



MOUNTRAIL COUNTY
COMMUNITY HEALTH IMPROVEMENT PLAN
2024 **REPORT**

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Figure 1. Mountrail County Courthouse in Stanley, North Dakota (Wikipedia, 2024)

Mountrail County Community Health Improvement Plan (CHIP) Steering Committee and Project Team

Message

On behalf of the Mountrail County Community Health Improvement Plan (CHIP) Steering Committee, we are pleased to present the 2024 Mountrail County CHIP. The plan describes how the Mountrail County Public Health Department and community partners can work together to improve the health of the county. Through our community partnerships, we can jointly measure and better understand community health in our county. The CHIP represents the ongoing work of Mountrail County community partners to create and implement a shared vision for providing and maintaining quality health for all our communities. Together we can improve the environment of where we live, work and play.

CHIP Steering Committee and Project Team

The Mountrail County CHIP Steering Committee led the CHIP process with participation from a broad set of community partners representing a variety of sectors including public health, healthcare, non-profit, the faith-based community, education, county government, business, public safety, and community foundation. These partners were selected for their expertise in the priority health areas, their continuous engagement with special stakeholders in the community and their commitment to the work.

The Project Team, comprised of the Mountrail Public Health Department staff, were invaluable to the process and provided administrative support which backboneed the work. These staff are our epidemiologists, community health workers, social workers, nurses, supervisors and more. Through their hard work, we organized interviews, workgroups, analyzed data and completed this report.

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

Acknowledgments

When embarking on such a large project with a vast array of stakeholders, it is important to be as collaborative and as inclusive as possible. We made every effort to involve groups and individuals that represented our unique populations and that reflected our unique needs. These representatives have shown a strong commitment to the health and well-being of our community. We also want to thank everyone in the county who offered their time, thoughts and ideas which supported the process.

List of additional the Mountrail County CHIP Workgroup representatives:

Domestic Violence Program NW

Mountrail County 4-H

Mountrail Bethel Home

Mountrail County Food Pantry

Mountrail County Health Foundation

Mountrail County Medical Center

Stanley Area Community Foundation

Stanley Lions Club

Stanley Scholarships Funds

The Mandan, Hidatsa and Akikara Nation



(Stanely.org, 2024)

Introduction

The Mountrail County, North Dakota, Community Health Improvement Plan [CHIP] was achieved through the efforts of a shared coalition of diverse community partners. It was informed by the Community Health Needs Assessment [CHNA] of the Mountrail, North Dakota community, and builds on the data gathered since 2019. Key priorities regarding the Mountrail community had been selected based on the CHNA data, respectively. The CHIP aims to identify goals, objectives, and strategies for prioritized health areas identified in the most recent CHNA which occurred in 2019. Communities who may fall into the subgroups of being categorized as marginalized populations in a rural health setting, which may vary depending on the region or locality of the populations. According to the National Association of County and City Health Officials (NACCHO), (2013), being able to establish foundational local partnerships as community health strategists, especially amongst rural healthcare communities, is essential in achieving populational and global health.

In addition, the CHIP includes leading and supporting agencies that will engage with workgroups and take the lead in a particular strategy. This collaborative effort aims to leverage key partnerships to work together for a common and sustainable solution. Collaboration ensures that different perspectives are considered, local knowledge is included, and the voice of the community is heard during the decision-making process. This approach promotes accountability, ownership, and the sustainability of public health interventions. The top three priority areas addressed in the CHIP include alcohol use and abuse, childcare & early childcare development services, and mental health.

Mountrail Community Data

Mountrail County, North Dakota, is a beautiful rural community dotted with ponds and lakes among its rolling hills. The land is mostly devoted to agriculture and oil which is its' source of economic stability (Howe, 2019). The county is in the Northwest corner of the mid-west region of the United States in North Dakota and the county seat is Stanley. The county has an area of about 1,825 square miles and encompasses 5,107 housing units (U.S. Census, 2022). Mountrail is comprised of 5 cities (Stanley, Parshall, Plaza, New Town, and Ross) and 8 townships which are Beldon, Blaisdell, Coulee,

Lostwood, Palermo, Tagus, Wabek, and White Earth communities (Mountrail.nd.us, 2024).

