

North Dakota State Health Improvement Plan



2014-2016



NORTH DAKOTA
DEPARTMENT *of* HEALTH

North Dakota State Health Improvement Plan

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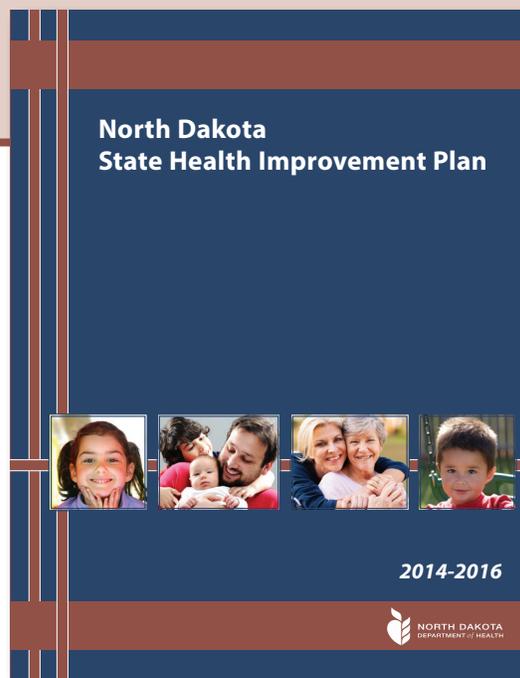
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Purpose

The State Health Improvement Plan (SHIP) focuses on key priorities and outcomes that, when achieved, will support health improvement throughout the state. It provides a framework for state, local community, education and business leaders, and others to focus their work to improve the public's health and to promote coordination and collaboration among public health system partners. The plan is intended to be utilized by public health networks, state agencies and local public health units to structure their strategic planning, community health assessments and improvement planning. In addition, it can be a valuable resource and communication tool for elected officials about pressing health issues facing their constituents.



Background

In January 2002, Governor John Hoeven announced a new public health initiative, Healthy North Dakota:

“Today, I am announcing a new public health initiative for our state, Healthy North Dakota, and I am challenging each school child, each businessperson, each senior citizen to take control of his or her life – to exercise more, to eat a healthy diet, to examine their use of tobacco and alcohol. These must be individual choices, but we can provide the support structure, education and encouragement to each North Dakotan who wants to adopt a healthier lifestyle. Knowing North Dakotans, I have no doubt that they will meet the challenge.”

The launch of Healthy North Dakota stemmed from discussions between the North Dakota Department of Health, the University of North Dakota, and the Governor’s office, with all entities realizing the need for a realistic and kinetic state health improvement plan. There were more than 100 health organizations/agencies represented at the Healthy North Dakota (HND) Summit. From this Summit, more than 20 HND workgroups were organized to encourage enhanced collaboration and partnerships to accomplish common goals. The members of these HND workgroups were primarily program level personnel.

Healthy North Dakota works through an established framework, supporting North Dakotans in their efforts to make healthy choices – in schools, workplaces, senior centers, homes and anywhere people live, learn, work and play. This work is further expanded through the networks, memberships and professional relationships each individual and organization brings to the table.

Presently, Healthy North Dakota consists of committees comprised of more than 400 North Dakotans representing about 150 agencies, organizations and businesses from across the state. These committees are providing leadership in identifying the strategies for building a Healthy North Dakota and have been formed to represent the following priority areas: aging and early childhood; school health and worksite wellness; physical activity and healthy eating, including breastfeeding; cancer; diabetes and heart disease; injury prevention; oral health; and health disparities.



In addition to the networks and workgroups, Healthy North Dakota is comprised of the Statewide and Vision Strategy for a Healthier North Dakota Group (SVS). The SVS Coordinating Committee was organized in 2006, consisting of statewide leaders from both the private and public sectors who 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 the Health-Care System in North Dakota, now known as the State Health Improvement Plan (SHIP).

