Mountrail County North Dakota Community Coalition

Mountrail County North Dakota Community Coalition Members

Member	Organization
Ngozi Agu	Health Care
Mia Bonds	Faith-Based Community
Linda Boulos	K-12 Schools
Elan Bridges	Community-Based Non-Profit
Chantell Curtis	Large Business
Krystynn Dmello	Public Safety
Nicole DuPont	Community Foundation
Alexander Fosu	Mental Health
Danielle Hoskey	Public Health
Amy Jump	Substance Abuse and Treatment
Heather Landenberger-Roushia	Early Childhood Development
Justina Lyons	County Government
Justina Lyons and Mia Bonds	Higher Education/University

Overview

Community Demographics

2023 Best Places to Live in Mountrail County

Mountrail County

2023 NICHE BEST PLACES

© Mapbox © OpenStreetMap

Mountrail County North Dakota

Population	Population per Square Mile	Age and Sex	Race and Hispanic Origin	Persons per household	Median Household Income
• 9,290	• 5.4	• 8.1% Under 5 Years Old • 28.9% Under 18 Years Old • 13.5% Over 65 Years Old • 47.5% Female	• 62.8% White • 1.9% Black or African American • 30.6% American Indian • 0.9% Asian • 9.4% Hispanic of Latino	• 2.69	• $81,886

Persons in Poverty	Persons under 65 with a Disability	Persons under 65 without Health Insurance	In Civilian Labor Force (age 16+)	High School Graduate or Higher (age 25+)	Foreign Born Persons
• 10.1%	• 11.1%	• 16.5%	• 63.3%	• 88.9%	• 3.1%
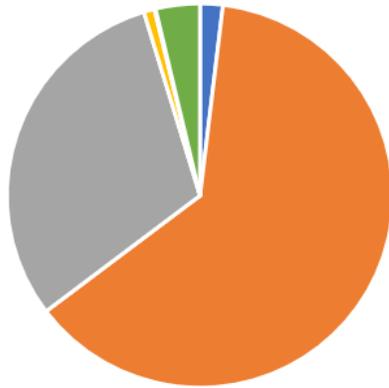
Race

- ■ Black/African American
- ■ White
- ■ American Indian and Alaska Native
- ■ Asian
- ■ Native Hawaiian and Other Pacific Islander
- ■ Two or more races

Hispanic Origin
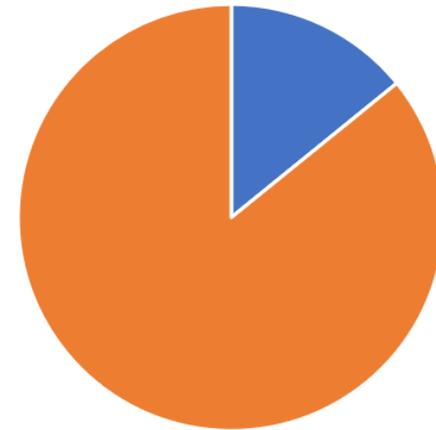
- ■ Hispanic or Latino
- ■ White Alone, Not Hispanic or Latino