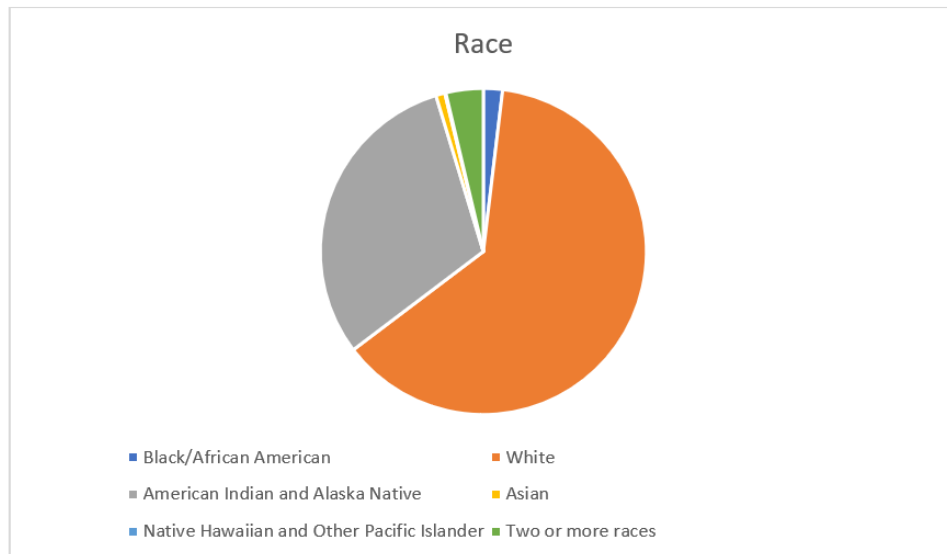


Figure 2. Counties map of North Dakota (World Atlas, n.d.).

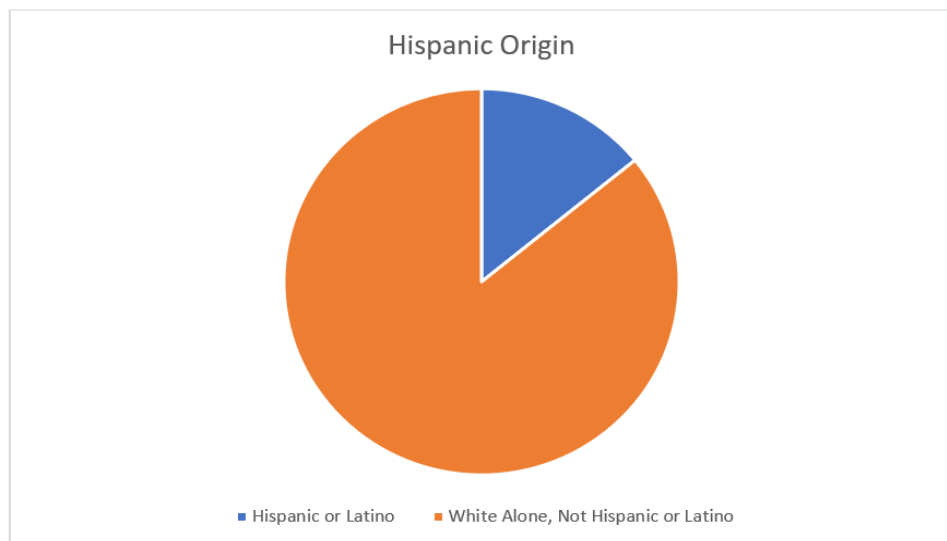
Demographics

As of the 2022 U.S. Census, there were 9,290 residents in Mountrail with 8.1% under 5 years of age, 28.9% were age 18 or older, 13.5% were age 65 years and over with about half being female at 47% (U.S. Census Bureau, 2022). The population shows an overall decline from 2022 to 2023 which featured 9,809 residents, a decrease of 5.4% (U.S. Census Bureau, 2023). This can be attributed to outmigration and the effects of lower gas prices between 2020-2021 (Springer, 2023). When reviewing the racial make-up of the county, we found that a significant number of residents identify as Native American at 30.6% (U.S. Census Bureau, 2022). The racial make-up of the rest of the county, beginning with the largest populations, consists of 62% White, 3.7% Two or More races, 1.9% Black or African American, 9% Asian and .1% Native Hawaiian and Other Pacific Islander (U.S. Census Bureau, 2022). When considering Hispanic Origin, we found that there are 9.4% of residents that identify as Hispanic or Latino and 57% that identify as White alone (U.S. Census Bureau, 2022). It was also reported that 3.1% of the residents are foreign born (U.S. Census Bureau, 2022). Over 11% of the population speaks a language other than English at home which is predominately Spanish (6.1%) followed by 4% Other languages (American Community Survey, 2022). There are approximately 432 Veterans and 63.3% of residents are in the Civilian Labor Force (U.S. Census Bureau, 2022). Those under 65 that have a disability represent 11.1% of the population and 16.5% of those residents do not have health insurance (U.S. Census Bureau, 2022). There are 3,539 households with a median

household income of \$81, 886 which is higher than the median income in North Dakota by almost 13% (U.S. Census, 2022). However, 10% of the residents live in poverty (U.S. Census Bureau, 2022). Finally, 88.9% of the residents have graduated high school or higher that are over the age of 25 (US Census Bureau, 2022).



Pie Chart 1. Race (U.S. Census, 2023)



Pie Chart 2. Hispanic Origin (U.S. Census, 2023)

Summary of CHNA Findings

Identifying and Prioritizing Needs

In gathering the data needed for the 2019 Mountrail Community Health Needs Assessment (CHNA), community members were invited to share their concerns and provide feedback. Feedback from community members was collected via surveys, focus groups and key informant interviews. The CHNA Committee made every effort to ensure that the data was representational of the populations served. Surveys were distributed across the county and targeted high-needed areas. Focus Groups were organized to better understand special populations by race, age, culture, disability, gender identity and more. Key Informant Interviews were conducted to better understand the concerns of leaders in health and human services that represented the hospitals, federally qualified health center, health department, community mental health authority, and more. The qualitative data gathered was then analyzed alongside secondary quantitative data.

