



**Public Health**  
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**Grand Forks Public Health**



# Grand Forks County Community Health Improvement Strategy

2026-2028

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- Altru Health System
- Grand Forks Public Health
- Grand Forks Public Schools
- Grand Forks Police Department
- Grand Forks County Sherrif
- Spectra Health
- North Dakota Office of the Governor
- East Grand Forks Food Shelf
- Grand Forks Housing Authority
- Grand Forks Park District
- East Grand Forks Family Resource Center
- Polk County WIC
- UND Student Health
- Grand Forks Senior Center
- Northlands Rescue Mission
- Polk County Public Health
- Grand Forks Head Start
- UND Nutrition and Dietetics
- Love In Action
- Midway School
- Hope Community Care and Food Pantry
- Freedom Church Pantry
- Sanford Health
- United way of Grand Forks, East Grand Forks & Area
- Emerado Community Food Pantry
- Emerado Fire Department
- Thompson Food Pantry
- St. Joseph's Social Care
- NDSU Extension

- UND Student Involvement and Parent Programs
- North Country Food Bank
- Global Friends
- Live Well Grand Cities
- Town Square Farmer's Market
- Grand Forks WIC
- Natural Resources Conservation Service
- UND Nutrition and Dietetics
- Salvation Army

## Overview

A Community Health Improvement Strategy (CHIS) is a community-driven framework that translates findings from a Community Health Needs Assessment (CHNA) into coordinated action to improve population health. The Grand Forks County CHIS builds upon the results of the 2025 Community Health Needs Assessment, which was completed through a collaborative effort between Altru Health System, Grand Forks Public Health (GFPH), and community partners. The CHNA examined both quantitative health indicators and qualitative community input to identify priority health needs and underlying factors affecting health and well-being in Grand Forks County.

The CHNA was designed to support three overarching aims: improving overall health and quality of life for residents, reducing health disparities across populations and neighborhoods, and strengthening access to preventive and supportive services. Findings from the assessment informed the selection of CHIS priority areas and guided the development of goals, objectives, and strategies focused on policy, systems, and environmental approaches. Together, the CHNA and CHIS provide a shared roadmap for collective action among public health, healthcare, and community organizations to address identified needs and advance health equity in Grand Forks County.

For additional detail on the data sources, methods, and findings that informed this strategy, the full 2025 Community Health Needs Assessment is available through this [link](#) or through Altru Health System’s or Grand Forks Public Health’s respective websites.

## Process

Development of the 2026–2028 Grand Forks County Community Health Improvement Strategy was guided by a collaborative, data-driven process grounded in findings from the 2025 Community Health Needs Assessment. Blue Zones was contracted to lead the 2025 CHNA and worked closely with Altru Health System and Grand Forks Public Health throughout the assessment process. The CHNA began in May 2025 and concluded in November 2025, incorporating quantitative data from state and national sources as well as qualitative input gathered through community conversations and stakeholder engagement.

Following completion of the CHNA, priority areas for the CHIS were identified in September 2025 during a facilitated strategy workshop conducted in partnership with Blue Zones and a broad group of community partners. Participants reviewed CHNA findings, discussed emerging themes, and collectively selected priority areas based on community need, feasibility, and potential for impact.

In January 2026, a CHIS Core Committee comprised of staff from Altru Health System and Grand Forks Public Health convened to formally initiate the CHIS development process. The Core Committee provided overall coordination and oversight for strategy development and supported the formation of priority-specific workgroups.

In March 2026, priority area subcommittee workshops were held for Alcohol Use and Food Security. These workshops brought together representatives from public health, healthcare, education, nonprofit organizations, and other community sectors to identify goals, objectives, and strategies for each priority area. Subcommittees used CHNA data, community input, and evidence-informed frameworks to develop strategies with an emphasis on policy, systems, and environmental approaches.

### Excluded Priorities

The Community Health Needs Assessment identified several health needs across the domains of housing, access to care, food environment, mental health, and health behaviors. Through a structured prioritization process informed by assessment data, community input, feasibility, and implementation capacity, food security, housing cost, and alcohol use were identified as the highest-priority needs. The current Community Health Improvement Strategy focuses on food security and alcohol use based on alignment with available resources, public health capacity, and opportunities for measurable impact within the CHIS timeframe.

### Housing Cost

Although housing cost was identified as a priority need through the Community Health Needs Assessment, it is not directly addressed within the current CHIS cycle. Housing affordability is shaped by complex market, policy, and regulatory factors that extend beyond the scope and implementation capacity of public health. Numerous entities are already leading substantial work in this area, and they are better positioned than a community health system or public health department to drive long-term systems change. Altru and GFPH remain supportive partners, recognizing the connection between housing, economic stability, workforce recruitment and retention, and overall community health, but are not the primary stewards of this work.

Several significant initiatives are currently underway across the community. The City of Grand Forks recently met with the Grand Forks Builders Association to better understand the local building environment, particularly for single-family homes, including loan availability, market conditions, barriers, and opportunities. Elected leadership, including the City Council president, is actively engaged in these discussions. In addition, the

regional Chamber of Commerce and Economic Development Corporation have contracted with a local consulting firm to conduct a data-driven housing strategy process. Stewards of this effort anticipate actionable recommendations that address housing needs across economic, workforce, and health dimensions. As these cross-sector efforts progress, housing costs may be revisited in future CHIS cycles if clear opportunities emerge for public health or community health system led or collaborative strategies.

### Access to Care

Access to care needs, including transportation and dental care, were identified through the CHNA but were not selected as priority areas for the current CHIS cycle. These needs are currently addressed through existing programs and service delivery systems. To ensure focused use of limited resources, they were not prioritized for CHIS implementation in favor of strategies aligned with the selected priority areas.

