

STUTSMAN COUNTY COMMUNITY HEALTH ASSESSMENT & IMPROVEMENT PLAN

2015



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. A comprehensive process completed in 2012 was the result of a demonstration site project funded by the National Association of City and County Health Officials.

Community Health
Partnership



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

The purpose of the Community Health Partnership 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)

2015 Assessment Process

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

1. Assess primary data – March 2015 paper survey distributed throughout the community.
2. Assess secondary data - May 7th 2015 present data to the Community.
3. Community meeting to review data, identify issues and themes and vote using the Nominal Group Technique to select priority areas – May 7th 2015
4. Focus Group Survey - May & June 2015
5. Publish results and inform the public June 2015



The county health rankings model was used to discuss the health of the community. 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.

COMMUNITY PARTNERS

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

Alpha Opportunities

- Sue Kurtz

American Heart Association

- Joan Enderle
- June Herman

American Red Cross – Buffalo Valley Chapter

- Sean Cauffman
- Terri Krovoza
- Jeff Wolsky
- Nancy Young

Arts Center

- Cindy Wish

Ave Maria Village/Heritage Centre

- Bonnie Daunhauer
- Gerry Leadbetter
- Sharyln Geerdes
- Sue Johnson
- Tim Burchill

Central Valley Health District (CVHD)

- Angie Allmer
- Frank Balak
- Marcie Bata
- Anita Berland
- Marcia Bollingberg
- Coralynn Dallmann
- Tami Dillman
- Tonya Drenth
- Karena Goehner
- Julie Hoeckle
- Robin Iszler
- Wendy Klett
- Kali Lautt
- Kim Lee
- Nancy Neary
- Annette Niemeier
- Beth Schwartz
- Lynn Walden
- Lakken Paulsrud

CVHD - Board of Health

- Heidi Larson
- James Torrance, M.D.
- Darla Reed
- Laurel Haroldson
- Philip Jystad, M.D.
- Ed Anderson

- Cindy Schaar
- Dennis Ova
- Dean Entzminger

Chamber of Commerce

- Pam Phillips

Child Care Resource and Referral

- Sara Moser

City of Jamestown

- Katie Anderson
- Ramone Gumke
- Charlie Kourajian
- Dan Buchanan
- Steve Brubakken
- Reed Schwartzkopf

Community Action Program Head Start

- Tammy Hoggarth
- Ruth Diede

Consumer Members

- Nicki Flann
- Sue Kurtz
- Dave Smette
- Stella Wheeler

Essentia Health

- James Torrance, M.D.
- Lisa Clemens

Eventide

- Doug Panchot

Freedom Resource Center

- Beth Dewald

Health Tracks

- Laurie Kramer

James Valley Career and Technology Center

- John Lynch
- Deb Fischer

Jamestown Ambulance

- Nancy Miller
- P.J. Hardy

Jamestown Family Fitness

- Frank Conlon
- Rachel Leichty

Jamestown Healthy Lifestyle Coalition and Southeast Education Cooperative

- Amy Walters

Jamestown Public Schools

- Rob Lech

- Shelley Mack
- Mike Soulis
- Jamestown Parks and Rec**
 - Shelia Harr
 - Doug Hogan
 - John Ruff
- Jamestown Police Department**
 - Scott Edinger
 - Nicky Hardy
 - John Glettne
 - Leroy Gross
- Jamestown Regional Medical Center**
 - K.C. DeBoer
 - Tracy Johnk
 - Trisha Jungles
 - Emily Kjelland
 - Samantha Beckman
- Main Street Downtown Jamestown Association**
 - Charlie Kourajian
- North Dakota Department of Health**
 - Jennifer Schmidt
 - Kelly Nagel
 - Steve Pickard, M.D.
- North Dakota State Hospital**
 - Leah Schulz
 - Lyle Grove
 - Rosalie Etherington
- North Dakota Courts**
 - Brian Washburn
- NDSU Extension**
 - Christina Rittenbach
 - Lu Morehouse
- PATH Incorporated**
 - Alicia Brown
 - Wanda Luer
- RM Stoudt**
 - Tara Kapp
- RSVP+ South Central Safe Shelter**
 - Deb Lee
- Lynne Tally
- Mary Thysell
- Salvation Army**
 - Teresa Brecto
- Sanford Health**
 - Jon Lillejord
- South Central Human Service Center**
 - Marilyn Schlosser
 - Amanda Bercier
 - Don Boehmer
 - Elsie Motter
 - Russ Sunderland
- Stutsman County Auditor/Commission**
 - Casey Bradley - Auditor
 - Denny Ova
 - Mark Close
 - Dave Schwartz
 - Craig Neys
 - Dale Marks
- Stutsman County Emergency Management**
 - Jerry Bergquist
 - Sara Van DeVelde
- Stutsman County Sheriff's Department**
 - Chad Kaiser
 - Jason Falk
- Stutsman County Housing**
 - David Klein
- Stutsman County Social Services**
 - Barb Hopewell
 - Sandy Bendwald
- University of Jamestown**
 - Jenna Brehm
 - Lori Listopad
 - Wendy Hournbuckle
 - Jacqueline Mangnall
 - John Lynch
 - Mona Klose
 - Teree Rittenbach

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

Also, a special thanks to Tami Dillman, Kali Lautt and Frank Balak for all their hard work on this data book.

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 2015. The survey was available in both paper and electronic versions; a variety of notices were provided to the general public. Approximately 300 surveys were completed. Analysis was provided by the UND CRH and results were shared at a community meeting. The following were the top seven community concerns from the survey (listed in order of frequency):

- Ability to retain doctors and nurses in the community
- Availability of specialists
- Availability of doctors and nurses
- Cost of health insurance
- Not enough affordable housing
- Not enough health care staff in general
- Adequacy of health insurance (concerns about out-of-pocket costs)

Seventy six percent of respondents indicated that health-related organizations in the area are working together to improve the overall health of the population. See Appendix B for additional primary data and other detail pertinent to the community survey.

Secondary Data Sources

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. With assistance from the North Dakota Department of Health – secondary data sources were compiled for Stutsman County in a document called Stutsman County Community Health Data.

<https://www.ndhealth.gov/HealthData/CommunityHealthProfiles/Stutsman%20County%20Community%20Profile.pdf?v=4>

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 table below lists sources for health profile data tables as identified by the NDDoH. Other data sources utilized are listed, also.

Health Data (Profile) Sources:

Tables	Source	Dates
Population by Age Group	U.S. Census	2011-2013
Female Population	U.S. Census	2011-2013
Race	U.S. Census	2011-2013
Population Change	U.S. Census	2011-2013
Household Populations	American Community Survey (Census) – ACS	2011-2013
Disability	ACS	2011-2013
Marital Status	ACS	2011-2013
Educational Attainment	ACS	2011-2013
Income & Poverty	ACS	2011-2013
Family Income & Poverty	ACS	2011-2013
Births	ND Vital Statistics	2009-2013
Child Deaths	ND Vital Statistics	2009-2013
Age Adjusted Deaths	ND Vital Statistics	2009-2013
Leading Causes of Death	ND Vital Statistics	2009-2013
Behavioral Risk Factors	BRFSS	2011-2013
Crime	County Law Enforcement – BCI Reports	2009-2013
Child Health Indicators	Kids County Aggregate Data	2013

Source: 2015 Stutsman County Community Health Data (Profile)

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.

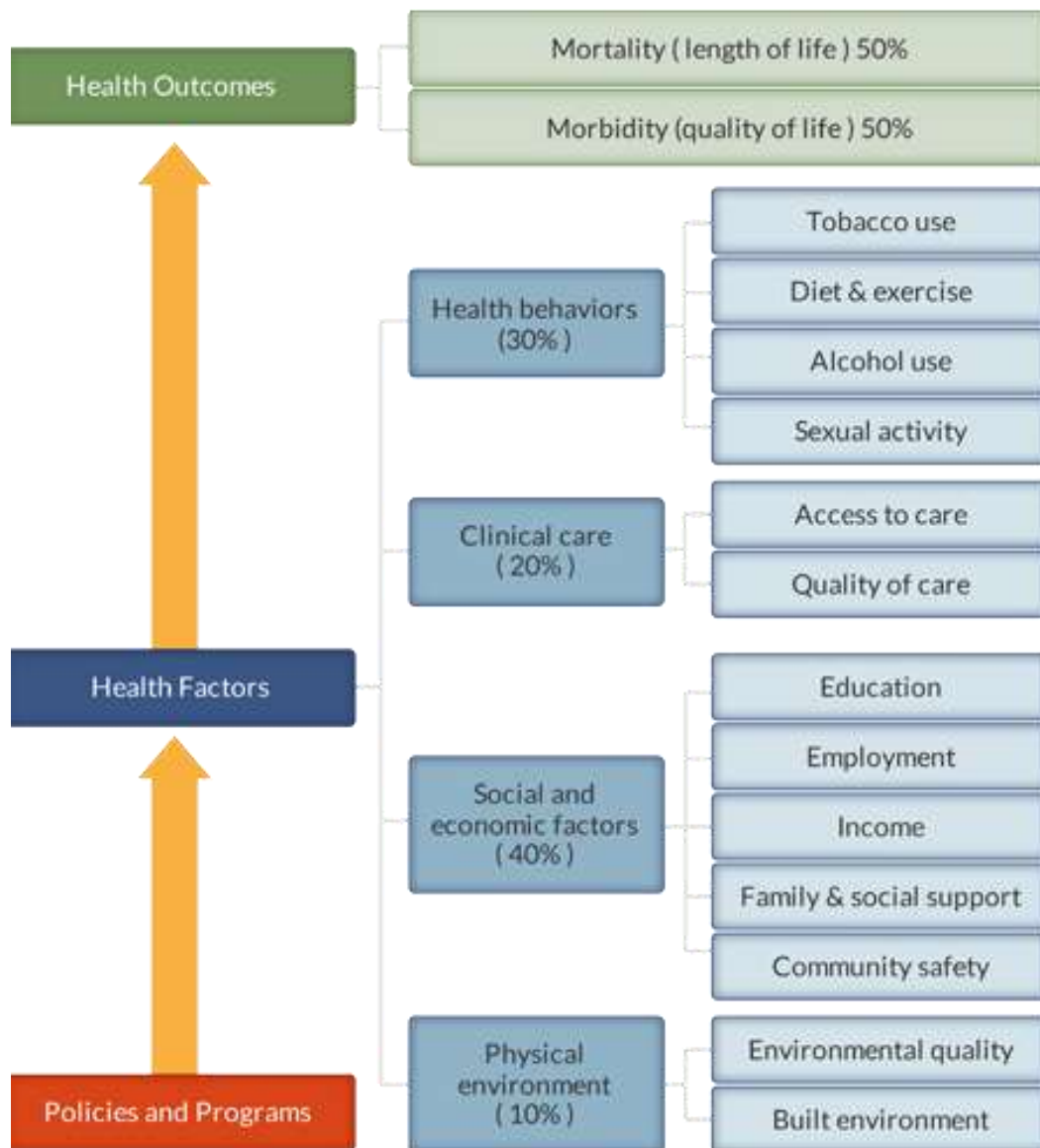
Source: www.dpi.state.nd.us. The Southeast Educational Cooperative (SEEC) includes multiple school districts from Fargo to Jamestown area (approximately 41 school districts).

