



Public Health

Prevent. Promote. Protect.

SOUTHWESTERN DISTRICT HEALTH UNIT

COMMUNITY HEALTH IMPROVEMENT PLAN

2013 - 2016

Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Slope & Stark Counties

Southwestern District Health Unit



Public Health
Prevent Promote Protect

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DICKINSON, NORTH DAKOTA 58601
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LETTER OF SUPPORT

COUNTY OFFICES

Adams County
Public Health Nurse
609 2nd Ave. N.
P.O. Box 227
Hettinger, ND 58639-0227
567-2720

Billings County
Public Health Nurse
67 1st St. S.E.
P.O. Box 185
Beach, ND 58621-0185
823-4133

Bowman County
Public Health Nurse
104 1st St. N.W. #6
Bowman, ND 58623-4342
523-3144

Dunn County
Public Health Nurse
215 Central Ave.
P.O. Box 111
Killdeer, ND 58640-0111
764-5513

Golden Valley County
Public Health Nurse
67 1st St. S.E.
P.O. Box 185
Beach, ND 58621-0185
872-4533

Hettinger County
Public Health Nurse
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Mott, ND 58646-7267
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Slope County
Public Health Nurse
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523-3144

Stark County
Public Health Nurse
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483-0171

Emergency Preparedness & Response
2893 3rd Ave. W.
Dickinson, ND 58601-2600
483-3765


Pathways to Healthy Lives
2893 3rd Ave. West
Dickinson, ND 58601-2600
483-3050


Tobacco Prevention & Control
2893 3rd Ave. W.
Dickinson, ND 58601-2600
483-3760

WIC
2869 3rd Ave. W.
Dickinson, ND 58601-2600
483-1942

Women's Way
2893 3rd Ave. W.
Dickinson, ND 58601-2600
483-3052
1-800-44WOMEN

We, the Southwestern District Health Board of Health, support the Community Health Improvement Plan for Southwestern District Health Unit for 2013-2016.


Joyce Thompson, President


Sherry L. Adams, Executive Officer

BOARD OF HEALTH SOUTHWESTERN DISTRICT HEALTH UNIT

Dawn Fried	Adams County	Hettinger, ND
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Ken Zander Vice President	Stark County	Dickinson, ND
Shirley Kallenbach	Stark County	Dickinson, ND
Robert Baer Behavioral Health Officer	Stark County	Dickinson, ND

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CORE TEAM MEMBERS

BOARD OF HEALTH

Dr. Amy Oksa – District Health Officer
Dr. Thomas Jacobsen – Deputy Health Officer
Dr. Patrick Kelly – District Dentist
Dr. Robert Baer – District Behavioral Health Officer

Executive Board Officers

Joyce Thompson – Board of Health President
Ken Zander – Vice President
Donella Erstad – Secretary

Member-at-Large

Harvey Herbeholz

Full Board

Adams County – Dawn Fried
Billings County – Joyce Thompson
Bowman County – Donella Erstad
Dunn County – Ellen Swenson
Golden Valley County – Gene Hamilton
Hettinger County – Harvey Herbeholz
Slope County – June Stockart
Stark County – Ken Zander and Shirley Kallenbach