### Mental Health

Access to mental health care was identified as a community need through the CHNA; however, it was not selected as a standalone priority for the current CHIS cycle. This decision reflects coordination with ongoing local, regional, and state-level initiatives addressing mental health access, as well as significant investments by Altru Health System, including the expansion of behavioral health services. Mental health has been a focus of prior CHIS cycles, with progress achieved and efforts continuing through existing systems of care. In addition, strategies addressing alcohol use within the current CHIS are expected to support mental health outcomes due to the high prevalence of comorbidity between substance use and mental health conditions.

### Connection to Other Plans

The CHIS priority areas align closely with work already underway across the community. Many local and state partners — including public agencies, health systems, nonprofits, and educational institutions — have long recognized these issues as important and have established their own strategic plans, goals, and initiatives. As a result, several efforts pre-date this CHNA/CHIS cycle and may intersect with, complement, or reinforce CHIS objectives and strategies. At the same time, partner organizations may pursue additional goals that fall outside the scope of the CHIS.

For example, Grand Forks Public Health maintains ongoing initiatives in youth alcohol prevention and food security, as well as its own departmental strategic plan. Similarly, Altru Health System operates under its own organizational strategies and priorities. For more

information about partner-specific plans or objectives, community members are encouraged to visit each organization’s website or contact them directly.

## Implementation and Tracking

Altru Health System in partnership with Grand Forks Public Health conducts a Community Health Needs Assessment (CHNA) and develops a Community Health Improvement Strategy (CHIS) on a three-year cycle to guide local public health priorities and action. The most recent CHNA was completed in 2025 and serves as the foundation for the 2026–2028 CHIS. Implementation of the CHIS will begin in 2026 and continue through the end of 2028.

Throughout the three-year implementation period, progress toward CHIS goals and objectives will be reviewed on an annual basis. Evaluation activities will focus on tracking short-term indicators associated with individual strategies, as well as long-term outcome measures tied to each priority area. Annual progress summaries will document accomplishments, challenges, and any adjustments needed to ensure strategies remain responsive to community needs and emerging data.

Annual CHIS updates will be shared with stakeholders involved in the development and implementation of the strategy and will be made available to the public to support transparency and accountability. The CHIS is intended to function as a living document, allowing for refinement over time as conditions, partnerships, and opportunities evolve.

## Priority Area 1: Food Security

Food insecurity has been identified as a persistent and complex challenge in Grand Forks County through multiple Community Health Needs Assessments, including the 2025 CHNA. Quantitative data from national, state, and local sources, alongside community voices, indicate that a substantial share of residents, particularly children and families, experience barriers to consistent access to affordable, nutritious food. While Grand Forks County performs better than national averages on some indicators, local rates of food insecurity, SNAP eligibility, and low food access remain higher than desired and reveal meaningful disparities across neighborhoods and populations. This priority area aligns with Healthy People 2030 objectives to reduce household food insecurity and eliminate very low food security among children. The goals, objectives, and strategies in this section are intended to strengthen food agency, address root causes of food insecurity, and advance system-level solutions that support long-term nutrition security for children and families, while complementing ongoing efforts by Altru Health System, Grand Forks Public Health, and community partners.

## Specific Priority Goals:

1. Improve food agency among Grand Forks County residents
2. Increase community understanding of the root causes of food insecurity
3. Eliminate low food security among children (17 and under) in Grand Forks County

### Goal 1: Improve food agency among Grand Forks County residents

*Background:* Food insecurity is shaped not only by whether residents have enough food, but by whether they have the ability to access, prepare, and utilize nutritious foods in daily life. These components are deeply intertwined: a resident may be food secure in terms of quantity, yet nutrition insecure if they lack the skills, education, or access needed to choose and prepare healthy foods. 28% of county residents who experience low food security also have low food access, indicating transportation and proximity barriers have a sizeable impact on a person’s ability to access food. Strengthening food agency is essential to improving long-term nutrition security and aligns with Healthy People 2030’s emphasis on addressing the structural and behavioral determinants of food insecurity.

#### *Measurable Long Term Health Outcomes:*

- Household food insecurity and hunger
  - Sources: Healthy People 2030, Population Survey Food Security Supplement (CPS-FSSS) via CDC places
- Low Food Access
  - US Department of Agriculture, Economic Research Service, USDA – Food Access Research Atlas, 2019
- Low Income and Low Food Access
  - Sources: US Department of Agriculture, Economic Research Service, USDA Food Access Research Atlas

Strategy 1: Strengthen Food Agency Through Transportation and Access Improvements	
Lead Organization	Grand Forks Public Health
Collaborating Organizations	<ul style="list-style-type: none"> <li>- City of Grand Forks</li> <li>- Grand Forks County</li> <li>- Altru Health System</li> <li>- Grand Forks Public Health</li> <li>- Community food pantries and meal programs</li> </ul>
Action Steps	<ul style="list-style-type: none"> <li>- Review existing transportation policies and practices that affect access to grocery stores</li> </ul>

	<p>and food pantries and document barriers for policy discussion.</p> <ul style="list-style-type: none"> <li>- Explore alternative transportation models, including partnerships with taxi or rideshare services, for food access needs.</li> <li>- Convene at least one meeting with city and county stakeholders to discuss findings and potential policy or programmatic solutions.</li> <li>- 2027: Identification of feasible transportation strategies or pilot concepts</li> </ul>
Timeline	<ul style="list-style-type: none"> <li>- Q4 2026: Transportation policy review and stakeholder engagement</li> <li>- Q1 2027: Identification of feasible transportation strategies or pilot concepts</li> <li>- Q3 2027: Pilot identified transportation strategies</li> <li>- Q1 2028 – Assess pilot for permanent adoption</li> </ul>
Indicators of Success (Short Term)	<ul style="list-style-type: none"> <li>- Number of stakeholder meetings held with transit and policy partners.</li> <li>- Identification of at least one feasible transportation strategy to improve food access.</li> <li>- Number of strategies implemented to improve food access</li> </ul>
Baseline Data	<ul style="list-style-type: none"> <li>- To be determined</li> </ul>