Evaluation Process

CHIP Priorities

1. **Alcohol Use and Abuse**

2. **Childcare and Early Childhood Development**

3. **Mental Health**

County
Health Issues

# Key Priority Areas

Alcohol Use and Abuse

Priority #1

Childcare and Early Childhood Development

Priority #2
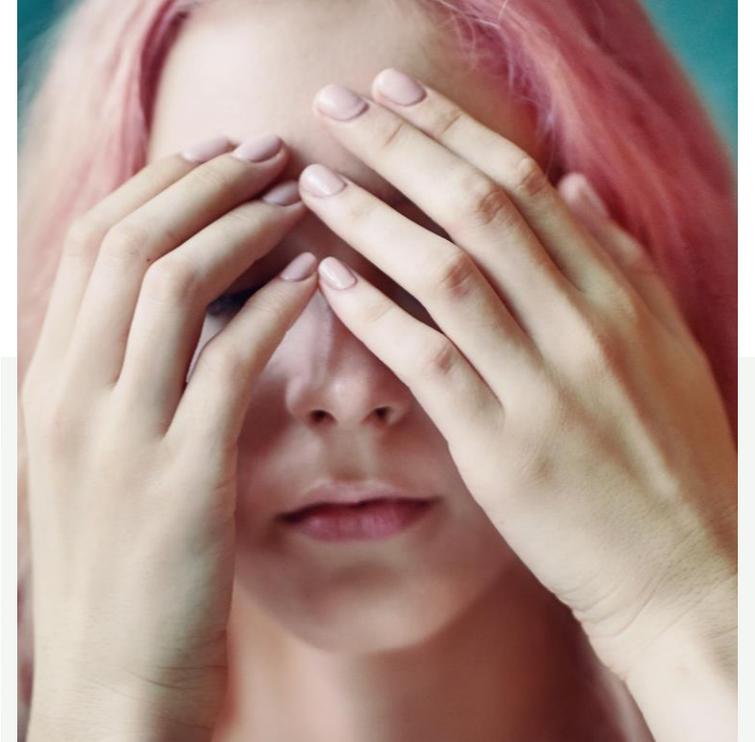
Mental Health

Priority #3

Alcohol Use and Abuse

- 50% of car accidents in Mountrail County were due to alcohol impairment
  - Higher than the state average of 41%
  - Higher than the national average of 27%

- 21% of county members participate in excessive drinking

Childcare and Early Childhood Development

- 2019 CHNA survey indicated childcare as a top priority

- 30% of children living on Mountrail are in a household headed by a single parent
  - Higher than the state average of 11%

- Unmarried women had 68 newborns in 2022

- From 2018-2022, women in the labor force with a child 0-5 was 361

- 754 (28%) of children are under the age of 4yrs

- 7.3% of households are food insecure

- 14% of children live in poverty
  - 33% American Indian or Alaska Native
  - 11% Black
  - 9% Hispanic
  - 8% White

Mental Health

- Identified by U.S. Department of Health and Human Services as a medically underserved area specifically for mental health providers
- Community members and stakeholders who were surveyed stated that availability of mental health services as an area of concern
- Ratio of resident to mental health professional is 1600:1
  - North Dakota is 470:1 residents
  - Suicide rate is high as well at a rate of 21:10,000
  - North Dakota is 19:10,000 residents

Coalition Objectives, Strategies, and Sector Involvement

Priority Area #1: Alcohol Use and Abuse

- Objectives
  - Collaborate closely with local agencies/organizations to explore ways in which we can support community members dealing with excessive alcohol abuse.
  - Work closely with schools to implement alcohol use and abuse programs.
  - Increase access to addiction resources for all ages
  - Reduce alcohol related accidents and injuries

Alcohol Use and Abuse Objective 1:

Create partnerships with a minimum of three local organizations to explore ways in which we can support alcoholic community members and decrease excessive alcohol use by 10% by 2029.

Offer an inviting, private meeting space within Mountrail County Medical Center (MCMC)

Lead and Supporting Agencies/Organizations:
Alcohol Anonymous (AA), Mountrail County Medical Center

Process Indicators and Metrics:
Track number of attendees weekly to ensure attendee numbers stay consistent or increase.. Analyze community involvement quarterly for year 1, and annually for year 2 and year 3.

Create educational material to increase communication and promote program implementation.

Lead and Supporting Agencies/Organizations:
Mountrail County Medical Center (MCMC)

Process Indicators and Metrics:
Monitor data analytics for overall activity. Analyze increase in attendees pre and post QR code implementation.

Recruit substance abuse specialists to offer support to community members struggling with substance abuse

Lead and Supporting Agencies/Organizations:
Mountrail County Local Health Department

Process Indicators and Metrics:
Track number of community members meeting with specialist annually. Survey specialist on overall experience.