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 (see [map](#)). 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.

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 below was used to help understand what influences how healthy residents are and how long they will live. Data reviewed in the Stutsman County Community Health Assessment supports the County Health model. A variety of data measures that can impact the future health of the community were considered.

County Health Rankings Model



County Health Rankings model ©2012 UWPHI

DEMOGRAPHICS

COMMUNITY PROFILE

Jamestown/Stutsman County, North Dakota

DEVELOPMENT
JAMESTOWN / STUTSMAN CO.

MAY 2014

Demographics

POPULATION

City of Jamestown	15,440
Stutsman County	21,120

STUTSMAN COUNTY ETHNIC POPULATION DISTRIBUTION

White	94.2%
Black or African American	1.0%
American Indian & Alaska Native	1.8%
Asia	0.6%
Hispanic	1.8%

Source: 2012 US Census Bureau

STUTSMAN COUNTY POPULATION BY AGE GROUP

0 to 9 years	2,328
10 to 19 years	2,594
20 to 44 years	6,352
45 to 64 years	6,208
65+ years	3,618

Source: 2010 US Census Bureau

Cost of Living

Our cost of living indices are based on a US average of 100. An amount below 100 means Jamestown, ND is cheaper than the US average. A cost of living index above 100 means Jamestown, ND is more expensive.

	Jamestown	United States
Overall	88	100
Food	100	100
Utilities	81	100
Miscellaneous*	103	100

* The cost index of those goods and services not included in other cost of living categories. Including clothing, restaurants, repairs, entertainment and other services.

Source: Sperling's Best Places



Location Data

LAND AREA

Jamestown	12.45 sq. miles
Stutsman County	2,221.72 sq. miles

Elevation	1409 ft
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CLIMATE

Monthly Average High Temperature

Spring	40° F
Summer	75° F
Fall	55° F
Winter	20° F

Annual Average Precipitation	18.5 in.
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Prevailing Winds	Northwest
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DISTANCE TO LARGER CITIES

Bismarck	101
Los Angeles	1,709
Chicago	704
Minneapolis	340
Denver	860
New York	1,560
Fargo	93
Seattle	1,338
Kansas City	690
Winnipeg	270



JAMESTOWN/STUTSMAN DEVELOPMENT CORPORATION www.growingjamestown.com

COMMUNITY PROFILE

Jamestown/Stutsman County, North Dakota



Education

	# Schools	# Teacher	Grades	Number Enrolled
Public:				
Elementary	5	86	K-5	970
Middle School	1	41	6-8	484
High School	1	51	9-12	652
7th Day Advents	-	2	1-12	21
St John's Academy	-	12	Pre-K-6	200
Buffalo Valley Special Ed. Unit	-	10	K-12	-
North Dakota State Hospital	-	5	1-12	20
James River Valley Career & Technology Center	-	15	10-12	350
Anne Carlsen Center For Children	-	22	K-12	53
Post Secondary Education:				
University of Jamestown	-	77	-	1,010

GRADUATION RATE

Graduation Rate	86%
Graduates Attending Post-Secondary Education	60%
Less than high school graduate	13.7%
High school graduate (includes equivalency)	35.1%
Some college, no degree	18.8%
Associate's degree	8.7%
Bachelor's degree	18.6%
Graduate or Professional degree	5.1%

Source: Job Service ND, 2014



Housing

Mean prices in 2011	
All housing units	\$100,100
Detached houses	\$117,040
Townhouses or other attached units	\$101,593
In 5-or-more-unit structures	\$104,052
Mobile homes	\$23,405
Median gross rent in 2011	\$526

Source: City-Data.com

Government

Type of Government: Modern Council

Police Department:

- 28 Officers, 4 Civilian

Fire Department:

- 5 Full-Time; 33 Volunteers

- Rescue Services & Rescue Drivers

Zoning:

- Municipality and 1 Mile Beyond

Streets:

- 80 miles (Paved 91%, Otherwise Improved 9%)

TAX STRUCTURE

2011 Taxable Value - Real Property (City)

True & Full Value: \$601,600,200

Assessed Value: \$300,801,600

Taxable Value: \$28,303,751

City Sales Tax: \$.02

2011 Tax Rate (Mills)

City 241.49 School District.... 161.40

County 110.38 State 1.00

Park 44.25 TOTAL 447.14

STATE TAXES

Corporate Income Tax:

Minimum rate 2.1% Maximum rate: ...5.15%

Retails Sales: 5%

Individual Income:

Minimum rate 1.51% Maximum rate3.99%

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COMMUNITY PROFILE

Jamestown/Stutsman County, North Dakota



Employment

CIVILIAN LABOR FORCE

Labor Force..... 11,098
Employed10,813
Unemployed..... 285

Source: Labor Market Information Center, Job Service ND, 2014

Industry Sector..... Employees

Health Care and Social Assistance..... 1,405
Retail Trade 1,376
Manufacturing 1,209
Educational Services 740
Accommodation and Food Services 954
Construction 411
Government..... 2,046
Wholesale Trade..... 593
Other Services (except Public Administration) 456
Transportation and Warehousing..... 376

Source: Quarterly Census of Employment & Wages Program, 2013

Estimated median household income in 2011..... \$48,678

Estimated per capita income in 2011..... \$26,287

Source: Sperling's Best Places

Business

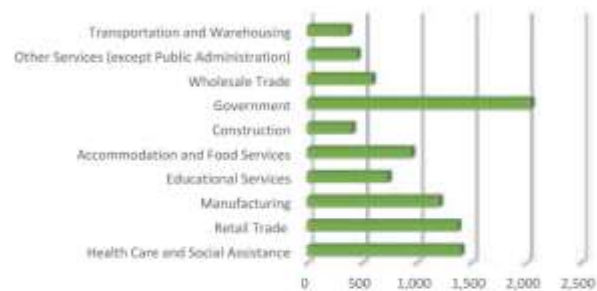
MAJOR EMPLOYERS

AgriCover, Inc.....	Agriculture/Automotive Manufacturing
Alpha Opportunities.....	Residential Facilities for Developmentally Disabled
Anne Carlsen Center for Children.....	Elementary and Secondary Schools
Cargill.....	Agriculture Manufacturing
Cavendish Farms.....	Frozen Fruit and Vegetable Manufacturing
City of Jamestown.....	Executive and Legislative Offices, Combined
DuraTech Industries International.....	Agriculture Manufacturing
First Community Credit Union.....	Financial Institution
UTC Aerospace Systems.....	Aircraft Parts and Equipment
University of Jamestown.....	Colleges and Universities
Jamestown Regional Medical Center.....	Medical and Surgical Hospitals
Jamestown Public School District.....	Elementary and Secondary Schools
Newman Outdoor Advertising.....	Display Advertising
North Dakota Dept. of Corrections.....	Correctional Institutions
North Dakota State Hospital.....	Psychiatric and Substance Abuse Hospitals
Ave Maria Village.....	Nursing Care Facilities
Stutsman County.....	Executive and Legislative Offices, Combined
WedgCor.....	Steel Building Manufacturing

JAMESTOWN/STUTSMAN DEVELOPMENT CORPORATION www.growingjamestown.com



Employee Numbers by Industry



COMMUNITY PROFILE

Jamestown/Stutsman County, North Dakota



Community Facilities

Hospital	1	Total Beds	56
Nursing Homes	2	Total Beds	241
State Hospital	1	Total Beds	256
Clinics	3		
Human Services Center	1		
Assisted living/ Basic Care for Facilities	4		130
Residential Medical Care for Children with Special Needs	1		54
Number of Medical Personnel (Public Health)			
M.D.	26	Psychiatrists	10
Psychologists	7	Optometrists	7
Chiropractors	8	Dentists	8
Podiatrists	1	Orthodontists	2
Pharmacies	4	Dental Labs	1

Christian Denomination Churches			30
Hotels	11	Total Rooms	536
Bed & Breakfast	1		

Financial Institutions			
Banks	5	Credit Union	1
Total Assets: \$1,356,321.3 Million			
Total Deposits: \$1,007,440.4 Million			

Cable Television: Cable Services, Inc.
 - Economy Reception (10 channels)
 - Classic Cable Services (70 channels)

Digital Television: Dakota Central Telecommunications
 - (150 channels plus optional movie package)

Internet:
 - Cable Services, Inc.
 - Dakota Central Telecommunications

Newspapers:
 - Jamestown Sun: Daily - 6,800
 - Prairie Post: Weekly - 18,000
 - Sun Country: Weekly - 20,000

Post Office: 1st Class

Radio Stations: (Call Letters): KQDJ-AM; KYNJ-FM;
 KSJZ-FM; KSJB-AM; KXGT-FM; KPRJ-FM; KRVX-FM

Telegraph Service: Western Union

Telephone Service: Quest; McLeodUSA
 Dakota Central Telecommunications

Utilities & Services

Natural Gas
 - Gas Supplier: Montana-Dakota Utilities Co.

