Community Health Improvement Plan & Implementation Strategy Report
2017

Grand Forks Public Health

Altru HEALTH SYSTEM
COMMUNITY HEALTH IMPROVEMENT PLAN & IMPLEMENTATION STRATEGY REPORT

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Introduction

The 2016 Community Health Assessment was a joint effort led by Altru Health System and the Grand Forks Public Health Department and was approved by our governing bodies in September and October of that year. Our two organizations have a history of collaboration to improve community health. Together, we engaged multiple partners to conduct the assessment, which provides information on health issues, status, and needs and identifies areas for improvement. Our assessment work provides the backbone for our Community Health Improvement Plan & Implementation Strategy Report.

Altru Health System

Altru Health System is a community-owned, integrated system with an acute care hospital, a rehabilitation hospital, more than a dozen clinics in Grand Forks and the region, and large home care and outreach therapy networks. We employ more than 200 physicians and over 4,000 staff. We serve the approximately 224,000 residents of a 17-county region as shown in the map below.
Grand Forks Public Health Department

The Grand Forks Public Health Department provides services to the City and County of Grand Forks, North Dakota. We believe in creating a culture in which all people have the means and the opportunity to make choices that lead to the healthiest lives possible. We facilitate policy, system and environmental changes that are supported by businesses, government, individuals, and organizations all working together to foster healthy communities and lifestyles.

The Grand Forks Public Health Department is committed to:

- promoting healthy environments and lifestyles
- preventing disease
- building community resilience through preparedness
- assuring access to health service
Assessment Methodology

Leadership from Altru and Grand Forks Public Health agreed to adopt the process from the Association for Community Health Improvement (an American Hospital Association affiliated group) for our community health assessment. The diagram below shows the six steps that comprise the process.

Our Community Health Needs Assessment report documents steps 1-5 of the process. This Improvement Plan & Implementation Strategy report will address step 6.

Priorities

As noted in our Community Health Needs Assessment report, we worked with a community-based Advisory Committee to conduct our assessment. (Please see Attachment One for a list of organizations represented by this group.) This group was instrumental in every step of the process. They also established the purpose for our assessment which was to “improve the overall health of the community by focusing on factors that promote health and wellness (versus treating disease).” After reviewing primary and secondary data, the Committee provided input for the priority setting process and ultimately agreed that the top five priority areas for improvement should be as follows:
1. Improve access to behavioral health services, including addiction treatment and counseling
2. Reduce incidence of prescription and illegal drug abuse
3. Reduce the rate of obesity
4. Reduce the incidence of binge drinking and alcohol abuse
5. Improve care coordination and access to health care

Committee members approved the following criteria to guide them during the prioritization process:

» The burden, scope, severity, or urgency of the health need
» The estimated feasibility and effectiveness of possible interventions
» The health disparities associated with the need
» The importance the community places on addressing the need
» The community resources already allocated to addressing the need
» The connection to the purpose of the assessment developed by the Advisory Committee: Improve the overall health of the community by focusing on factors that promote health and wellness (versus treating disease)

Improvement Planning/Implementation Strategy Development

After approval of the Community Health Assessment, the Advisory Committee met and conducted some initial planning around the priority areas. The group discussed ideas for how we will measure our success in each priority area and existing community resources that could be leveraged to help with improvement.

A smaller committee comprised of individuals from the following organizations committed to work on the ongoing improvement planning/implementation strategy development.

» Altru Health System
» Grand Forks Public Health Department
» Grand Forks Substance Abuse Prevention Coalition
» Polk County Public Health
» Quality Health Associates of North Dakota
The next section—Step 6: Planning for Action and Monitoring Progress—represents the work of this group. This will be an ongoing, working action plan for this smaller committee and the overall Advisory Committee. Additional implementation activities will be added as they are developed; completion dates will be added as activities are concluded. Updates will be provided annually to key stakeholders to document progress.

**Step 6: Planning for Action and Monitoring Results**

**Priority Area: Behavioral Health Services**

**Background**
The state of North Dakota commissioned a Behavioral Health Planning Report, commonly referred to as the Schulte Report, which stated that many challenges facing North Dakota are self-imposed such as choosing a poor essential health benefits package for Medicaid, refusing to spend state funds on services and not applying for Medicaid waivers to provide services to those with chronic illness. Workforce shortages are debilitating on the state and local level, particularly in the area of addiction treatment.

A legislative study followed this report and the recommendations in the planning report became the basis of an Interim Human Services Committee’s work to recommend policy initiatives for the 2015 and 2017 legislative assemblies. Public providers of behavioral health services report difficulty filling open positions and clients experience long waits for assessment and therapy across providers. In the Community Health Assessment for Polk and Grand Forks County increasing services for behavioral health conditions was identified as a priority area in both the focus groups and community surveys. The University of North Dakota has reported increases in utilization of the counseling center for behavioral health related conditions in their student population and Altru Health System reports that frequently their psychiatry and behavioral health services are operating at capacity. All organizations report challenges with recruitment of psychiatrists and other mental health providers.

The good news is that there is greater effort to integrate behavioral health into primary care and public health and incremental increases in services is being realized. Valley Community Health Centers (VCHC) has established an integration project and offers open access appointments for behavioral health. Northeast Human Service Center (NEHSC) offers walk-in drug and alcohol assessments two days per week, and the Grand Forks Public Health Department opened a withdrawal management (social detox) center filling a gap that has existed for more than 20 years. Meridian Red River Behavioral Health (RRBH) is a new organization in the community and they are establishing inpatient, medical detoxification and addiction services. Several of these organizations serve residents from the region which includes both Grand Forks County and Polk County. The Northwest Mental Health Center is the governmental behavioral health provider in Polk County.
The County Health Ranking Data shows that residents in both Grand Forks County and Polk County experience “poor mental health days” at a rate that is lower or the same as the top U.S. performers at 2.9 and 3.0 days per month respectively. Further, the County Health Rankings report that there is a 380:1 ratio of population to mental health providers in Grand Forks County and a 550:1 ratio in Polk County, which are worse than the top U.S. performing counties. Local indicators and anecdotal reports from community residents and stakeholders indicate a demand for services that exceeds capacity. Therefore, monitoring of these indicators is warranted, to determine if this is improving.

**Alignment with State or National Initiatives**
There is a statewide effort called the Behavioral Health Stakeholders that has held periodic meetings to address four priority areas for improving the behavioral health system in North Dakota. The priority areas are: 1) Workforce 2) Children and Youth Mental Health 3) Adult Mental Health and 4) Access to Drug and Alcohol Treatment Services. Mental Health First Aid is a national initiative that is training laypersons to recognize signs and symptoms and help people to access behavioral health services when needed. Coverage for mental health conditions and addiction treatment in all insurance plans is currently included in the Affordable Care Act, yet parity is not fully realized.

