Community Health Improvement Plan

Mercer & Oliver Counties

2015-2019

NDSU | EXTENSION SERVICE
MERCER COUNTY

Custer Health
For a healthier way of life.

Coal Country Community Health Centers

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CREDITS AND ACKNOWLEDGEMENTS

Community Health Improvement Plan

Mercer and Oliver Counties

March 2014

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Acknowledgements

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EXECUTIVE SUMMARY

There are many factors that come together to affect a person's health and well-being. An assessment conducted in Mercer and Oliver Counties in 2012 determined the factors that affect community health in these two counties. After determination of these factors, issues were prioritized by community stakeholders from a variety of organizations. The priority issues that Mercer and Oliver Counties have addressed in this community health improvement plan include:

- Obesity
- Mental Health
- Tobacco Use

After the prioritization process, this community health improvement plan was started by stakeholders who came together to develop goals, objectives, and evidence-based strategies to address the priority issues identified above. The goals to address these issues are as follows:

- Reduce obesity rate of Mercer/Oliver residents
- Improve access to and quality of mental health services
- Increase awareness and educate the community about alcohol
- Decrease the incidence of tobacco use among Mercer/Oliver residents

The following plan outlines the goals, objectives, and strategies that community groups and stakeholders have developed and are working on to improve health of all Mercer and Oliver County residents.

BACKGROUND INFORMATION

Mercer and Oliver Counties are located in west central North Dakota, an area that is primarily focused on agriculture, mining, and energy industries. Mercer County is classified as a rural community and Oliver County as a frontier community. The following table summarizes general demographic and geographic data about these two counties:

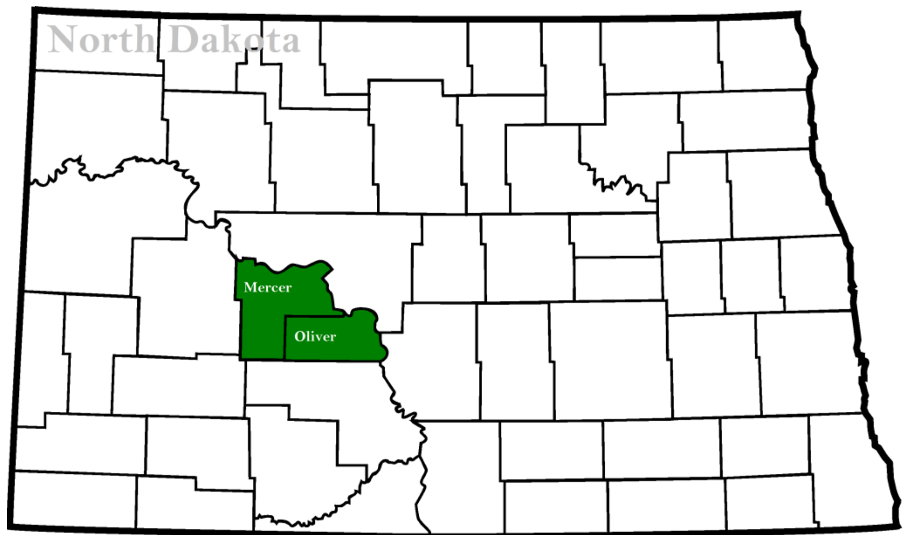


Table 1: County Information and Demographics (Source: U.S. Census Bureau 2013 estimates where available, *U.S. Census Bureau, 2006-2010 American Community Survey 5-Year Estimates, Table B17001)

	Mercer County	**Oliver County**	**North Dakota**
Population	8,592	1,874	723,393
Square miles	1,042.96	722.51	69,000.80
People per square mile	8.1	2.6	9.7
White alone	95.6%	95.7%	89.6%
High school graduates	88.8%	87.5%	90.9%
Bachelor's degree or higher	20.5%	16.4%	27.2%
Live below poverty level	7.3%	7.4%	11.9%
Median household income	$66,534	$71,250	$53,741
65 years or older	17.0%	17.3%	14.2%
Median age	46.3	47.6	37.0
Children in poverty*	7.2%	13.0%	14.2%

The data indicates that these two counties have a greater percentage of individuals over the age of 65 than the North Dakota average. They also have a higher median age than the state median age. A larger aging population in this area may call for an increased need for medical care in the near future. With this in mind, it is increasingly necessary to determine needs and to develop a plan to address any needs this aging population might require in the future.

In December 2012, a community health assessment (CHA) was finalized by the Center for Rural Health at the University of North Dakota (UND) in order to inform local providers about community health needs in Mercer and Oliver Counties (1). The CHA can be found at www.custerhealth.com under the Community Health Needs Assessment section or at www.sakmedcenter.org and will be updated in late 2015.

The next logical step after completion of a CHA and the initial strategic planning efforts of the hospital and clinics was a community health improvement plan (CHIP). This plan identifies how to address community priority areas in a collaborative way in order to improve the health and well-being of Mercer and Oliver county residents. The CHIP is a community roadmap that lays out a long-term, strategic process addressing public health issues based on the results of the CHA. Community health improvement planning was a collaborative community process that involved many different community members and partners.