**Organizational
Structure**

**Updated
March 2014**

EXECUTIVE OFFICER

Sherry Adams, REHS, RS, EHP II

ENVIRONMENTAL DEPARTMENT

Kevin Pavlish, EHP II, Department Head

Rex Herring, EHP II

Sherry Adams, Executive Officer, REHS, RS, EHP II

Ken Musick, EHP I

Danielle Romanyshyn, EHP I

EMERGENCY PREPAREDNESS AND RESPONSE

Joe Wanner, EPR, Department Head

Sherry Adams, Executive Officer, REHS, RS, EHP II

Maureen Roden, PIO

Ken Musick, EHP I

Danielle Romanyshyn, EHP I

ACCOUNTING

Carrie Keller

Mike Lindbo

HUMAN RESOURCES/INSURANCE

Nancy Lantz

TOBACCO PREVENTION & CONTROL/PATHWAYS TO HEALTHY LIVES

Jennifer Schaeffer, Department Head/Tobacco Specialist

Danielle Romanyshyn, Tobacco Assistant

NUTRITION DEPARTMENT / WIC

Barb Truchan, LN, WIC Dept. Head

Kim Deadrick, LN, LPN

Deb Dohrmann, RD

Joy Hayden, Administrative Assistant for WIC

NURSING

Doreen Ott, RN, Department Head

Tara Bieber, RN

Gina Manhart, RN

Barb Maychrzak, RN

Colleen Stebbins, RN

Angie Roll, RN

Anita Friedt, RN

Brett Kallis, RN

Lori Faulhaber, RN

Sheila Freed, RN

Susan Kontz, RN

DENTAL HYGENIST

Carla Kelly

WOMEN'S WAY PROGRAM

Leah Madler, RN

ADMINISTRATIVE STAFF

Doris Lanz, Executive Administrative Assistant

Emelia Mosbrucker, Administrative Assistant

ALCOHOL PREVENTION

Tammy Hovet, SPF-SIG Alcohol Prevention Coordinator

Dolores Roy, Assistant

Coalition/ Community Core Members

Core Coalition Members

- Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Slope, Stark Emergency Management
- Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Slope, Stark Sheriff's Departments
- Arc of Dickinson
- Badlands Human Services
- Dickinson Ambulance
- Dickinson Fire Department
- Dickinson Police Department
- Dickinson Public Schools
- Dickinson State University Nursing Program
- Dickinson VA Clinic
- Domestic Rape and Violence Crisis Center
- Family Counseling Center
- ND Department of Health Hospital Preparedness
- ND Long Term Care Association
- ND Suicide Prevention Division
- St. Joseph's Hospital
- Sheriff's Office
- Stark County Social Services
- SW HealthCare
- West River Health Center

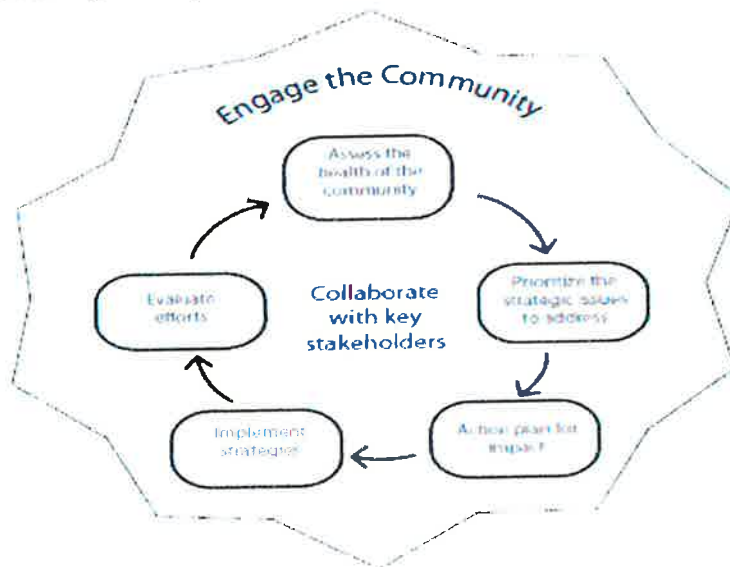
Other Supporting Coalition Partners

- Adams, Billings, Golden Valley, Bowman, Hettinger EMS
- Adams County Social Services
- Bismarck Burleigh Public Health EPR Division
- City Of Dickinson
- Clinic Pharmacy
- Community Action
- Dakota Center For Independent Living
- Dickinson State University
- Elder Care
- Good Samaritan LTC
- Great Plains Clinic
- Hawks Point Assisted Living
- Hilltop Home of Comfort LTC
- Irsfeld Pharmacy
- Medicine Shoppe
- Montana Dakota Utilities
- ND Department of Emergency Services
- ND Department of Health
- ND Pharmacy
- Red Cross
- Richard Clinic/Pharmacy
- Roughrider Electric
- St. Benedict's LTC
- St. Luke's LTC
- St. Joseph's Clinics
- Salvation Army
- Sanford Health
- SW Region Legislators, Commissioners, and Officials
- SW Water Authority