Groups and organizations represented in the development of the original SHIP included:

- Office of the Governor
- Greater North Dakota Chamber
- North Dakota Department of Health
- UND School of Medicine and Health Sciences
- North Dakota Public Employees Retirement System
- North Dakota Medical Association
- North Dakota Long Term Care Association
- Blue Cross Blue Shield of North Dakota
- Community HealthCare Association of the Dakotas
- Upper Missouri District Health Unit
- Native American MCH Program and Spirit Lake Health Tracks
- North Dakota Healthcare Association
- Meritcare Health System
- Medcenter One Health System (now Sanford Health)
- West River Regional Medical Center
- Bethel Lutheran Home
- Golden Heart EMS
- Investors Real Estate Trust
- Melissa Olson (Healthy North Dakota convener)
- Tim Fallon (TSI Consulting, Inc. facilitator)

Key Health Indicators

The State Vision and Strategy (SVS) Coordinating Committee initiated planning efforts in 2007 with a visioning and strategic mapping process. The first step in the process was a review of key health indicators, including morbidity and mortality, behavior risk surveillance and vital statistics.

Key information that influenced the selection of initiatives and strategies included:

Demographics

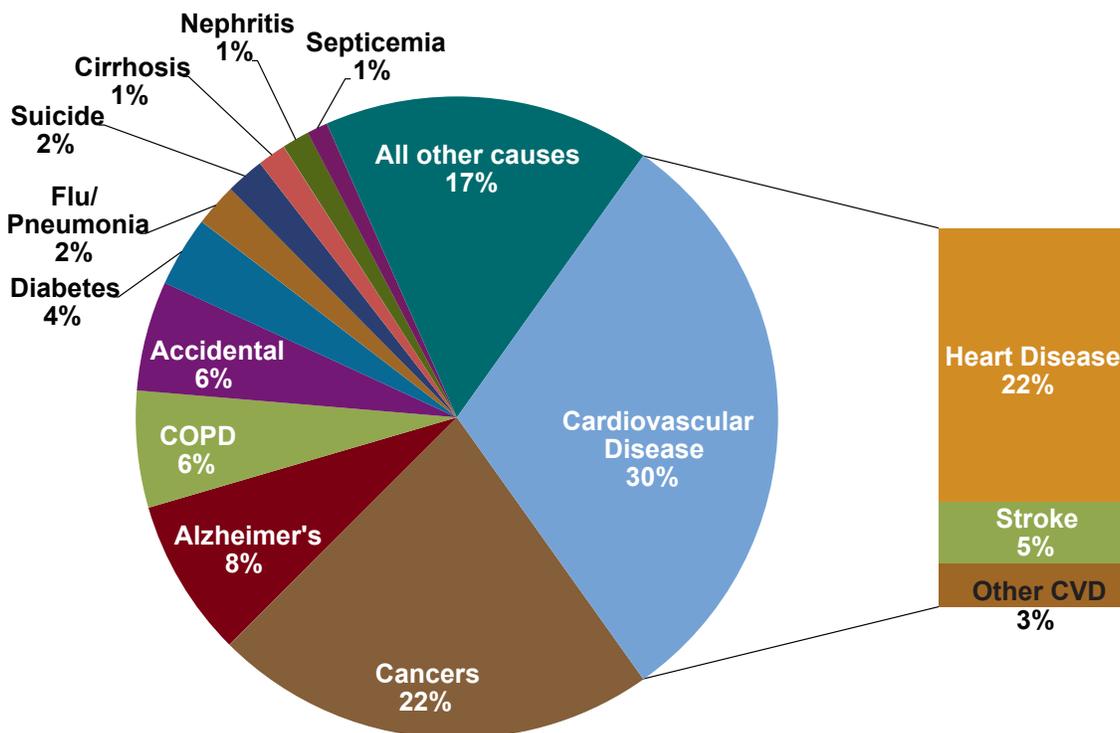
After decades of stagnation and population loss, the state is experiencing growth from an influx of people working in mineral extraction and supportive industries. North Dakota has a large landmass of 68,976 square miles divided into 53 counties with only a few larger population centers. Two-thirds of the state's counties have fewer than 10,000 residents (North Dakota State Data Center). All but 15 of the counties are designated as "frontier" status with fewer than seven people per square mile. The average population density of North Dakota is 9.7 people per square mile, compared to the United States average of 87.4 people per square mile (U.S. Census, 2010). North Dakota has the highest proportion in the U.S. of residents older than age 85 (U.S. Census, 2010). More than half the population (347,173 people) lives in rural areas while 324,418 people live in urban areas (USDA State Fact Sheet, 2011).