<b>Strategy 2: Maintain the Food Security Committee as an Ongoing Stakeholder Group</b>	
Lead Organization	Grand Forks Public Health
Collaborating Organizations	<ul style="list-style-type: none"> <li>- Altru Health System</li> <li>- Community food pantries and meal programs</li> <li>- Grand Forks County</li> <li>- City of Grand Forks</li> <li>- University of North Dakota</li> <li>- Grand Forks Senior Center</li> <li>- Grand Forks Housing Authority</li> <li>- Grand Forks Park District</li> <li>- Grand Forks Public Schools</li> <li>- Spectra Health</li> <li>- Love in Action</li> <li>- Live Well Grand Cities</li> </ul>
Action Steps	<ul style="list-style-type: none"> <li>- Maintain the Food Security Committee as a standing CHIS stakeholder group.</li> </ul>

	<ul style="list-style-type: none"> <li>- Continue monthly meetings to review progress on food security objectives, share data updates, and coordinate cross-sector activities.</li> <li>- Maintain an updated roster of participating organizations and expand membership as needed to ensure broad representation.</li> <li>- Document meeting summaries, recommendations, and progress updates for CHIS annual reporting.</li> </ul>
Timeline	<ul style="list-style-type: none"> <li>- 2026–2028: Monthly meetings and ongoing coordination</li> </ul>
Indicators of Success (Short Term)	<ul style="list-style-type: none"> <li>- Number of monthly meetings held</li> <li>- Number and diversity of participating organizations</li> <li>- Documentation of recommendations or action items generated</li> <li>- Evidence of subcommittee input reflected in CHIS implementation</li> </ul>
Baseline Data	<ul style="list-style-type: none"> <li>- Standing Food Security Committee currently meets monthly and serves as an active stakeholder group</li> </ul>

**Goal 2: Increase community understanding of the root causes of low food security**

*Background:* Food security is shaped by a complex set of structural, economic, and environmental factors that extend far beyond the availability of food itself. Community Health Needs Assessment data and subcommittee discussions highlight that transportation barriers, rising food costs, limited access to culturally appropriate and nutrient-dense foods, and unstable housing conditions all contribute to local food insecurity. Some residents who rely on food pantries or meal programs may not self-identify as food insecure, underscoring the gap between community perceptions and the lived realities of those experiencing need. Additionally, SNAP eligibility and enrollment data reveal significant gaps—while approximately 18.3% of residents are eligible for SNAP, only 6.5% are enrolled—suggesting that stigma, administrative complexity, and lack of awareness limit access to available supports. Increasing community understanding of these root causes is essential for building support for upstream, policy-level solutions to food security challenges.

*Measurable Long Term Health Outcomes:*

- SNAP Eligibility
  - Sources: U.S. Census Bureau, Supplemental Nutrition Assistance Program (SNAP) Eligibility & Access
- Percent of Households Receiving SNAP Benefits
  - Sources: U.S. Census Bureau, American Community Survey
- Low Income and Low Food Access
  - US Department of Agriculture, Economic Research Service, USDA – Food Access Research Atlas
- Food Insecurity
  - CDC Places age-adjusted prevalence for Grand Forks County

<b>Strategy 1: Increase Community Understanding of Food Insecurity and Its Root Causes</b>	
<b>Lead Organization</b>	Grand Forks Public Health
<b>Collaborating Organizations</b>	<ul style="list-style-type: none"> <li>- Altru Health System</li> <li>- Community food pantries and meal programs</li> <li>- Grand Forks County</li> <li>- City of Grand Forks</li> <li>- University of North Dakota</li> <li>- Grand Forks Senior Center</li> <li>- Grand Forks Housing Authority</li> <li>- Grand Forks Park District</li> <li>- Grand Forks Public Schools</li> <li>- Spectra Health</li> <li>- Love in Action</li> <li>- Live Well Grand Cities</li> </ul>
<b>Action Steps</b>	<ul style="list-style-type: none"> <li>- Develop a shared, plain language definition of food insecurity and food agency for use across organizations.</li> <li>- Design and implement a public awareness campaign highlighting local food insecurity data and lived experiences.</li> <li>- Host experiential learning opportunities for community leaders and policymakers (e.g., “ride the bus” or “day in the life” events).</li> <li>- Engage local media to amplify consistent messaging around food insecurity and systems level solutions.</li> </ul>

Timeline	<ul style="list-style-type: none"> <li>- 2026: Message development and partner alignment</li> <li>- 2027–2028: Campaign implementation and experiential events</li> </ul>
Indicators of Success (Short Term)	<ul style="list-style-type: none"> <li>- Number of public awareness events or campaigns launched.</li> <li>- Number of media engagements, articles, or segments published</li> <li>- Number of communications generated.</li> <li>- Number of participants who are elected officials or community leaders in experiential activities.</li> </ul>
Baseline Data	<ul style="list-style-type: none"> <li>- To be determined</li> </ul>

### Goal 3: Eliminate low food security among children (17 and under) in Grand Forks County

*Background:* Children in Grand Forks County face elevated risk for food insecurity due to underlying economic and access-related factors. The SNAP enrollment gap is particularly pronounced for households with children: 28% of children live in SNAP-eligible households, compared to 18% of the total population, yet only 6.5% of households are enrolled. This gap highlights barriers to accessing available nutrition supports.

Because national surveys do not provide county-level estimates of very low food security among children, a local analog—children living below 50% of the federal poverty level (~4.5%)—serves as an indicator of heightened risk. This local estimate closely mirrors the state estimate of 4.1% for very low food security in children<sup>1</sup> and aligns with Healthy People 2030’s objective to eliminate very low food security, which sets a national target of 0%.