Electricity
 Power Suppliers
 - Otter Tail Power Company (City)
 - Northern Plains Electricity Cooperative Inc. (Rural)

Water
 - City of Jamestown
 Source: Wells
 Volume available for industry expansion
 - Capacity of Plant: 12,000,000 gal.
 - Capacity of Wells: 4,608,000
 - Average Daily Consumption: 4.0 million gal./day
 - Peak Consumption: 4.6 million gal.
 -Stutsman Rural Water

Sanitation
 - Method of Garbage Disposal: Sanitary Landfill
 - Sewer Use Charge: Bases on water use

Lift Station and Wastewater Systems
 - Type: Mechanical & Lagoon
 - Capacity: 4.5 million gal./day
 - Present Load: 3.5 million gal./day - average

Transportation

Highways Serving Area
 - Federal: I-94, 281, 52, 10
 - State: 20

Railroads
 - Burlington Northern Railroad/Red River Valley
 - Western Railroad

Air
 - Jamestown Regional Airport (2 miles NE out of city)

Commercial Services
 - Passenger: United Airlines/SkyWest

Cargo
 - UPS/Bemidji Aviation

For more information contact:

Jamestown/Stutsman Development Corporation
120 2nd St. SE
Jamestown, ND 58401
Local: 701.252.6861
Toll Free: 866.258.6861
Info@growingjamestown.com

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, 2009-2013			
Age	1	2	3
0-4	Prematurity	SIDS	Cancer
5-14	Anomaly		
15-24	Unintentional Injury Suicide	Heart	Pneumonia/Flu
25-34	Unintentional Injury	Anomaly	Suicide Pneumonia/Flu
35-44	Unintentional Injury 5	Heart	Suicide
45-54	Cancer 19	Heart 8	Unintentional Inj. 6 DM 6
55-64	Cancer 34	Heart 18	Unintentional Injury 7
65-74	Cancer 60	Heart 36	DM 14
75-84	Cancer 75	Heart 60	COPD 22
85+	Heart 18	Cancer 70	Alzheimer's Dz 67

Leading Causes of Death by Age Group for North Dakota, 2008-2012			
Age	1	2	3
0-4	Anomaly 46	SIDS 39	Prematurity 25
5-14	Unintentional Injury 24	Cancer 9	Anomaly 5
15-24	Unintentional Injury 193	Suicide 104	Cancer 17
25-34	Unintentional Injury 180	Suicide 183	Heart 35
35-44	Unintentional Injury 175	Heart 99	Cancer 87
45-54	Cancer 432	Heart 313	Unintentional Injury 203
55-64	Cancer 998	Heart 613	Unintentional Injury 147
65-74	Cancer 1530	Heart 826	COPD 323
75-84	Cancer 1948	Heart 1661	COPD 653
85+	Heart 3270	Alzheimer's Dz 1554	Cancer 1384

Source: 2015 Stutsman County Community Health Data (Profile)

Leading causes of death in Stutsman County:

- Cancer and heart disease are the top two leading causes of death for people age 45 and older in county.
- Unintentional injury is the leading cause of death for people in Stutsman count for people age 44 and under.
- Unintentional Injury and Suicide is the number one cause of death for people between the ages of 15-24.

Similarities are seen between Stutsman County, the State of North Dakota and the U.S leading causes of death.

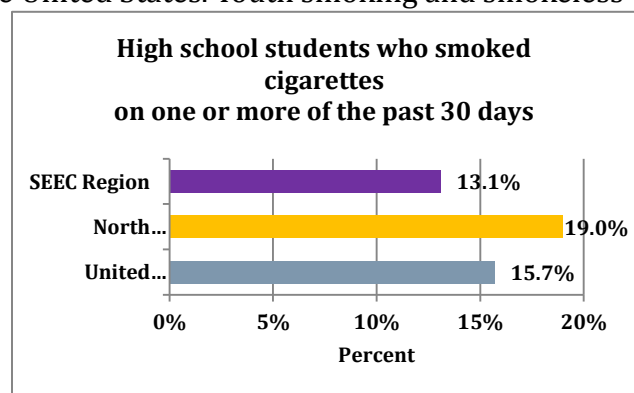
2013 U.S. Leading Causes of Death		Number
1	Heart Disease	611,105
2	Cancer	584,881
3	Chronic lower respiratory diseases	149,205
4	Accidents (unintentional injuries)	130,557
5	Stroke (cerebrovascular diseases)	128,978
6	Alzheimer's disease	84,767
7	Diabetes	75,578
8	Influenza and Pneumonia	56,979
9	Nephritis, nephrotic syndrome, and nephrosis	47,112
10	Intentional self-harm (suicide)	41,149
Source: http://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm		

Health Factors

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%.

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



Source: ND 2013 YRBS

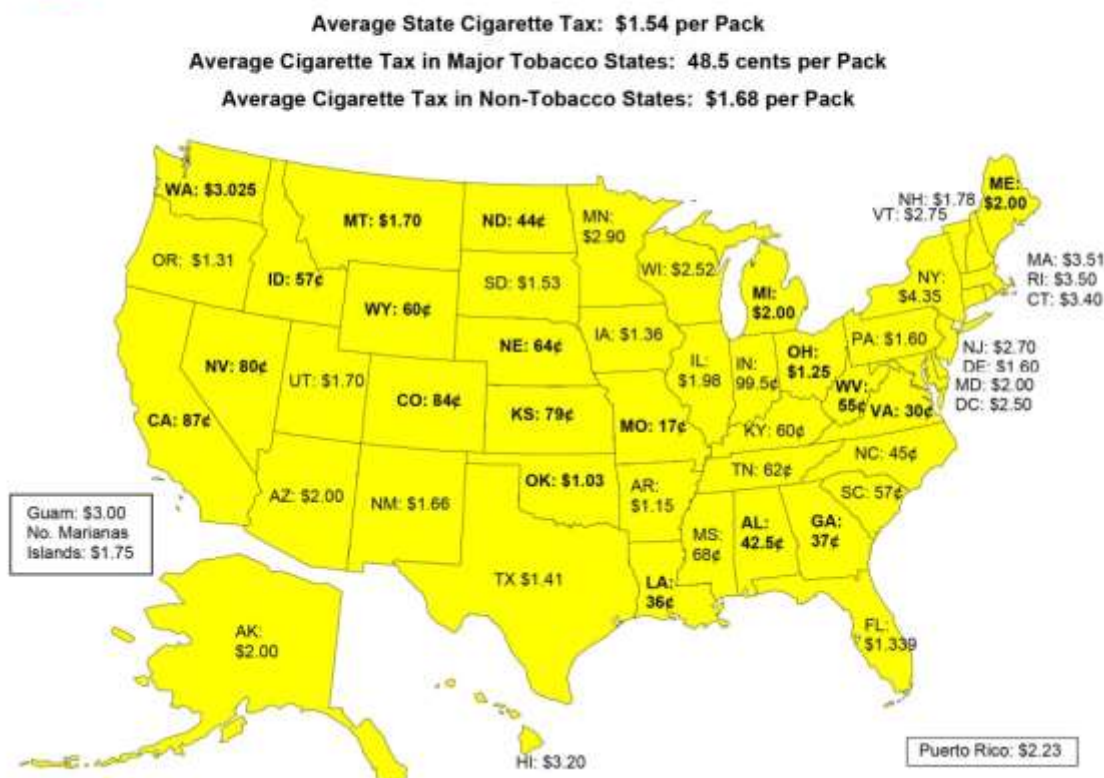
Tobacco Tax

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.



MAP OF STATE CIGARETTE TAX RATES

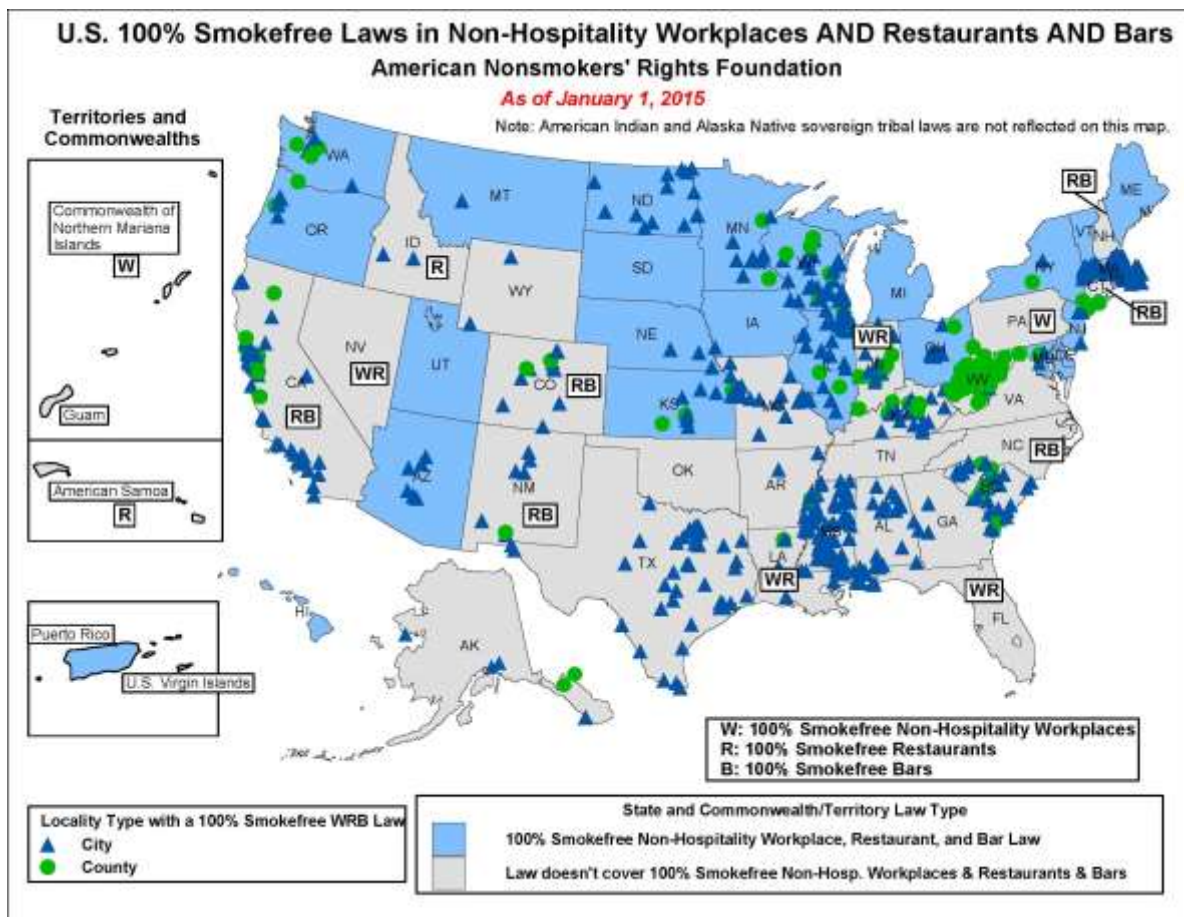


Source: Campaign for Tobacco-Free Kids, February 5, 2015 / Ann Boonn

A poll conducted in December of 2014, showed North Dakotans overwhelmingly support an increasing the tobacco tax to \$2.00 per pack.

Secondhand Smoke

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.