Collaborate with local bars and restaurants to offer alcohol-free menu options

Lead and Supporting Agencies/Organizations:
Teddy's Lounge
Five Spot
Beach Bar

Process Indicators and Metrics:
Perform inventory audit to assess sale volumes of alcohol-free menu options monthly. Analyze pre and post intervention and compare alcohol sales after the first year.
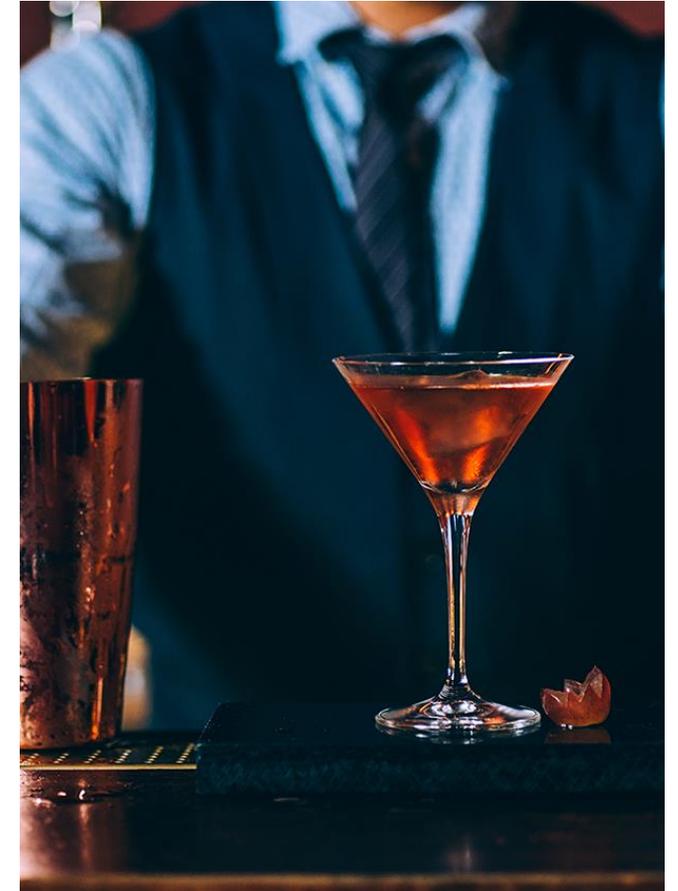
Alcohol Use and Abuse Objective 2:

Work closely with county middle and high schools to implement alcohol use and abuse programs in 100% of targeted schools by 2029.

Collaborate with local school systems to establish "Dare to Define You" programs
Lead and Supporting Agencies/Organizations: Mountrail County Medical Center (MCMC) Mountrail School District

Process Indicators and Metrics: To track number of programs established across all schools in the county. |

Recruit guest/keynote speakers to present their experience with alcohol use and abuse during school assemblies.
Lead and Supporting Agencies/Organizations: Mountrail County Schools Superintendent, local emergency response teams

Process Indicators and Metrics: Compare the number of alcohol related incidents among school students before and after the presentation. |

Implement a mentorship program to reduce alcohol use and abuse, raise awareness about drug use and abuse, and offer support to those who are at high risk
Lead and Supporting Agencies/Organizations: Community non-profit (Big Brothers/Big Sisters of Bismarck-Mandan)

Process Indicators and Metrics: Have participants complete program evaluation packets. Goal to establish 100 mentor/mentee relationships. |

Create a video and posters on the health effects of alcohol use and abuse in young adults to display in schools
Lead and Supporting Agencies/Organizations: Large business, public health, early childhood development

Process Indicators and Metrics: Distribute an anonymous school wide survey to assess emotional response to video and posters. |

Alcohol Use and Abuse Objective 3:

Increase access and utilization of resources by 20% within the county by 2029.

Police Officers will host monthly sessions on how to respond to over intoxication
Lead and Supporting Agencies/Organizations: Local law enforcement **Process Indicators and Metrics:** Track attendance at the sessions and review the amount of drug overdoses and severe outcomes. Compare number of outcomes pre and post program implementation.

Hire addiction counselors to collaborate with guidance counselors in school systems
Lead and Supporting Agencies/Organizations: Mountrail County Medical Center (MCMC), K-12 Schools **Process Indicators and Metrics:** Review the number of visits scheduled with the addiction counselor.

Partner with Parshall Resource Center to increase access to addiction resources in high need including recovery tools, rehab options, and health treatment services.
Lead and Supporting Agencies/Organizations: Large Business, Faith-based community **Process Indicators and Metrics:** Review the number of people entering recovery and length of average participation pre and post partnership. Measure quantity of local businesses and community stakeholders engaged in the resource development.

Create an online platform for addiction services, treatment, and other related resources.
Lead and Supporting Agencies/Organizations: Public health, Educational Institutions, Community based non-profit, health care **Process Indicators and Metrics:** Launch the offering and monitor data analytics for web traffic and participation.