The analyzed data conveyed that there were five areas of concern and are listed in Table 1. These were alcohol use and abuse, mental health and the availability of mental health services, childcare and daycare service, youth drug use and abuse, and health equity. A public session was held in which all county residents could weigh in on the prioritization of the identified areas of concern.

TABLE 1: Health Need Aggregate Ranking List

CHNA Prioritized Health Needs	
1.	Youth Drug Use and Abuse
2.	Alcohol Use and Abuse
3.	Mental Health Services
4.	Health Equity
5.	Childcare Services

The Mountrail County Health Department and stakeholders then selected the top three issues they would focus on for the Community Health Improvement Plan. They worked with stakeholders to better understand the various needs and identified which issues they could lead. The three major important categories were later identified as alcohol use and abuse, mental health and availability of mental health services, and childcare and daycare services. These findings were previously identified in the CHNAs conducted in 2019. Subsequently, committees were formed to take a deeper dive into the data, identify any inequities, and ensure that each priority used the Social Determinants of Health as the lens through which actions would be considered.

Prioritization Process

The CHNA prioritization process was publicly held, comprising two special sessions to review and vote on the county's top health needs. To make these sessions as accessible as possible, one session was held via zoom and the other was held in person at Stanley City Hall. At both sessions, epidemiologists from the Mountrail Public Health Department presented the qualitative and quantitative data that had been collected and in a way that was easy to understand and relatable to county residents. Leaders in health and human services offered their perspectives and took questions from the audience. Small groups were assembled for further discussion and were facilitated by the health department staff. Finally, all community members in the audience were given the ability to vote on the community's most pressing needs.

CHIP Work Plans

Alcohol Use and Abuse

Upon review of the Mountrail County Health Rankings provided by the University of Wisconsin Population Health Institute (UWPHI) (2024), Mountrail County's health is subpar compared to the state of North Dakota. This county is ranked 45th least healthy out of all 48 counties throughout the state. After assessing the county health data, we have prioritized alcohol abuse as our priority area. Significant statistics from UWPHI's County Health Rankings support our decision. In Mountrail County, 50% of vehicle crash deaths were due to alcohol impairment. This percentage is higher than the state average of 41% and the United States national average of 27%. This statistic alone shows the need for improvement, but when coupled with the fact that 21% of Mountrail's 9,290 community members participate in excessive drinking habits it becomes more alarming (University of Wisconsin Population Health Institute [UWPHI], 2024). Additionally, we can see alcohol use and abuse consistently evaluated in previous Mountrail County Community Health Improvement Plans, such as the 2019 CHIP, further highlighting the need for an improved solution (Howe, 2019).

Promising Strategies Used: Alcohol brief interventions, Alcohol days of sale/time restrictions, Alcohol access restrictions in public places, Breath testing checkpoints, Campaigns against alcohol/impaired driving, Designated driver promotion programs, Responsible beverage server training (RBS/RBST), Universal school-based alcohol preventions programs.

Prioritized Health Area 1: Alcohol

Alcohol Use and Abuse

Goal: Improve Mountrail County community health by improving accessibility to alcohol abuse

programs to reduce alcohol-related incidents.		
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.		
Strategies/Activities	Lead and Supporting Agencies/Organizations	Process Indicators and Metrics – How will you measure success?
Offer an inviting, private meeting space within Mountrail County Medical Center (MCMC).	Alcohol Anonymous (AA), Mountrail County Medical Center	Track number of attendees to ensure attendee numbers stay consistent or increase. Assess attendee volume weekly. Analyze community involvement quarterly for year 1, and annually for year 2 and year 3. Timeframe: First year and ongoing; meetings are weekly
Create educational material to increase communication and promote program implementation. Implement QR codes for easier resource access.	Mountrail County Medical Center	Monitor data analytics for overall activity. Analyze the increase in attendees pre- and post-QR code implementation. Timeframe: Create and disburse materials in year 1, analysis of data in year 2
Recruit substance abuse specialists to offer support to community members struggling with substance abuse.	Mountrail County Local Health Department	Track number of community members meeting with specialists annually. Survey specialist on overall experience. Timeframe: First year and ongoing; meetings are on an “as needed” basis.
Collaborate with local bars and restaurants to offer alcohol-free menu options. Offer small tax break incentive to participating owners.	Teddy’s Lounge, Five Spot, Beach Bar	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. Timeframe: year 1, analysis of data in year 2
Objective 2: Work closely with county middle and high schools to implement alcohol use and abuse programs throughout 100% of targeted schools by 2029.		