Other indicators reinforce the need for a child-centered objective. Approximately 24% of students in Grand Forks County are eligible for free school lunch, underscoring the economic vulnerability many families face. Children are also disproportionately represented among SNAP-eligible households, and many rely on school-based and community food programs to meet daily nutritional needs. Rising food costs and anticipated federal changes to school meal standards place additional strain on these systems, increasing vulnerability for families with limited resources. Taken together, these data demonstrate that eliminating low food security among children requires strengthening

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<sup>1</sup> U.S. Department of Agriculture, Economic Research Service. Food Security in the United States, <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/interactive-charts-and-highlights>

the systems that support families—nutrition programs, school meal infrastructure, transportation access, and reliable food resources. Consistent with Healthy People 2030, this objective focuses on reducing structural barriers and ensuring that all children in Grand Forks County have dependable access to nutritious food.

*Measurable Long Term Health Outcomes:*

- Household food insecurity and hunger
  - Sources: Healthy People 2030, Population Survey Food Security Supplement (CPS-FSSS) via CDC places
- Very low food security in children
  - U.S. Department of Agriculture, Economic Research Service Food Security Supplement (CPS-FSS)
- Child deep poverty 5 year-estimates
  - American Community Survey

<b>Strategy 1: Strengthen Systems That Support Child Food Security</b>	
Lead Organization	Grand Forks Public Health
Collaborating Organizations	<ul style="list-style-type: none"> <li>- Altru Health System</li> <li>- Community food pantries and meal programs</li> <li>- Grand Forks County</li> <li>- City of Grand Forks</li> <li>- University of North Dakota</li> <li>- Grand Forks Senior Center</li> <li>- Grand Forks Housing Authority</li> <li>- Grand Forks Park District</li> <li>- Grand Forks Public Schools</li> <li>- Spectra Health</li> <li>- Love in Action</li> <li>- Live Well Grand Cities</li> </ul>
Action Steps	<ul style="list-style-type: none"> <li>- Assess existing child focused food programs for nutritional quality and coverage gaps.</li> <li>- Expand lunch repack program to all schools, including private schools</li> <li>- Explore opportunities to expand food education for children and families</li> <li>- Identify policy or funding changes affecting child nutrition programs and develop local response strategies.</li> <li>- Assess food security at well child visits</li> </ul>

	<ul style="list-style-type: none"> <li>- Increase enrollment for food assistance programs and resources (e.g., WIC, SNAP, and free or reduced school meals)</li> </ul>
Timeline	<ul style="list-style-type: none"> <li>- 2026: Program and policy assessment</li> <li>- Q1-Q2 2027: Identification of gaps and opportunities</li> <li>- Q3-Q4 2027: Implementation planning</li> <li>- 2028: Deployment or pilot of response or intervention plans</li> </ul>
Indicators of Success (Short Term)	<ul style="list-style-type: none"> <li>- Completion of child food program assessment.</li> <li>- Number of programs or agencies engaged in food security efforts.</li> <li>- Proportion of well-child visits that assess food security</li> <li>- Reduction in food assistance program eligibility and enrollment gap (e.g. SNAP, free or reduced school meals, and WIC)</li> </ul>
Baseline Data	<ul style="list-style-type: none"> <li>- To be determined</li> <li>- SNAP Eligibility and Enrollment gap</li> </ul>

### Priority Area 2: Alcohol Use

Alcohol misuse continues to be a significant health concern in Grand Forks County and has been consistently identified as a priority through multiple Community Health Needs Assessments, beginning in 2013 and reaffirmed in the 2025 CHNA. Community input and quantitative data highlight the ongoing impacts of problematic drinking on health, safety, and youth perceptions of risk. The objectives and strategies in this section focus on reducing the prevalence of harmful alcohol use, decreasing alcohol-related health events, and supporting a community environment that normalizes responsible drinking behaviors and alcohol-free choices

#### Specific Priority Goals:

1. Reduce deaths and health events related to alcohol misuse.
2. Create a community that embraces responsible drinking behavior and alcohol-free choices.

#### Goal 1: Reduce deaths and health events related to alcohol misuse.

*Background:* Alcohol use and its acute and long-term health effects are an ongoing health concern for Grand Forks County residents. Healthy People 2030 identify reducing cirrhosis

death rates as a target related to the health consequences of long-term use of alcohol and other drugs. The most recent publicly available data from 2016 shows a cirrhosis death rate of 11.6 deaths per 100,000 people in Grand Forks County, which fails to meet the Healthy People 2030 objective of 10.9 deaths per 100,000 people. Healthy People 2030 also identify goals aimed at connecting people who need alcohol treatment to care (Increase the proportion of people who need alcohol and/or drug treatment who got treatment in the past year; Increase the proportion of people with substance use and mental health disorders who get treatment for both). Although these data are not currently available at the local level, they highlight the importance of identifying problematic alcohol use and connecting patients to care as a means of reducing the harms of alcohol misuse.

*Measurable Long Term Health Outcomes:*

- Cirrhosis mortality rates
  - Sources: National Center for Vital Statistics, Centers for Disease Control, North Dakota Health and Human Services
- Prevalence of Alcohol Use Disorder
  - Sources: SAMHSA National Survey on Drug Use and Health (NSDUH)
- Alcohol-impaired driving deaths
  - County Health Rankings & Roadmaps via Fatality Analysis Reporting System
- Alcohol related emergency, outpatient care visits, and hospitalizations
  - ND ESSENCE

<b>Strategy 1: Explore community capacity and collaboration to develop a medical detox facility</b>	
<b>Lead Organization</b>	Grand Forks Public Health
<b>Collaborating Organizations</b>	<ul style="list-style-type: none"> <li>- Grand Forks Public Health</li> <li>- Spectra Health</li> <li>- Altru Health System</li> <li>- City of Grand Forks</li> <li>- Grand Forks County</li> <li>- Other agencies or organizations as identified</li> </ul>
<b>Action Steps</b>	<ul style="list-style-type: none"> <li>- Facilitate a shared assessment with community health partners to identify strengths, gaps, existing barriers, and potential organizational roles related to establishing a medical detox facility</li> <li>- Engage ND State Behavioral Health regarding statewide planning for medical detox and report findings to the subcommittee</li> </ul>