Alcohol Use and Abuse Objective 4:

Reduce alcohol-related accidents and injuries by 10% by 2029.

Require server training programs to educate wait/bar staff on recognizing signs of intoxication

Lead and Supporting Agencies/Organizations:
Public Safety, Local Government

Process Indicators and Metrics:
Have over 75% of restaurants participate and successfully complete the course.

Create a volunteer based Designated Driver program to offer safe transportation around the county and observe levels of intoxication.

Lead and Supporting Agencies/Organizations:
Community based non-profit, faith-based organization

Process Indicators and Metrics:
Measure number of safe drives completed by volunteers. Analyze number of DUIs pre and post implementation.

Integrate breathalyzer technology donated by police at high traffic bars and restaurants throughout the county to reinforce safe driving practices and reduce drunk driving accidents.

Lead and Supporting Agencies/Organizations:
Local businesses (Teddy's Lounge, Five Spot, Beach Bar), Public Safety

Process Indicators and Metrics:
Monitor the number of alcohol-related accidents within a 5-mile radius of the bars offering this technology.

Reduce alcohol availability after midnight, by only allowing sales at a rate of one drink per person per hour. Enforced by public safety and implemented by local government.

Lead and Supporting Agencies/Organizations:
Local government, public

Process Indicators and Metrics:
Successfully implement the law.
Review alcohol related incidents such as transportation violations, and hospital admission data after midnight.

Priority Area #2:
Childcare and Early Childhood Development

- Objectives
  - Collaborate closely with public-private partnerships to explore ways in which we can increase access to childcare/ early childhood development.
  - Increase access to childcare / early childhood development
  - Increase access to healthcare and other supportive services that the Healthy Steps program provides, thus allowing children to establish a healthy foundation.
  - Improve healthy eating and physical activity

Childcare Objective 1:

Collaborate closely with public-private partnerships to initiate an assessment and programs to increase access to childcare and early childhood development for low-income children by 5% each year until 2029.

Hire a consultant to facilitate a childcare/ early childhood development workgroup; and map county assets to determine gaps

Lead and Supporting Agencies/Organizations:
Facilitated meetings will occur monthly, 12x per year. Asset map and gaps analysis will be completed.

Process Indicators and Metrics:
Facilitated meetings will occur monthly, 12x per year. Asset map and gaps analysis will be completed.

Conduct a countywide assessment of the supply and demand of faith-based childcare to understand childcare capacity, supply and demand

Lead and Supporting Agencies/Organizations:
Higher Education/Universities

Process Indicators and Metrics:
Analyze data to understand the usage rate and capacity of each center.

Create and implement listening session(s) for the Native American(NA)/ Native Indian (NI) population to learn cultural childcare needs and to establish a trusted outside partner.

Lead and Supporting Agencies/Organizations:
Mountrail Community Faith Based Organizations

Process Indicators and Metrics:
Analyze data to understand the usage rate and capacity of each center.

Partner with public/private sector and serve as the fiduciary of pooled funds to support operations of childcare agencies and leverage supply discounts to create stability and increase capacity

Lead and Supporting Agencies/Organizations:
Mountrail Community Foundation

Process Indicators and Metrics:
Pooled funds will support administration costs and reduce supply costs through collective bargaining. Reduction in costs across agencies and increased vendor relationships with reduced supply costs will be monitored. Increase in capacity to serve more children will be monitored.

Childcare Objective 2:

Increase access to childcare/ early childhood development by 10% by 2029.

Increase /fund scholarships and state usage of federal/state funding for reservation-based childcare

Lead and Supporting Agencies/Organizations:
Mountrail Community Faith Based Organizations,

Process Indicators and Metrics:
Annual goal of 5% enrollment increase for reservation based childcare organizations. Enrollment measured quarterly to ensure attainment. Increase in scholarships and usage of federal/state funding should be audited.

Create and implement workforce trainings related to childcare, such as infant/child CPR classes, active listening, etc.

Lead and Supporting Agencies/Organizations:
Higher Institutions and Universities of Mountrail Community
Process Indicators and Metrics:
Create registration, and sign-in documents from classes. Collect information about marketing/advertising of program in forms. During pediatric nurse or physician visits collect information on childcare and if childcare worker is certified and signed up for CCAP.

