

**North Dakota FY 2016
Preventive Health and Health Services
Block Grant**

Work Plan

Original Work Plan for Fiscal Year 2016

Submitted by: North Dakota

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Executive Summary

North Dakota FY 2016 Preventive Health and Health Services Block Grant

The estimated 2015 population of North Dakota (ND) is 756,927, compared with the 2014 population of 739,482, reflecting a growth rate of 12.5% (U.S. Census). Over half of ND's population, 384,982, lives in rural areas (USDA, 2016).

North Dakota has a seasonally adjusted unemployment rate of 3.2 percent, and there are 15,444 open positions, according to Job Service of ND (April 2016).

Despite what many consider to be the strongest economy in the United States, there are economic disparities in ND. About 11.9 percent of North Dakotans live in poverty; the poverty rate for children ages 0 to 17 was estimated at 13.7 percent. It is striking that the poverty rates in counties in which tribal reservations are located are more than double the statewide rate. The poverty rate in Sioux County was 33.6 percent, 29.9 percent in Benson County and 31.6 percent in Rolette County (USDA ERS, 2014).

On March 28, 2016, the Healthy ND Coordinating Committee for the ND Preventive Health and Health Services Block Grant (PHHSBG) which acts as the Advisory Committee reviewed and recommended programs for funding, contingent upon the receipt of funding for FY 2016.

On November 17, 2015, the Public Hearing on the ND PHHSBG was convened.

This Work Plan is for the PHHSBG for Federal Year 2016. It is submitted by the ND Department of Health as the designated state agency for the allocation and administration of PHHSBG funds.

Funding Assumptions: The total award for the FY 2016 Preventive Health and Health Services Block Grant is \$395,845. This amount is based on an allocation table distributed by CDC.

Funding for FY 2016 Sexual Assault-Rape Crisis Health Objective (HO) Injury and Violence Protection 40 (IVP 40) activities detailed in the Work Plan: \$15,039 of this total is a mandatory allocation to the North Dakota Department of Health's Domestic Violence/Rape Crisis Program which provides funding to two of the local domestic violence/rape crisis agencies located in North Dakota to support primary prevention strategies of sexual assault. Funds will be used to implement prevention strategies at the middle/high school and college levels as well as local businesses, agencies and homes.

Program Title: Healthy North Dakota Communities

HO Educational and Community-Based Programs (ECBP)-10. Community-Based Primary Prevention Services: \$380,806 of this total will be utilized to mobilize partnerships so that plans to promote health can be developed and implemented, making it easier for North Dakotans to make healthier choices. Healthy North Dakota is a statewide, innovative program to improve public health through inspiring and supporting residents to improve physical, mental and emotional health for all. PHHSBG funds are used to support the following programs in North Dakota:

- Healthy North Dakota Initiative
- Hunger Free North Dakota
- Breastfeeding-Friendly Hospital Designation Program
- Chronic Disease Sub-Awards
- Public Health Regional Networks
- Public Health Capacity Training

- The Chaplaincy Program

In order to improve the quality of life of North Dakotans, a coordinated, comprehensive public health approach is needed. In 2002, then Governor John Hoeven announced a new public health initiative, Healthy North Dakota. Healthy North Dakota's vision is "Healthy North Dakota - Healthy People, Healthy Communities." Its mission is to inspire and support North Dakotans to improve physical, mental and emotional health for all by building innovative statewide partnerships. Healthy North Dakota seeks to focus the attention of government, private enterprise and individuals' health. Use of block grant funding helps to fill in the gaps of the Healthy North Dakota project.

Administrative costs: associated with the PHHSBG total \$38,080 which is less than 10% of the grant. These costs will be utilized for salary and related expenses, phone, computer support, rent, licenses and professional development.

The grant application is prepared under federal guidelines, which require that states use funds for activities directed toward the achievement of the National Health Promotion and Disease Prevention Objectives in Healthy People 2020.