**Source/Evidence-Base:** County Health Rankings, North Dakota Behavioral Health Assessment Gaps and Recommendations Behavioral Health Barometer North Dakota, 2015

**Policy Implications - State**
The ND Behavioral Health Stakeholders group has developed the following policy goals for the ND Legislature: 1) Expand the behavioral health workforce; 2) Adequately fund public behavioral health programs; and 3) Create an integrated system of care. Local efforts are beginning to align with this agenda. An additional policy goal would be to ensure that patients ages 21 – 64 with ND Medicaid coverage can receive services at all residential treatment facilities.

**Policy Implications - Federal**
Opportunities for Medicaid Institutions for Mental Diseases (IMD) exclusions to allow improved coverage of services at all residential treatment services larger than 16 beds.

Support for behavioral health services as an essential benefit in health insurance coverage should be maintained.

**Owner/Lead Agency or Group**
There are multiple stakeholders in the community addressing behavioral health and addiction issues. There is a need to coordinate efforts among the various groups so that ownership can be assigned to specific objectives. An inventory of groups addressing behavioral health in the region is located in Attachment Two.
Goal: Improve access to behavioral health services, including addiction treatment and counseling.

**Objective 1: By 2019, decrease the incidence of poor mental health days reported by residents to 2.7**

| Performance Measure: Poor mental health days as reported in County Health Rankings |
| Baseline: Grand Forks County: 2.9; Polk County: 3.0 |
| Target: 2.7 |

<table>
<thead>
<tr>
<th>Implementation Activities</th>
<th>Responsible Party</th>
<th>Progress to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve access to integrated behavioral health services</td>
<td>Valley Community Health Centers, Altru Health System</td>
<td>VCHC implemented screening and behavioral health services in primary care (2017). Recognized by CMS as a model program.</td>
</tr>
<tr>
<td>Increase the number of community residents who are trained in Mental Health First Aid (currently 2,700 in ND)</td>
<td>Northwest Mental Health Center in Polk County communities</td>
<td>2,957 in ND; 14,686 in MN</td>
</tr>
<tr>
<td>Provide suicide prevention and awareness activities.</td>
<td>TEARS, UND, Polk County Schools, and Northwest Mental Health Center</td>
<td>UND College of Nursing conducted assessment and educational sessions with area youth (Fall 2017). Sources of Strength; September 26-28, 2017 training with Mark LoMurray; variety of other events and training took place August-November 2017. Throughout area schools, 235 students participate as peer leaders and 55 adults are recognized as adult advisors.</td>
</tr>
<tr>
<td>Goals</td>
<td>Implementing Organizations</td>
<td>Achievements</td>
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<tr>
<td>Incorporate depression screening into primary care visits and substance use treatment programming.</td>
<td>Valley Community Health Centers, Altru Health System, Northeast Human Service Center, UND College of Nursing Professional Disciplines</td>
<td>Altru’s Gala fundraising for TEARS- $410,000 raised for prevention activities</td>
</tr>
<tr>
<td>Increase the number of people who receive substance use disorder treatment.</td>
<td>Northeast Human Service Center, Red River Behavioral Health, Private Providers</td>
<td>SBIRT trainings In 2017, there have been three community trainings with 50 people attending and one student training event with 75 students attending. From 2014 – 2017 294 students and 193 community members have received SBIRT training.</td>
</tr>
<tr>
<td>Decrease readmission rates for behavioral health diagnoses through 7 day and 30 day follow up visits.</td>
<td>All providers</td>
<td>NEHSC started open access appointments in June, 2017. There were 202 completed open access appointments from June through September.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not measured yet</td>
</tr>
</tbody>
</table>

Working Document as of 12.13.17
Objective 2: Reduce the number of Altru Hospital Emergency Room visits for addiction/mental health issues by 5%.

Performance Measure: ER visits with diagnosis codes related to addiction and mental health
Baseline: 2016 data: TBD
Target: TBD

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<tr>
<th>Implementation Activities</th>
<th>Responsible Party</th>
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</thead>
<tbody>
<tr>
<td>Provide a path for direct admission to services without an emergency room visit.</td>
<td>Altru Health System</td>
<td>Path for direct admission available now at Altru</td>
</tr>
<tr>
<td>Increase the availability of inpatient/residential behavioral health and addiction services in the community.</td>
<td>Red River Behavioral Health, Altru Health System, Centre Inc., STEP</td>
<td>Altru inpatient unit operational at 23 beds RRBH approximately 45 beds</td>
</tr>
</tbody>
</table>

Priority Area: Prescription and Illegal Drug Abuse

Background
The issue of prescription and illegal drug abuse is a growing public health problem in both the United States and regionally. Drug related deaths are now the leading cause of death in the U.S. for certain age groups, surpassing traffic accidents. Communities in North Dakota initially experienced the threat of illegal drug abuse in 2012 and the problem has grown exponentially in the next five years. Altru Health System Prescription and Synthetic Drug Abuse Committee was formed in May, 2015, following initial meetings conducted by the law enforcement community in response to several high profile overdose deaths in the community. Efforts were aimed at addressing prescription and synthetic drug abuse in Grand Forks County, ND. Altru had a pain management working group for a few years previously that focused on prescribing practices, reporting to the prescription drug monitoring program (PDMP), and community drug take back programs. All of these efforts had measurable results in reducing unnecessary opioid prescriptions and reducing the availability of prescription drugs in the community.
Alignment with state or national initiatives
There are both state and national initiatives related to this priority area including: recent legislation passed by Congress (Cures Act) SAMSHA initiatives, and the Stop Overdose prevention campaign in North Dakota. The First Lady of North Dakota is in the process of establishing a statewide campaign to reduce the stigma associated with addiction. Healthy People 2020 have several objectives related to substance abuse screening and treatment, and non-medical use of prescription and illegal drugs by both youth and adults.

Source/ Evidence-Base
County Health Ranking measurements for Grand Forks County and Polk County are now available to measure progress on overdose deaths. A comprehensive report is available that measures the impacts of opioid abuse from several local sources. This document will be updated in 2017. Hospital data provides the number of admissions to the emergency department for overdose incidents and also other opioid related diagnoses.

Policy Implications
There are a number of related policy implications that will assist in reducing the incidence of drug overdoses as outlined below:
1) Increase the availability of naloxone in the community in both community settings and also
2) Advocate for funding and insurance reimbursement for medication assisted treatment programs
3) Advocate for access to treatment within correctional settings and/or directly after release from jails and prisons
4) Maintain health care coverage options that include behavioral health benefits (i.e. expanded Medicaid and Marketplace plans)

Additionally, there is a need for public education to reduce the stigma of addiction through discussion of substance use disorder as a chronic disease. Law enforcement efforts to educate the public about immunity laws can help to increase the number of people who survive overdoses.

Owner/ Lead Agency or Group
There are a number of groups working on various elements of this health concern including the Community Partners – Committee on Prescription and Synthetic Drug Abuse led by Altru Health System. The Mayor of Grand Forks is initiating a community wide task force in 2017 with a plan to significantly reduce the health impacts of substance use disorder in the next two years.