The racial make-up of North Dakota is homogeneous with 90 percent of the population classifying themselves as "white." Members of the group that comprise the highest proportion of non-white residents in the state are American Indians (AI). The AI population makes up 5.4 percent of the population in North Dakota (U.S. Census, 2010). Approximately 23,557 American Indian people live in reservation areas in the state (North Dakota State Data Center, 2010). All 10 of the North Dakota counties identified as "least healthy," according to County Health Rankings, are either within a tribal reservation, or designated as rural or frontier areas. Additionally, five of these counties are also ranked "most poor" in health behavior factors that include measures of smoking, diet and exercise, alcohol use and risky sex behaviors.

Leading Causes of Death

Leading causes of death for mature citizens (ages 45 to 64) were cancer and heart disease. For younger citizens, leading causes of death were unintentional injury and suicide. Of the 10 leading causes of death in North Dakota, nine are due to chronic disease and injury. Examination of the risk factors for the leading causes of death shows that human behaviors (poor diet, lack of physical activity, tobacco use, drug and alcohol use, violence and sexual behavior) account for the majority of these deaths.

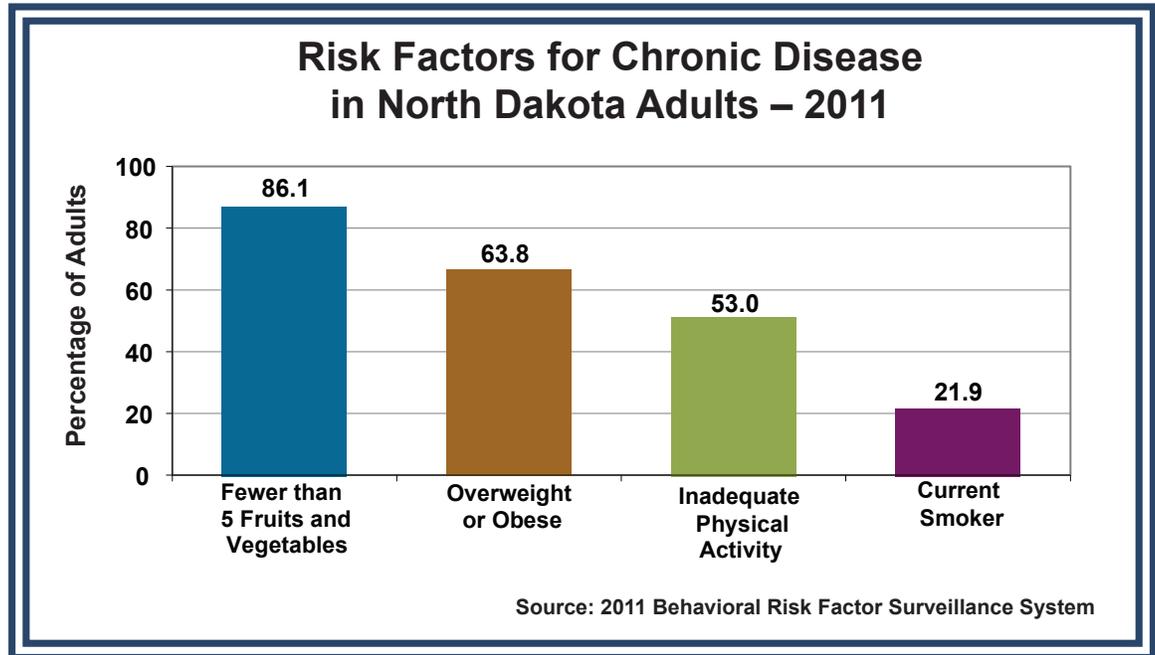
North Dakota Leading Causes of Death – 2011



Risk Factors

Nearly two-thirds of the population is overweight/obese. The rates of obesity in North Dakota, similar to those in the rest of the nation, doubled from 12 percent in 1990 to 25 percent in 2005 and rose to more than 27 percent in 2012. More than 70 percent of children born in the state are eligible to participate in the WIC program, and more than 30 percent of children ages 2 to 5 who participate in that program are overweight or obese (North Dakota WIC Program).