Collaborate with local school systems to establish "Dare to Define You" programs.	Mountrail County Medical Center (MCMC) Mountrail School District	Track number of programs established across all schools in the county. Timeframe: Monthly meetings with school administrators in year 1. "Dare to Define You" program implementation in year 2. Tracking number of established programs in year 3.
Recruit guest/keynote speakers to present their experience with alcohol use and abuse during school assemblies.	Mountrail County Schools Superintendent, local emergency response teams	Compare the number of alcohol related incidents among school students before and after the presentation. Timeframe: Recruiting guest speakers and presentations are quarterly in year 1, ongoing in year 2. Analysis of data in year 3
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.	Community non-profit (Big Brothers/Big Sisters of Bismarck-Mandan)	Have participants complete program evaluation packets. Goal to establish 100 mentor/mentee relationships. Timeframe: 15 minutes session once a month in year 1
Create a video and posters on the health effects of alcohol use and abuse in young adults to display in schools.	Large business, public health, early childhood development	Distribute an anonymous school wide survey to assess emotional response to video and posters. Timeframe: create and distribute videos & posters in year 1; ongoing year 2. Tracking of responses in year

		3.
Objective 3: Increase access and utilization of addiction resources by 20% within the county by 2029.		
Police Officers will host monthly sessions on how to respond to over intoxication.	Local law enforcement	Track attendance at the sessions and review the amount of drug overdoses and severe outcomes. Compare the number of outcomes pre and post program implementation. Timeframe: Track Attendees first year and ongoing: annually.
Hire addiction counselors to collaborate with guidance counselors in school systems.	Mountrail County Medical Center (MCMC), K-12 Schools	Review the number of visits scheduled with the addiction counselor. Timeframe: Track visits quarterly for years 1-3.
Partner with Parshall Resource Center to increase access to addiction resources in high need including recovery tools, rehab options, and health treatment services.	Parshall Resource Center, Large Business, Faith-based community	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 resource development. Timeframe: Review attendees quarterly for the first year and annually for year 2 and 3.
Create an online platform for addiction services, treatment, and other related resources.	Public health, Educational Institutions, Community based non-profit, health care	Launch the offering and monitor data analytics for web traffic and participation. Timeframe: Analyze data annually
Objective 4: Reduce alcohol related accidents and injuries by 10% by 2029.		
Require responsible beverage server training	Public safety and law enforcement, local government	Have over 75% of restaurants in the county participate and

(RBST) to educate wait/bar staff on recognizing signs of intoxication. North Dakota and Mountrail County do have laws or local ordinances requiring RBST.		<p>successfully complete the course. Compare alcohol accident and injury trends pre- and post- RBST.</p> <p>Timeframe: Complete goal of 75% RBST completion in year 1. Analyze alcohol accident/injury statistics in years 2 and 3.</p>
Create a Designated Driver program to offer safe transportation around the county and observe levels of intoxication.	Community based non-profit, faith-based organization	<p>Measure number of safe drives completed by volunteers. Analyze number of DUIs pre and post implementation.</p> <p>Timeframe: Create program and implementation in year 1, analysis of data in year 2</p>
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.	Local businesses (Teddy's Lounge, Five Spot, Beach Bar), Public safety and law enforcement	<p>Monitor the number of alcohol related accidents within a 5-mile radius of the bars offering this technology.</p> <p>Timeframe: Year one and ongoing; analysis of data annually</p>
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.	Local government, Public safety and law enforcement	<p>Successfully implement the law.</p> <p>Review alcohol related incidents such as transportation violations, and hospital admission data after midnight.</p> <p>Timeframe: Successful law implementation by year 2, analysis of data year 3</p>

Childcare and Early Childhood Development

With an overall population of 9,290 residents, 754 (28.1%) of which are under the age of 4

years old, and 1,101 (41%) under the age of 12 years old, it is easy to understand why the lack of childcare became one of the top five and top four health concerns of the 2019 CHNA. As well, 30% of children living in Mountrail are in a household headed by a single parent which is 11% higher than the state average (U.S. Census, 2023). Though teen births are low, many births were to unmarried women in 2022 which culminated in 68 newborns (Annie. E Casey, 2023). That coupled with the fact that women in the labor force with a child 0-5 was 361 (63.8%) from 2018-2022, shows that many mothers are either working part-time or full-time and will need childcare (Annie E. Casey Foundation, 2023). A quick snapshot by All Kids Count shows 1,447 (50.3%) of all children birth through age 19 years are white, 1,142 (39.7%) of Native American descent, 184 (6.4%) are Biracial, 62 (2.2%) are Black, and 38 (1.3%) are Asian (Annie E. Casey Foundation, 2023). When solving issues from a public health standpoint, occasionally cultural differences appear to add more nuance to potential solutions. For example, a series of surveys completed by Morning Consult found 32% of Native American parents rely on parental care for children and documented having one parent stay home to watch the child(ren) is involuntary; 20% of NA parents rely on family members to provide care for young children. While 21% of NA parents use traditional daycare centers if necessary, many prefer daycare on the reservations (Morning Consult, 2021). Due to the diversity and rich culture in Mountrail County, it was important to craft objectives and strategies in ways that would create positive change for everyone.