	<ul style="list-style-type: none"> <li>- Identify and evaluate potential facility models, operational pathways, and physician champions that could support a medical detox facility in Grand Forks County.</li> <li>- Review potential funding sources, including the Rural Health Transformation grant and other state or federal opportunities.</li> <li>- Secure letters of support/resolutions from partner organizations (Altru, Spectra, GFPH, Board of Health, City, County).</li> </ul>
Timeline	<ul style="list-style-type: none"> <li>- Q4 2026: Complete leadership conversations, statewide check-ins, and initiate the collaborative community assessment.</li> <li>- Q1-Q2 2027: Conduct the shared assessment (strengths, gaps, barriers, roles), explore feasible models and pathways, and begin securing letters of support/resolutions from partner organizations.</li> <li>- Q3-Q4 2027: Assess funding opportunities and prepare a preliminary feasibility summary for the CHIS annual review.</li> </ul>
Indicators of Success (Short Term)	<ul style="list-style-type: none"> <li>- Completion of community-wide feasibility and planning conversations</li> <li>- Number of partner organizations that provide letters of support or resolutions indicating interest, readiness, or potential roles</li> <li>- Summary documentation of at least one feasible facility model, operational pathway, or physician champion identified through the assessment and exploration process</li> </ul>
Baseline Data	<ul style="list-style-type: none"> <li>- No medical detox facility currently exists in Grand Forks County</li> </ul>

<b>Strategy 2: Provide training to primary care providers on health effects of alcohol use and brief interventions</b>	
Lead Organization	Altru Health System
Collaborating Organizations	<ul style="list-style-type: none"> <li>- Grand Forks Public Health</li> <li>- Spectra Health</li> <li>- University of North Dakota School of Medicine &amp; Health Sciences</li> <li>- Other agencies or organizations as identified</li> </ul>
Action Steps	<ul style="list-style-type: none"> <li>- Schedule meeting with UND Med School leadership to discuss provider training needs and opportunities.</li> <li>- Develop a training module on alcohol’s health effects and brief intervention techniques (e.g., SBIRT).</li> <li>- Integrate training into Altru’s quarterly Workday learning system or as part of Grand Rounds.</li> <li>- Share training materials with other medical providers across Grand Forks County.</li> </ul>
Timeline	<ul style="list-style-type: none"> <li>- Q3 2026: Meeting with UND Med School scheduled and completed.</li> <li>- Q4 2026: Draft training module developed.</li> <li>- Q1 2027: Module integrated into Workday and piloted.</li> <li>- 2027–2028: Annual updates and expansion to additional medical provider groups.</li> </ul>
Indicators of Success (Short Term)	<ul style="list-style-type: none"> <li>- Number of providers completing the training module.</li> <li>- Inclusion of alcohol related content in quarterly learning.</li> <li>- Provider self-reported confidence in delivering brief interventions<sup>2</sup>.</li> </ul>
Baseline Data	<ul style="list-style-type: none"> <li>- No standardized alcohol specific provider training currently required</li> </ul>

<sup>2</sup> County Health Rankings & Roadmaps. (n.d.). Alcohol brief interventions. University of Wisconsin Population Health Institute. <https://www.countyhealthrankings.org/strategies-and-solutions/what-works-for-health/strategies/alcohol-brief-interventions>

## Goal 2: Create a community that embraces responsible drinking behavior and alcohol-free choices.

*Background:* The CHNA primary data collection highlights the perceptions of alcohol use in the community and how those perceptions impact usage and decisions around alcohol, particularly among young people.

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*“There’s definitely too much drinking, and binge drinking is absolutely a thing.”*

*“Our youth perception of danger of use is where we have our work to do, is that they see all these high-functioning people using all the time, so they don’t think there’s any danger in binge drinking.”*

*“The thing that shocked me as a parent was the sports alcohol environment.”<sup>3</sup>*

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Grand Forks County performs worse than state and national measures for the proportion of people under 21 who engage in binge drinking, the proportion of adolescents who drank alcohol in the last month, and the proportion of people who had alcohol use disorder in the past year. According to the National Survey on Drug Use and Health, only 38.47% of people aged 12 and older perceive having five or more drinks once or twice a week as a great risk of harm, underscoring the broader cultural normalization of heavy drinking. Compounding these concerns, local law enforcement reports a sharp rise in fake ID use, with incidents quadrupling from 2023 to 2024. Despite this increase, forensic ID scanners are used in only a limited number of city establishments and are not currently utilized in county retail locations. This growing access pathway reduces barriers to underage alcohol acquisition and underscores the need for coordinated community strategies to address fake ID use. Ongoing collaboration between Grand Forks Public Health and the Grand Forks Police Department includes enhanced compliance checks to ensure identification is being verified prior to alcohol purchases, as well as efforts to expand the use of forensic ID scanners through the Partnership for Success project to detect increasingly sophisticated fake IDs. Because the Partnership for Success project is supported by time-limited funding, additional avenues of support may be required to sustain and expand these efforts.

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<sup>3</sup> Altru Health System & Grand Forks Public Health, Community Health Needs Assessment (2025)

Together, these activities provide a foundation for continued community-wide action and long-term planning to reduce underage access to alcohol.

Table 1: Alcohol-Related Healthy People 2030 Objectives and Measures, Compiled by Grand Forks Public Health (2026). See Appendix A for full data sources.

<b>Alcohol Related Healthy People 2030 Objectives and Measures</b>				
<b>Measure Description</b>	<b>Target</b>	<b>National Measure</b>	<b>State Measure</b>	<b>Local Measure</b>
Reduce the proportion of people aged 21 years and over who engaged in binge drinking in the past month	22.70%	23.80%	25.00%	23.42%
Reduce Cirrhosis deaths per 100,000	10.9	13.0	13.4	11.6**
Reduce the proportion of motor vehicle crash deaths that involve a drunk driver	28.30%	26.00%	39.00%	22.00%
Reduce proportion of adolescents who drank alcohol in the past month	4.80%	6.80%	19.50%	19.90%
Reduce the proportion of people under 21 years who engaged in binge drinking in the past month	6.00%	8.20%	11.91%	17.76%*
Reduce the proportion of people who had alcohol use disorder in the past year	9.90%	10.50%	12.68%	14.38%*

\* NSDUH data reflect the Northeast Region of North Dakota

\*\*NDHHS Grand Forks Community Health Profile, National Vital Statistics 5-year estimate, 2016.

