of the best things about the community was its availability of fitness and recreational opportunities. The addition of the TRAC center was a big factor in this community feeling. By maintaining the standards of these facilities and by improving the parks and rec selection of recreational opportunities, this will continue to be a big factor in retaining families in the Stutsman County.

Future Research Study:

The consultants recommend that a similar but shorter survey be sent out every six months to one year, to make sure that the needs of the community are being met. By creating a shorter survey, the percentage of people answering the survey will dramatically increase. We also suggest offering incentives in order to increase participation. We found that when appealing to the college campus to answer the survey, the addition of gift cards was vital in gaining responses. A campus of just over a thousand people received over 200 responses, whereas a county of around 16000 people in which incentives were not offered received just over 500 responses.