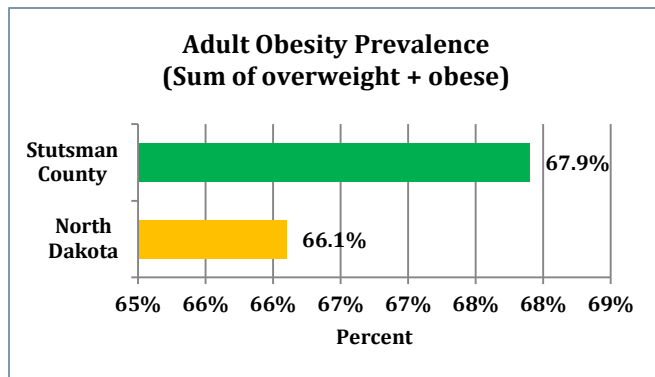


Source: US Dept. of Health & Human Services, 2006 & 2010

DIET & EXERCISE

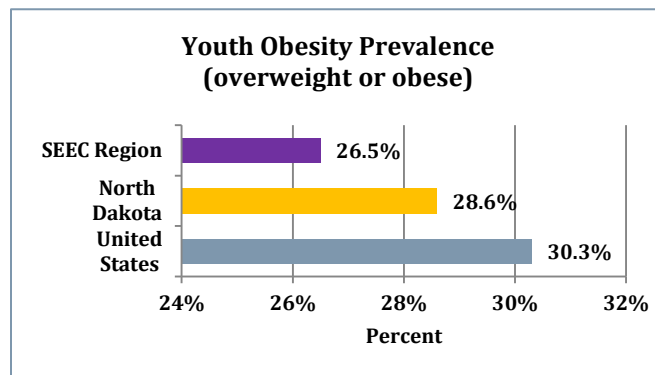
Obesity, sedentary lifestyle, and poor nutrition are risk factors for numerous chronic diseases and they exacerbate others, including heart disease, diabetes, hypertension, asthma, and arthritis. The key to achieving and maintaining a healthy weight isn't about short-term dietary changes. It's about 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.

Stutsman County is much like North Dakota and the Nation when it comes to obesity and physical inactivity. The rates continue to show an upward trend. When reviewing the data Stutsman County does rank slightly **higher** percentages when comparing overweight and inactivity then the State.



Percentage of adult overweight or obese in Stutsman County **higher** than ND.

Source: 2015 Stutsman County Community Health Data (Profile)

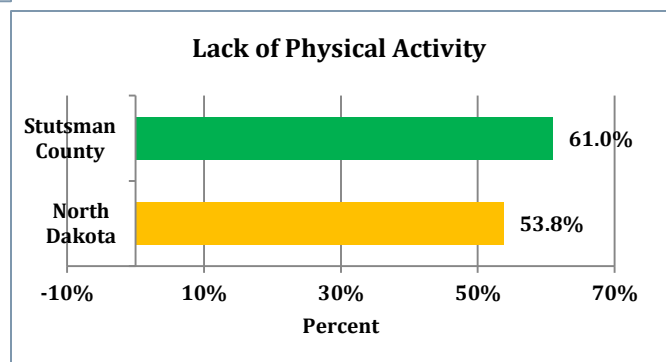


Percentage of Youth overweight or obese in SEEC Region is **lower** than ND

Source: ND 2013 YRBS

Percentage of respondents in Stutsman County that reported they did not get the recommended amount of physical activity is **higher** than ND average.

Source: 2015 Stutsman County Community Health Data (Profile)

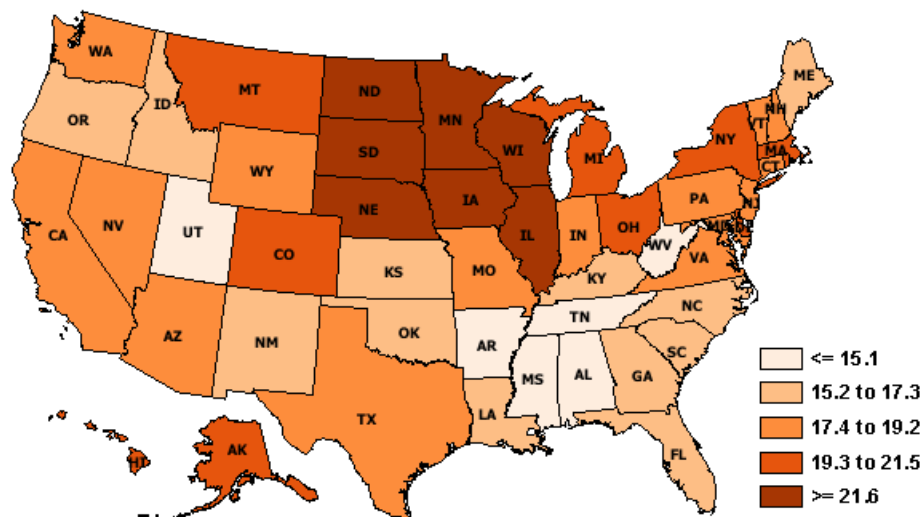


ALCOHOL USE

In 2010, the North Dakota Department of Human Services Substance Abuse and Mental Health Services received a grant called the Strategic Prevention Framework State Incentive Grant (SPF SIG). In 2013 the State contracted with Local Public Health Departments to develop a community assessment and strategic plan to address the two statewide issues determined by the Governor's Prevention Advisory Council. The two statewide priorities in North Dakota include Adult Binge Drinking and Underage Drinking. Community partners in Stutsman County formed a work group consisting of: Central Valley Health District, Stutsman County Sheriff Department, Jamestown Police Department, University of Jamestown, Jamestown Public Schools and others to lead the process of substance abuse prevention in Stutsman County. Communication of the SPF SIG process was shared at regular meetings of the Community Health Partnership along with media and news coverage during 2013 and 2015. *Supporting documents from the assessment and the plan can be found at: centralvalleyhealth.org.*

Percent of U.S. adults who binge drink

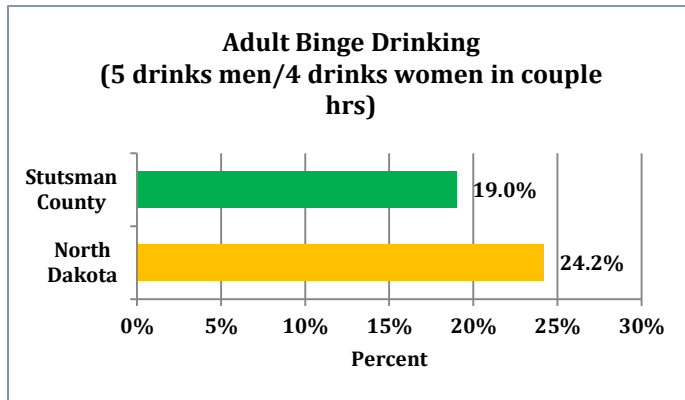
Binge drinking varies from state to state, and estimates of adults who binge drink Range from 10.9% in Utah to 25.6% in Wisconsin.



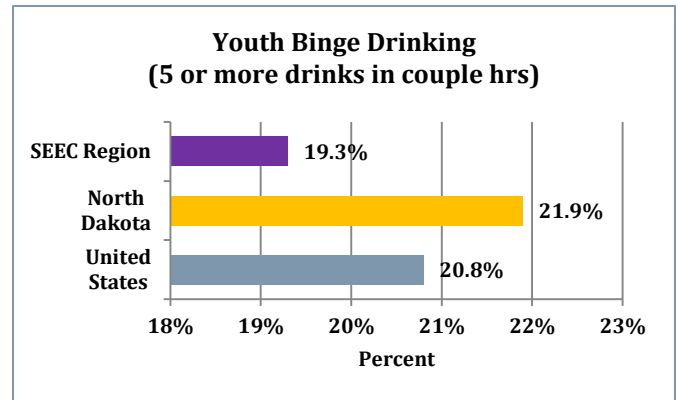
Source: 2011 Behavioral Risk Factor Surveillance System Combined Landline and Cell Phone Developmental Dataset, Adults Aged 18 and Older, US

How does Stutsman County compare to ND?

Stutsman County's rate is **lower** than the North Dakota average for Adult Binge Drinking but is still **higher** than the national average of 17% of the population binge drank. Youth binge drinking in the SEEC Region is **lower** than North Dakota.



Source: 2015 Stutsman County Community Health Data



Source: 2013 ND Youth Risk Behavior Survey

SEXUAL ACTIVITY

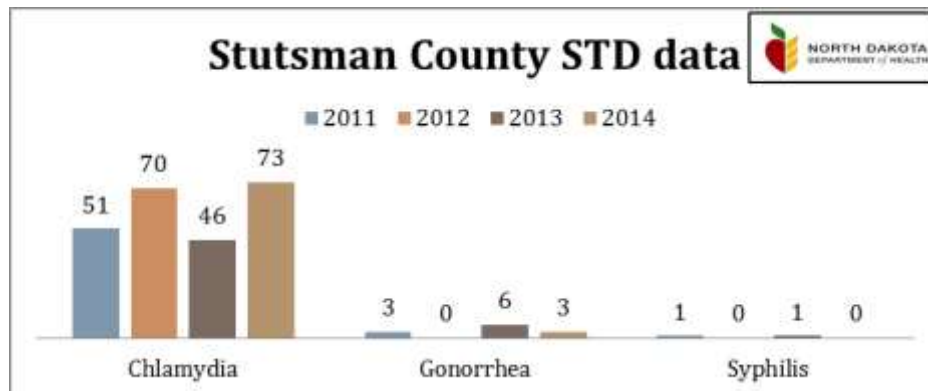
Teen pregnancies and rate is **lower** for Stutsman County than North Dakota as shown in the table below.

Births, 2009-2013	Stutsman County		North Dakota		United States 2013	
	Number	Rate or Ratio	Number	Rate or Ratio	Number	Rate or Ratio
Live Births and Rate	1152	11	47,959	14	3,932,181	12
Pregnancies and Rate	1251	12	52,505	15		
Fertility Rate		64		72		63
Teen Births and Rate	73	15	2,118	12	276,203	17
Teen Pregnancies and Rate	90	19	3,725	21		
Out of Wedlock Births and Ratio	402	349	15,686	327	1,595,873	406
Out of Wedlock Pregnancies and Ratio	480	384	19436	370		
Low Birth Weight Birth and Ratio	103	89	3,078	64	315,099	80