CHA/CHIP process

The CHA process initially involved collecting community health data from the following sources:

- Online secondary data sources (collected by Center for Rural Health)
- Community meetings (facilitated by Center for Rural Health)
- Paper survey (494 respondents)
- Online survey (42 respondents)
- Key Informant interviews (14 in-person and telephone interviews conducted by Center for Rural Health)

Following the CHA data collection process, 37 individuals gathered to review the results of the assessment and prioritize the identified needs using a "dotmocracy" method (2). Three tiers were identified with the top tier consisting of the four most important needs as categorized by the group. These prioritization efforts can be seen in the CHA and in Appendix I. Needs were additionally reviewed and prioritized during a public health roundtable held at Sakakawea Medical Center in Hazen in February 2012. Thirteen individuals participated in this meeting to identify and prioritize area health needs based off of the CHA results. Specific details of the prioritization processes are located in the CHA.

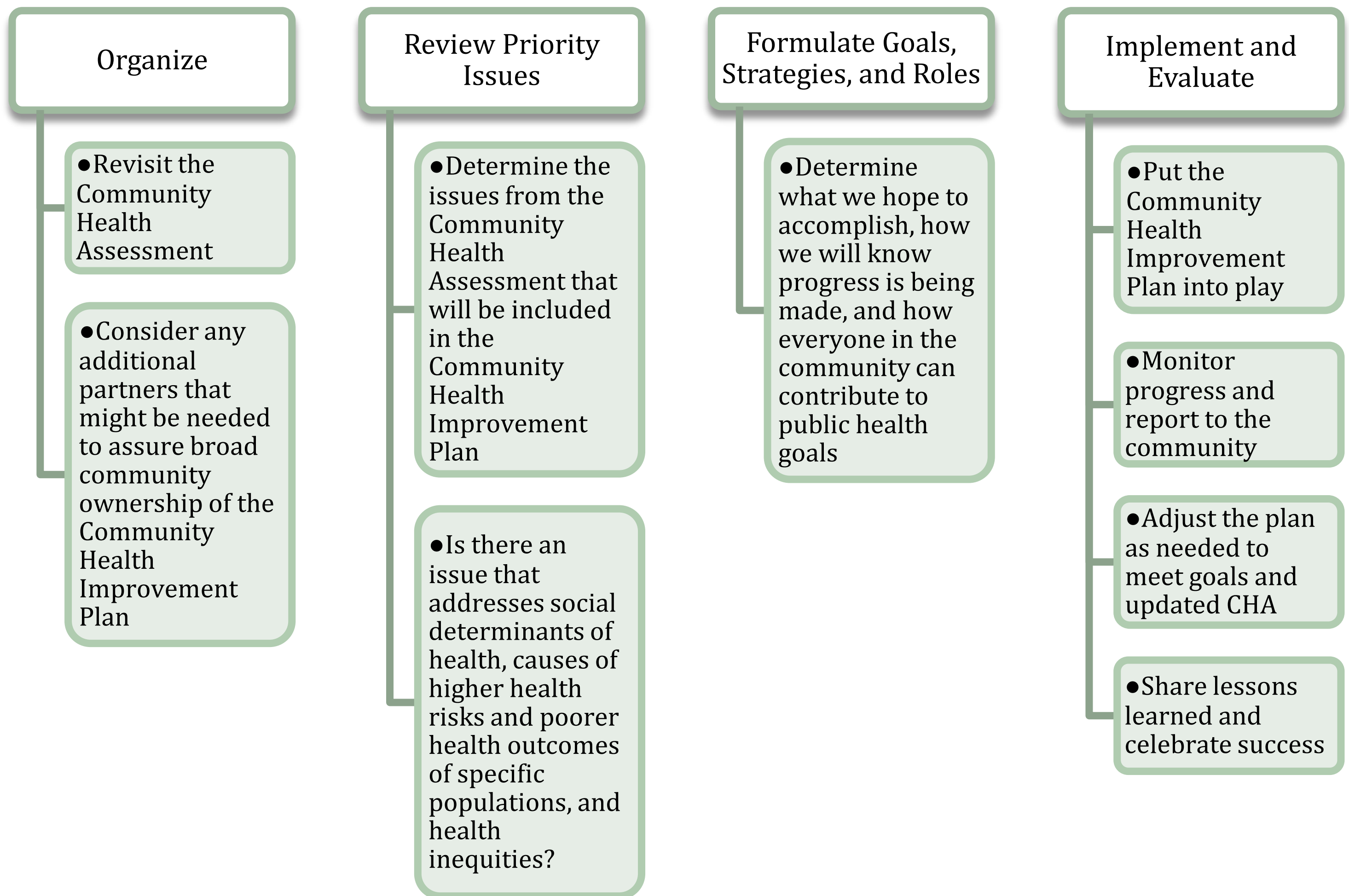
An initial strategic planning session was held on March 26, 2013 by all local providers to establish goals and initiatives. The summary strategic plan can also be found at www.custerhealth.com or www.sakmedcenter.org and will be used to measure and report progress on the goals and initiatives.