Increase childcare slots in the community through subsidizing childcare slots for low-income families

Lead and Supporting Agencies/Organizations:
Mountrail Community Foundation

Process Indicators and Metrics:
Subsidize childcare slots by providing financial support to childcare agencies. Create more slots for children in low-low-income , employed but single parents and decrease waitlist.

Create workshops, and other training to teach home childcare providers how to secure government funding (Childcare Assistance Program) as payment.

Lead and Supporting Agencies/Organizations:
Mountrail Community Faith Based Organizations

Process Indicators and Metrics:
Distribute and collect pre and post-CCAP training programs to measure usage of CCAP. Enrollment in CCAP programs measured monthly

Childcare Objective 3:

Healthy Steps – Increased participation and enrollment of eligible children and families in CHIP by 5% of eligible children in the county by 2028.

Transition to a "Presumptive Eligibility" enrollment model for CHIP at the county level

Lead and Supporting Agencies/Organizations:
Mountrail County Health and Human Services

Process Indicators and Metrics:
Evaluate enrollment rates every six months
Are Presumed Enrollees being identified correctly? If not, where are our weaknesses?

Educate local providers on the benefits of Healthy Steps as well as provide application assistance to local clinics interested in becoming a Healthy Steps Clinic.

Lead and Supporting Agencies/Organizations:
Mountrail County Medical Center

Process Indicators and Metrics:
Increased clinic participation in the program as well as clinicians helping to connect families with CHIP and Healthy Steps

Initiate an outreach and education program with community partners to help build awareness of CHIP/Healthy Steps within the community

Lead and Supporting Agencies/Organizations:
Mountrail Health and Human Services
Mountrail Public School District
Mountrail Faith Community

Process Indicators and Metrics:
Increase of enrollment rates from baseline
Feedback from community partners on material

Provide application assistance to aid qualified enrollees navigate the enrollment process

Lead and Supporting Agencies/Organizations:
Mountrail Health and Human Services

Process Indicators and Metrics:
Post enrollment satisfaction surveys with enrollees who utilized the service

Childcare Objective 4:

Improve healthy eating and physical activity by increasing program participation by 5% each year by 2029.

Complete application process to qualify for the Child and Adult Care Food Program to be reimbursed for providing nutritious meals in childcare facilities.

Lead and Supporting Agencies/Organizations:
North Dakota Health and Human Services

Process Indicators and Metrics:
Ensure childcare centers have completed CACFP application within the first six months of year one. Track frequency of healthy options offered pre- and post- program implementation as well as cost-effectiveness.

Implement Nutrition and Physical Activity Self-Assessment for Childcare [NAPSACC] Program to increase nutrition and physical activity to reduce childhood obesity

Lead and Supporting Agencies/Organizations:
Mountrail Public Health

Process Indicators and Metrics:
During year one, complete NAPSACC self-assessment to understand gaps in childcare centers to understand where improvements are needed related to nutrition, physical activity, and breastfeeding. Track children's dietary intake and physical activity.

Implement Farm to Early Care and Education [ECE] Program for nutrition education and to provide locally sourced foods to childcare centers.

Lead and Supporting Agencies/Organizations:
National Farm to School Network
Mountrail Public Health

Process Indicators and Metrics:
Track the number of local fruits, vegetables, and minimally and highly processed foods children consume and discard in the Farm to ECE program.

Expand breastfeeding education and community-based support groups with La Leche International League.

Lead and Supporting Agencies/Organizations:
Mountrail County Medical Center
Women, Infants, and Child [WIC]
Mountrail Public Health

Process Indicators and Metrics:
Year 1: Planning & collaborating with supporting organizations
Year 2: Implementation of resources and support groups
Track all breast-fed infants and number of infants breastfeeding at milestones: 6 months and 1 year. Document whether they are exclusively breastfeeding or supplementing with formula.

Priority Area #3: Mental Health

Objectives

1. By 2029, provide in-school mental health services including social work, psychology, mental health therapists, and therapy animals weekly, 4 out of 5 days.

2. By 2029, decrease the number of providers per person by 50% (1600:1 to 800:1) by providing incentives such as grants and housing as well as increasing advertising for teletherapy.