Funding Priority: Under or Unfunded, State Plan (2016), Data Trend

Statutory Information

Advisory Committee Member Representation:

Advocacy group, American Indian/Alaska Native tribe, College and/or university, Community-based organization, County and/or local health department, Dental organization, Foundation, Hospital or health system, Managed care organization, Medical society or organization, Mental health organization, Military, Parks and recreation organization, Primary care provider, Public and/or private school (K-12), Schools of public-health, Senior/adult serving organization, State health department, State or local government, Tobacco control organization, Volunteer organization

Dates:

Public Hearing Date(s):

11/17/2015

Advisory Committee Date(s):

11/23/2015

1/25/2016

3/28/2016

5/23/2016

Current Forms signed and attached to work plan:

Certifications: Yes

Certifications and Assurances: Yes

Budget Detail for ND 2016 V0 R0

Total Award (1+6)	\$395,845
A. Current Year Annual Basic	
1. Annual Basic Amount	\$380,806
2. Annual Basic Admin Cost	\$0
3. Direct Assistance	\$0
4. Transfer Amount	\$0
(5). Sub-Total Annual Basic	\$380,806
B. Current Year Sex Offense Dollars (HO 15-35)	
6. Mandated Sex Offense Set Aside	\$15,039
7. Sex Offense Admin Cost	\$0
(8.) Sub-Total Sex Offense Set Aside	\$15,039
(9.) Total Current Year Available Amount (5+8)	\$395,845
C. Prior Year Dollars	
10. Annual Basic	\$372,717
11. Sex Offense Set Aside (HO 15-35)	\$15,039
(12.) Total Prior Year	\$387,756
13. Total Available for Allocation (5+8+12)	\$783,601

Summary of Funds Available for Allocation	
A. PHHSBG \$'s Current Year:	
Annual Basic	\$380,806
Sex Offense Set Aside	\$15,039
Available Current Year PHHSBG Dollars	\$395,845
B. PHHSBG \$'s Prior Year:	
Annual Basic	\$372,717
Sex Offense Set Aside	\$15,039
Available Prior Year PHHSBG Dollars	\$387,756
C. Total Funds Available for Allocation	\$783,601

Summary of Allocations by Program and Healthy People Objective

Program Title	Health Objective	Current Year PHHSBG \$'s	Prior Year PHHSBG \$'s	TOTAL Year PHHSBG \$'s
Domestic Violence/Rape Crisis	IVP-40 Sexual Violence (Rape Prevention)	\$15,039	\$15,039	\$30,078
Sub-Total		\$15,039	\$15,039	\$30,078
Healthy North Dakota	ECBP-10 Community-Based Primary Prevention Services	\$380,806	\$372,717	\$753,523
Sub-Total		\$380,806	\$372,717	\$753,523
Grand Total		\$395,845	\$387,756	\$783,601

State Program Title: Domestic Violence/Rape Crisis

State Program Strategy:

Goal

The North Dakota Department of Health's Domestic Violence/Rape Crisis Program will promote strategies for primary prevention of sexual violence which include awareness of sexual assault services and community engagement surrounding the problem of sexual violence.

Program Priorities

The sexual assault set-aside funds will be distributed to two domestic violence/rape crisis agencies which work on primary prevention of intimate partner and sexual violence by using the following prevention strategies:

- Community engagement of leaders and students
- Bystander intervention programs to college students
- Education and awareness activities to middle school students
- Prevention education for middle and high school students focusing on healthy relationships, dating violence, and sexual harassment.

Primary Strategic Partnerships

The North Dakota Department of Health has a long history of working with the North Dakota Council on Abused Women's Services and its member agencies to address sexual violence prevention and intervention services in North Dakota.

External

North Dakota Council on Abused Women's Services
Community Violence Intervention Center
Rape and Abuse Crisis Center

Role of PHHS Block Grant Funds

Two of the local domestic violence/rape crisis agencies located in North Dakota request the PHHSBG funds to support primary prevention strategies of sexual violence. The funds will be used to implement the prevention strategies at the middle/high school and college level. They will also be used to involve community leaders in prevention activities at their local businesses, colleges, agencies, and homes. The two agencies will leverage these funds with the Center for Disease Control Rape Prevention and Education funds.