Sakakawea Medical Center (SMC), Custer Health, Coal Country Community Health Centers (CCCHC), Knife River Care Center, and Mercer County Ambulance (Local Health Providers) as well as Mercer County Extension Services have been working since this initial prioritization process to address the identified health needs. Sub-committees have been meeting frequently since the finalization of the CHA. One such committee, the Population Health/Behavioral Health Committee, is the core community health improvement team that started the CHIP process in December 2014. The team developed the goals, objectives, strategies, and performance measures for the previously identified priority needs. This team is made up of members from the following organizations:

- Custer Health—Erin Ourada, Yolanda Karas, Heidi Moore
- Sakakawea Medical Center—Marie Mettler, Sharlene Gjermundson, Jennifer Wolff, Marcie Schulz, Bert Speidel, Darrold Bertsch
- Coal Country Community Health Centers—Rhonda Pfenning, Chastity Dolbec, Kandi Olson, Melissa Herman, Darrold Bertsch
- Mercer County Ambulance—Angie Sayler
- Mercer County Extension Services—Dena Kemmet

Table 2 describes the process that was utilized for development of the CHIP. The CHA will be updated in late 2015 and the CHIP will be updated as well to incorporate any new priority needs identified.

Table 2 Community Health Improvement Plan: Process Overview



PRIORITY AREAS

The main prioritization process (discussed previously) resulted in the following priorities:

Priority 1: Obesity
Priority 2: Mental Health Issues
Priority 3: Tobacco Use

Since these priorities were determined in 2012, the Population and Behavioral Health committee revisited the priorities at a meeting on January 6th, 2015. The data from the CHA conducted in 2012 was reviewed for the top three priorities. Table 3 reveals that adult obesity and mental health issues are still issues especially when compared to National Benchmarks, however tobacco use has decreased considerably since the assessment in 2012. This led to discussion on whether or not tobacco use should still be a priority for the counties. After considerable discussion, group consensus continued to be that tobacco use is still an issue in the counties and that all entities will continue to focus on this need in the future.

Community assets and resources for addressing these needs were also reviewed in the CHA and discussed in relation to the priorities. Identifying assets and resources that would aid in the community improvement process was another deciding factor when it came to the re-prioritization process. One such resource is the hospital and clinics in the area as well as the strong community commitment to improving area health. This commitment is seen throughout the counties at the monthly task force meetings held in Beulah and Hazen. One of the main focuses of these task forces is tobacco prevention.

The priorities chosen for Mercer and Oliver Counties align with priorities for the state of North Dakota, the National Prevention Strategy, and Healthy People 2020. Table 4 shows the similarities between Mercer/Oliver strategies and the other state and national strategies.

Table 3: County Health Rankings data and National Benchmarks for the top three priorities (Source: countyhealthrankings.org)

	2012 County Health Rankings			2014 County Health Rankings			
Health Behaviors	Mercer County	Oliver County	North Dakota	Mercer County	Oliver County	North Dakota	2013 National Benchmarks
Adult Smoking	19%	14%	19%	15%		18%	13%
Adult Obesity	32%	30%	30%	30%	31%	30%	25%
Physical Inactivity	29%	26%	26%	27%	30%	26%	21%
Mental Health Provider Ratio	7,866:0	1,668:0	2,555:1			1,033:1	NA
Excessive Drinking	18%	11%	22%	19%		22%	7%

Table 4: Alignment with State/National Priorities and Healthy People 2020 (Source: **(3)**, **(4)**, and **(5)**)

Mercer/Oliver Priority	State Priority	National Prevention Strategy	Healthy People 2020
Obesity	1. Overweight/obesity 6. Lack of physical activity	• Healthy Eating • Active Living	• NWS-9 Reduce the proportion of adults who are obese
Mental Health	4. Binge Drinking 7. Suicide	• Preventing Drug Abuse & Excessive Alcohol Use • Mental & Emotional Well-being	• MHMD-1 Reduce the suicide rate • MHMD-5 Increase the proportion of primary care facilities that provide mental health treatment onsite or by paid referral • MHMD-9 Increase the proportion of adults with mental health disorders who receive treatment • SA-2 Increasing the proportion of adolescents never using substances
Tobacco Use	N/A	• Tobacco Free Living	• TU-1 Reduce tobacco use by adults

After establishing the priority areas, community members continued to meet monthly to develop goals and objectives for each priority.

PRIORITY 1: OBESITY & PHYSICAL INACTIVITY

Background and rationale

According to the 2014 County Health Rankings, adult obesity is at a rate of 30% in Mercer County and 31% in Oliver County which corresponds to the 30% obesity rate in North Dakota. The national benchmark for adult obesity is 25% showing there is room for improvement in these two counties. This makes it a top priority for the community.

Physical activity can also be improved to the national benchmark of 21% considering that the current rates in Mercer and Oliver Counties are 27% and 30% respectively compared to North Dakota which is 26%. Another health behavior relating to adult obesity is access to exercise opportunities which is low for the counties as compared to the state. 33% of the population in Mercer County has access to exercise opportunities and 40% of Oliver County compared to 62% of North Dakotans. These numbers show that adult obesity is an issue in these counties. Evidence based strategies and interventions can greatly help to improve these numbers to more accurately reflect the national benchmarks.