The Substance Abuse Prevention Coalition has a focus on prevention activities that can impact the outcome of this priority area through education and policy activities.

A complete inventory of groups addressing behavioral health and addiction is included in Attachment Two.
### Goal: Reduce the incidence of prescription and illegal drug abuse

**Objective 1: By 2019, reduce drug overdose deaths to zero.**

Performance Measure: Drug overdose deaths as reported in County Health Rankings  
Baseline: Grand Forks County: 8; Polk County: 17  
Target: 0

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<tr>
<th>Implementation Activities</th>
<th>Responsible Party</th>
<th>Progress To Date</th>
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</table>
June 13: 180 pounds  
September 12: 220 pounds  
Drop-off boxes available in Grand Forks and Polk Counties.  
SAPC received $69,993 from ND Department of Human Services for substance abuse prevention funding. Funds will support Lock, Monitor, Take Back Campaign. |
| UND Take Back Event                                                                      | UND College of Nursing Professional Disciplines                                       | Grand Forks: October 2016; October 26, 2017  
Northwood: Spring 2017  
Drop-off boxes at UND Police Department                                                                                                                  |
| Increase the availability of naloxone in community settings and for family members of those at risk of overdose. | Pharmacies, schools, health care organizations, GFPHD, GF Fire Department             | GFPHD received Opioid STR Grant August 2017                                                                                                             |
| Provide community education on naloxone | Pharmacies, District 4 Pharmacy Association, GFPHD, Quality Associates | Standing orders for naloxone distribution signed by Public Health Officer. GFPS authorized naloxone availability at middle and high schools. Inspire pharmacy has free doses available to the public; five other area pharmacies have naloxone available without a prescription. Meetings have been held with UND to make naloxone available on campus. |
| Provide community education on immunity laws | Grand Forks and East Grand Forks Police Departments | Quality Associates convened District 4 Pharmacy Association to discuss role in community education. Polk County has held three panel discussions around immunity. |

**Objective 2: By 2019, reduce the number of hospital admissions for drug related overdoses by 50% .**

Performance Measure: Altru Hospital admissions for drug related overdoses
Baseline: 410 admissions (2016); 345 admissions (January – September 2017)
Target: 205 or fewer admissions
<table>
<thead>
<tr>
<th>Implementation Activities</th>
<th>Responsible Party</th>
<th>Progress to Date</th>
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</thead>
<tbody>
<tr>
<td>Continue education in school settings on the dangers of opioids, heroin and other drug</td>
<td>Grand Forks Public Schools, East Grand Forks Public Schools, Law Enforcement</td>
<td>Education in GFPS continued this academic year. Opioid panels were held in Crookston and Erskine schools.</td>
</tr>
<tr>
<td>abuse concerns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increase availability of residential treatment programs specific to opioid addiction</td>
<td>Northeast Human Service Center, Red River Behavioral Health</td>
<td>No progress</td>
</tr>
<tr>
<td>Continue efforts on safe prescribing and expand to dental practices</td>
<td>Altru, Mayor’s Call to Action, Quality Associates, Community Partners, Essentia</td>
<td>Great Plains QIN provided series of webinars on safe prescribing, PDMP, and opioids. Altru provides education on prescribing to providers. Also</td>
</tr>
<tr>
<td></td>
<td>Health, VA providers</td>
<td>had a system change to generate OTP agreements as part of the PDMP. (prescription drug monitoring program)</td>
</tr>
</tbody>
</table>

**Objective 3: By 2019, increase the number of providers/clinics in Grand Forks and Polk Counties who offer Medication Assisted Treatment from zero to two.**

Performance Measure: Availability of Medication Assisted Treatment as reported by SAMHSA and provider practices.
Baseline: 0
Target: 2

<table>
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<tr>
<th>Implementation Activities</th>
<th>Responsible Party</th>
<th>Progress to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide education to providers on Medication Assisted Treatment (MAT) for opioid use</td>
<td>Valley Community Health Centers, Northeast Human Services, Altru Health System, GFPHD</td>
<td>VCHC provider is working on DEA waived status for MAT</td>
</tr>
<tr>
<td>disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide education on MAT to faculty, students and staff at the UND School of Medicine</td>
<td>Grand Forks Public Health</td>
<td>Two presentations were completed in September and October of 2017</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Sponsor MAT education for addiction counselors and substance abuse professionals</td>
<td>Grand Forks Public Health</td>
<td>Planning has started.</td>
</tr>
</tbody>
</table>

**Priority Area: Obesity**

**Background**

Obesity was identified as a priority area in the 2013 Community Health Assessment and again in 2016. County Health Ranking data show that 30% of adults in Grand Forks County and 34% of adults in Polk County are obese with a BMI (body mass index) of 30 or greater.

Private and community groups have been working to raise awareness of the issue, steer our communities toward prevention, and help those who are obese or overweight improve their health by losing weight. Altru Health System offers a comprehensive Weight Management Program to help individuals reach their weight loss/health improvement goals. Altru also offers Healthy and Fit Kids and Families programming to help youth achieve weight loss and build the family support system to sustain the healthy changes necessary for long-term success.

Healthy Choices Greater Grand Forks is a community coalition aimed at reducing obesity. This group has worked with community partners to sponsor a walking challenge; post signs encouraging walking and biking, and encourages our community to make the healthy choice the easy choice. The group is currently working to bring a Bike Share program to Grand Forks, supporting efforts for community gardens, developing an obesity resolution that can be approved by local governing bodies, and supporting the Grand Forks Metropolitan Planning Organization in their work towards a Complete Streets policy. Healthy Choices is also involved in a Diabetes Prevention Community Engagement program through the U.S. Department of Health and Human Services, Health Resources Services Administration.
A local measurement for childhood obesity has not been determined yet. The committee will work to establish a meaningful metric that can be tracked over time. Please note that any activities established in the community to impact adult obesity will also have a role in reducing the rate of childhood obesity.

Alignment with State or National Initiatives
There are many initiatives across the country addressing the obesity epidemic. As an example, the Centers for Disease Control and Prevention’s Division of Nutrition, Physical Activity, and Obesity (DNPAO) supports the nation to establish sustainable programs to improve dietary quality, increase physical activity, and reduce obesity and overweight. DNPAO funds and works with state health departments through a cooperative agreement (State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health program). 2016 reports for North Dakota and Minnesota highlight the work done in each state through this cooperative agreement. Each state has worked on the following activities during the first two years of the program.