The importance of childcare cannot be understated, as it not only provides children with a safe place while their parents or guardians are at work, but high-quality childcare can also provide children with the opportunity to develop interpersonal skills and preparation for entering school. The pivot to childcare provided outside of the home, by someone outside of your family or friend group, is a relatively new phenomenon (Committee on Integrating the Science of Early Childhood Development, 2000) and to a degree, many communities within the United States are not fully prepared to meet the demand for high-quality childcare services (Malik, et al., 2018). Rural communities are more likely to be childcare deserts than more populated communities, as 3 of 5 rural communities are unable to meet the demand for childcare (Malik, et al., 2018).

Alongside childcare, ensuring children have access to high-quality healthcare is essential for establishing a healthy foundation to build their lives on. In the previous CHNA, it was noted that Mountrail County's enrollment rate in Healthy Steps—which is tied to enrollment in CHIP (Children's Health Insurance Program), in the State of North Dakota (Benefits.Gov). As CHIP provides health insurance coverage to children whose family makes over the income limit for Medicaid, but not enough to purchase health insurance, it is an important stopgap for children to ensure as few children

as possible within our current healthcare payment system do not go without insurance coverage.

The benefit of supplementing the coverage provided by CHIP with Healthy Steps—an evidence-based program—is the services provided to children and their families is expanded, thus allowing for broader support outside of traditional healthcare services of medical, vision, and dental coverage. This expanded support is provided via a HealthySteps Specialist who works alongside the clinic’s medical team to provide support with child development, healthy parenting practices, and emotional/social support (Healthy Steps, n.d.). Families that participate in Healthy Steps exhibit a multitude of benefits, such as decreased rates of maternal depression, reduced use of harsh punishments (yelling, slapping, hitting), improved adherence to well-child visits and vaccine schedules, as well as early learning resources to help kids prepare for school (Healthy Steps, n.d.).

Another objective that we addressed through the childcare priority is to increase healthy eating and physical activity in Mountrail childcare centers. According to the Food and Nutrition Service U.S. Department of Agriculture (n.d.), in 2020 there were 24,300 people that were eligible for the Women, Infant, and Child [WIC] Program in North Dakota, but only 10,600 people participated. People are eligible based on income but are not enrolled to receive the WIC benefits. This suggests that families may not be getting adequate nutrition.

Adequate nutrition is essential for everyone, but especially crucial for children as they grow and develop. In 2020, 7.3 percent of households in Mountrail County experienced food insecurity (Feeding America, n.d.). Food insecurity is identified as not having sufficient food or quality food to meet a person’s basic needs. One of the ways we strategized to address this issue is to ensure that each childcare center completes the application process to qualify for the Child and Adult Care Food Program [CACFP] to be reimbursed for providing nutritious meals in childcare facilities. This would ensure that children attending childcare centers in Mountrail County have access to healthy food options at school. Another strategy to support this objective is to complete the Nutrition and Physical Activity Self-Assessment for Childcare [NAPSACC] within the first year to understand where improvements are needed related to nutrition, physical activity, and breastfeeding gaps amongst children attending a childcare center in Mountrail County. This evidence-based program has been used to increase nutrition and physical activity to reduce childhood obesity (NAPSACC, n.d.). To create a hands-on learning environment for children to gain exposure to different healthy food options, we will implement the Farm to Early Care and Education [ECE] Program during year two. The Farm to ECE Program is a great way to offer nutrition education and to provide locally sourced foods to childcare centers (Centers for Disease Control and Prevention [CDC], 2023a).

We will also focus on infant nutrition by working to increase breastfeeding rates in Mountrail County. According to the CDC (2023b), people in rural areas are less likely to breastfeed than those in urban areas. Once the NAPSACC assessment results have been reviewed and evaluated we will start working with La Leche League International and begin planning for breastfeeding education and breastfeeding community support groups. La Leche League International offers breastfeeding education in multiple languages, in person and virtual support groups (Rural Health International Hub, n.d.). Exclusive breastfeeding for at least the baby's first six months of life is the best nutrition option for infants (CDC, 2023b). The goal is to increase breastfeeding resources and support in Mountrail County. Evidence shows that this approach has shown increases in breastfeeding initiation and duration (Rural Health International Hub, n.d.).

Evidence Based Programs: Child and Adult Care Food Program [CACFP], Nutrition and Physical Activity Self-Assessment for Childcare [NAPSACC], Farm to Early Care and Education [ECE] Program, and La Leche League International

Promising Practices Used: The Zero-to-Five Funder Collaborative, Private/Public Pooled Fund Initiative, and Funding Childcare Slots (Rosen, Smith & Thornton, 2021).

Prioritized Health Area 2: Childcare and Early Childhood Development

Childcare and Early Childhood Development Goal: Increase access to childcare and early childhood development opportunities and increase physical exercise and healthy eating among children and families.		
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.		
Strategies/Activities	Lead and Supporting Agencies/Organizations	Process Indicators and Metrics – How will you measure success?