Objective 1	Outcome Indicators
By December 2019, decrease local obesity rate by 5% in Mercer County and 6% in Oliver County.	• Decrease in adult obesity rate in Oliver County • Increase in healthy food/drink purchases at local grocery stores • Decrease in adult obesity rate in Mercer County

Strategy	Action Step	Performance Indicator	Target Date	Lead
1.1 Help people recognize and make healthy food and beverage choices/Increase awareness of childhood and adult obesity—***Evidence-based strategy from National Prevention Strategy*** (4)	1.1.1 Continue Health Tracks screenings	• # of children screened	Ongoing	Custer Health, Social Services
	1.1.2 Hold a multi-organization wellness fair for all ages	• # of participants	May 2015	Custer Health, CCCHC, SMC, Extension
	1.1.3 Set up health display booth at Mercer County Fair—hand out jump ropes	• # of jump ropes passed out	July 2015	CCCHC, SMC
	1.1.4 Increase health education relating to obesity at sports physicals	• # of sports physicals	August 2015	
	1.1.5 Attend senior citizen Jam Session to discuss Silver Sneakers and exercise facilities	• # of jam sessions attended • # of attendees at the jam sessions		
	1.1.6 Hold a 5k walk/run	• # of attendees	October 2015	CCHC, SMC
	1.1.7 Continue to teach "Banking on Strong Bones" class to 5th graders	• # of participating children • # of sessions	Ongoing	Mercer County Extension, Custer Health
	1.1.8 Continue to teach "On the Move" class to 4th graders	• # of participating children • # of sessions		Mercer County Extension, Custer Health

Objective 2	Outcome Indicators	
By December 2019, increase physical activity rate by 6% in Mercer County and 9% in Oliver County.	• Decrease in physical inactivity rate in Oliver County • Increase in number of worksite wellness policies	• Decrease in physical inactivity rate in Mercer County • Increase access to exercise opportunities

Strategy	Action Step	Performance Indicator	Target Date	Lead
2.1 Support workplace policies and programs that increase physical activity—***Evidence-based strategy from National Prevention Strategy*** **(4)**	2.1.1 Continue to enhance the SMC and CCCHC employee health program	• # of participants	Ongoing	SMC, CCCHC
	2.1.2 Expand local business wellness program	• # of participating businesses		
	2.1.3 Expand community activities and education that promote physical activity	• # of activities • # of education sessions	May 2016	SMC, CCCHC, Custer Health
	2.1.4 Continue to teach "On the Move" class to 4th graders	• # of participating children • # of sessions	Ongoing	Mercer County Extension, Custer Health

PRIORITY II: MENTAL HEALTH ISSUES

Background and rationale

According to the 2014 County Health Rankings, the clinical care measure of mental health providers for Mercer and Oliver counties was blank which means that there is limited data available for these counties. The data for the 2012 CHA was similar where the ratio of mental health providers per capita in Mercer County was 7,866:0 and 1,668:0 in Oliver County (table 3). This is significant compared to the 2014 ratio of 1,033:1 for the state of North Dakota. In fact, Mercer and Oliver counties are designated Health Professional Shortage Areas for Mental Health (6). Currently a licensed psychologist sees Mercer County patients at CCCHC 24 hours per month which is not enough to meet the needs of the population. That is why out of the 27 top needs derived from the 2012 CHA, 17 out of 35 votes were for "limited number of mental health care providers" and 11 votes for "mental health issues (including suicide prevention and substance abuse—excessive drinking) to be top priorities. These two needs both pertain to mental health and were made into one overarching need.

A leading cause of preventable death in the U.S. among all adult age groups is excessive alcohol use. (4) Excessive drinking rates in Mercer and Oliver counties, while lower than North Dakota rates, are considerably higher than the national benchmark (table 3). This highlights a need that can be addressed in this community health improvement plan. In addition, the state of North Dakota was recently awarded a Strategic Prevention Framework State Incentive Grant (SPF SIG) that can be utilized by the communities to reduce excessive drinking rates. This could in turn help to alleviate mental health problems in the counties.

Objective 1	Outcome Indicators
By 2019, expand local access to behavioral health services for all ages by 10%.	• Increased proportion of children who receive behavioral health services • Increased proportion of adults who receive behavioral health services • Decrease in local suicide rate • Existence of a Screening, Brief Intervention, and Referral to Treatment (SBIRT) training program

Strategy	Action Step	Performance Indicator	Target Date	Lead
1.1 Promote early identification of mental health needs and access to quality services—***Evidence-based strategy from National Prevention Strategy*** (4)	1.1.1 Retain additional behavioral health specialists	• # of specialists • # of service hours provided per month	September 2015	CCCHC
	1.1.2 Expand existing psychology services and include provisions for payment of the patients eligible for the Sliding Fee Scale	• Increase from 2 days/month to 3 days/month • # of patients using Sliding Fee Scale		
	1.1.3 Provide Mental Health First Aid (MHFA) training and certification to teachers, board members, and local health care workers	• # of trainings • # of certificates		
	1.1.4 Design and administer SBIRT training program for all providers, nursing staff, and behavioral health providers	• # of staff and providers trained	December 2015	