More than one-third of North Dakota's residents have been told they have high cholesterol and 29 percent have hypertension. More than 72 percent of residents do not eat fruits and vegetables at recommended levels and nearly half (48 percent) do not get recommended levels of physical activity.



Morbidity and Mortality

Diabetes prevalence in the state increased 117 percent over the past decade, from 3.5 percent in 1997 to 7.6 percent in 2008. An estimated 36,000 adults in North Dakota were living with diagnosed diabetes in 2008. An additional 12,200 people are projected to have diabetes but have not been diagnosed. Pre-diabetes is present in about one-fourth of the adult population, and more than one-half of adults who do not yet have pre-diabetes or diabetes are living with multiple risk factors for diabetes. In total, more than 88 percent of the adults in North Dakota have diabetes, pre-diabetes or are at risk for developing diabetes.

While overall cancer incidence rates have been decreasing among U.S. whites and American Indians, high rates remain among American Indians residing in the Northern Plains. Northern Plains Indians, including North Dakota tribal members, experience higher cancer mortality rates than in the rest of the U.S. for prostate, lung, colorectal and cervical cancers, and are second-highest to Alaska for female breast cancer mortality.

Between 2000 and 2004, heart disease death rates declined in both the U.S. and North Dakota, with the U.S. having a slightly higher death rate than North Dakota. Stroke death rates for North Dakota and the U.S. were similar during this time period. Tobacco use rates are similar in North Dakota to the rest of the U.S., and likewise have declined over the past decade.

Current chronic disease rates in North Dakota show that 9 percent of residents have diagnosed diabetes; 4 percent have diagnosed coronary heart disease; 2.5 percent have had a stroke; and 29 percent have diagnosed hypertension. Of North Dakota adults, 21.9 percent currently smoke, and more than half of those have tried to quit in the past year.

Planning Process

After the review of key health indicators, the State Vision and Strategy (SVS) Coordinating Committee continued its visioning and strategic mapping process. The next step was identification by key informants of strengths, weaknesses, opportunities and major challenges/threats (SWOT) to state public health and health systems facilitated by Tim Fallon of TSI Consulting, Inc. The identified SWOT areas were brought before the SVS Coordinating Committee as a whole, where a more comprehensive SWOT process and analysis informed the identification of the central challenge and strategic priorities.

Key Themes Identified

- Political and Federal Funding Environment
- Aging Population and Long Term Care
- Emergency Medical Services in Rural Areas
- Health Prevention Services
- Health Information Technology

SVS Coordinating Committee members then worked in small groups to identify strategies for each priority area, and determined key strategies/initiatives to address in the first five-year period. The SHIP includes the vision for the health-care system in North Dakota by the year 2020, central challenge (or mission), strategic priorities to be addressed in the first five-year period and additional priorities. These elements have been incorporated into the strategic map shown on page 13.

The SVS vision for the health-care system in North Dakota in 2020 is that North Dakotans will be the healthiest Americans. Supporting the vision are the core beliefs that our citizens – as individuals, groups and communities – embrace personal responsibility for their health and practice healthy lifestyles; systematic approaches to prevention and wellness are supported by North Dakota's culture, policies and institutions; and that our health-care system is structured and supported to provide access for all North Dakotans to appropriate, high quality, patient-centered health care in response to disease and injury.

The SVS vision will be accomplished through a series of initiatives designed to ensure a comprehensive and coordinated approach to health. Key initiatives identified by the SVS Coordinating Committee in its strategic mapping process were: Healthy Kids/Healthy Weight (childhood obesity), Worksite Wellness, Health Information Technology, and the Statewide Emergency Medical System (EMS) Response Systems. The strategic priorities are to be addressed both as projects initiated outside the planning committee process and as initiatives that will be carried out from 2012 to 2020.