North Dakota
- Provided 25 early care and education providers with technical assistance (TA) on Let’s Move! Child Care (LMCC). A trained consultant visits each provider, completes the LMCC checklist with facility staff, and helps identify one nutrition and one physical activity goal.
- In partnership with the Comprehensive Cancer Program, provided TA to three communities to implement worksite wellness strategies, including increasing worksite physical activity

Minnesota
- Updated breastfeeding webpages to include guidance and technical assistance for maternity centers, workplaces, and health departments to be recognized as “breastfeeding friendly.”
- Delivered Coordinated Approach to Child Health Early Childhood training-of-trainers to 15 Statewide Health Improvement Program grantees and child care trainers to help increase physical activity in early care and education settings.
- Reached an agreement to implement healthy vending guidelines in state agencies.
- Launched the development of Minnesota Pedestrian System Plan in partnership with the MN Department of Transportation. The plan will include assessing pedestrian needs and challenges, developing recommendations for new projects, policies, and programs that would improve the pedestrian environment, and clarifying the roles and responsibilities of partners involved with creating better pedestrian environments in Minnesota. As a part of the plan, a background document regarding the pedestrian environment in Minnesota was published, a 30-person project advisory committee with broad stakeholder representation was created, and a community engagement toolkit to collect statewide input was disseminated.
Source/Evidence-Base
https://www.cdc.gov/obesity/strategies/index.html

Policy Implications
There are a number of related policy implications that will assist in reducing the rate of obesity:
1) Adopting a Complete Streets policy for Greater Grand Forks that will make it easier for residents to bike and walk to their destinations versus driving.
2) Passing an Obesity Resolution to guide future decision making toward efforts that will support making healthy choices by default.
3) Supporting health in all policies to, again, guide future decision making so that the impact on our community’s health is always considered.

Owner/Lead Agency or Group
Every business or organization can be involved in efforts to reduce the rate of obesity in our community. Several are taking the lead: Altru Health System, Grand Forks Public Health, Healthy Choices Greater Grand Forks, Coalition for a Healthy Greater Grand Forks, and NDSU Extension.

Goal: Reduce the rate of obesity.

Objective 1: By 2019, reduce the rate of obesity in adults by 10% of the baseline.

Performance Measure: Percent of adults with BMI >= 30 as reported by County Health Rankings
Baseline: Grand Forks County: 30%; Polk County: 34%
Target: Grand Forks County: 27%; Polk County: 30.6%
<table>
<thead>
<tr>
<th>Implementation Activities</th>
<th>Responsible Party</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adopt an Obesity Prevention Resolution</td>
<td>Healthy Choices Greater Grand Forks, Grand Forks Board of Health</td>
<td>Adopted by the Grand Forks Board of Health in July 13, 2017.</td>
</tr>
<tr>
<td>Establish Community Gardens</td>
<td>Grand Forks Public Health, Polk County Public Health, Polk County Public Health/Polk-Norman/Mahnomen Statewide Health Improvement Partnership (PNM SHIP), Healthy Choices Greater Grand Forks, NDSU Extension/PNM SHIP</td>
<td>Community Gardens available in Grand Forks in summer 2017</td>
</tr>
<tr>
<td>Work toward healthy concession stand offerings for school and community activities</td>
<td>Healthy Choices Greater Grand Forks, PNM SHIP, GF Park District</td>
<td>Better Bites menu available at Grand Forks Hockey Arenas</td>
</tr>
<tr>
<td>Increase the number of worksite policies that encourage healthy eating, physical activity, and breastfeeding</td>
<td>Grand Forks Public Health, Healthy Choices Greater Grand Forks, Partners for Healthy Community, PNM SHIP, Polk County Wellness Coalition, Healthier Fosston, Polk County Breastfeeding Coalition</td>
<td>19 organizations have implemented policies as of 9.30.17</td>
</tr>
<tr>
<td>Initiative</td>
<td>Responsible Parties</td>
<td>Notes</td>
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</tr>
<tr>
<td>Promote Altru’s Weight Management Program and Healthy and Fit Kids and Families</td>
<td>Altru Health System</td>
<td>October 2017 YTD weight management program had 254 patients. Healthy and Fit Kids and Families program had an additional 18. The program also does monthly education on mindfulness, stress reduction, healthy diets, and exercise in the schools and reaches 562 kids each month.</td>
</tr>
<tr>
<td>Support and promote local Farmers’ Markets and Mobile Farmers’ Market</td>
<td>Healthy Choices Greater Grand Forks, NDSU Extension, MN Extension, PNM SHIP, Polk County Wellness Coalition, Healthier Fosston</td>
<td>Mobile market and 4th street market available in Grand Forks. EBT cards accepted at these markets. Both 2016 and 2017 Well Fed Classes were filled with 48 and 56 participants, including adults and children. 100% of participants reported an increase in their own and children’s daily intake of produce, and 88% agreed or strongly agreed they’ve increased confidence in preparing fresh, local produce. 7 new and beginning farmers were feature through trolley and have expanded growing plans for 2018.</td>
</tr>
<tr>
<td>Establish a Bike Share Program</td>
<td>Healthy Choices Greater Grand Forks, Bike Crookston</td>
<td>In progress; group exploring a new, lower-cost model.</td>
</tr>
<tr>
<td>Implement partnership with East Grand Forks Parks to increase physical activity</td>
<td>Altru Health System, PNM SHIP, EGF Parks &amp; Rec</td>
<td>The Healthy and Fit Fair May 23, 2017; EGF Senior Center monthly education sessions</td>
</tr>
<tr>
<td>Adopt a Complete Streets Policy</td>
<td>Grand Forks Planning and Community Development Department</td>
<td>Projected to be adopted by Grand Forks City Council in January.</td>
</tr>
</tbody>
</table>
**Objective 2: By 2019, reduce the rate of obesity in children.**

Performance Measure: Percent of children with a BMI at or above the 95th percentile for their age.
Baseline: TBD
Target: TBD