Objective 2	Outcome Indicators
By 2019, expand the integration of primary care and behavioral health.	• Number of SBIRT's conducted • Increase the rate of at least annual alcohol and substance use screening utilizing the CAGE-AID questionnaire and if positive had a follow-up plan documented of all patients 12 years and older to 50% • Percentage of patients aged 12 years and older screened for alcohol and substance abuse • Percentage of patients aged 12 and older screened for clinical depression and anxiety using an age appropriate standardized tool • Increase the rate of at least annual depression and anxiety screening utilizing the PHQ-4 and if positive had a follow up plan documented of all patients 12 years and older to 60%

Strategy	Action Step	Performance Indicator	Target Date	Lead
2.1 Screening for depression in adults and adolescents can ensure efficient diagnosis, treatment, and follow-up for depressive disorders—***Evidence-based strategy from U.S. Preventive Services Task Force* (7)**	2.1.1 Incorporate anxiety and depression screening utilizing the PHQ-4 screening tool for all patient visits in patients age 12 years and older including protocols for SBIRT when indicated	• # of patients screened with PHQ4 • # of referrals	May 2015	CCCHC
	2.1.2 Incorporate alcohol and substance abuse screening utilizing the CAGE-AID tool for all patient visits in patients age 12 and older including protocols for SBIRT	• # patients screened with CAGE-AID		CCCHC, Custer Health
	2.1.3 Expand the Patient Centered Medical Home model to assign primary care patients with diagnosed behavioral health needs to a multidisciplinary treatment team which ensures their access to a continuum of care and unified treatment plan	• # of primary care patients assigned to a team	2019	CCCHC
	2.1.4 Develop a patient/community advisory council to provide input to organizations on behavioral health programs and services	• Advisory council created	2017	CCCHC, SMC, Custer Health

Objective 3	Outcome Indicators
By 2019, reduce retail availability of alcohol to decrease youth drinking, adult binge drinking, DUI's, and liquor law violations by 3%.	• 75% of regional alcohol retailers received information about RBS training • 10% of informed alcohol retailers sent 10% of staff to training • 20% of alcohol retailers in the region received compliance checks • 3% reduction in youth drinking, adult binge drinking, DUI's and liquor law violations

Strategy	Action Step	Performance Indicator	Target Date	Lead
1.1 Implement a voluntary Responsible Beverage Service (RBS) Training process into local alcohol establishments—***Evidence-based strategy from Catalog of Environmental Prevention Strategies*** (8)	1.1.1 Locate RBS trainers to facilitate RBS training	• Identification of trainers	June 2015	Custer Health, North Dakota Safety Council
	1.1.2 Promote and provide RBS training to regional alcohol retailers	• # of alcohol retailers to receive RBS information • # of staff sent to training	September 2015	
1.2 Implement regular compliance checks of local alcohol retailers—***Evidence-based strategy from the Catalog of Environmental Prevention Strategies*** (8)	1.2.1 Locate independent compliance check company	• Identification of company	June 2015	Custer Health
	1.2.2 Conduct regular compliance checks of local alcohol retailers	• # of compliance checks conducted	September 2015	

Objective 4	Outcome Indicators
By 2019, increase the proportion of adolescents to never try alcohol by 3%.	• One school implements Life Skills Training (LST) program • 30% of households access Parents LEAD website

Strategy	Action Step	Performance Indicator	Target Date	Lead
2.1 Partner with schools and communities to promote Parents LEAD campaign—***Evidence-based practice from the Catalog of Environmental Prevention Strategies*** **(8)**	2.1.1 Share Parents LEAD information with communities via coalitions and schools	• # of participating coalitions and schools	June 2015	Custer Health and area schools
	2.1.2 Provide communities with Parents LEAD resources	• # of materials dispersed	September 2015	
	2.1.3 Add Parents LEAD website link to school, city, and/or county websites	• # of websites to add link		
2.2 Implement a school-based life skills training (LST) program into area schools—***Evidence-based practice from the Catalog of Environmental Prevention Strategies*** **(8)**	2.2.1 Identify a model LST program	• Identification of program	June 2015	Custer Health and area schools
	2.2.2 Identify school interest and resources	• # of schools interested	September 2015	
	2.2.3 Implement LST program into one school	• Successful implementation of the program	2016	