Evaluation Methodology

The domestic violence/rape crisis agencies use the Uniform Data Collection System to submit data to the North Dakota Council on Abused Women's Services. The Council submits the aggregate data from each of the agencies to the North Dakota Department of Health for grant reporting. The two agencies employ empowerment evaluation of their programs to assess their process and outcome measures. In 2015, new evaluation plans using the Theory of Change were written by both funded agencies with the help of the contracted empowerment evaluator. Those plans will be updated as needed.

State Program Setting:

Community based organization, Rape crisis center, Schools or school district, University or college

FTEs (Full Time Equivalent):

Full Time Equivalent positions that are funded with PPHS Block Grant funds.

Total Number of Positions Funded: 0

Total FTEs Funded: 0.00

National Health Objective: HO IVP-40 Sexual Violence (Rape Prevention)

State Health Objective(s):

Between 10/2016 and 09/2017, decrease the number of rapes and attempted rapes in persons 18 and older from 167 to 150 rapes for the 2 domestic violence rape crisis agencies receiving PPHS Block Grant funds.

Baseline:

167(2015 full year)

Data Source:

Community Violence Intervention Center and Rape and Abuse Crisis Center 2016 Sexual Assault Statistics

State Health Problem:

Health Burden:

Rape and attempted rape is an under-identified problem in North Dakota. The reasons for this include that rape is a crime self-reported by victims, public awareness is limited, and prevention funding is inadequate to address the problem. Often sexual assault occurs within an intimate partner relationship, making identification and prosecution of the assault more problematic. These issues are common nationally, and although federal dollars have been distributed to states to address sexual assault, it has been difficult for state and local agencies to develop sexual assault plans that are as complete as those addressing domestic violence issues, which tend to be better-funded.

Primary prevention of sexual violence in North Dakota has been supported throughout the years by local domestic violence/rape crisis agencies. These agencies have developed local prevention teams that create plans and identify strategies based on the Social Ecological model. The two agencies that receive these funds work on all four levels of the model to reach the target populations identified in their plans.

Cass County had the largest percentage population growth followed by Burleigh and Mountrail counties (17 percent and 16 percent, respectively). Population in North Dakota continues to be concentrated. The majority of North Dakotans (53 percent in 2010) reside in the top four populated counties (Cass, Burleigh, Grand Forks, and Ward), which is up from 49 percent in 2000. The two funded agencies are located in Cass and Grand Forks counties.

Disparate population: The number of American Indians residing in Cass and Grand Forks Counties compared to the percentage of total reported rapes for those two counties to the domestic violence/rape crisis agencies. American Indians comprise 3.9% of the total population of those two counties yet make up 11% of the sexual assaults reported to those agencies.

Target Population:

Number: 237,143

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, White, Other
Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No

Disparate Population:

Number: 3,829
Ethnicity: Non-Hispanic
Race: American Indian or Alaskan Native
Age: 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older
Gender: Female and Male
Geography: Rural and Urban
Primarily Low Income: No
Location: Specific Counties
Target and Disparate Data Sources: U.S. Census 2014 Population Estimates, Community Violence Intervention Center, and Rape and Abuse Crisis Center

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Best Practice Initiative (U.S. Department of Health and Human Service)

Other: N/A

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$15,039
Total Prior Year Funds Allocated to Health Objective: \$15,039
Funds Allocated to Disparate Populations: \$0
Funds to Local Entities: \$0
Role of Block Grant Dollars: Supplemental Funding
Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:
10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Appropriate Presentations Delivered

Between 10/2016 and 09/2017, domestic violence/rape crisis centers will increase the number of professional training and educational presentations on awareness of the immediate and long-term health consequences of sexual violence from 358 to **385**.