**Measurable Long Term Health Outcomes and Behaviors:**

- Proportion of people aged 21 years and over who engaged in binge drinking in the past month
  - Sources: Healthy People 2030, SAMHSA National Survey on Drug Use and Health
- Proportion of adolescents who drank alcohol in the past month
  - Sources: North Dakota Youth Risk Behavioral Survey (ND YRBS)
- Proportion of people under 21 years who engaged in binge drinking in the past month

- Sources: Healthy People 2030, SAMHSA National Survey on Drug Use and Health
- Perceptions of great risk from having five or more drinks of an alcoholic beverage once or twice a week: among people aged 12 or older
  - Sources: SAMHSA National Survey on Drug Use and Health
- Number of DUI arrests
  - Grand Forks Police Department (City), North Dakota Department of Transportation (County)

<b>Strategy 1: Retailer recognition for offering alcohol free choices</b>	
<b>Lead Organization</b>	Grand Forks Public Health
<b>Collaborating Organizations</b>	<ul style="list-style-type: none"> <li>- Altru Health System</li> <li>- Downtown Development Association</li> <li>- University of North Dakota</li> <li>- Grand Forks Park District</li> <li>- Grand Forks Chamber of Commerce</li> <li>- City of Grand Forks</li> <li>- Grand Forks County</li> </ul>
<b>Action Steps</b>	<ul style="list-style-type: none"> <li>- Design and pilot a voluntary Retailer Recognition program that highlights businesses offering nonalcoholic (NA) and mocktail options.</li> <li>- Develop and deploy a short survey to collect business owner and event organizer attitudes and capacity for NA offerings.</li> <li>- Create a recognition toolkit (window decal, social media assets, sample menu language) and a small incentive package for early adopters.</li> </ul>
<b>Timeline</b>	<ul style="list-style-type: none"> <li>- Q2 2026: Business survey developed and fielded.</li> <li>- Q3 2026: Pilot recognition with 5–10 businesses.</li> <li>- Q4 2026: Evaluate pilot and refine toolkit for broader rollout in 2027.</li> </ul>
<b>Indicators of Success (Short Term)</b>	<ul style="list-style-type: none"> <li>- Number of businesses completing the survey.</li> <li>- Number of businesses enrolled in the recognition program.</li> <li>- Increase in NA options listed on participating menus or local events that offer NA options</li> </ul>
<b>Baseline Data</b>	<ul style="list-style-type: none"> <li>- To be determined</li> </ul>

<b>Strategy 2: Develop a collaborative localized public education campaign around positive norms and protective factors</b>	
Lead Organization	Grand Forks Public Health
Collaborating Organizations	<ul style="list-style-type: none"> <li>- Altru Health System</li> <li>- Grand Forks Public Health</li> <li>- University of North Dakota</li> <li>- Grand Forks Park District</li> <li>- Local Media Partners</li> <li>- City of Grand Forks</li> <li>- Grand Forks County</li> <li>- Recovery community</li> <li>- Faith and civic leaders</li> </ul>
Action Steps	<ul style="list-style-type: none"> <li>- Identify potential funding sources and other resources needed to conduct the strategy</li> <li>- Create a unified local campaign theme utilizing new or existing communication tools</li> <li>- Promote protective behaviors (planned ride, designated driver, mocktail options) via social channels, campus channels, and event organizers.</li> <li>- Identify influencers and champions to deliver the normative message</li> <li>- Coordinate messaging calendar with partners to ensure consistent, non-stigmatizing language.</li> <li>- Track reach and community sentiment via short post campaign surveys or engagement data.</li> </ul>
Timeline	<ul style="list-style-type: none"> <li>- Q3 2026 – Identify and secure funding and other resources needed</li> <li>- Q4 2026: Campaign creative and messaging framework finalized. Champion mapping and recruitment.</li> <li>- Q4 2026–Q1 2027: Pilot geo fenced messaging during high traffic weekends and campus events. First round of “champions” testimonials and event appearances.</li> <li>- 2027 onward: Annual campaign refresh and expansion. Expand champion network and measure reach.</li> </ul>
Indicators of Success (Short Term)	<ul style="list-style-type: none"> <li>- Digital impressions and click throughs for geo fenced ads.</li> </ul>

	<ul style="list-style-type: none"> <li>- Percent of surveyed residents who report increased awareness of NA options and protective behaviors.</li> <li>- Number of events adopting campaign materials.</li> <li>- Number of champions recruited and trained.</li> <li>- Audience engagement metrics on champion content</li> </ul>
Baseline Data	<ul style="list-style-type: none"> <li>- To be determined</li> </ul>

<b>Strategy 3: Engage Grand Forks County School Districts to evaluate curriculum inventory for alcohol prevention</b>	
Lead Organization	Grand Forks Public Health
Collaborating Organizations	<ul style="list-style-type: none"> <li>- Altru Health System</li> <li>- University of North Dakota</li> <li>- Grand Forks Park District</li> <li>- Grand Forks Public Schools</li> <li>- City of Grand Forks</li> <li>- Grand Forks County</li> </ul>
Action Steps	<ul style="list-style-type: none"> <li>- Inventory current K-12 alcohol prevention curriculum across districts and identify gaps in earlier grade messaging.</li> <li>- Convene an education stakeholder meeting to discuss evidenced based alcohol prevention content and alignment with evidence-based practices.</li> <li>- Select evidence-based education practice(s) to recommend with draft implementation plan</li> <li>- Pilot selected prevention practices using the implementation plan.</li> </ul>
Timeline	<ul style="list-style-type: none"> <li>- Q2–Q3 2026: Curriculum inventory and stakeholder outreach.</li> <li>- Q4 2026: Education stakeholder meeting and initial recommendations with draft implementation plan.</li> <li>- 2027: Pilot evidence-based practices or strategies</li> <li>- Q4 2027: Review findings of pilot, modify, if indicated, expand adoption to other schools/youth environments</li> </ul>
Indicators of Success (Short Term)	<ul style="list-style-type: none"> <li>- Completion of curriculum inventory</li> </ul>