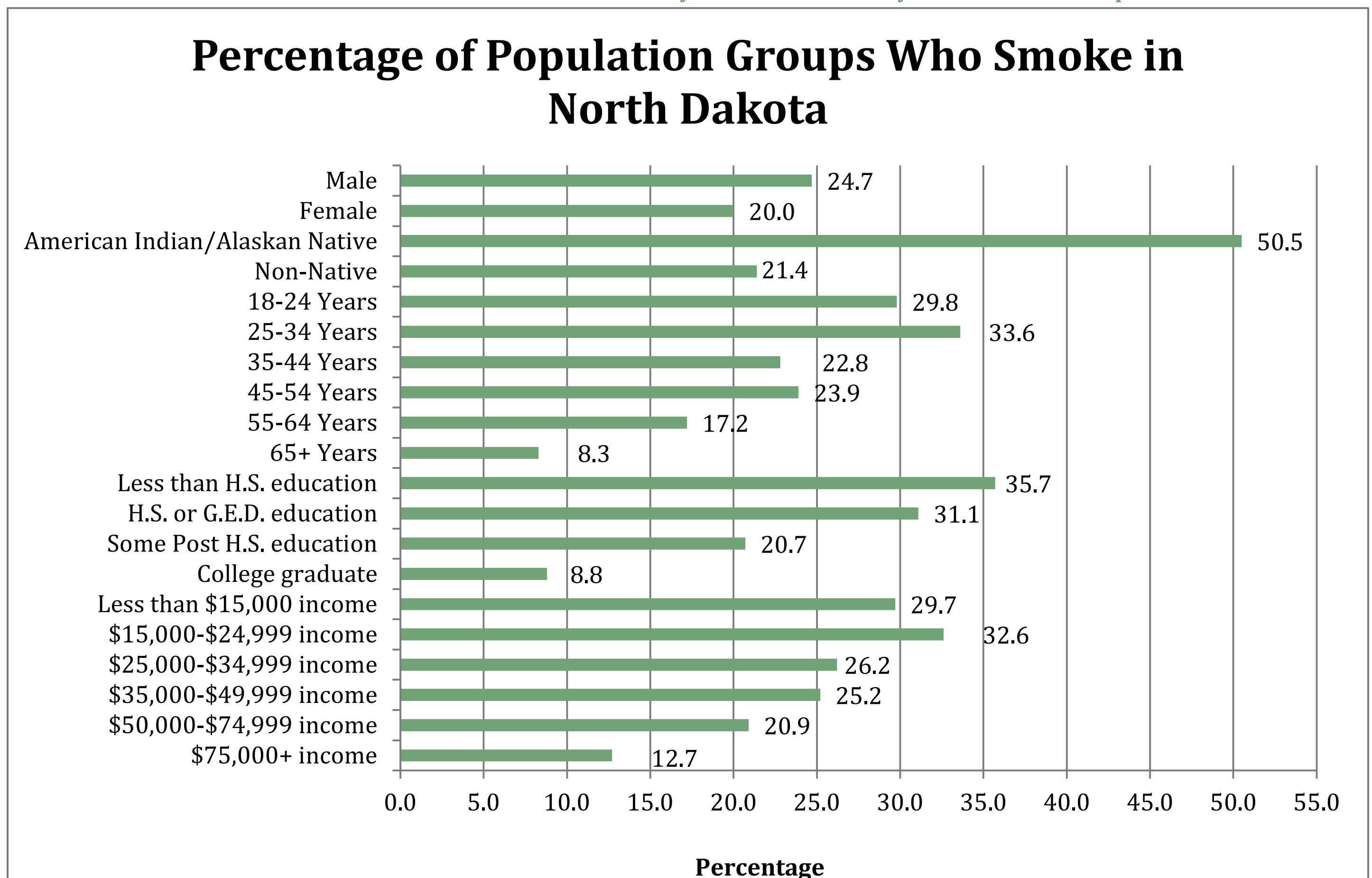
PRIORITY III: TOBACCO USE

Background & Rationale

Tobacco use is the leading cause of premature and preventable deaths in the United States. Tobacco users have an increased risk of cancer, heart disease, lung disease, premature birth, low birth weight, stillbirth, and infant death. The National Prevention Strategy describes how tobacco use relates to social determinants of health. It states that smoking is more common among people who live in poverty, with mental illness or substance abuse disorders, less than a high school education, or work at jobs that primarily require physical labor (4). Table 5 shows how social determinants of health relate to smoking in North Dakota. Two groups that are disproportionately affected by smoking are American Indians/Alaskan Natives and people with less than a high school education. Similar data is not available at the county level but the North Dakota data should correspond to Mercer and Oliver County data.

According to the 2014 County Health Rankings, the adult smoking rate for Mercer County is 15%. The adult smoking measure is blank for Oliver County which means that there was not enough data to report. This is most likely due to the low population of this county. The national benchmark for this measure is 13% which shows that there is still room for improvement with Mercer County. Even though there won't be data available to see a difference in Oliver County tobacco use, the large crossover of businesses and resources in the two counties will provide enough proof that any decrease of tobacco use in Mercer County will be similar in Oliver County.

Table 5 Data Source: 2011 Behavior Risk Factor Surveillance System BRFSS courtesy of North Dakota Department of Health



Objective 1	Outcome Indicators
By December 2019, decrease rates of smoking by 2% to reach Healthy People 2020 goal of 12%.	• Decreased rate of adult tobacco use in Mercer County • Number of smoke-free outdoor venue policies • Excise tax passed by state legislators • Number of people referred to ND Quits that quit using tobacco