The SVS Coordinating Committee's planning process was further informed through the State Health Status Data Roundtable held on Sept. 7, 2012. Members of Healthy North Dakota Committees, along with North Dakota Department of Health program staff representing various populations and health issues, were invited to interpret and discuss state health status and health risk data, along with available resources to address health issues.

The Roundtable provided a collaborative process for sharing and analyzing data concerning state health status, state health issues, and state resources toward the development of a state level community health assessment. There were 38 individuals in attendance, representing 12 different agencies and organizations.

During the Roundtable data discussion, participants reviewed data including health risks, health behaviors, the top causes of death and disability, and Healthy People 2010 goals and weighed in from their organizational perspectives on the top health risks. Participants also were asked whether there were additional health issues of concern that were not indicated in the data presented. The following 10 health status areas most needing improvement were identified: 1) Overweight/obesity, 2) Poverty, 3) Diabetes, 4) Binge drinking, 5) Cardiovascular disease, 6) Lack of physical activity, 7) Suicide, 8) Distracted driving, 9) Drinking and driving, and 10) American Indian disparities.

Strategic Priorities and Recommendations

The SVS group's health improvement planning process is fluid and dynamic. The information gathered and the decisions made have culminated into the formation of a Strategic Map (see following page) describing SVS's vision, mission, strategic priorities and key strategies. Since the development of a strategic plan, the SVS Coordinating Team, – a smaller, more focused and long-term coordinating group – continues to function in carrying out the SVS plans.