Create a Zero-to-Five Funder Collaborative with partners to promote school readiness by age five in children from low-income neighborhoods.	Mountrail Community Foundation	<p>Increase in school readiness by age 5 from children of low-income families by offering financial support</p> <p>5% Increase in children served from low-income families</p> <p>Time frame: First year and ongoing; meetings are monthly</p>
Conduct a countywide assessment of the supply and demand of centered based and in home childcare to understand childcare supply, demand, and capacity.	Higher Education Institutions of Montana	<p>Analyze data to understand each center's usage rate and capacity and home childcare trends.</p> <p>Time frame: Assessment happens in year 1, distribution and analysis of data year 2. Data should be updated every three years afterwards</p>
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.	Mountrail Community Faith Based Organizations	<p>Analyze data (surveys, evaluations, etc) to understand how the NA/NI community accesses childcare and how an external partnership will influence and affect county trends in childcare.</p> <p>Time frame: Assessment happens in year 1, distribution and analysis of data year 2, implementation of plan year 3</p>

Partner with public/private sector and serve as the fiduciary of pooled public funds to increase efficiency, flexibility, and ease of financial assistance to childcare centers in need and leverage discounts.	Mountrail Community Foundation	<p>Reduction in operating costs for childcare providers by 5-10% in the first year.</p> <p>Increase in vendor partnerships to gain supply discounts for equipment for programming.</p> <p>Increase in capacity to serve more low-income children by 2% each year.</p> <p>Time frame: First year and reviewed quarterly</p>
Objective 2: Increase access to childcare and early childhood development by 10% by 2029.		
Increase /fund scholarships and state usage of federal/state funding for reservation-based childcare.	Mountrail Community Faith Based Organizations	<p>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.</p> <p>Timeframe: 5% enrollment increase in years 1-3</p>
Create workshops, and other training to teach home childcare providers how to secure government funding (Childcare Assistance Program) as payment.	Mountrail Community Faith Based Organizations	<p>Distribute and collect pre and post-CCAP training programs to measure usage of CCAP. Enrollment in CCAP programs measured monthly</p> <p>Timeframe: Creation of workshops and other training modalities in year 1. Implement workshops and trainings and collect data in years 2.-3.</p>

<p>Create and implement workforce trainings related to childcare, such as infant/child CPR classes, active listening, etc.</p>	<p>Higher Education/Universities</p>	<p>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.</p> <p>Time frame: Creation of workshops and other training modalities in year 1. Begin implementing workshops and trainings in years 2-3.</p>
<p>Increase childcare slots in the community through subsidizing childcare slots for low-income families.</p>	<p>Mountrail Community Foundation</p>	<p>Increase in low-income families' children attending childcare by 10% annually.</p> <p>Decrease on the childcare waitlist</p> <p>Increase in childcare slots.</p> <p>Increase in slots for employed single parents.</p> <p>Time frame: First year and monitored monthly</p>

<p>Increase the availability of qualified childcare providers and early learning facilities.</p> <p>Early Childhood Education Career Path Program offering sustainable options for training and retention of childcare professionals with a Child Development Associate (CDA) credential.</p>	<p>NDHHS – Start Childcare Grant Program</p> <p>ChildCare Aware of North Dakota Training Program</p> <p>Mountrail County Job Development Authority</p>	<p>Goal: Increase the capacity of state-licensed childcare programs by 24% (152 to 465) by providing quarterly childcare training and certification cohorts with support from NDHHS for state licensing and facility identification</p> <p>Special career pathway focus in areas with low student achievement and marketing toward graduating seniors and other young adults</p> <p>Timeframe: 2 years</p> <p>CDA Credential requirements</p> <ul style="list-style-type: none"> • 120 hours of classroom training • 480 hours of practice • Comprehensive exam <p>Credential attainment will require approximately 12-18 months. The credential is valid for 3 years and is renewable.</p> <p>Cohorts will run annually, with quarterly continuing education requirements and bi-monthly professional development and support meetings.</p>
<p>Objective 3: Healthy Steps – Increased participation and enrollment of eligible children and families in CHIP by 5% of eligible children in the county by 2029.</p>		
<p>Transition to a “Presumptive Eligibility” enrollment model for CHIP at the county level.</p>	<p>Mountrail County Health and Human Services</p>	<p>Gather baseline data on enrollment numbers prior to starting and compare enrollment numbers every six months to evaluate if we are reaching more eligible enrollees. Furthermore, gather data on incongruence between presumed eligible and actually eligible enrollees every six months to ensure that over-presumption is not occurring.</p> <p>Timeframe: 1 year</p>

<p>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, thus increasing the number of participating providers in the county.</p>	<p>Mountrail County Medical Center</p>	<p>Gather data on what clinics are enrolled as Healthy Steps Clinic and which are not. For non-participating clinics, gather information on why. Is this a lack of knowledge or are they facing a barrier that is within our scope to ameliorate. Continue to gather data on participation annually to monitor changes in clinic participation rate.</p> <p>Timeframe: 1 year</p>
<p>Initiate an outreach and education program to schools, local childcare centers, health fairs, local healthcare providers, and faith communities to help provide education on eligibility, and explanation of benefits.</p>	<p>Mountrail Health and Human Services</p> <p>Mountrail Public School District</p> <p>Mountrail Community Faith Based Organizations</p>	<p>Gather baseline data on enrollment rates prior to paradigm shift and continue collecting data on enrollment rates after implementation of the new enrollment practice. Furthermore, data will be gathered on how eligible enrollees were connected with services (i.e., presumptive eligibility, express lane, community outreach...)</p> <p>Timeframe: 1 year</p>