	<ul style="list-style-type: none"> <li>- Evidence-based practice selected for implementation</li> <li>- Implementation plan completed</li> <li>- Pilot prevention program</li> </ul>
Baseline Data	<ul style="list-style-type: none"> <li>- To be determined</li> </ul>

**Strategy 4: Explore DUI and other alcohol related data to create targeted messaging strategy for DUI prevention and other alcohol misuse prevention**

Lead Organization	Grand Forks Public Health
Collaborating Organizations	<ul style="list-style-type: none"> <li>- Altru Health System</li> <li>- Grand Forks Public Schools</li> <li>- City of Grand Forks</li> <li>- Grand Forks County</li> <li>- Grand Forks Police Department</li> <li>- Grand Forks County Sheriff's Office</li> <li>- University of North Dakota</li> <li>- University of North Dakota Police Department</li> <li>- OTHERS?</li> </ul>
Action Steps	<ul style="list-style-type: none"> <li>- Request and analyze DUI arrest and crash data and other alcohol related data to identify high risk groups or factors associated with alcohol misuse.</li> <li>- Use findings to tailor local messaging (e.g., underage/fake ID focus for college age; harm reduction messaging for older adults).</li> <li>- Coordinate localized targeted outreach during identified high risk periods or high-risk events</li> </ul>
Timeline	<ul style="list-style-type: none"> <li>- Q2–Q3 2026: Data request and initial analysis.</li> <li>- Q4 2026: Messaging strategy developed based on analysis.</li> <li>- Q4 2026 onward: Targeted outreach</li> </ul>
Indicators of Success (Short Term)	<ul style="list-style-type: none"> <li>- Completion of DUI and alcohol data brief</li> <li>- Number of targeted outreach campaigns executed.</li> <li>- Measured change in DUI incidents during targeted periods (3 year moving average)</li> </ul>
Baseline Data	<ul style="list-style-type: none"> <li>- 3 year moving average of DUI arrests for Grand Forks County</li> <li>- Additional data to be determined</li> </ul>

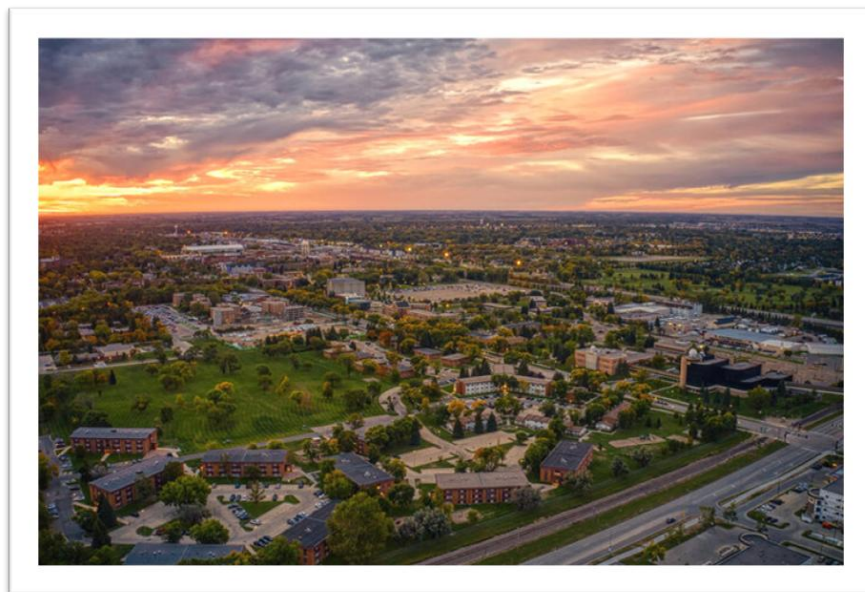
**Strategy 5: Support community-wide efforts to reduce fake ID use and underage access to alcohol**

Lead Organization	Grand Forks Public Health
Collaborating Organizations	<ul style="list-style-type: none"> <li>- Grand Forks Police Department</li> <li>- Grand Forks County Sheriff’s Office</li> <li>- University of North Dakota</li> <li>- UND Police Department</li> <li>- City of Grand Forks</li> <li>- Local alcohol retailers &amp; bar/restaurant associations</li> <li>- Grand Forks Public Schools</li> <li>- Others as identified</li> </ul>
Action Steps	<ul style="list-style-type: none"> <li>- Amplify the findings and recommendations from the PFS Project Community Needs Assessment.</li> <li>- Share local trends on fake ID use with community partners, retailers, and policymakers.</li> <li>- Develop messaging that highlights legal penalties and consequences for possession or use of fake IDs.</li> <li>- Develop awareness and prevention messaging for use during high-risk periods.</li> <li>- Explore feasibility, interest, and potential funding options for expansion of ID scanning technology and training among local alcohol retailers.</li> </ul>
Timeline	<ul style="list-style-type: none"> <li>- Q3-Q4 2026: Awareness campaign developed and launched.</li> <li>- Findings and recommendations from GFPH PFS Project Community Needs Assessment amplified to partners</li> <li>- Q4 2026 – Retailer engagement and feasibility assessment for scanner expansion</li> <li>- Q1-Q2 2027: High-risk-period awareness campaigns implemented</li> <li>- Q4 2027 - Preliminary summary of trends, partner engagement, and feasibility findings prepared for CHIS annual review</li> <li>- 2028 – Expand access and use of forensic ID scanners</li> </ul>