3. By 2029, implement 2 initiatives to provide free mental health services for uninsured individuals that need a mental health professional that can be accessed online or in person.

4. Decrease the incidence of suicides per 100,000 people by 50% from 21 per 10,000 people to 11 people by 2029.

Mental Health Objective 1:
By 2029, provide in-school mental health services including social work, psychology, mental health therapists, and therapy animals weekly, 4 out of 5 days.

Partner with current community services to bring at least 1 full-time school social worker (SSW) into each school permanently to incentivize job stability and recruit workers to the profession.

Lead and Supporting Agencies/Organizations:
K-12 Schools, Mountrail McKenzie Human Service Zone, County Government

Process Indicators and Metrics:
1 SSW per building. SSW remains in building, works full time to build relationships with students in buildings, and earns tenure after working for at least 2 years. Start partnership in Fall of 2024 and touch base monthly with schools until SSWs are in each school.

Increase the number of psychology professionals available in Mountrail to provide services to clients in person and virtually.

Lead and Supporting Agencies/Organizations:
Higher Education and University, County Government, American Psychological Organization

Process Indicators and Metrics:
Organize higher education community events twice per year from surrounding colleges to advertise psych programs for graduating high schoolers and enroll at least 2 students into a psychology program. If the student graduates and works for at least 5 years, they can receive student loan forgiveness. Start college/career fairs in Spring 2025 with a goal of enrolling 2 students in psychology by 2028.

Collaborate with outside mental health providers to recruit therapists who can offer mental health and crisis support services in person to K-12 students.

Lead and Supporting Agencies/Organizations:
Mental Health, County Government, American Psychological Organization, North Dakota Central Human Service Center

Process Indicators and Metrics:
Reduce the ratio metric from 1:1600 to 1:600 and track the number of students in crisis or poor mental health before vs after services are provided. Expand the ND Central Human Service Center outside of its region to reach and serve Mountrail. Collect data up through Fall 2024. Beginning Spring 2025 (after a few interventions are implemented) begin new data collection through Spring 2025 to use as comparison.

Advocate for and include therapy animals in classrooms, hallways, cafeterias, and other student-populated areas.

Lead and Supporting Agencies/Organizations:
Mental Health, K-12 Schools, North Dakota, North Dakota ESA Laws

Process Indicators and Metrics:
Provide data from mental health, SSW, and psych services stating the need for therapy animal presence under ND ESA Law. Provide 1 therapy animal to each high school, then middle, then elementary school to show the need and continued effectiveness of therapy animal presence. Start therapy dog training in August 2025 after an SSW is added to each school building. Provide therapy dogs in all buildings by June 2026 and evaluate program yearly to determine any gaps/limitations.

Mental Health Objective 2:
By 2029, decrease the number of providers per person by 50% (1600:1 to 800:1) by providing incentives such as grants and housing as well as increasing advertising for teletherapy.

Provide incentives for mental health care providers such as scholarships and loan repayment for living/working in the county and lower rates for buying property/houses

Lead and Supporting Agencies/Organizations:
County Government, Mountrail County Medical Center (MCMC), and Mental Health

Process Indicators and Metrics:
Increased amount of mental health providers per person. Have programming in place by Fall 2026 and reassess it twice a year for the next five years until 2029.

Increase the amount of tele therapy centers there are in the area and provide transportation from rural areas

Lead and Supporting Agencies/Organizations:
County Government, Mountrail County Medical Center (MCMC), and Mental Health

Process Indicators and Metrics:
Increased amount of mental health providers per person. By December 2025, have in person teletherapy centers at local community centers and reassess need every 6 months.

Market and advertise the use of mobile apps to reach a mental health provider

Lead and Supporting Agencies/Organizations:
Mental Health, County Health Department, and Mountrail County Medical Center (MCMC)

Process Indicators and Metrics:
Advertise specific mobile apps by December of 2024 Reassess how the advertisements are doing every 3 months by surveying community members via Instagram if they have seen the advertisement and general feelings about mental health. Decrease number of poor mental health days from 3.6 to 2.

Provide clinical rotations in a rural setting to expose behavioral health professionals to rural living

Lead and Supporting Agencies/Organizations:
Mental Health and Higher Education

Process Indicators and Metrics:
Within the first year and a half of education and training, implement a mandated rural rotation for the Mountrail Medical Center for medical students for at least 2 medical schools in North Dakota.