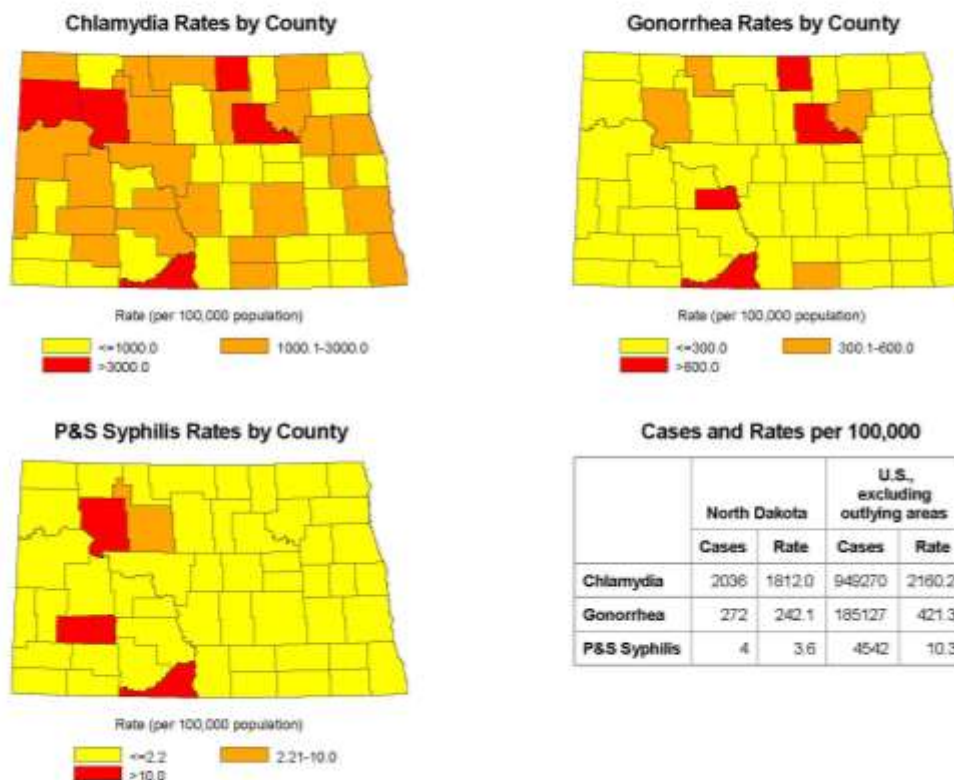
Source: 2015 Stutsman County Community Health Data (Profile)

Sexual Transmitted Infections

The three notifiable sexually transmitted which there are federally funded control programs include Chlamydia, Gonorrhea and Syphilis. According to the ND Department of Health, the rates for Stutsman County have been historically **lower** than the ND and US rates; however State and national rates for 2014 had not yet been released at the time of this assessment. The following graphs from the ND Department of Health illustrate the number of positive cases per year for Stutsman County.



Rates of Reportable STDs among Young People 15 - 24 Years of Age North Dakota, 2013



Data Source: National Electronic Telecommunications System for Surveillance, Centers for Disease Control and Prevention
CDC/NCHS 2012 bridged population estimates, derived from US Census data, used for rate denominators.

Clinical Care

ACCESS TO CARE (UNINSURED) & QUALITY OF CARE

Based on the information provided in the table below the:

- Percentage uninsured in Stutsman County is **lower** than the North Dakota rate.
- Percentage unable to get health care due to cost **lower** in Stutsman County than North Dakota.
- Percentage of Women with no Pap smear or mammogram in Stutsman County is **higher** than the North Dakota.
- Percentage told they have diabetes in Stutsman County is **higher** than North Dakota.

Health Care Access Comparison (Table 19 & 20 and 21)	2011-2013	2011-2013
Access to Care	N.D.	Stutsman
Uninsured	12.4%	9.2%
Could not get healthcare due to cost	8.1%	4.4%
No primary provider	26.0%	15.5%
Women ≥18 years no pap smear in past 3 years	23.7%	32.7%
≥50 never had a colonoscopy/sigmoidoscopy	38.0%	39.3%
Women ≥40 years no mammogram in past 2 years	26.4%	32.2%
No dental visit in the past year	32.8%	23.9%
Reported ever had a permanent tooth extracted	43.2%	46.8%
Ever told by health provider Heart attack	4.3%	4.8%
Never had cholesterol test	22.3%	16.9%
Ever told they had diabetes	8.5%	10.4%

Source: 2015 Stutsman County Community Health Data (Profile)

Social and Economic Factors

EDUCATION, EMPLOYMENT & INCOME

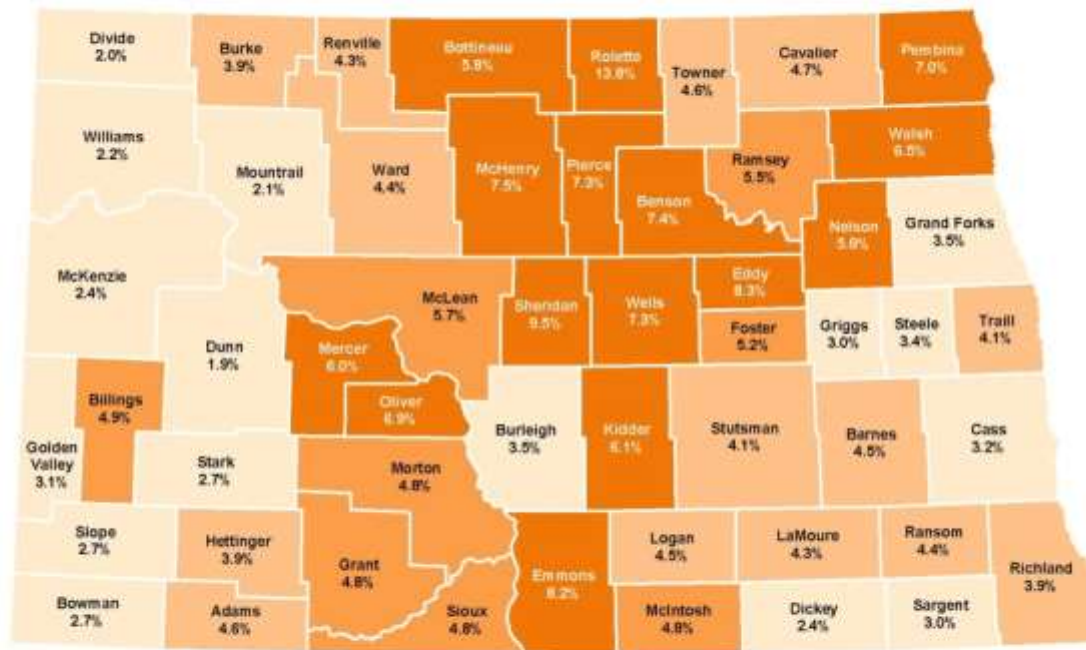
As indicated in below, Stutsman County is **higher** for those with a high school degree or GED than North Dakota. However, Stutsman County is slightly **lower** for some college or post graduate degrees and about the same for Bachelors as the North Dakota.

Educational Attainment Among Persons 25+, 2011-2013 ACS Three Year Estimate				
Education	Stutsman County		North Dakota	
	Number	Percent	Number	Percent
Total	14,722	100.0%	457,771	100.0%
Less than 9th Grade	766	5.2%	19,226	4.2%
Some High School	1,016	6.9%	21,057	4.6%
High school or GRE	5,374	36.5%	125,429	27.4%
Some College / Asso. Degree	4,034	27.4%	168,002	36.7%
Bachelor's degree	2,930	19.9%	89,723	19.6%
Post Graduate Degree	618	4.2%	34,791	7.6%

Source: 2015 Stutsman County Community Health Data (Profile)

Unemployment rates as of March 2015 (ND Workforce Intelligence and Bureau of Labor Statistics): Stutsman County 4.1%; ND 3.8% and U.S. 5.5%.

NORTH DAKOTA COUNTY UNEMPLOYMENT RATES



North Dakota Unemployment Rate (Not Seasonally Adjusted): 3.8%

COUNTY UNEMPLOYMENT RATES (MARCH 2015)

Below 3.8% 3.8% - 4.7% 4.8% - 5.7% Above 5.7%

Source: Labor Market Information Center, Job Service North Dakota, Local Area Unemployment Statistics

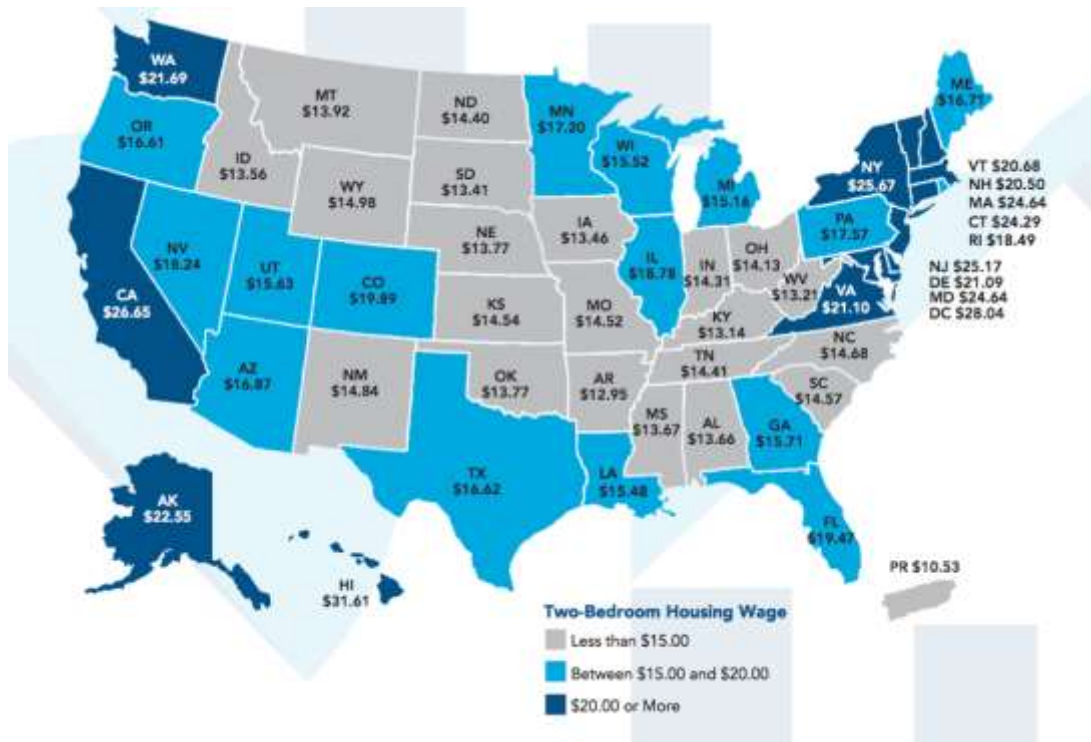
[Map Creation Date: April 20, 2015 Author: Labor Market Information Center, Job Service North Dakota]

Income and Poverty Status by Age Group, 2011-2013 ACS Three Year Est				
	Stutsman County		North Dakota	
Median Household Income	\$50,276		\$54,920	
Per Capita Income	\$28,091		\$30,436	
	Number	Percent	Number	Percent
Below Poverty Level	2,113	10.8%	80,644	11.9%
Under 5 years	233	20.7%	7,714	16.9%
5 to 11 years	208	12.0%	7,944	13.2%
12 to 17 years	165	13.2%	5,776	11.8%
18 to 64 years	1,090	9.0%	49,568	11.6%
65 to 74 years	155	9.6%	3,448	7.0%
75 years and over	262	15.7%	6,194	13.7%

The table below shows the percentage of the population below poverty level for Stutsman county and North Dakota for the years 2011-2013. Overall, **higher** percentages of children under the age of 5 and adults 75 and over in Stutsman county are living in poverty as compared to North Dakota. Source: 2015 Stutsman County Community Health Data

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.