<table>
<thead>
<tr>
<th>Implementation Activities</th>
<th>Responsible Party</th>
<th>Progress to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase the number of employers that have lactation support programs consistent with Healthy People 2020 goal of 38% (950 businesses in Grand Forks).</td>
<td>Grand Forks Public Health PNM SHIP, Polk County Wellness Coalition, Healthier Fosston, Polk County BF Coalition</td>
<td>To date, 40 agencies have adopted lactation policies, 6 added in 2017.</td>
</tr>
<tr>
<td>Train lactation counselors and childcare providers.</td>
<td>GFPHD</td>
<td>43 lactation counselors and 20 childcare providers received training.</td>
</tr>
<tr>
<td>Support implementation of healthy school lunch rooms through policies and design that promote the healthiest food choices throughout Grand Forks/Polk Counties.</td>
<td>Healthy Choices Greater Grand Forks, Grand Forks Board of Health</td>
<td>Ongoing</td>
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<tr>
<td>Action</td>
<td>Collaborators</td>
<td>Status</td>
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</tr>
<tr>
<td>Establish Community Gardens</td>
<td>Healthy Choices Greater Grand Forks/PMN SHIP</td>
<td>Community Gardens available in Grand Forks in summer 2017</td>
</tr>
<tr>
<td>Work toward healthy concession stand offerings for school and community activities</td>
<td>Grand Forks Public Health, Healthy Choices Greater Grand Forks, Partners for Healthy Community, PMN SHIP/Polk County Wellness Coalition/Healthier Fosston/Polk County Breastfeeding Coalition</td>
<td>Better Bites menu available at Grand Forks Hockey Arenas</td>
</tr>
<tr>
<td>Increase the number of organizations with policies that encourage healthy eating, breastfeeding and physical activity</td>
<td>Altru Health System</td>
<td>19 organizations have implemented policies as of 9.30.17</td>
</tr>
<tr>
<td>Promote Altru’s Weight Management Program and Healthy and Fit Kids and Families</td>
<td></td>
<td>October 2017 YTD weight management program had 254 patients. Healthy and Fit Kids and Families program had an additional 18. The program also does monthly education on mindfulness, stress reduction, healthy diets, and exercise in the schools and reaches 562 kids each month.</td>
</tr>
<tr>
<td>Support and promote local Farmers Market and Mobile Farmers Market</td>
<td>Healthy Choices Greater Grand Forks, NDSU Extension, MN Extension, PNM SHIP/Polk County Wellness Coalition/Healthier Fosston</td>
<td>Mobile market and 4th street market available in Grand Forks. EBT cards accepted at these markets. Both 2016 and 2017 Well Fed Classes were filled with 48 and 56 participants, including adults and children. 100% of participants reported an increase in their own and children’s daily intake of produce, and 88% agreed or strongly agreed they’ve increased confidence in preparing fresh, local produce. 7 new and beginning farmers were featured through trolley and have expanded growing plans for 2018.</td>
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<tr>
<td>Establish a Bike Share Program</td>
<td>Healthy Choices Greater Grand Forks/Bike Crookston</td>
<td>In progress; group exploring a new, lower-cost model.</td>
</tr>
<tr>
<td>Implement partnership with East Grand Forks Parks to increase physical activity</td>
<td>Altru Health System, EGF Parks &amp; Rec, PNM SHIP</td>
<td>The Healthy and Fit Fair May 23, 2017</td>
</tr>
<tr>
<td>Adopt a Complete Streets Policy</td>
<td>Grand Forks Planning and Community Development Department</td>
<td>Projected to be adopted by Grand Forks City Council in January.</td>
</tr>
</tbody>
</table>

**Priority Area: Binge Drinking and Alcohol Abuse**

**Background:**
North Dakota historically ranks high in binge drinking and alcohol abuse. There is good news however, in that youth alcohol consumption has declined during the past few years. Several community groups have been established to address this topic and have achieved some significant outcomes in policy, education and advocacy.
The Substance Abuse Prevention Coalition (SAPC), Grand Forks Public Health Department, and Community and Campus Committee to Reduce High Risk Alcohol Use (CCC) completed working on the Grand Forks County Strategic Prevention Framework State Incentive Grant (SPF SIG) in September 2016 resulting in a comprehensive plan to reduce underage drinking and adult binge drinking. The project was considered successful; however, more work needs to be done. Please see Attachment 3 for the SPF SIG Strategic Plan.

The CCC was successful at passing two local ordinances: 1) to outline social host responsibilities and 2) limiting extreme drink specials. Future potential policy initiatives include:

- Party Bus Regulations
- Liquor License Availability & Density
- Enforcement (i.e. Check-points)
- Healthy Entertainment Alternatives
- Restriction of Alcohol Service at Public, Family – Friendly Events
- Over Service Training
- Increasing Alcohol Taxes/ Cost
- Alcohol Compliance Checks
- Prevention Infrastructure

SAPC and its fiscal agent, Altru Health System submitted a grant proposal for the Drug Free Communities Grant on March 15, 2017. The goals of the proposal focus on reducing alcohol, marijuana, and prescription medication abuse among youth ages 18 and younger. Awards will be announced September 2017.

The CCC has recently conducted a study on the effects of adults drinking at youth sporting events and has presented the findings to the Grand Forks City Council and other community groups.

**Alignment with State or National Initiatives**
North Dakota First Lady’s Initiative on Addiction
ND Dept. of Human Services, Division of Behavioral Health [Behavioral Health Assessment](https://www.ndhealthcare.gov/behavioral-health-assessment)
SPF SIG Grant Report and Strategic Plan

Working Document as of 12.13.17
Source/Evidence-Base:
The County Health Rankings has data on adult binge drinking rates and percentage of motor vehicle accidents are impacted by alcohol.

Policy Implications:
The policy implications are focused on changing the culture of alcohol consumption in our communities. A regulation for alcohol service on “party buses” is one area where attention is focused on the prevention of both underage drinking and also excessive consumption. Policies by local sports sponsoring organizations may be another area where Effects of Adults Drinking at Youth Sporting Events project receives attention with improved and strengthened policies and education for parents. The North Dakota Behavioral Health Assessment has a number of policy recommendations related to prevention, treatment and support for recovery in communities.

Owner/Lead Agencies or Groups:
Substance Abuse Prevention Coalition (SAPC), Campus and Community Committee on High Risk Alcohol Use, the newly forming Mayor’s Task Force on Addiction, UND

<table>
<thead>
<tr>
<th>Goal: Reduce the incidence of binge drinking and alcohol abuse.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 1: By 2019, reduce the percentage of adults who report binge or heavy drinking by 2 percentage points.</strong></td>
</tr>
<tr>
<td>Performance Measure: Percent of adults reporting excessive drinking as reported by County Health Rankings. Baseline: Grand Forks County: 25%; Polk County: 23%  Target: Grand Forks County: 23%; Polk County: 21%</td>
</tr>
<tr>
<td>Implementation Activities</td>
</tr>
<tr>
<td>---------------------------</td>
</tr>
<tr>
<td>Continue public education campaigns</td>
</tr>
<tr>
<td>Establish alcohol free environments at youth sporting events with education targeting parents</td>
</tr>
<tr>
<td>Promote policy action on party buses to reduce underage drinking and adult binge drinking</td>
</tr>
</tbody>
</table>

**Objective 2: By 2019, reduce alcohol impaired driving deaths to 25%.**

Performance Measures: Percent of MVA deaths where alcohol was involved as reported by County Health Rankings.
Baseline: Grand Forks County: 29%; Polk County 38%
Target: 25%

<table>
<thead>
<tr>
<th>Implementation Activities</th>
<th>Responsible Party</th>
<th>Progress to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Toward zero deaths</td>
<td>Polk County Toward Zero Deaths, PCPH</td>
<td></td>
</tr>
<tr>
<td>DUI Check points Saturation Patrols</td>
<td>Law Enforcement</td>
<td></td>
</tr>
<tr>
<td>Promote Responsible Beverage Server Training</td>
<td>Polk County Toward Zero Deaths, PNM DFC Grant, City of Grand Forks</td>
<td>Server training available at <a href="http://www.grandforksgov.com">www.grandforksgov.com</a></td>
</tr>
</tbody>
</table>
Objective 3: By 2019, decrease the percentage of students who currently drank alcohol (at least one drink of alcohol on at least 1 day during the 30 days before the survey) from 28% to 25% in Grand Forks Region and in Polk County (Polk County baseline and target TBD).