Mental Health Objective 3:

By 2029, implement 2 initiatives to provide free mental health services for uninsured individuals that need a mental health professional that can be accessed online or in person.

Increase support for non-profit organizations and provide inclusive care to clients with inadequate or no insurance coverage

Lead and Supporting Agencies/Organizations:
County Government, Community Health Centers, Health Resources and Services Organizations, Charities

Process Indicators and Metrics:
Effective collaborations with community organizations, local charities, or foundations to secure resources that specifically support mental health services for uninsured individuals. Establish community partnerships by the end of 2025. Beginning in 2026, begin to provide services and reevaluate every 3 months until 2029.

Increase access to telehealth services for uninsured clients through sliding scale payments

Lead and Supporting Agencies/Organizations:
Mental Health Professionals, Local Hospitals, and Local Clinics

Process Indicators and Metrics:
Increase in number of uninsured clients accessing telehealth services. Review data until 2025 and then review each year up until 2029.

Deliver health care services and support to individuals with mental health concerns via mobile devices using text messaging

Lead and Supporting Agencies/Organizations:
Mental Health

Process Indicators and Metrics:
Track mental health support via mobile services and review data until 2025 and then review each year up until 2029.

Provide free and confidential counseling services at community centers to uninsured clients

Lead and Supporting Agencies/Organizations:
Mental Health

Process Indicators and Metrics:
Work to provide free services in at least 2 provider's offices by January 2026, after PCPs have been certified in mental health (outlined in objective 4). Evaluate program yearly.

Mental Health Objective 4:

Decrease the incidence of suicides per 100,000 people by 50% from 21 per 10,000 people to 11 people by 2029.

Provide programming for school-based suicide awareness and education

Lead and Supporting Agencies/Organizations:
K-12 Schools, Higher Education, American Psychological Organization, and County Government

Process Indicators and Metrics:
Program planning during the summer and the in-school presentation taking place during Suicide Awareness Month in September. Program will be assessed quarterly during statewide education meetings.

Integrate behavioral health into primary care visits by providing primary care doctors with trainings on mental health and early signs of depression and/or suicide

Lead and Supporting Agencies/Organizations:
County Government, State of North Dakota, Hospitals Outside of Mountrail, and Mental Health Professionals

Process Indicators and Metrics:
Have workshops created and started to be provided to current and upcoming PCPs by August 2025. Evaluate program during implementation and rework as needed to provide a polished version by August 2026.

Implement community-wide awareness campaigns to reduce the stigma associated with mental health issues and suicide

Lead and Supporting Agencies/Organizations:
County Health Departments, Mental Health Professionals, and Local Non-Profits

Process Indicators and Metrics:
Monitor number of suicide awareness campaigns and the number of individuals seeking mental health professionals. Advertise by the end of 2024 and reassess campaigns every 6 months through surveys to community members.

Establish and widely publicize crisis helplines, making them easily accessible to individuals in distress, providing immediate support and resources.

Lead and Supporting Agencies/Organizations:
County Government, Local Government, and Mental Health Non-Profits

Process Indicators and Metrics:
Track number of calls via the crisis helpline of the number of those considering suicide. Advertise crisis helplines by the end of 2024 and reassess campaigns every 3 months through surveys to community members.

References

Benefits.Gov. (n.d.). *North Dakota Healthy Steps*. Retrieved on February 14, 2024, from: Benefits.Gov: https://www.benefits.gov/benefit/1429

Bipartisan Policy Center, Morris, S., & Smith, L. (2021). Examining the Role of Faith-Based Child Care. In *https://bipartisanpolicy.org/*. Retrieved February 2, 2024, from https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2021/06/ECI-Faith-Based-Brief_RV2-1-1.pdf

Centers for Disease Control and Prevention. (2023, January 5). *Advancing Farm to early care and education (ECE)*. Centers for Disease Control and Prevention. Retrieved on February 14, 2024, from: https://www.cdc.gov/obesity/strategies/farm-to-ece.html