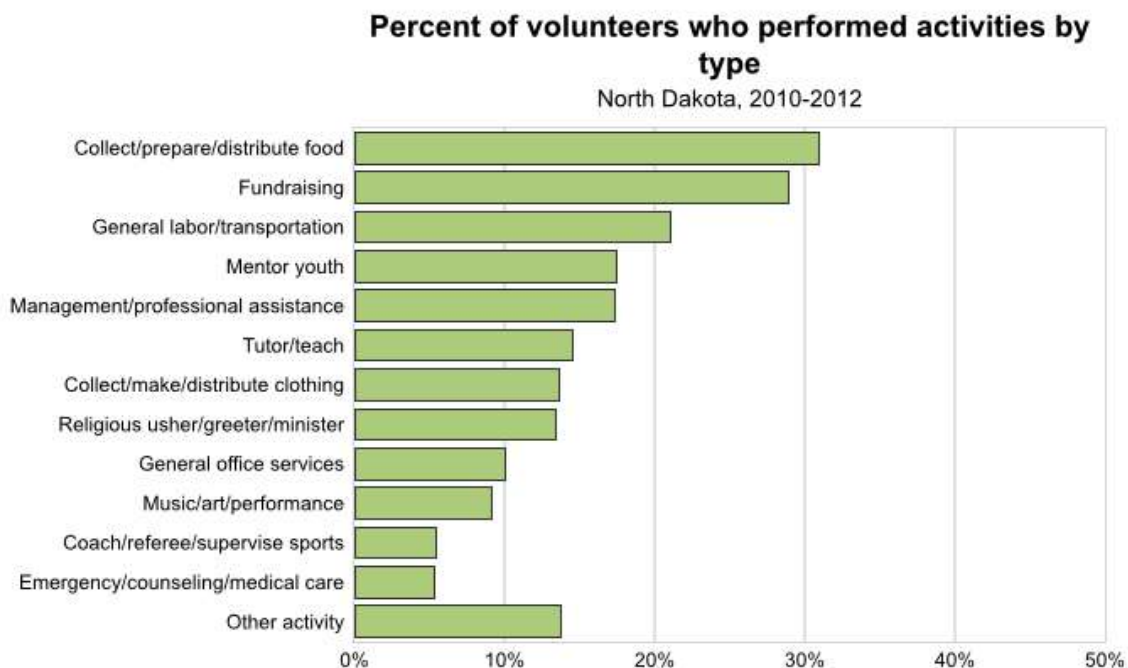
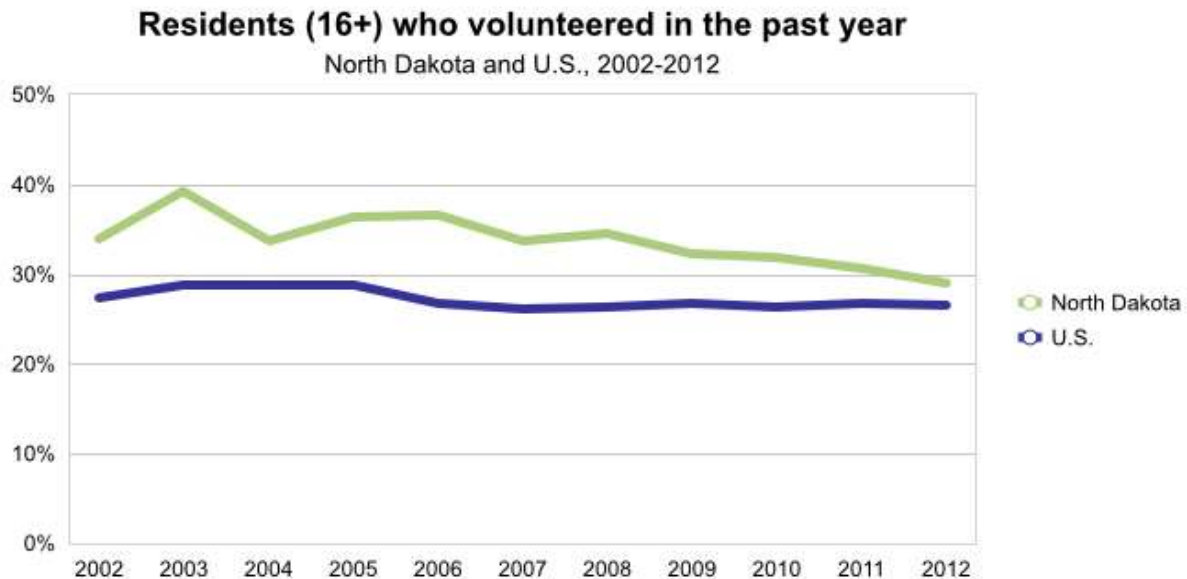
FAMILY & SOCIAL SUPPORT

Stutsman County is **higher** than North Dakota for families with mothers in the labor force and children living in a single parent family.

Child Indicators: Families and Child Care 2013	Stutsman County	North Dakota
Mothers in Labor Force with a Child Ages 0-17 (Percentage of all mothers with a child ages 0-17)	1,691 (85%)	57,908 (81%)
Children Ages 0-17 Living in a Single Parent Family (Percentage of all children ages 0-17)	1,457 (33%)	34,591 (23%)
Children in Foster Care (Percentage of children ages 0-18)*	52 (1.2%)	2,019 (1.2%)

Source: 2015 Stutsman County Community Health Data (Profile)

Quality of life can be improved when citizens participate in the life of the community. Volunteerism is one way to improve conditions for others and to help shape the community's future. The volunteerism rate in North Dakota is **higher** than the United States but the rate is decreasing.



Source: ND Compass

COMMUNITY SAFETY

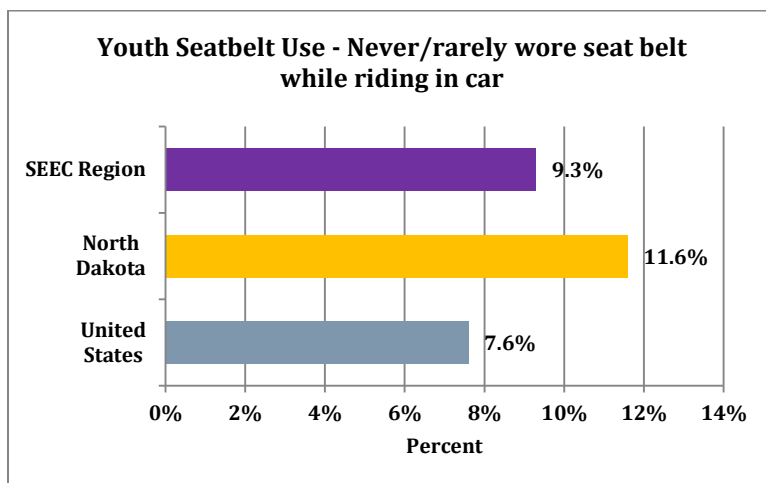
Falls

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 21.8% which is about the same as North Dakota 27.8%.

Seat Belts

Considerable effort has been made to address seat belt use in North Dakota. Although an increase in use was measured during this year's survey over 2013, 81.0% compared to 77.7%, the rate continues to be lower than the national average of 87% reported by NHTSA (2013).

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



Source: 2013 YRBS

The following maps show that the respondents who reported wearing their seat belts in Stutsman County is 33.1% is about the same as North Dakota. The following tables show observed seat belt use for North Dakota Counties done by the Department of Transportation. In that study it showed in 2014, driver seat belt use was highest in Stutsman County at 87.9%.

Driver Seat Belt Use, 2014



Passenger Seat Belt Use, 2014



Crime

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

Stutsman County							
	2009	2010	2011	2012	2013	5 year	5-Year Rate
Murder	0	0	1	0	0	1	0.9
Rape	11	14	16	15	23	79	73.6
Robbery	1	1	0	0	2	4	3.7
Assault	13	33	22	21	22	111	103.5
Violent crime	25	48	39	36	47	195	181.8
Burglary	61	62	52	91	108	374	348.6
Larceny	254	259	264	349	296	1,422	1325.5
Motor vehicle theft	27	29	20	33	21	130	121.2
Property crime	342	350	336	473	425	1,926	1795.3
Total	367	398	375	509	472	2,121	1977.1

North Dakota							
	2009	2010	2011	2012	2013	5 year	5-Year Rate
Murder	15	11	15	20	14	75	2.2
Rape	206	222	207	243	237	1,115	32.6
Robbery	102	85	91	117	151	546	16.0
Aggrav. Assault	795	847	1,040	1,071	1,156	4,909	143.6
Violent crime	1,118	1,165	1,353	1,451	1,558	6,645	194.3
Burglary	2,180	1,826	2,227	2,200	2,656	11,089	324.3
Larceny	8,699	8,673	9,344	10,184	10,243	47,143	1378.6
Motor vehicle theft	854	825	763	854	1,228	4,524	132.3
Property crime	11,733	11,324	12,334	13,238	14,127	62,756	1835.2
Total	12,851	12,489	13,687	14,689	15,685	69,401	2029.5

Source: 2015 Stutsman County Community Health Data (Profile)

Physical Environment

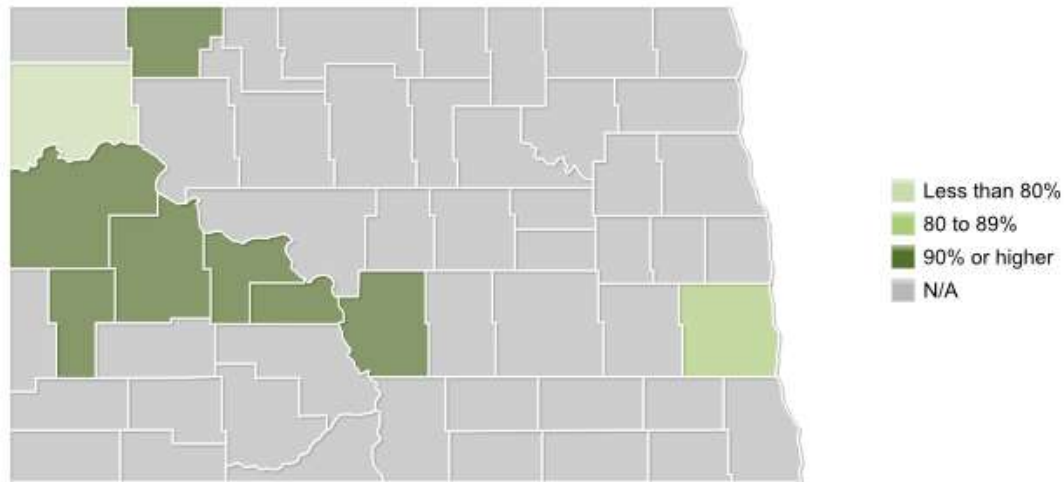
ENVIRONMENTAL QUALITY

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. Stutsman County is not a monitored area.