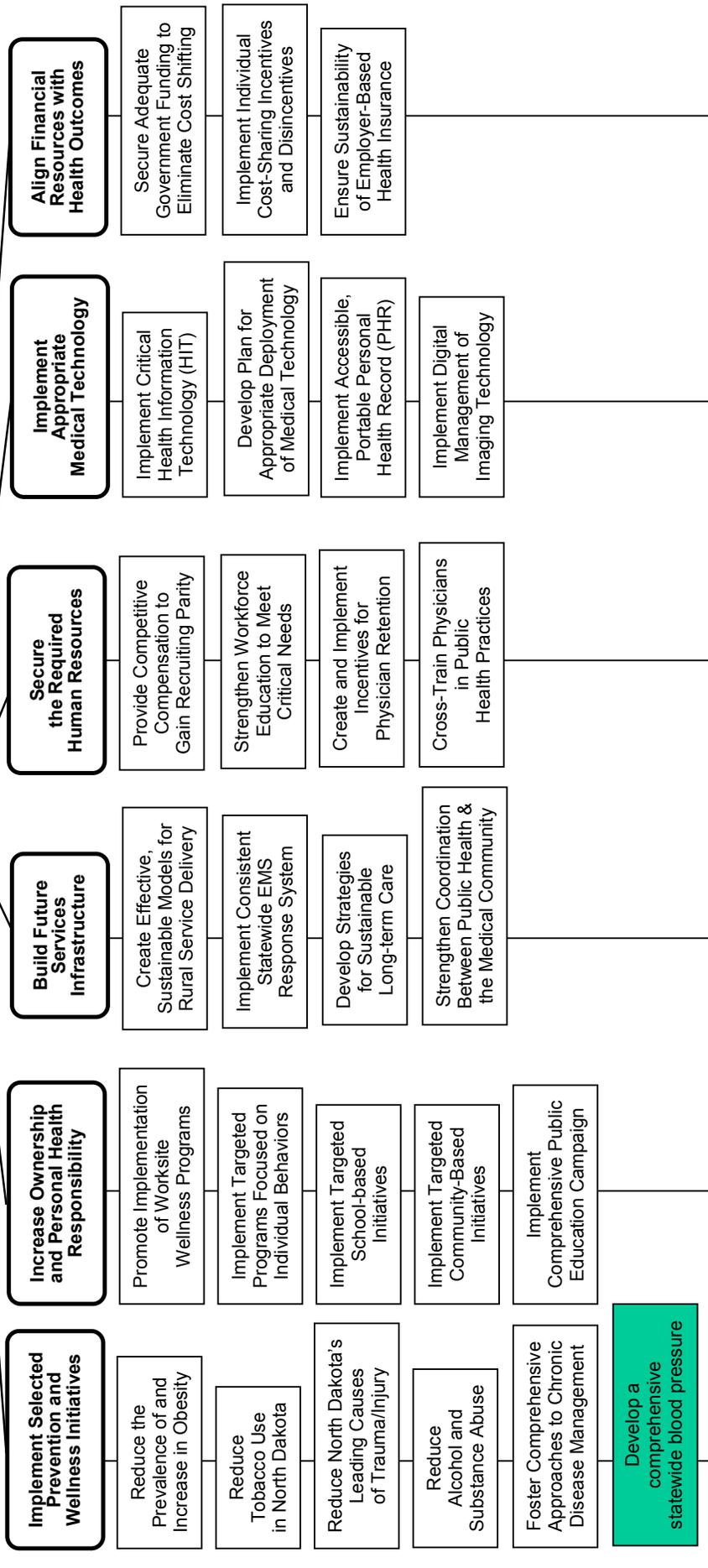


**North Dakota State Health Improvement Plan (SHIP), Statewide Vision and Strategy Group, Strategic Map
November, 2013 to December 31, 2014**

Note: The colored box represents the SVS priority goal for the year August 1, 2013 to July 31, 2014

Vision 2020: North Dakotans are the Healthiest Americans

Implement Key Strategies to Improve Health Outcomes



Address Special Populations/Geographic/Demographic Issues

**Strengthen Innovation/Collaboration
Implement Outcomes Analysis and Measures to Assess Quality of Care and Effectiveness of Resource Allocation**

Strategic Priorities and Initiatives

Healthy Kids/Healthy Weight

While nationally there are signs of a levelling off in childhood obesity rates, that is not the case in North Dakota. The rates of overweight plus obesity in the state continue to rise and are at 29.9 percent in the WIC population and 25.5 percent in the high school population (WIC and BRFSS data, 2011).

The Healthy Kids/Healthy Weight (HKHW) priority was addressed via formation of a workgroup including health professionals, educator/researcher and communications specialists. The HKHW workgroup identified key statewide data sources and community efforts and funded a pilot project carried out by a nutrition and physical activity community coalition. This project created a toolkit to help physician providers provide nutrition and physical activity education and resources based on recommendations from the Expert Committee Recommendations on the Assessment, Prevention and Treatment of Child and Adolescent Overweight and Obesity. The pilot project results showed the necessity for additional resources to develop educational materials, and revealed the difficulty in recruiting pediatricians to participate in the project and the follow-up survey. The HKHW workgroup is not currently active during this time of transition in the SVS.

Worksite Wellness

In response to a need identified by North Dakota businesses in a 2001 statewide survey, worksite wellness is one of the areas on which Healthy North Dakota (HND) and the SVS have focused. HND was an incubator, bringing together the right partners and implementing a plan to launch a worksite wellness initiative in the state. HND worked with groups in the state, including SVS, to identify a source of funding for providing assistance to businesses to carry out wellness programs at work. The Dakota Medical Foundation and Blue Cross Blue Shield of North Dakota stepped up with this needed funding, and now there is a full-time position housed at Blue Cross Blue Shield to support worksites throughout the state.

As the Affordable Care Act brings changes and new opportunities to employers, the SVS will continue to promote worksite wellness and help forge connections for implementation with businesses in the state through the connection with the Greater North Dakota Chamber.



Health Information Technology

A recent U.S. Centers for Disease Control and Prevention report cited North Dakota health-care providers as leading the nation in the adoption of electronic health record (EHR) systems; 82.9 percent of North Dakota's office-based physicians use a basic EHR system. The North Dakota Health Information Technology Advisory Committee is charged with making recommendations for implementing a statewide interoperable health information infrastructure that is consistent with emerging national standards and promotes interoperability of health information systems for the purpose of improving health-care quality, patient safety, and overall efficiency of health care and public health services. The HIT Advisory Committee includes many SVS members and is run by the Program Director of the Center for Rural Health, University of North Dakota School of Medicine and Health Sciences.