Annual Activities:

1. Appropriate Presentations

Between 10/2016 and 09/2017,

1. Between 10/2016 and 09/2017, provide appropriate sexual violence primary prevention presentations to respective communities including elementary school, middle school, college, and local businesses
2. Increase community involvement in sexual violence primary prevention strategies by involving professionals in committees, social norms campaigns and event planning

Objective 2:

Increase Women Served

Between 10/2016 and 09/2017, local domestic violence/rape crisis centers will provide services to **100%** of rape and attempted rape victims that are identified, screened and referred to them.

Annual Activities:

1. Seek Out Services

Between 10/2016 and 09/2017, increase the number of victims of sexual assault who seek out services:

Agencies will raise awareness of the issues and available services through presentations to professionals and the general public at community events (i.e., health fairs, fund raising activities via local TV and radio talk shows).

2. Distribute Funds

Between 10/2016 and 09/2017, maintain the distribution of funds to two domestic violence/rape crisis centers for primary prevention of sexual violence at the individual, relationship and community levels of the social ecological model.

State Program Title: Healthy North Dakota

State Program Strategy:

Healthy North Dakota is a statewide, innovative program to improve public health. The goal/mission of Healthy North Dakota is to inspire and support North Dakotans to improve physical, mental and emotional health for all by building innovative statewide partnerships.

Overall, Healthy North Dakota provides a framework through which public health advocates can network and collectively identify key public health initiatives. Through this collaboration, bridges are built between programmatic and funding silos so that individuals and organizations can work more effectively together toward similar goals and objectives. The Healthy North Dakota Coordinating Committee meets every other month to encourage communication and collaboration.

The program priorities of the Healthy North Dakota initiative began with a statewide wellness summit in August 2002. Healthy North Dakota summit participants identified the following focus areas as top health priorities for the state: Tobacco Use, Substance Abuse/Mental Health, Healthy Weight - Nutrition and Physical Activity, Health Disparities, Worksite Wellness, Community Engagement and 3rd Party Payers/Insurance. The partner priorities are fluid, and respond to partner interest and availability. Since the Healthy North Dakota Summit, additional focus areas have been added to the Healthy North Dakota initiative, including: Aging, Cardiovascular Health, Injury Prevention and Control, Diabetes, Oral Health, Cancer and Breastfeeding.

Many of the focus areas have their own coalitions or committees such as tobacco, healthy equity, healthy aging, chronic disease, diabetes, oral health, cancer, injury prevention and breastfeeding. These coalitions or committees are represented sometimes by a health department liaison and sometimes another representative. Voluntary health organizations including the AARP, the American Heart Association, the American Cancer Society, the National Arthritis Foundation are also a part of the Coordinating Committee.

In the summer of 2006, a group of leaders from both the private and public sectors initiated a voluntary, self-funded collaborative effort to explore innovative, statewide approaches to improving the health status of North Dakotans. This initiative, convened by Healthy North Dakota and facilitated by TSI Consulting, Inc., focused on the development of a Vision and Strategy for Improving Health in North Dakota. The State Vision and Strategy (SVS) group is now a self-sustaining group that meets monthly. The consultant from Healthy North Dakota (HND) is a member of this group and the liaison between HND and SVS.

Program Priorities

Healthy North Dakota's priority is to mobilize partnerships so that plans to promote health can be developed and implemented, making it easier for people to make healthier choices. The strategy of focus for the State Health Improvement Program is reducing hypertension and hypertension communication.

In an effort to reach North Dakotans where they live, learn, work and play, Healthy North Dakota has prioritized worksite wellness programs as a primary means of outreach. A 2002 study of North Dakota businesses indicated that more than 80 percent of North Dakota businesses believe in the benefits of worksite wellness and want assistance and guidance implementing worksite wellness. The willingness of businesses to participate reinforces the outreach strategy chosen by Healthy North Dakota.