Strategy	Action Step	Performance Indicator	Target Date	Lead
1.1 Use media to educate and encourage people to live tobacco free—***Evidence-based strategy from National Prevention Strategy* (4)**	1.1.1 Distribute prevention materials to schools and other public facilities	• # of materials distributed • # of locations distributed to	Ongoing	Custer Health
	1.1.2 Continue to promote and fund radio and television media	• # of media promotions		
1.2 Expand use of tobacco cessation services—***Evidence-based strategy from National Prevention Strategy* (4)**	1.2.1 Distribution of ND Quits materials	• # of materials distributed		Custer Health, SMC, CCCHC
	1.2.2 Patient referrals to ND Quits services	• # of referrals		
1.3 Increase the unit price for tobacco products through state legislation that raises the excise tax on these products—**Evidence-based strategy from National Prevention Strategy (4)**	1.3.1 Meet with tobacco prevention coalitions and educate on excise tax	• # of coalitions educated		Custer Health
	1.3.2 Advocate with grassroots coalitions for policy	• # of coalitions approached		
	1.3.3 Meet in person with legislators and legislative candidates to educate on excise tax	• # of legislators		
1.4 Enacting comprehensive tobacco-free policies—**Evidence-based strategy from Best Practices for Comprehensive Tobacco Control Programs (9)**	1.4.1 Conduct annual school policy assessments	• # of schools assessed		
	1.4.2 Work with local youth organizations on adopting comprehensive tobacco-free school policies	• # of tobacco-free school policies	2019	
	1.4.3 Engage public and private authorities in policy education on smoke-free outdoor venues	• # of meetings held		

MONITORING AND EVALUATION

In order to properly monitor and evaluate the CHIP, the above work-plan will be followed and updated regularly. The status of each action step and the responsible party will be monitored to assure successful implementation of the plan (Appendix II). Performance indicators and outcome indicators are also included in the action plan. These are the indicators that will evaluate the success of the CHIP. County Health Rankings data will be the main source to evaluate outcome indicators which will be monitored on a yearly basis. These measures do not show improvement overnight and will be the measures that show the overall success of implementation. This report will be updated after the next community health assessment is conducted at the end of 2015.

SUMMARY AND NEXT STEPS

Implementation of the strategies described in this plan has already started to take place. The community health improvement plan will continue to be adapted to the needs of the community. The organizations and stakeholders involved in this plan will continue to strive to improve health outcomes and behaviors related to obesity, mental health, and tobacco use. Community members are welcome to join in the efforts by contacting Erin Ourada, Custer Health Regional Coordinator, at 701.667.3370 or erin.ourada@custerhealth.com. Get involved to help the efforts towards creating healthier Mercer and Oliver County residents!

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APPENDIX I

POTENTIAL COMMUNITY HEALTH NEEDS – Beulah/Hazen
(Listed in no particular order)

	IDENTIFIED NEED/ISSUE	VOTE
1.	Secondary data: Elevated rate of diabetics ✓ ◊ ○	
2.	Secondary data: Elevated rate of adult smoking ◊	
3.	Secondary data: Elevated rate of adult obesity ✓ ✓ ◊ ◊ ○	
4.	Secondary data: Elevated rate of physical inactivity ✓ ✓ ◊ ◊ ○	
5.	Secondary data: Elevated rate of excessive drinking ◊ ○	
6.	Secondary data: Elevated level of sexually transmitted infections ✓ ◊	
7.	Secondary data: Elevated rate of uninsured residents ✓ ✓ ○ ○	
8.	Secondary data: Limited number of primary care providers ◊ ◊	
9.	Secondary data: Limited number of mental health care providers ✓ ◊ ○	
10.	Secondary data: Elevated level of preventable hospital stays ◊	
11.	Secondary data: Lower rate of diabetic screening ✓ ◊ ◊	
12.	Secondary data: Lower rate of mammography screening ◊ ◊	
13.	Secondary data: Limited access to healthy foods ✓ ✓ ◊ ○ ○	
14.	Secondary data: Limited access to recreational facilities ✓ ✓	
15.	Secondary data: Lower rates of selected preventive care measures	
16.	Survey and Interviews/Focus Group: Emergency services available 24/7	
17.	Survey: Higher costs of health care for consumers	
18.	Survey: Cancer	
19.	Survey: Heart disease	
20.	Survey and Interviews/Focus Group: Mental health (including substance abuse/suicide prevention)	
21.	Survey: Need for improved collaboration within community	
22.	Survey: Need for greater access to specialists	
23.	Survey: Need for greater awareness of certain local services	
24.	Survey: Need for assisted care/independent living services	
25.	Interviews/Focus Group: Addressing financial concerns and increasing awareness of sliding scale fees at Coal Country Community Health Center	
26.	Interviews/Focus Group: Adding obstetric services	
27.	Interviews/Focus Group: Adding specialized pediatric services	

✓ = Dunn Co. not meeting state average ◊ = Mercer Co. not meeting state average ○ = Oliver Co. not meeting state average
✓ = Dunn Co. not meeting nat'l benchmark ◊ = Mercer Co. not meeting nat'l benchmark ○ = Oliver Co. not meeting nat'l benchmark