Indicators of Success (Short Term)	<ul style="list-style-type: none"> <li>- Documentation that local fake ID trends and needs assessment findings were shared with community partners, retailers, and policymakers.</li> <li>- Number of retailers participating in feasibility discussions about ID scanners.</li> <li>- Number of establishments displaying messaging about ID verification or legal penalties.</li> <li>- Identification of at least one feasible funding pathway or partnership model for scanner expansion and compliance checks beyond PFS grant funds.</li> </ul>
Baseline Data	<ul style="list-style-type: none"> <li>- Compliance check failure rate</li> <li>- Rate of fake IDs identified by scanners</li> </ul>

## Conclusion

The 2026–2028 Community Health Improvement Strategy is intended to guide coordinated action across Grand Forks County while remaining flexible to emerging data, community needs, and partnership opportunities. Annual progress reviews, shared evaluation activities, and continued stakeholder engagement will ensure that implementation stays aligned with the goals and objectives outlined in this plan. As conditions evolve, partners will refine strategies, strengthen collaboration, and maintain a consistent focus on improving health and well-being for all residents.



## Appendix 1:

Healthy People 2030 provides nationally benchmarked, data driven objectives that guide efforts to improve health and wellbeing across the United States. The objectives highlighted below reflect the national priorities most closely aligned with the strategies outlined in our 2023–2025 Community Health Improvement Strategy.

### *Healthy People 2030 Objectives:*

- Increase the proportion of people with substance use and mental health disorders who get treatment for both — MHMD-07
- Reduce cirrhosis deaths — SU-02
- Reduce the proportion of adolescents who drank alcohol in the past month — SU-04
- Reduce the proportion of people under 21 years who engaged in binge drinking in the past month — SU-09
- Reduce the proportion of people aged 21 years and over who engaged in binge drinking in the past month — SU-10
- Reduce the proportion of people who had alcohol use disorder in the past year — SU-13
- Reduce the proportion of motor vehicle crash deaths that involve a drunk driver — SU-11
- Increase the proportion of people who need alcohol and/or drug treatment who got treatment in the past year — SU-0
- Increase abstinence from alcohol among pregnant women — MICH-09
- Increase the proportion of adolescents who think substance abuse is risky — SU-R01
- Reduce household food insecurity and hunger — NWS-01
- Eliminate very low food security in children — NWS-02
- Increase the proportion of students participating in the School Breakfast Program — AH-04
- Increase fruit consumption by people aged 2 years and over — NWS-06
- Increase vegetable consumption by people aged 2 years and older — NWS-07
- Increase consumption of dark green vegetables, red and orange vegetables, and beans and peas by people aged 2 years and over — NWS-08
- Increase whole grain consumption by people aged 2 years and over — NWS-09

## Appendix 2:

Priority and Goal	Long Term Outcome	Baseline	Source
1.1, 1.2, 1.3	Household food insecurity	11.1% of Grand Forks County households were food insecure in 2023 (95% CI: 8.9,13.6), 2023	CDC Places, American Community Survey
1.1	Low food access	24.97% of households are more than 1 mile (for urban) or 10 miles (for rural areas) from the nearest supermarket, supercenter, or large grocery store, 2019	CHNA via US Department of Agriculture, Economic Research Service, USDA Food Access Research Atlas
1.1, 1.2	Low income and low food access	28.28% of low-income households also have low food access, 2019	CHNA via US Department of Agriculture, Economic Research Service, USDA Food Access Research Atlas
1.2	SNAP Eligibility	18.3% of total Grand Forks County population are eligible for SNAP benefits, 27.8 % of children (0-17 yrs of age) live in households eligible for SNAP benefits	U.S. Census Bureau, Supplemental Nutrition Assistance Program (SNAP) Eligibility & Access
1.2	SNAP Benefits	6.6% of households in Grand Forks County receive SNAP benefits, 2019-2023	US Census Bureau, American Community Survey
1.3	Very low food security in children	4.1%* of children in North Dakota	U.S. Department of Agriculture, Economic Research Service Food Security Supplement (CPS-FSS)
1.3	Child deep poverty (<50% of federal poverty level) 5 year-estimates	4.50%, 2024	US Census Bureau American Community Survey

2.1	Cirrhosis related deaths per 100,000	11.6, 2016	NDHHS Grand Forks Community Health Profile, National Vital Statistics
2.1	Prevalence of Alcohol Use Disorder 12 & older	14.38%, 2021-2023	SAMHSA NSDUH
2.1	Alcohol impaired driving deaths	22% of vehicle fatalities involved alcohol (95% CI: 13, 32), 2019-2023	County Health Rankings & Roadmaps via Fatality Analysis Reporting System
2.1	Alcohol related emergency or outpatient care visits and hospitalizations	Not yet available	ND ESSENCE, Altru Health System
2.2	Proportion of people aged 21 years and over who engaged in binge drinking in the past month	23.42%, 2021-2023	Healthy People 2030, SAMHSA National Survey on Drug Use and Health
2.2	Proportion of adolescents who drank alcohol in the past month	19.9%, 2023	ND Youth Risk Behavioral Survey
2.2	Proportion of people under 21 years who engaged in binge drinking in the past month	17.76%*, 2021-2023	SAMHSA National Survey on Drug Use and Health
2.2	Perceptions of Great Risk from Having Five or More Drinks of an Alcoholic Beverage Once or Twice a Week	38.47% 12 years of age and older, 2021-2023	SAMHSA National Survey on Drug Use and Health
2.2	3-year moving average of annual DUI arrests	358, Grand Forks County, 2021-2024	NDDoT
2.2	Alcohol compliance check failure rate	32%, 2024	GFPD
2.2	Percent of IDs scanned that are fake	22.7%, 2024	GFPD

\*NSDUH northeast region