Provide application assistance to qualified enrollees in the county to ensure families understand how to navigate enrollment and understand the range of benefits they have access to.	Mountrail Health and Human Services	<p>Gather data from current enrollees on their perceptions of the enrollment process to create a baseline on perceptions within the community.</p> <p>After implementation, gather feedback from new enrollees who used the application assistance service and new enrollees who chose to apply on their own.</p> <p>Evaluate feedback annually to ensure the application assistance program is updated to match the community's needs.</p> <p>Timeframe: 1 year</p>
Objective 4: Improve healthy eating and physical activity by increasing program participation by 5% each year by 2029.		
Ensure each childcare center completes the application process to qualify for the Child and Adult Care Food Program to be reimbursed for providing nutritious meals in childcare facilities.	North Dakota Health and Human Services	<p>Complete CACFP application process to qualify for reimbursement eligibility for healthy food options provided in childcare centers. Track frequency of healthy food options offered pre- and post-program implementation and cost-effectiveness.</p> <p>Timeframe: Every school needs to complete the CACFP application process within the first six months of the first year. School meals should be planned one month in advance for budgeting and expenses will be reported at the end of each month. Cost analysis will be completed quarterly.</p>
Implement Nutrition and Physical Activity Self-Assessment for Childcare [NAPSACC] Program to increase nutrition and physical activity to reduce childhood obesity.	Mountrail Public Health	<p>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.</p> <p>Timeframe: The NAPSACC self-assessment should be completed within the first year.</p>

<p>Implement Farm to Early Care and Education [ECE] Program for nutrition education and to provide locally sourced foods to childcare centers.</p>	<p>National Farm to School Network Mountrail Public Health</p>	<p>Track the number of local fruits, vegetables, and minimally processed and highly processed food children consume and discard in the Farm to ECE program.</p> <p>Timeframe: Implement Farm to ECE Program in year two. Track child participation and consumption of food at every event. This program will be ongoing.</p>
<p>Expanding breastfeeding education and community-based support groups through La Leche League International.</p>	<p>Mountrail County Medical Center Women, Infants, and Children [WIC] Mountrail Public Health</p>	<p>Increase breastfeeding resources and community support groups. Partner with support organizations to host spaces for classes and support group meetings. Attendance is tracked at each monthly event. 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.</p> <p>Timeframe: Planning for breastfeeding education and community support groups will begin in year one after the NAPSACC is completed. Implementation of support groups and classes will begin year two and will be ongoing.</p>

Mental Health

As identified in previous CHNA and this year's CHNA, mental health is a major concern for Mountrail County residents. Per county health ratings, there is only 1 mental health professional for every 1600 people which is greatly concerning considering the 21:10,000 suicide rate that the community has. This area has also been identified by U.S. Department of Health and Human Services (U.S. Health and Human Services, 2024) as a medically underserved area but specifically for mental health.

According to County Health Rankings, there are three mental health professionals. The average therapist in the United States is only able to see 25 to 35 clients in a week which means that less than 1% of Mountrail's population could potentially go to them. That is also not considering that the population is vastly uninsured at a rate of 15% of the population. This makes it even harder to recruit mental health professionals to the area since their services are considered expensive while also being hard to travel to due to residents' rural locations.

It is our goal to help residents through this by increasing the amount of mental health workers and mental health services in hopes of decreasing the feelings of depression and anxiety felt by the residents. This is by following the four A's (accessibility, availability, affordability, and acceptability) recommended by the National Rural Health (Rural Health Information Hub, 2024). Per evidence-based practices, we will work to bring in a social worker for each school in Mountrail's school districts, decrease the overall access to mental health professions from 1600:1 to 600:1, lower the overall stigma of seeing a mental health professional, and increase the advertisement of crisis hotlines.

Promising Strategies Used: Increasing job security of mental health professionals including SSW, offering mental health services in person and over the phone, reducing the ratio of mental health professionals by 50%, increasing the amount of mental health therapy centers available within a certain area, implementing therapy animals into communities/places with high levels of stress, advertising mental health initiatives, mandating rural placements for psychology students, offering services to those who are financially unstable, creating text message telehealth services, provide free and confidential services in at least 2 establishments, implement mental health training and certification for all PCPs going through school, educate and advocate for mental health and suicide awareness to reduce the stigma, and include behavioral health services into yearly PCP visits.