Performance Measure: Percent of students reporting drinking alcohol
Baseline: Grand Forks Region: 28%; Polk County: TBD
Target: Grand Forks Region: 25%; Polk County: TBD

<table>
<thead>
<tr>
<th>Implementation Activities</th>
<th>Responsible Party</th>
<th>Progress to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apply for Drug Free Communities Grant to focus on reducing alcohol, marijuana, and prescription medication among youth ages 18 and younger.</td>
<td>SAPC through Altru Health System</td>
<td>DFC Grant not received.</td>
</tr>
<tr>
<td></td>
<td>SAPC</td>
<td>Altru and GFPS plan to submit a proposal in 2018.</td>
</tr>
<tr>
<td></td>
<td>Polk County Drug Task Force, Polk County TZD, PNM DFC Grant</td>
<td>Received $29,167 for substance abuse prevention activities from North Dakota Department of Human Services.</td>
</tr>
<tr>
<td>Continue prevention activities</td>
<td>Polk County Drug Task Force, Polk County TZD, PNM DFC Grant</td>
<td>Parents Lead Campaign continued in 2017.</td>
</tr>
</tbody>
</table>

Priority Area: Care Coordination

Background
For calendar year 2015, the Grand Forks community had a 13.1% higher rate of acute care utilization, including emergency room visits, observation stays, and inpatient hospitalizations*, than the North Dakota rate. Specifically, the Grand Forks community rate of inpatient hospitalizations* was 9.7% higher than the North Dakota rate (277.9 vs 250.8). Using the Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project’s (HCUP) 2014 average U.S. national inflation-adjusted cost per stay for all inpatient stays of $10,176², the difference in Medicare expenditure would be greater than $275,000 per 1000 Medicare beneficiaries.
Not all the problems associated with acute care utilization, including 30-day hospital readmissions, are the responsibility of community hospitals. Community-level weaknesses include transfer of information between providers and patients at the time of transition, a failure to assure patients and/or caregivers they can self-manage their condition during transition and a lack of standard processes to effectively manage the transition of the patient between settings. Socioeconomic factors, i.e., living alone, having unmet functional needs, lacking self-management skills, and having limited education are also important factors driving acute care utilization.³

Focus groups with new Americans, senior citizens, and people with disabilities as a part of the Community Health Assessment revealed concerns around care coordination or issues that can impact it. Themes included stereotyping and negative experiences with care, language issues/barriers, lack of care coordination and transportation issues.

To address these issues, there must be a focus on processes of care at a community level to engage providers and stakeholders across the continuum of care; not just the hospital. This includes home health agencies, dialysis facilities, skilled nursing facilities, pharmacies, physician offices as well as patients, families, payers and community stakeholders. This improved care coordination leads to better patient outcomes, overall satisfaction and reduces avoidable hospital admissions.

*per 1000 Medicare beneficiaries

Alignment with State or national initiatives
The Centers for Medicare and Medicaid Services’ (CMS) vision is to . . . transform the health care system into one that works every time, for every American. This transformed system aims to deliver better care, spend our health care dollars in a smarter way, and put consumers at the center of care to keep them engaged and healthy. The CMS Quality Strategy pursues and aligns with the broad aims of the National Quality Strategy:

- **Better Care:** Improve the overall quality of care by making health care more person-centered, reliable, accessible, and safe.
- **Smarter Spending:** Reduce the cost of quality health care for individuals, families, employers, government, and communities.
- **Healthier People, Healthier Communities:** Improve the health of Americans by supporting proven interventions to address behavioral, social, and environmental determinants of health, and deliver higher-quality care.

Two of the foundational principles of the CMS Quality Strategy is to implement integrated care across various health care delivery settings, including the development of effective linkages to community resources and encourage multidisciplinary, cross-sector learning communities that bring together clinicians, other licensed providers, persons and families, community health workers, urban planners and other community stakeholders.
Source/ Evidence-Base

Policy Implications
Policy implications include:
1) Establishment of consistent community coordination of care committee focusing on processes to strengthen and align transfer of care across the healthcare settings as well as community service and resource agencies.
2) Implementation of advanced care planning at a community level that will provide consistency in education, resources and standards of practice.
3) Community wide support of reinforcing the importance of healthcare coverage for individuals, ultimately reducing the number of uninsured individuals in the community.

Owner/ Lead Agency or Group
Altru Health System in collaboration with Quality Health Associates of North Dakota (who serves as the Quality Improvement Organization (QIO) for North Dakota, striving to align state wide efforts with CMS Quality Strategies promoting better care, smarter spending and healthier people and communities)

Goal: Improve care coordination and access to health care.

Objective 1: By 2019, reduce preventable admissions, ED visits, observation stays by 10%.

Performance Measure: Quarterly rate of inpatient hospitalization, observation stay, and ED visits per 1000 Medicare beneficiaries
Baseline: Grand Forks County: 45/1000; Polk County: 44/1000
Target: Grand Forks County: 40.5/1000; Polk County: 39.6/1000
<table>
<thead>
<tr>
<th>Implementation Activities</th>
<th>Responsible Party</th>
<th>Progress to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiate Grand Forks Coordination of Care Committee</td>
<td>Altru Health System Quality Health Associates of North Dakota</td>
<td></td>
</tr>
<tr>
<td>Continue efforts by Discharge Planning team</td>
<td>Altru Health System</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Advance Care Planning Coalition Activities:</td>
<td>Hospice of the Red River Valley</td>
<td>April 2017</td>
</tr>
<tr>
<td>Community video showing ‘Being Mortal’</td>
<td>Grand Forks Advanced Care Planning work group</td>
<td></td>
</tr>
<tr>
<td>Community education on palliative care &amp; advanced care planning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promotion of National Healthcare Decisions Day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educate and promote completion of Healthcare Directives for 50% of patients accessing</td>
<td>Honoring Choices ND</td>
<td>November 2017</td>
</tr>
<tr>
<td>care in the Grand Forks Community</td>
<td></td>
<td></td>
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<tr>
<td>First Steps Training to create larger number of educators in community – 13 trained</td>
<td>Area pharmacists &amp; Quality Health Associates of ND</td>
<td>November-December 2017</td>
</tr>
<tr>
<td>Currently</td>
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<tr>
<td>Coordination of District 4 Pharmacists meeting to align efforts with Call to Action</td>
<td>Quality Health Associates of ND</td>
<td></td>
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<tr>
<td>workgroups</td>
<td></td>
<td></td>
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<tr>
<td>Prescription Drug Monitoring Educational Series</td>
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</tbody>
</table>

Working Document as of 12.13.17
Community video showing ‘Defining Hope’

Created flyers to distribute to community informing of the coalition

Created cards with prompts to guide conversations in a consistent way across the community.