APPENDIX II

Evaluation Work-Plan

Goal 1 Reduce obesity rate of Mercer/Oliver residents			
Objective 1: By December 2019, decrease local obesity rate by 5% in Mercer County and 6% in Oliver County.			
Action Steps	**Target Date**	**Responsible Party**	**Status/Comments**
1. Continue Health Tracks screenings	Ongoing	Custer Health, Social Services	
2. Hold a multi-organization wellness fair for all ages	May 2015	Custer Health, CCCHC, SMC, Mercer County Extension	
3. Set up health display booth at Mercer County Fair—hand out jump ropes	July 2015	CCCHC, SMC	
4. Increase health education relating to obesity at sports physicals	August 2015	CCCHC, SMC	
5. Attend senior citizen Jam Session to discuss Silver Sneakers and exercise facilities	August 2015	CCCHC, SMC	
6. Hold a 5k walk/run	October 2015	CCCHC, SMC	
7. Continue to teach "Banking on Strong Bones" class to 5th graders	Ongoing	Mercer County Extension, Custer Health	
8. Continue to teach "On the Move" class to 4th graders	Ongoing	Mercer County Extension, Custer Health	
Objective 2: By December 2019, increase physical activity rate by 6% in Mercer County and 9% in Oliver County.			
Action Steps	**Target Date**	**Responsible Party**	**Status/Comments**
1. Continue to enhance the SMC and CCCHC employee health program	Ongoing	SMC, CCCHC	
2. Expand local business wellness program	Ongoing	SMC, CCCHC	
3. Expand community activities and education that promote physical activity	May 2016	SMC, CCCHC, Custer Health	
4. Continue to teach "On the Move" class to 4th graders	Ongoing	Mercer County Extension, Custer Health	
Goal 2 Improve access to and quality of mental health services			
Objective 1: By 2019, expand local access to behavioral health services for all ages by 10%.			
Action Steps	**Target Date**	**Responsible Party**	**Status/Comments**
1. Retain additional behavioral health specialists	September 2015	CCCHC	
2. Expand existing psychology services and include provisions for payment of the patients eligible for the Sliding Fee Scale	September 2015	CCCHC	

3. Provide Mental Health First Aid (MHFA) training and certification to teachers, board members, and local health care workers	September 2015	CCCHC	
4. Design and administer SBIRT training program for all providers, nursing staff, and behavioral health providers	December 2015	CCCHC	
Objective 2: By 2019, expand the integration of primary care and behavioral health.			
Action Steps	**Target Date**	**Responsible Party**	**Status/Comments**
1. Incorporate anxiety and depression screening utilizing the PHQ-4 screening tool for all patient visits in patients age 12 years and older including protocols for SBIRT when indicated	May 2015	CCCHC	
2. Incorporate alcohol and substance abuse screening utilizing the CAGE-AID tool for all patient visits in patients age 12 and older including protocols for SBIRT	May 2015	CCCHC, Custer Health	
3. Expand the Patient Centered Medical Home model to assign primary care patients with diagnosed behavioral health needs to a multidisciplinary treatment team which ensures their access to a continuum of care and unified treatment plan	2019	CCCHC	
4. Develop a patient/community advisory council to provide input to organizations on behavioral health programs and services	2017	CCCHC, SMC, Custer Health	

Goal 3 Increase awareness and educate the community about alcohol			
Objective 1: By 2019, reduce retail availability of alcohol to decrease youth drinking, adult binge drinking, DUI's, and liquor law violations by 3%.			
Action Steps	**Target Date**	**Responsible Party**	**Status/Comments**
1. Locate RBS trainers to facilitate RBS training	June 2015	Custer Health, North Dakota Safety Council	
2. Promote and provide RBS training to regional alcohol retailers	September 2015	Custer Health, North Dakota Safety Council	
3. Locate independent compliance check company	June 2015	Custer Health	
4. Conduct regular compliance checks of local alcohol retailers	September 2015	Custer Health	

Objective 2: By 2019, increase the proportion of adolescents to never try alcohol by 3%.			
Action Steps	**Target Date**	**Responsible Party**	**Status/Comments**
1. Share Parents LEAD information with communities via coalitions and schools	June 2015	Custer Health and area schools	
2. Provide communities with Parents LEAD resources	September 2015	Custer Health and area schools	
3. Add Parents LEAD website link to school, city, and/or county websites	September 2015	Custer Health and area schools	
4. Identify a model LST program	June 2015	Custer Health and area schools	
5. Identify school interest and resources	September 2015	Custer Health and area schools	
6. Implement LST program into one school	2016	Custer Health and area schools	
Goal 4 Decrease the incidence of tobacco use among county residents.			
Objective 1: By December 2019, decrease rates of smoking by 2% to reach Healthy People 2020 goal of 12%.			
Action Steps	**Target Date**	**Responsible Party**	**Status/Comments**
1. Distribute prevention materials to schools and other public facilities	Ongoing	Custer Health	
2. Continue to promote and fund radio and television media	Ongoing	Custer Health	
3. Distribution of ND Quits materials	Ongoing	Custer Health, SMC, CCCHC	
4. Patient referrals to ND Quits services	Ongoing	Custer Health, SMC, CCCHC	
5. Meet with tobacco prevention coalitions and educate on excise tax	Ongoing	Custer Health	
6. Advocate with grassroots coalitions for policy	Ongoing	Custer Health	
7. Meet in person with legislators and legislative candidates to educate on excise tax	Ongoing	Custer Health	
8. Conduct annual school policy assessments	Ongoing	Custer Health	
9. Work with local youth organizations on adopting comprehensive tobacco-free school policies	2019	Custer Health	
10. Engage public and private authorities in policy education on smoke-free outdoor venues	2019	Custer Health	