Healthy North Dakota's Primary Strategic Partnerships

Internal State Agencies

ND Department of Health
ND Department of Human Services
Indian Affairs Commission
ND Department of Public Instruction
ND Parks and Recreation Department
ND Public Employees Retirement System
ND Department of Transportation
ND Department of Agriculture
ND Department of Public Instruction - Child Nutrition Programs
ND Department of Public Instruction - Coordinated School Health Program
ND Head Start Collaboration Office

External

American Heart Association
American Cancer Society
University of North Dakota
University of North Dakota School of Medicine and Health Sciences
North Dakota State University
North Dakota State University, Masters in Public Health Program
North Dakota State University, American Indian Public Health Resource Center
North Dakota State University Extension Services
North Dakota Chamber
Altru Health System
North Dakota Long Term Care Association
North Dakota Medical Association
Blue Cross/Blue Shield of North Dakota
North Dakota Hospital Association
North Dakota State and City County Health Officials
Local Public Health Units
Local Nutrition and Physical Activity Committees
Hedahls, Inc.
Sanford Health System
Community Health Care Association of the Dakotas
Creating a Hunger Free North Dakota Coalition
Dakota Diabetes Coalition
ND Oral Health Coalition
ND Injury Coalition
ND Breastfeeding Coalition
ND Cancer Coalition
Midwest Dairy Association/Action for Healthy Kids
ND Center for Persons with Disabilities
ND Academy of Nutrition and Dietetics
ND Nutrition Council
ND Farmers Market and Growers Association
Young People's Healthy Heart Program

Role of PHHS Block Grant

While partners contribute to aspects of Healthy North Dakota implementation, the overall statewide infrastructure is supported solely by the PHHS Block Grant.

Evaluation Strategy

Process measures will be used to assess how successful Healthy North Dakota is at continuing to bring

collaborators together. Ultimately, state Behavioral Risk Factor Surveillance Survey, Youth Risk Behavioral Survey and vital records data will be used to track long term outcomes realized by successful implementation of the collaborative plans.

State Program Setting:

Business, corporation or industry, Medical or clinical site, Schools or school district, Work site, Other: HND works with statewide health partners in both the private and public sectors

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHS Block Grant funds.

Position Name: Cheri Kiefer

Position Title: Block Grant Coordinator

State-Level: 30% Local: 0% Other: 0% Total: 30%

Position Name: BriAnna Wanner

Position Title: Breastfeeding Specialist

State-Level: 20% Local: 0% Other: 0% Total: 20%

Total Number of Positions Funded: 2

Total FTEs Funded: 0.50

National Health Objective: HO ECBP-10 Community-Based Primary Prevention Services

State Health Objective(s):

Between 10/2016 and 09/2017, Healthy North Dakota Coordinating Committee will meet six times and serve as a means for obtaining feedback, reporting on grant activities and communicating the efforts of the Health Equity Office, the Statewide Vision and Strategy for a Healthier North Dakota, and multi-sectorial grant opportunities such as "Gaining Ground," Million Hearts®, and the PHHS Block Grant.

Baseline:

Three partners/grant opportunities share information/obtain feedback at Healthy North Dakota Coordinating Committee meetings.

Data Source:

Observation documented in Healthy North Dakota Coordinating Committee meetings agendas and meeting summaries

State Health Problem:

Health Burden:

Currently a Coordinated Chronic Disease (CCD) state plan exists, and federal funding to implement some of the priorities has been granted. While health promotion programs exist in North Dakota, they are still typically driven by categorical funding sources and their effectiveness varies due to many influencing factors.

As the Healthy North Dakota coalitions identify their goals, strategies and objectives, dollars will be needed to implement their initiatives, particularly where funding does not exist. To leverage funds, the HND committee looked at priorities from the CCD State Plan to identify any that could be funded out of block

grant funding.