Prioritized Health Area 3: Mental Health

Mental Health Goal: Improved Mental Health Opportunities for Mountrail County – Improve Mountrail Community Health by increasing access to mental health services and reducing the number of poor mental health days experienced by the community members overall by at least 7 days a month.		
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.		
Strategies/Activities	Lead and Supporting Agencies/Organizations	Process Indicators and Metrics – How will you measure success?
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.	K-12 Schools Mountrail McKenzie Human Service Zone County government	1 SSW per school building SSW remains in position, works full-time builds relationships with students, and earns tenure after working for at least 2 years. Time Frame: 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.	Higher Education and University County Government American Psychological Organization	Organize higher education community events from surrounding colleges to advertise psych programs for soon to graduate high school students Enroll at least 2 students into a psychology program If the student graduates and works for at least 5 years in the profession, they can receive student loan forgiveness Time Frame: 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.	Mental Health County Government American Psychological Organization North Dakota Central Human Service Center	Reduce the ratio metric from 1:1600 to 1:800. Track the number of students in crisis/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 Time Frame: Begin data collection promptly and 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 therapy animals in classrooms, hallways, cafeterias, and other student-populated areas.	Mental Health K-12 Schools North Dakota Emotional Support Animal (ESA) Laws	Provide data from mental health, SSW, and psychology services provided stating the need for therapy animals under ND ESA Law. Provide 1 therapy animal to each high school, then middle, then elementary school to show the need and effectiveness of this service. Time Frame: 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.
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	County Government County Health Department Mountrail County Medical Center (MCMC)	Increased availability of mental health provider per person. Goal is to go from 1600:1 to 800:1 in five years Increased duration of mental health providers Time Frame: 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	County Government Mental Health Mountrail County Medical Center (MCMC)	Increased amount of mental health provider per person. Goal is to go from 1600:1 to 600:1 in five years Time Frame: 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	Mental Health County Health Department Mountrail County Medical Center (MCMC)	Increased mental health awareness and make it easier for citizens to reach a provider By 2029, decrease in number of bad mental health days from 3.6 days to 2

		Time Frame: 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.
Provide clinical rotations in a rural setting to expose behavioral health professionals to rural living	Mental Health and Higher Education	Increased exposure to behavioral health workers to show them that living in a rural environment isn't as bad as they might have thought. Recruit one mental health professional for the next five years to the area. Time Frame: 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
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	Community Health Centers Health Resources and Services Organization Charitable donations	Effective collaborations with community organizations, local charities, or foundations to secure resources that specifically support mental health services for uninsured individuals. Time Frame: 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	Mental health professionals Hospitals, clinics	Increase in number of uninsured clients accessing telehealth services Time Frame: Will review data in 2025 and evaluate annually until 2029
Deliver health care services and support to individuals with mental	Mental health professionals	Track mental health support via mobile services

health concerns via mobile devices using text messaging		Time Frame: Will review data in 2025 and evaluate annually until 2029
Provide free and confidential counseling services at community centers to uninsured clients	Mental health professionals	<p>Increased free counseling services provided</p> <p>Time Frame: 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.</p>
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	<p>K-12 Schools</p> <p>Higher Education and University</p> <p>County Government</p> <p>American Psychological Organization</p>	<p>Have all schools in the county have a suicide awareness and education program that they present yearly.</p> <p>Time Frame: 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.</p>
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	<p>County Government</p> <p>Hospitals outside of Mountrail</p> <p>State of North Dakota Government</p> <p>Mental Health Professionals</p>	<p>Most PCPs already provide mental health services but have little to no training. Training PCPs will help in ensuring that they see the signs early and lower the social stigma surrounding mental health</p> <p>Have 80% of PCPs certified in mental health practices and how to identify the signs of anxiety, depression, and suicidal ideation</p> <p>Time Frame: 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.</p>
Implement community-wide awareness campaigns to reduce the	<p>County Health Department</p> <p>Local Non-profits</p> <p>Mental health professionals</p>	Monitor number of suicide awareness campaigns

stigma associated with mental health issues and suicide		Time Frame: 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.	County Health Department Local Government Mental health non-profits	Track number of calls via the crisis helpline Time Frame: Advertise crisis helplines by the end of 2024 and reassess campaigns every 3 months through surveys to community members.

Summary: The Future of Mountrail County Public Health

When embarking on a collective path to health of this magnitude, we recognize that not every strategy proposed will yield the optimal results. Many things can change over a five-year span, as we have seen with issues related to outmigration and the increasing diversity of the community. The Steering Committee and Workgroups will maintain flexibility when determining if programs are meeting the intention of the goals and pivot to another model that is better suited for the community if one should materialize. Any additions or changes to current programming will be evidence-based or a proven promising practice and any modifications to an existing program will be designed to accommodate the unique make-up of our community. In agreement is that our decisions will be data driven, rooted in health equity, and support diversity and inclusion.

In summary, the 2024 Community Health Improvement Plan lays the foundation for a promising future in public health for Mountrail County, North Dakota. By determining high priority areas, fostering collaborations among our community stakeholders and implementing promising strategies and evidence-based interventions, our county is on track for overall improvement in health and wellbeing. The commitment to efforts outlined in this plan ensures that the vision of health equity becomes a reality, providing an optimistic future for the residents of our county.

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