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

By county, North Dakota, 2013



Water Quality

Approximately 86% 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 rate of 48.5% than the North Dakota rate of 41.1%.

Age of Housing, 2011-2013 ACS Three Year Estimates				
	Stutsman County		North Dakota	
	Number	Percent	Number	Percent
Housing units: Total	9,970	100.0%	329,970	100.0%
1980 and Later	2,691	27.0%	128,111	38.8%
1970 to 1979	2,440	24.5%	66,396	20.1%
Prior to 1970	4,839	48.5%	135,463	41.1%

Source: 2015 Stutsman County Community Health Data (Profile)

Data Summary

The following information was noted during discussion among community members at the Stutsman County Law Enforcement Center in May 2015 (facilitated by Stephen Pickard, MD from the ND Department of Health):

Definitions of health and healthy community by community members:

- “Being well”
- “Exercise and a balanced diet”
- “Ability to feel good about yourself in physical and mental circumstances”
- “Free from illness”
- “Well-being contentment, confidence, safety”
- “Balance of diet, exercise and overall wellness. Happiness included!”

According to the 2011-2013 demographic data, the population in Stutsman County appears to have stabilized. Data is indicative of retirees and those 25+ with some college moving out of the county. Stutsman County has a higher graduation rate than ND, but a lower post graduate degree than ND.

Stutsman County has a slightly lower poverty rate than ND and a little lower per capita income suggesting that income disparity may be somewhat lower. Single female parent households have a high burden of poverty (62%) compared to ND (38%). Reproductive women in Stutsman County are not having as many babies and out of wedlock births are about the same as ND as a whole.

Death rates in Stutsman County are similar to ND – heart disease deaths have been surpassed by cancer-related deaths. Unintentional injury and suicide remain the top causes of death in young people. Influenza/pneumonia is the only infectious disease still among the leading causes of death, which is not specific to Stutsman County. Injury and Chronic Disease are also among the ten leading causes of death nationwide.

Stutsman County appears to have a much lower rate of adults without a recent dental visit, but the difference is not statistically different than ND. Stutsman County does have a statistically lower rate of persons without a primary care provider and persons who could not see a doctor due to cost during the past year. The rate of mothers with inadequate Prenatal Care in Stutsman County is relatively low, which is similar to ND.

Crime is becoming more prevalent in ND; Stutsman County rates may be rising. Overall, North Dakota ranks poorly when it comes to alcohol use and binge drinking among adults and youth. Sixty percent of youth respondents to the regional YRBS indicated texting while driving. In general, youth report higher seatbelt usage than adults.

Focus Group – Survey Summary Results:

In late May and early June 2015, community partners identified the following questions to pose to the patient-family group at the Jamestown Regional Medical Center as a follow-up to the community meeting to solidify the community health priorities and foster the development of the community health improvement plan.

1. What strategies/activities currently support the selected priorities and improve health (see also Appendix A):
 - Obesity & Physical Activity
 - Access to Care – Cost & Adequacy of Health Insurance
 - Employment – Workforce
 - Physical Environment – Not enough affordable housing
2. What strategies/activities would support the selected priorities and improve health:
 - Obesity & Physical Activity
 - Access to Care – Cost & Adequacy of Health Insurance
 - Employment – Workforce
 - Physical Environment – Not enough affordable housing
3. Why aren't we achieving our goal to be the healthiest community to live, learn, work and play?
4. Any other health concerns/priorities.

Community members that responded affirmed the priority areas selected at the meeting in May 2015. The need for strategic planning was identified as the most common barrier in meeting the community goal of being the best place to live, learn, work and play.

Community Health Assessment Priority Areas:

Community members identified the following priority areas as common themes to be addressed in the 2015 Stutsman County Community Health Improvement Plan (or Action Plan).

LOCAL COMMUNITY HEALTH PRIORITIES:

- Obesity & Physical Activity
- Access to Care – Cost & Adequacy of Health Insurance
- Employment – Workforce
- Physical Environment – Not enough affordable housing

STATE HEALTH PRIORITIES:

The following priorities were identified by the statewide process led by the North Dakota Department of Health:

1. Overweight / Obesity*
2. Poverty
3. Diabetes
4. Binge Drinking
5. Cardiovascular Disease
6. Lack of Physical Activity*
7. Suicide
8. Distracted Driving
9. Drinking and Driving
10. American Indian Disparities
11. Hypertension and Blood Pressure Control (Annual Objective)

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

Once the priority groupings were established, core team members met to develop goals and objectives and identify strategies, tactics and performance indicators. The 2015 Community Health Improvement Plan (or Action Plan) was developed after review and discussion of Stutsman County Community Health Data which resulted in selection of health priority areas.

Community Health Improvement Plan – Action Plan:

PRIORITY AREA: *Obesity & 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

Indicators	Responsibility	Year
<i>Active Community Health Partnership</i>	<i>Core Team</i>	<i>2015-2018</i>
<i>Coordinate with New Year New You Challenge Coordinator</i>	<i>Jamestown Regional Medical Center</i>	<i>2015-2018</i>
<i>Encourage Community Input in Two Rivers Activity Center (TRAC) Planning & Development</i>	<i>TRAC Board of Directors</i>	<i>2015-2018</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>	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 4 Support workplace policies and programs that increase physical activity.

OBJECTIVE #1: Increase the coordination of physical activity and obesity prevention efforts among community partners.

STRATEGY: Enhance physical activity efforts and obesity prevention efforts.

Source: Stutsman County Community Health Assessment

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

ACTION PLAN

Activity	Target Date	Year	Lead Person/ Organization	Anticipated Result	Framework Level
Conduct Community Health Partnership monthly meetings to assess and monitor progress	Ongoing	<i>2015-2018</i>	Central Valley Health	Community Collaboration	Education
Increase New Year New You Challenge Participation by 10% each year	Ongoing	<i>2015-2018</i>	Jamestown Regional Medical Center	Community Collaboration	Education
Conduct TRAC Executive Board and Community Input Meetings to construct and open the TRAC	Ongoing	<i>2015-2018</i>	Central Valley Health	Community Collaboration	Education

PRIORITY AREA: <i>Physical Environment – Not Enough Affordable Housing</i>
GOAL: <i>Attract and maintain adequate, affordable housing in Stutsman County.</i>

PERFORMANCE MEASURES: How We Will Know We are Making a Difference		
Indicators	Responsibility	Year
<i>Active Community Health Partnership</i>	<i>Core Team</i>	<i>2015-2018</i>
<i>Coordinate with Stutsman County Housing Authority</i>	<i>David Klein</i>	<i>2015-2018</i>
<i>Continue working with North Dakota Housing and Finance Agency and the ND Legislature to develop and fund affordable housing programs</i>	<i>David Klein</i>	<i>2015-2018</i>

OBJECTIVE #1: Increase the availability of affordable housing in Stutsman County and surrounding areas.					
STRATEGY: Increase Tenant-Based Rental Assistance Availability. Source: Stutsman County Community Health Assessment Evidence Base: <i>“Tenant-Based Rental Assistance Programs” recommended by The Guide to Community Preventive Services</i>					
ACTION PLAN					
Activity	Target Date	Year	Lead Person/ Organization	Anticipated Result	Framework Level
Conduct Community Health Partnership meetings to keep partners updated and support local housing authority efforts	Ongoing	2015-2018	Central Valley Health & Community Health Partnership	Community Collaboration	Education and Ability
Work with HUD, USDA Rural Development, Federal and State officials to make more tenant based rental assistance available and maintain current assistance programs and funding	Ongoing	2015-2018	David Klein – Foster, Dickey and Stutsman Housing Authority	Community Collaboration	Ability
Develop relationships and provide education to local and regional businesses and other partners to create affordable housing opportunities	Ongoing	2015-2018	David Klein – Foster, Dickey and Stutsman Housing Authority	Community Collaboration	Education and Ability
Promote developers who build affordable units into market rate buildings	Ongoing	2015-2018	David Klein – Foster, Dickey and Stutsman Housing Authority	Community Collaboration	Education and Ability

PRIORITY AREA: <i>Access to Care – Cost and Adequacy of Health Insurance</i>
GOAL: <i>Explore Health Insurance Coverage among Stutsman County residents.</i>

PERFORMANCE MEASURES: How We Will Know We are Making a Difference		
Indicators	Responsibility	Year
<i>Active Community Health Partnership</i>	<i>Core Team</i>	<i>2015-2018</i>
<i>Coordinate with New Year New You Challenge Coordinator</i>	<i>Jamestown Regional Medical Center</i>	<i>2015-2018</i>
<i>Support Tobacco-Free Places</i>	<i>Core Team</i>	<i>2015-2018</i>

ALIGNMENT WITH STATE/NATIONAL PRIORITIES			
Obj #	North Dakota Health Priorities	Healthy People 2020	National Prevention Strategy
<i>1,3,5,7,11</i>	<i>Obesity, Diabetes, Cardiovascular Disease, Suicide, Hypertension & Blood Pressure Control</i>	AHS-1.1 Increase the proportion of persons with medical insurance	3 Engage and empower people and communities to plan and implement prevention policies and programs.

OBJECTIVE #1: Increase coordination of community prevention efforts to promote healthy choices and behaviors.					
STRATEGY: Increase Education and Awareness of Healthy Choices and Behaviors. Source: Stutsman County Community Health Assessment Evidence Base: <i>“Community Mobilization with Additional Interventions and Smoking Bans and Restrictions” recommended by The Guide to Community Preventive Services</i>					
ACTION PLAN					
Activity	Target Date	Year	Lead Person/ Organization	Anticipated Result	Framework Level
Conduct Community Health Partnership monthly meetings to assess and monitor progress	Ongoing	<i>2015-2018</i>	Central Valley Health	Community Collaboration	Education
Encourage participants in the New Year New You Challenge to make changes to improve health	Ongoing	<i>2015-2018</i>	Jamestown Regional Medical Center	Community Collaboration	Education

PRIORITY AREA: <i>Employment - Workforce</i>
GOAL: <i>Explore and support efforts to increase the quality and availability of jobs in Stutsman County.</i>

PERFORMANCE MEASURES: How We Will Know We are Making a Difference		
Indicators	Responsibility	Year
<i>Active Community Health Partnership</i>	<i>Core Team</i>	<i>2015-2018</i>

OBJECTIVE #1: <i>Support education efforts to improve community literacy or knowledge regarding mental health issues.</i>					
STRATEGY: Increase Education and Awareness of Workforce Challenges. Source: Stutsman County Community Health Assessment					
ACTION PLAN					
Activity	Target Date	Year	Lead Person/ Organization	Anticipated Result	Framework Level
Conduct Community Health Partnership monthly meetings to assess and monitor progress	Ongoing	2015-2018	Central Valley Health	Community Collaboration	Education
Engage community partners to strengthen capacity	Ongoing	2015-2018	Community Health Partnership	Community Collaboration	Education and Ability