In North Dakota:

- 8.6% have been told they have diabetes (2014 BRFSS)
- 29.7% have been told they have hypertension (2013 BRFSS)
- 68.8% are overweight or obese (2014 BRFSS)
- 19.9% are smokers (2014 BRFSS)
- 24.0% are binge drinkers (2014 BRFSS)
- 21.3% did not participate in any physical activity during the past month (2014 BRFSS)

Target Population:

Number: 739,482

Ethnicity: Hispanic, Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 87,998

Ethnicity: Non-Hispanic

Race: American Indian or Alaskan Native, White

Age: Under 1 year, 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Location: Entire state

Target and Disparate Data Sources: US Census Bureau

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Guide to Community Preventive Services (Task Force on Community Preventive Services)

Other: Charting the future of community health promotion: recommendations from the National Expert Panel on Community Health Promotion. Available at: http://www.cdc.gov/pcd/issues/2007/jul/07_0013.htm

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$380,806

Total Prior Year Funds Allocated to Health Objective: \$372,717

Funds Allocated to Disparate Populations: \$75,540

Funds to Local Entities: \$202,000

Role of Block Grant Dollars: No other existing federal or state funds

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Breastfeeding-Friendly Hospital Designation

Between 10/2016 and 09/2017, the Breastfeeding Consultant (the consultant) will increase the number of birthing facilities designated as "breastfeeding friendly" from 6 to 8.

Annual Activities:

1. Train Birthing Facilities

Between 10/2016 and 09/2017, the consultant will train identified birthing facilities on the North Dakota Breastfeeding-Friendly Hospital Designation Program.

2. Provide Technical Assistance

Between 10/2016 and 09/2017, the consultant will provide technical assistance to birthing facilities as they apply to become a breastfeeding-friendly hospital in North Dakota.

3. Provide Educational Materials

Between 10/2016 and 09/2017, the consultant will provide educational materials about breastfeeding to birthing facilities.

4. Assess Breastfeeding Resources

Between 10/2016 and 09/2017, the consultant will assess what breastfeeding resources are available across North Dakota and identify gaps.

Objective 2:

Chaplaincy Program

Between 10/2016 and 09/2017, Northern Plains Chaplaincy will provide basic and advanced training to community chaplains to 2 new sites.

Annual Activities:

1. Chaplaincy Training

Between 10/2016 and 09/2017, Northern Plains Chaplaincy will train and certify individuals in the Dickinson and Bismarck areas as community chaplains using a military, non-denominational model as a means to prevent more severe emotional and mental health issues through early intervention.

Objective 3:

Evaluation

Between 10/2016 and 09/2017, the PHHS block grant coordinator will develop 1 evaluation plan for the PHHS block grant.

Annual Activities:

1. Select contracted evaluator

Between 10/2016 and 12/2016, the PHHS block grant coordinator will solicit applications and select an evaluator for the PHHS block grant.

2. Develop evaluation plan

Between 12/2016 and 03/2017, the evaluator and the PHHS block grant coordinator will work together to develop the PHHS block grant evaluation plan

3. Implement evaluation plan

Between 03/2017 and 09/2017, implement Year 2 activities of the evaluation plan

Objective 4:

Healthy North Dakota Collaboration

Between 10/2016 and 09/2017, the Healthy North Dakota consultant (consultant) will conduct **1** strategic planning session of the Healthy North Dakota partnership to define the role of the partnership and better serve the needs of the partners.

Annual Activities:

1. Partners

Between 10/2016 and 09/2017, the consultant will confirm current and identify additional health partners/coalitions for connectivity to Healthy North Dakota.

2. HND Worksite Wellness

Between 10/2016 and 09/2017, the consultant will remain connected to the Healthy North Dakota Worksite Wellness Director housed at Blue Cross Blue Shield of North Dakota as a means of maintaining a significant channel for chronic disease prevention and community-clinical integration.

3. Healthy North Dakota Meeting Place

Between 10/2016 and 09/2017, the consultant will ensure that the network provides meaningful connective and collaborative functions for the Statewide Health Improvement Plan, the Coordinated Chronic Disease Program, the multi-sectorial grant opportunities such as "Gaining Ground," Million Hearts®, and the PHHS Block Grant.

Objective 5:

Healthy North Dakota Communication

Between 10/2016 and 09/2017, the consultant will provide facilitation to connect to **3** groups; the Healthy North Dakota Coordinating Committee, the State Vision and Strategy (SVS) group, and the public.