<table>
<thead>
<tr>
<th>Hospice &amp; Palliative Care Nurses Association</th>
<th>November 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small tests currently being performed</td>
<td></td>
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</tbody>
</table>

**Objective 2: By 2019, decrease the number of uninsured individuals in each county by 2 percentage points**

Performance Measure: Percent of population under age 65 without health insurance as reported by County Health Rankings.
Baseline: Grand Forks County: 10%; Polk County: 9%
Target: Grand Forks County: 8%; Polk County: 7%

<table>
<thead>
<tr>
<th>Implementation Activities</th>
<th>Responsible Party</th>
<th>Progress to Date</th>
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</thead>
<tbody>
<tr>
<td>Continue the HERO Program</td>
<td>Altru Health System</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Continue Point of Care enrollment</td>
<td>Valley Community Health Centers</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
**Objective 3: Decrease the hospital-wide all cause readmission rate to Altru Hospital to 10.5% by year-end 2017.**

Performance Measure: Percent of patients readmitted to Altru Hospital within 30 days of discharge  
Baseline: 11.6%  
Target: 10.5%

<table>
<thead>
<tr>
<th>Implementation Activities</th>
<th>Responsible Party</th>
<th>Progress to Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initiate Grand Forks Coordination of Care Committee</td>
<td>Altru Health System Quality Health Associates of North Dakota</td>
<td>Readmission rate: 11.4% in October 2017</td>
</tr>
<tr>
<td>Continue efforts by Discharge Planning team</td>
<td>Altru Health System Hospice of the Red River Valley</td>
<td>Ongoing Implemented Home Visits Post Hospitalization/ER Transition Program</td>
</tr>
<tr>
<td>Community video showing ‘Being Mortal’</td>
<td>Hospice of the Red River Valley</td>
<td>April 2017</td>
</tr>
<tr>
<td>Community education on palliative care &amp; advanced care planning</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Educate and promote completion of Healthcare Directives for 50% of patients accessing care in the Grand Forks Community</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Steps Training to create larger number of educators in community – 13 trained currently</td>
<td>Honoring Choices ND</td>
<td>November 2017</td>
</tr>
</tbody>
</table>

Working Document as of 12.13.17
| Coordination of District 4 Pharmacists meeting to align efforts with Call to Action workgroups | Prescription Drug Monitoring Educational Series | Community video showing ‘Defining Hope’ |
| Created flyers to distribute to community informing of the coalition | Created cards with prompts to guide conversations in a consistent way across the community. | |

| Area pharmacists & Quality Health Associates of ND | Quality Health Associates of ND | Hospice & Palliative Care Nurses Association |
| Taking place Nov-Dec 2017 | November 2017 | Small tests currently being performed |
Resources

Altru’s Corporate Development division and a team from Grand Forks Public Health have been co-facilitating the Community Health Assessment process. Both entities will continue to facilitate the process, coordinate activities where appropriate, and monitor progress per specific outcomes identified. Other community members will be involved as initiatives warrant.

Approval and Next Steps

This report will be shared for review and approval as follows:
» Altru Health System’s Board of Directors on December 18, 2017.
» Grand Forks Board of Health on January 11, 2018.

Upon approval by these bodies, the report will be available to the public as follows:
» An electronic copy will be given to each Advisory Committee member.
» An electronic file will be available on Altru’s website (www.altru.org) and the Grand Forks Public Health Department website (www.grandforksgov.com/publichealth).
» A copy of the report will be available for review at the information desk located in Altru Hospital’s front lobby and at the front desk of Grand Forks Public Health Department at 151 South 4th Street.
» A copy of the report will be sent—electronically or via U.S. Postal Service—to anyone who requests it.
ATTACHMENT ONE | ADVISORY COMMITTEE MEMBERSHIP

In addition to Altru Health System and Grand Forks Public Health, individuals representing the following agencies/organizations made up the community-based Advisory Committee:

» Altru Health System
» Altru Family YMCA
» Community Violence Intervention Center
» Faith Community
» Global Friends Coalition
» Grand Forks Air Force Base
» Grand Forks City Council
» Grand Forks County Commission
» Grand Forks Fire Department
» Grand Forks Police Department
» Grand Forks Park District
» Grand Forks Public Health Department
» Grand Forks Public Schools
» Grand Forks Senior Center
» Lipp, Carlson, Witucki & Associates
» Northeast Human Service Center
» Polk County Public Health
» Quality Health Associates of North Dakota
» Third Street Clinic
» Valley Community Health Centers
» United Way
» University of North Dakota
» University of North Dakota School of Medicine and MPH Program
ATTACHMENT TWO | GROUPS ADDRESSING BEHAVIORAL HEALTH NEEDS IN GRAND FORKS AND EAST GRAND FORKS

Behavioral health is a general term that encompasses the promotion of emotional health; the prevention of mental illnesses and substance use disorders; and treatments and services for mental and/or substance use disorders. (SAMHSA, retrieved from http://beta.samhsa.gov/grants/grants-glossary.) This list does not include behavioral health service providers.

**Altru Opioid Committee (Lynn Huot, Jennifer Burton, Altru)**
An inter-disciplinary team comprised of Altru leaders and physicians that seek to identify and reduce increased prescription drug abuse. Altru Health System has been active in revising policies and procedures internally to address the prescription drug abuse issue. Education and resources have been provided to Altru physicians to assist in managing the prescription drug/medication practicing patterns. Altru has partnered with the Grand Forks County Sheriff’s Department to create awareness within the community through its “Drug-Take Back” events.

**Call to Action (Pete Haga, Mayor’s Office)**
The Grand Forks City Council and Mayor’s Office established this broad coalition in 2017 to address the growing concerns regarding opioid use disorder and overdoses in the community. There are four committees working on priorities and they are: Prevention and Education, Treatment and Intervention, Recovery and Support, and Data and Communication. This group replaces the work of the Prescription and Synthetic Drug Abuse Community Committee, previously convened by Altru Health System. This group also serves as an advisory committee for the Opioid State Targeted Response Grant received by Grand Forks Public Health Department.

**Campus and Community Committee on High Risk Alcohol Use (CCC) (This group has not met since 2016)**
Partnership established in 2014 by the President of UND and the Mayor of Grand Forks to assist in creating a community and campus culture that supports responsible, low-risk alcohol use. The CCC has pledged to utilize best practices along with policy, systems and environmental changes to address the issues surrounding high-risk alcohol use in the community. The CCC, in collaboration with the Substance Abuse Prevention Coalition has utilized SPF-SIG funding to propel public education campaigns forward that are focused on curbing both high-risk drinking and underage drinking. The CCC has also successfully collaborated with the Grand Forks City Council to pass policies related to social hosting and extreme drink specials.