Evaluation & Monitoring of Progress:

The Community Health Partnership meets at Central Valley Health District in Jamestown on the second 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:

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Centralvalleyhealth.org



Appendix A: Community Health Assets List

Title	Description
BMI Tracking	Clinics taking heights so BMI is calculated and used as a vital sign
DARE	Drug Abuse Resistance Education Program
Do Campaign	Physical Activity Promotion thru Blue Cross and Blue Shield of North Dakota
Educational Programs	NDSU Extension
Health Club Reimbursement	Blue Cross Blue Shield of North Dakota
Homelessness Coalition	Agency coordination to address homelessness
Jamestown Chamber of Commerce	Employee Wellness Listings
Jamestown Tobacco-Free Coalition	Promotion of Smoke-Free Places
Mental Health Coalition	Agency coordination to streamline provision of services
Million Hearts Initiatives	Stroke Prevention and Tobacco Cessation thru local health care facilities
New Year New You Challenge	Jamestown Regional Medical Center. Healthy Eating and Exercise Challenge to promote health and wellness
School Wellness policy USDA School Meals	School Wellness policy USDA School Meals
Secondary Enforcement Law	Drivers can be ticketed for not wearing a seatbelt if officer warrants during traffic stop
South Central Human Service Center	Walk-In Addiction Counseling Services
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
Strategic Prevention Framework State Incentive Grant	Enhanced enforcement – equipment for law enforcement
Tobacco Program	Central Valley Health District Tobacco Collaborative
TRAC	Two Rivers Activity Center

Appendix B: Stutsman County Community Health Survey Results

Community Assets and Collaboration

Considering the PEOPLE in your community, the best things are (choose up to THREE):		
Answer	Response	%
Other	13	4%
Community is socially and culturally diverse or becoming more diverse	82	24%
Feeling connected to people who live here	161	47%
Forward-thinking ideas (social values, government)	28	8%
Government is accessible	41	12%
People are friendly, helpful, supportive	266	78%
People who live here are involved in the community	116	34%
Sense that you can make a difference through community engagement	80	23%
Tolerance, inclusion, open-minded	24	7%

Considering the SERVICES AND RESOURCES in your community, the best things are (choose up to THREE):		
Answer	Response	%
Other	21	6%
Downtown and shopping (close by, good variety, availability of goods)	29	9%
Health care	165	50%
Opportunities to learn and/or go to college	173	52%
Quality school systems and programs for youth	178	54%
Public services and amenities	52	16%
Public transportation	34	10%
Restaurants and healthy food	81	24%

Considering the QUALITY OF LIFE in your community, the best things are (choose up to THREE):		
Answer	Response	%
Other	4	1%
Family-friendly; good place to raise kids	254	76%
Healthy place to live	92	27%
Informal, simple, laidback lifestyle	171	51%
Job opportunities or economic opportunities	89	26%
Safe place to live, little/no crime	243	72%

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

Answer	Response	%
Other	3	1%
Cleanliness of area (e.g., fresh air, lack of pollution and litter)	191	55%
Climate and seasons	66	19%
General beauty of environment and/or scenery	78	22%
General proximity to work and activities (e.g., short commute, convenient access)	201	58%
Natural setting: outdoors and nature	100	29%
Relatively small size and scale of community	202	58%
Waterfront, rivers, lakes, and/or beaches	91	26%

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

Answer	Response	%
Other	15	5%
Activities for families and youth	119	37%
Arts and cultural activities and/or cultural richness of community	93	29%
Recreational and sports activities (e.g., outdoor recreation, parks, bike paths, and other activities)	222	69%
Specific events and festivals	80	25%
Year-round access to fitness opportunities (indoor activities, winter sports, etc.)	144	45%

Where do you find out what health services are available in your area? (Choose ALL that apply.)

Answer	Response	%
Tribal health	3	1%
Social media (Facebook, Twitter, etc.)	39	13%
From health care professionals	171	55%
Advertising	124	40%
From public health professionals	86	28%
Indian Health Service	2	1%
Newspaper	94	30%
Radio	69	22%
Word of mouth, from others (friends, neighbors, co-workers, etc.)	240	77%
Web searches	91	29%
Employer/worksite wellness	94	30%
Other	13	4%

Delivery of Health Care

How long does it take you to reach the clinic you usually go to?		
Answer	Response	%
Less than 10 minutes	170	55%
10 to 30 minutes	102	33%
31 to 60 minutes	28	9%
More than 1 hour	8	3%

How long does it take you to reach the hospital you usually go to?		
Answer	Response	%
Less than 10 minutes	100	33%
10 to 30 minutes	163	53%
31 to 60 minutes	32	10%
More than 1 hour	11	4%

Preventive Care and Public Health Services

In the past year, have you or a family member had any interaction with Central Valley Health District?		
Answer	Response	%
No	179	58%
Yes	127	42%

Where do you turn for trusted health information? (Choose ALL that apply.)		
Answer	Response	%
Other	3	1%
Primary care provider (my doctor, nurse practitioner, physician assistant)	270	91%
Public health professional	59	20%
Other health care professionals (nurses, chiropractors, dentists, etc.)	132	44%
Web searches/Internet (WebMD, Mayo Clinic, Health line, etc.)	143	48%
Word of mouth, from others (friends, neighbors, co-workers, etc.)	74	25%

Demographic Information

Health insurance status. (Choose all that apply.)		
Answer	Response	%
Insurance through employer	256	84%
Medicaid	9	3%
Medicare	25	8%
Private insurance	27	9%
No insurance/not enough insurance	3	1%
Veteran's Health Care Benefits	8	3%
Other	13	4%

Age:		
Answer	Response	%
Less than 25 years	14	5%
25 to 34 years	57	19%
35 to 44 years	54	18%
45 to 54 years	74	25%
55 to 64 years	77	25%
65 to 74 years	19	6%
75 years and older	7	2%

Highest level of education:		
Answer	Response	%
Some high school	2	1%
High school diploma or GED	29	10%
Some college/technical degree	43	14%
Associate's degree	33	11%
Bachelor's degree	129	43%
Graduate or professional degree	65	22%

Gender:		
Answer	Response	%
Female	248	83%
Male	52	17%

Race (choose all that apply):		
Answer	Response	%
African American	0	0%
Asian	0	0%
Hispanic	0	0%
Native American	5	2%
Pacific Islander	0	0%
White/Caucasian	296	98%
Other	2	1%
Prefer not to answer	2	1%

Employment status:		
Answer	Response	%
Full time	235	78%
Part time	34	11%
Homemaker	1	0%
Multiple job holder	6	2%
Unemployed	1	0%
Retired	23	8%

Annual household income before taxes:		
Answer	Response	%
Less than \$15,000	8	3%
\$15,000 to \$24,999	13	4%
\$25,000 to \$49,999	48	16%
\$50,000 to \$74,999	58	20%
\$75,000 to \$99,999	64	22%
\$100,000 to \$149,999	56	19%
\$150,000 and over	26	9%
Prefer not to answer	20	7%

References

Behavioral Risk Factor Surveillance System (BRFSS): 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.

<http://www.cdc.gov/brfss/>

Caribbean Food and Nutrition Institute: CFNI is a specialized Centre of the Pan American Health Organization/World Health Organization (PAHO/WHO), which was established in 1967 to forge a regional approach to solving the nutrition problems of the Caribbean.

<http://new.paho.org/cfni/>

Census Bureau (US), American Community Survey (ACS) One-year Estimates: ACS is an ongoing survey that provides data every year, giving communities the current information they need to plan investments and services.

<http://www.census.gov/acs/www/>

Centers for Disease Control and Prevention (CDC): The CDC is one of the major operating components of the Department of Health and Human Services. CDC's Mission is to collaborate to create the expertise, information, and tools that people and communities need to protect their health – through health promotion, prevention of disease, injury and disability, and preparedness for new health threats.

<http://www.cdc.gov/>

Centers for Disease Control and Prevention (CDC) Vital Signs: CDC Vital Signs offers recent data and calls to action for important public health issues.

<http://www.cdc.gov/vitalsigns/>

Adult Smoking - <http://www.cdc.gov/vitalsigns/AdultSmoking/index.html>

Secondhand Smoke -

<http://www.cdc.gov/vitalsigns/TobaccoUse/SecondhandSmoke/index.html>

Binge Drinking - <http://www.cdc.gov/vitalsigns/BingeDrinking/index.html>

Drinking & Driving -

<http://www.cdc.gov/vitalsigns/DrinkingAndDriving/index.html>

County Health Profile, Central Valley Health District: County level data for Logan and Stutsman Counties compiled by the North Dakota Department of Health.

<http://ndhealth.gov/HealthData/CountyHealthProfiles/Central%20Valley%20Community%20Profile.pdf>

County Health Rankings: This web site provides access to the 50 state reports, ranking each county within the 50 states according to its health outcomes and the multiple health factors that determine a county's health.

<http://www.countyhealthrankings.org/>

MMWR US Youth Risk Behavior Survey: This report summarizes results from the 2011 national YRBS and trends in health-risk behaviors during 1991–2011.

<http://www.cdc.gov/MMWR/PDF/SS/SS6104.PDF>

MMWR Vital Signs: Binge Drinking Prevalence, Frequency, and Intensity Among Adults — United States, 2010: This report summarizes results from 2010 data.

http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6101a4.htm?s_cid=mm6101a4_w#tab2

National Vital Statistics System: The National Vital Statistics System is the oldest and most successful example of inter-governmental data sharing in Public Health and the shared relationships, standards, and procedures form the mechanism by which National Center for Health Statistics (NCHS) collects and disseminates the Nation's official vital statistics.

http://www.cdc.gov/nchs/nvss/about_nvss.htm

ND Vital Statistics

<http://ndhealth.gov/HealthData/CountyHealthProfiles/Central%20Valley%20Community%20Profile.pdf>

ND Workforce Intelligence: Labor Market Information from North Dakota Job Service.

<http://www.ndworkforceintelligence.com/vosnet/lmi/area/areasummary.aspx?session=areadetail&geo=3801000000>

Youth Risk Behavior System, North Dakota: The Youth Risk Behavior Survey was developed in 1990 by the Centers for Disease Control and Prevention (CDC) to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability and social problems among youth and adults in the United States. The YRBS was designed to monitor trends, compare state health risk behaviors to national health risk behaviors and intended for use to plan, evaluate and improve school and community programs. North Dakota began participating in the YRBS survey in 1995. Students in grades, 7-8 & 9-12 are surveyed in the spring of odd years. The survey is voluntary and completely anonymous.

<http://www.dpi.state.nd.us/health/YRBS/index.shtm>