Annual Activities:

1. Healthy North Dakota Website

Between 10/2016 and 09/2017, the consultant will update the Healthy North Dakota website to focus on the networking and connectivity of groups involved.

2. External Communication

Between 10/2016 and 09/2017, the consultant will provide background and updates of Healthy North Dakota partner organizations to partner groups and coalitions.

3. Internal Communication

Between 10/2016 and 09/2017, the consultant will communicate monthly with connected partners and provide updates between Healthy North Dakota Coordinating Committee and the SVS group.

Objective 6:

Public Health Capacity

Between 10/2016 and 09/2017, the PHHS block grant coordinator will implement **2** trainings for state and local public health staff and partners to increase their capacity to implement public health strategies.

Annual Activities:

1. Host a Capacity Building Training

Between 10/2016 and 09/2017, the state will offer a training to strengthen the public health policy, systems

and environmental capacity of the state and local public health partners.

2. Public Health concepts and strategies training

Between 10/2016 and 09/2017, the PHHS block grant coordinator will identify a training to assist state and local public health staff in understanding core concepts of public health and implement public health strategies.

3. Worksite Wellness

Between 10/2016 and 09/2017, the PHHS block grant coordinator will work with the Healthy North Dakota Worksite Wellness Director and other partners interested in Worksite Wellness to coordinate a worksite wellness summit. This training will assist worksite wellness coordinators statewide, integrate public health concepts into their work, and provide tools to implement comprehensive worksite wellness programming.

Objective 7:

Regional Public Health Networks

Between 10/2016 and 09/2017, the North Dakota Public Health Liaison will increase the number of regional public health networks that are sustaining their efforts and progress, based on their annual work plan from 0 to **4**.

Annual Activities:

1. Implement work plan strategies

Between 10/2016 and 09/2017, four regional networks will implement strategies identified in their annual work plan related to injury prevention, accreditation preparation and/or chronic disease.

Objective 8:

Statewide Hunger Coalition

Between 10/2016 and 09/2017, the Healthy North Dakota consultant will maintain **1** website to provide awareness, data, public education and coalition sustainability to reduce food insecurity and hunger throughout North Dakota.

Annual Activities:

1. Hunger Coalition Coordination

Between 10/2016 and 09/2017, the Healthy North Dakota consultant will provide assistance with coalition coordination, communication, and implementation of the strategic plan for Creating a Hunger Free North Dakota Coalition.

Objective 9:

Statewide Vision and Strategy

Between 10/2016 and 09/2017, the Healthy North Dakota consultant will maintain **1** partnership with Statewide Vision and Strategy.

Annual Activities:

1. Connectivity: HND and SVS

Between 10/2016 and 09/2017, the Healthy North Dakota consultant will provide updates of the initiatives of the Statewide Vision and Strategy (SVS) Coordinating Team to the Healthy North Dakota Coordinating Committee and provide updates of the initiatives of the Healthy North Dakota Coordinating Committee to the SVS Coordinating Team.

Objective 10:

Sub Grants

Between 10/2016 and 09/2017, PHHS Block Grant Coordinator will provide grants to **8-10** identified sites for

chronic disease management and/or prevention strategies, based on their community's assessment and community plan.

Annual Activities:

1. Select Sites

Between 10/2016 and 11/2016, the PHHS block grant coordinator will review the progress from the 8 communities that were funded during the previous year (Oct 2015-Sept 2016), as well as their work plans and budgets for Year 3 and expand funding up to 2 additional communities based on their community's assessment and community plan.

2. Monitor Sites

Between 10/2016 and 09/2017, the PHHS block grant coordinator will monitor the progress of the sites selected for the grants. The sites will be expected to report quarterly on progress toward the goals they selected. Each site that was selected will prepare a final report which may include success stories.

3. Provide Technical Assistance

Between 10/2016 and 09/2017, the PHHS block grant coordinator will provide technical assistance to the funded sites or will identify an appropriate person from a partnering program (i.e., cancer, diabetes, etc.) to provide technical assistance