**Community Coordination Committee on Mental Health (Deb Davis, Randy Slavens, Northeast Human Services)**
A community coalition of health care providers, law enforcement, court system and human service providers who meet quarterly to problem solve community issues around mental health. The coalition also serves as a community platform to keep community stakeholders updated on mental health initiatives.
Community Health Assessment (CHA) Advisory Committee (Audrey Lorenz, Altru & Debbie Swanson, Health)
Altru conducted a Community Health Need Assessment in 2013 that drew from a wide-range of community stakeholders to identify the most pressing health needs in our community. Out of the top five priorities, access to mental health services was rated #2 and binge and excessive drinking was rated #3 in importance. The Advisory Committee has been expanded in 2016 to review data and conduct focus group interviews to update the Community Health Assessment. This work is a collaboration between Altru, the Grand Forks Public Health Dept. and the University of North Dakota Master of Public Health Program.

Grand Forks Substance Abuse Prevention Coalition (SAPC) (Bill Vasicek, Altru)
Community-based coalition comprised of many key individuals and agencies including: Altru, UND, GF Public Schools, GF Youth Commission, GF Police Department, GF Public Health department and others, that have come together to reignite the mission of a group formerly known as “The Answer.” SAPC holds monthly meetings with the goal of reducing substance abuse by building community capacity and supporting and/or initiating substance abuse prevention interventions. The Grand Forks Public Health Department has been awarded various prevention grants and subcontracts this funding to Altru to carry out the activities through the Substance Abuse Prevention Coalition.

Healthy UND Coalition (Karina Knutson, UND)
The coalition is made up of over 200 UND students, faculty, and staff who work in partnership to promote healthy lifestyle choices by enhancing awareness, building skills, changing social norms, and creating a healthier environment. Healthy UND’s overarching principle is to emphasize all seven dimensions of wellness including: physical, emotional, social, spiritual, occupational, intellectual, and environmental. Healthy UND 2020 priorities include alcohol and other drug use/abuse, mental health, nutrition, physical activity, and healthy relationships/social skills. Ongoing Healthy UND priorities include tobacco prevention, support for the Wellness Living Learning Community, Diversity, and Worksite Wellness.

Healthy UND Commission on Student Use of Alcohol and Other Drugs (AOD) (Analee Hokkala, UND)
The Commission guides and coordinates UND’s efforts to reduce negative consequences associated with high-risk alcohol and other drugs use among students through a comprehensive approach that involves individual and environmental strategies. Duties and responsibilities include regularly reviewing data to identify patterns and trends in student behavior; developing, implementing, and evaluating a long-range strategic plan that aims to address student behaviors related to alcohol and other drug use and is based on evidence-informed practices; conducting a review of the UND’s alcohol and other drug programs every other year to determine their effectiveness; and providing input on the biennial report to the Department of Education.

Prescription and Synthetic Drug Abuse Community Committee (Heather Strandell, Altru) (This group’s work has been replaced with the Call to Action formation in 2017)
This group was initially convened by law enforcement in response to a significant number of overdoses and deaths resulting from synthetic drugs in the community. Seeking a more long term and coordinated approach to this problem, Altru Health System
received a United Way grant to convene series of meetings with community partners to determine next action steps and potential policy initiatives. The communications subcommittee of this group produced educational messages targeted to the school aged and young adult population on the dangers of synthetic drugs and a documentary film for the public. The data subcommittee is finalizing a report that demonstrates the impact of the problem on the community and a treatment subcommittee is exploring solutions to expanding treatment.

**Safer Tomorrows (Julie Christianson, CVIC)**
Safer Tomorrows is one of eight projects in the nation to be awarded a grant from the U.S. Department of Justice Defending Childhood Initiative to address child exposure to all forms of violence in Grand Forks County. More than 40 organizations, public and private, urban and rural, secular and faith based, are collaborating to make children's lives safer. The project works closely with schools on violence prevention efforts and offers in-school interventions, as well as evidenced-based therapies proven to be effective for addressing trauma such as domestic and dating violence, sexual assault and bullying that are available free of charge through Community Violence Intervention Center.

**Social Detox Task Force (Debbie Swanson, Curtis Scanson, Grand Forks Public Health Department)**
Several groups and community stakeholders collaborated to establish a withdrawal management (social detox) center at 201 South 4th Street, operated by the Grand Forks Public Health Department. Funding for the operation of the center is shared between Altru, the City of Grand Forks, Grand Forks County, Northeast Human Services, and the ND Department of Human Services. The City’s Community Development Block Grant Funds provided significant support to the construction and provides ongoing program support. The advisory committee meets quarterly.
Strategic Plan

Grand Forks County
Strategic Prevention Framework
State Incentive Grant (SPF SIG) Project

Implementation Phase: October 2014 – September 2015

Over the next several months, participating community organizations and agencies throughout Grand Forks County aim to employ the following strategies, proven to reduce the harms caused by underage drinking and adult binge drinking, in effort to improve the health and safety of our community.

Strategies to Improve Health and Safety

1. Cultivate Positive Community Norms by:
   - Initiating a media campaign promoting healthy and safe behaviors
   - Promoting Parents LEAD (Listen, Educate, Ask, Discuss) a web-based communication program designed to help parents:
     - Initiate and/or continue conversations with their children about underage drinking and other difficult subjects at any age
     - Role-model positive and healthy behaviors
     - Monitor their children’s whereabouts
     - Provide support and engagement

2. Reduce access to alcoholic beverages by those under the age of 21 through social means such as friends, relatives, and house parties by:
   - Enacting a Social Host Ordinance in the City of Grand Forks
   - Endorsing safe and healthy community events by strengthening regulations addressing the sale of alcoholic beverages.

Underage Drinking & Adult Binge Drinking contributes to:

- Alcohol poisoning
- Burns
- Cancer
- Child maltreatment
- Child neglect
- Dementia
- Depression
- Domestic violence
- Drowning
- Falls
- Family problems
- Liver disease
- Lost productivity
- Motor-vehicle crashes
- Physical assault
- Sexual assault
- Suicide
- Stroke
- Theft
- Unemployment
- Unintended pregnancy
- Vandalism

Source: Centers for Disease Control and Prevention (CDC)
Strategies to Improve Health and Safety Continued

3. Reduce the harms of underage drinking, adult binge drinking and impaired driving by increasing enforcement strategies for example: DUI Checkpoints, Alcohol Saturation Patrols, and Party Patrols.

4. Reduce accessibility to alcoholic beverages from licensed alcohol establishments by those under the age of 21 by conducting or expanding alcohol regulation compliance checks.

5. Reduce accessibility to alcoholic beverages from licensed alcohol establishments by those under the age of 21 and reduce serving or selling alcoholic beverages to an overly-intoxicated person by conducting or enhancing responsible beverage server training.

6. Reduce the harms of adult binge drinking and impaired driving by initiating policies restricting extreme drink specials such as “ladies drink free” or “all you can drink for $10”.

7. Reduce the harms of adult binge drinking and impaired driving by expanding a state-initiated educational campaign concerning alcoholic beverage serving size.