Statewide EMS Response System

For the past 40 years, more than 75 percent of the cost of providing EMS in rural North Dakota has been subsidized by donated labor. However, in 2011, the Rural EMS Improvement Project Final Report highlighted significant challenges to the volunteer system, along with a simultaneous increased reliance on rural EMS services and increased call volume. As this “volunteer subsidy” disappears, other revenue sources are needed to fund ambulance services. It is currently unclear who is responsible for providing those funds. North Dakota rural communities have a long history of self-sufficiency. This inhibits them from naturally working with other services or asking for help. Solutions to the issues may not be found solely at the statewide level. Local approaches must also be considered. Therefore, continued collaboration with those who rely upon and use EMS services is required. Key groups and organizations gathered at the SVS table will continue to communicate about changes and progress and continue to address the issue. Current efforts regarding EMS include exploring additional state funding and exploring additional reimbursable job duties for paid EMS providers in community health promotion, prevention and chronic disease management.



Current Activities

The State Vision and Strategy for a Healthier North Dakota (SVS) group is in a period of transition. In April 2013, the HND Director left for other employment. The SVS Coordinating Team (SVSCT) leadership was transferred for a one-year term to the CEO of the Greater North Dakota Chamber (the Chamber) by consent of SVSCT members. The SVSCT meets monthly to review implementation strategies and receive updates on the status of current initiatives and emerging trends.

The SVSCT reviewed the SHIP in August 2013 and also adopted a new prevention and wellness initiative: blood pressure control. In November 2013, the SVSCT approved the extension of the current State Health Improvement Plan, as amended to include blood pressure control, through Dec. 13, 2014 (see Strategic Map).



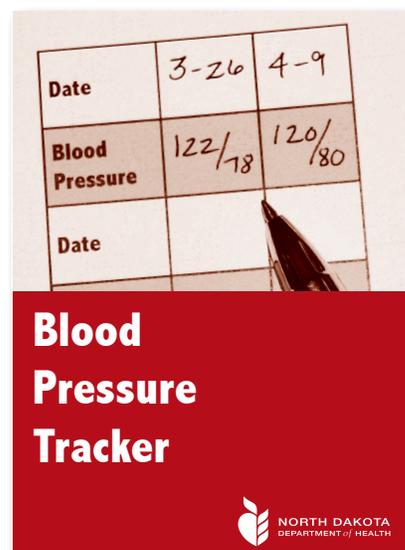
Photo by Meg Luther Lindholm, Healthy North Dakota Story Well

Short Term Goals and Objectives

The SVS identified the development of a multi-year public/private hypertension initiative as a key wellness and prevention strategy. The initiative aims to increase the percentage of North Dakotans who have their blood pressure under control through both greater awareness and control of hypertension, the state's leading chronic disease risk factor. The BCBS MediQhome medical home program estimates that at least 100,000 North Dakota adults are being monitored or treated for this condition.

Over the course of the year 2014, short-term objectives include:

- Identify and engage partners and organizational support and coordination.
- Develop a work plan.
- Establish data measurement source(s) by which to measure impact.
- Establish baseline and goals.
- Determine resources needed and sources from which to seek support.
- Identify and engage target communities (target communities may include faith-based groups, worksites, schools and other organizations that function as communities).



Future Actions

The State Health Improvement Plan (SHIP) review and evaluation process will include these steps:

- Progress updates will be provided at every monthly SVSCT meeting.
- More formal reviews will be developed quarterly.
- Annual comprehensive review, update and adjustment of the SHIP will be undertaken by the SVSCT with input from their constituencies.
- Minutes of each SVSCT meeting will be kept by the SVSSC leadership for documentation of the process.
- New SVSCT members will be added as new priorities are recognized in this fluid system.
- The NDDoH dashboard will be used to help track progress on health status and goal achievement of the State Health Improvement Plan, and the Healthy People 2020 goals for our state and the nation.



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