Center for Public Justice, Rachel, Anderson, Luchies, L., & Venema, R. (2022). Initial Findings from Michigan Faith-Based Child Care Policy Brief. In *cpjustice.org*. Retrieved February 3, 2024, from https://cpjustice.org/wp-content/uploads/2023/02/Updated-MichiganChildCareBrief2022-1.pdf

Child Care Assistance Program. (n.d.). Health and Human Services North Dakota. Retrieved on February 14, 2024, from: https://www.hhs.nd.gov/applyforhelp/ccap

Healthy Steps. (n.d.). *The Heart and Science of Fostering Healthy Development*. Retrieved on February 13, 2024, from: Healthy Steps: https://www.healthysteps.org/what-we-do/

Healthy Steps. (n.d.). *Tiers and Core Components*. Retrieved on February 12, 2024, from: Healthy Steps: https://www.healthysteps.org/what-we-do/our-model/tiers-and-core-components/

References

Howe, Melana. (2019). Community health needs assessment 2019: Stanely service area, North Dakota. Retrieved

February 10, 2024, from: https://www.stanleyhealth.org/wp-content/uploads/2019/09/Mountrail-County-CHNA-final-report-2019-2.pdf

MHA Nation. (2024, February 14). MHA Nation. Retrieved on February 14, 2024, from: https://www.mhanation.com/

Morning Consult. (2021). *UNDERSTANDING NATIVE AMERICAN PARENTS CHILD CARE NEEDS* [Slide show; PowerPoint]. Retrieved on February 14, 2024, from:
https://bipartisanpolicy.org/. https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2022/02/BPC-Native-American-Parents-Analysis_December-2021.pdf

NAPSACC. (n.d.). *Why go NAPSAA*. NAPSACC. Retrieved on February 11, 2024, from: https://gonapsacc.org/the-evidence

Rural Health International Hub. (n.d.). *Models addressing breastfeeding*. Rural Health International Hub. Retrieved on February 15, 2024,
from: https://www.ruralhealthinfo.org/toolkits/maternal-health/2/breastfeeding

Rural Health Information Hub. (2024). *Rural Mental Health Overview - Rural Health Information Hub*. Retrieved on February 11, 2024,
from: https://www.ruralhealthinfo.org/topics/mental-health

Rosen, Sophie, Smith, Linda, Thornton, Colby. (2021, October). The role of community foundations in supporting childcare. Bipartisan Policy Center. Retrieved on February 16, 2024,
from: https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2021/10/Community-Foundations-Brief-min-compressed.pdf

References

Springer, Patrick. (2023, December 21). North Dakota reaches new population record in latest census estimates. Retrieved on February 2, 2024,

from: https://www.jamestownsun.com/news/north-dakota/north-dakota-reaches-new-population-record-in-latest-census-estimates

Stanley.org. (n.d.). Organizations and non-profits. Retrieved on February 14, 2024, from: Retrieved on February 13, 2024, from: https://www.visitstanley.org/organizations-nonprofits

Tribal nations. (n.d.). Indian Affairs Commission, North Dakota. Retrieved on February 11, 2024, from: https://www.indianaffairs.nd.gov/tribal-nations

The Annie E. Casey Foundation. (2023). *Kids Count Data Center* [Dataset]. Retrieved on February 16, 2024, from: http://datacenter.kidscount.org

University of Wisconsin Population Health Institute (UWPHI). (2024). *Mountrail, North Dakota*. County Health Rankings & Roadmaps. Retrieved on February 17, 2024, from:

https://www.countyhealthrankings.org/explore-health-rankings/north-dakota/mountrail?year=2023

U.S. Census Bureau. (2022). QuickFacts: Mountrail County, North Dakota. Retrieved on February 18, 2023,

from: https://www.census.gov/quickfacts/fact/table/mountrailcountynorthdakota,ND/PST045222

U.S. Census Bureau. (2022). American Community Survey. Retrieved on February 18, 2023,
from: https://data.census.gov/profile/Mountrail_County,_North_Dakota?g=050XX00US38061#families-and-living-arrangements

U.S. Health and Human Services (2024). *Quick Maps*. Retrieved on February 14, 2024, from: https://data.hrsa.gov/maps/quick-maps?config=mapconfig/HPSAMH.json

World Atlas. (n.d.), Maps of North Dakota. Retrieved February 2, 2024, from: https://www.worldatlas.com/maps/united-states/north-dakota