COMMUNITY PRIORITIZATION PROCESS

Introduction

The purpose of the Community Health Improvement Plan is to identify how to strategically and collaboratively address community priority areas to improve the health and well-being of the community. Community members used the assessment process to formulate a community health improvement plan aimed at striving to provide effective, quality health services and an environment that enables community members to reach their full health potential through assessment, leadership and partnerships. Throughout 2012, Southwestern District Health Unit, partners and community members engaged in prioritization processes, based on the findings of the 2011 Community Health Assessment. A Community Roundtable was conducted, followed by surveys handed out to the various coalition partners.

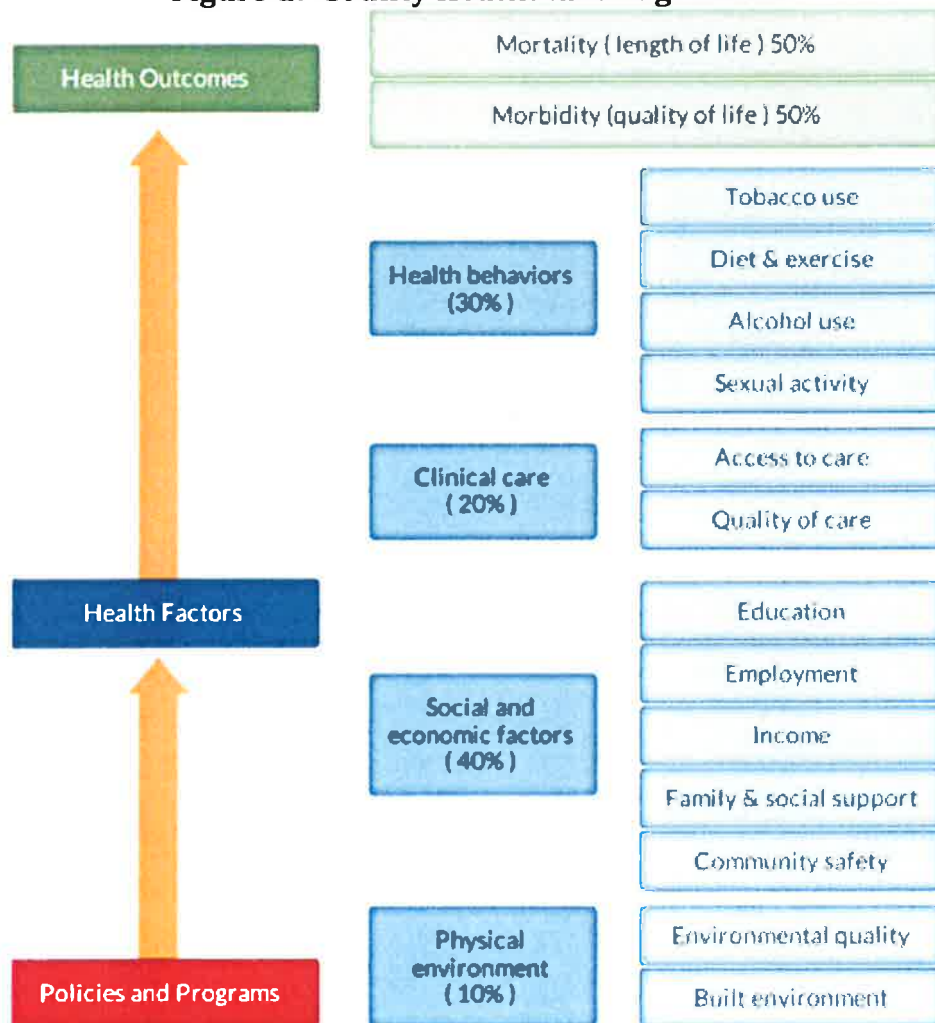


COMMUNITY PRIORITIZATION PROCESS

In order to address the needs of the region, the following steps should be taken:

- **Assessing needs and resources**
- **Pick priorities**
- **Find programs and policies that will successfully work in implementing these goals**
- **Implement strategies to address these needs**
- **Evaluate the efforts**

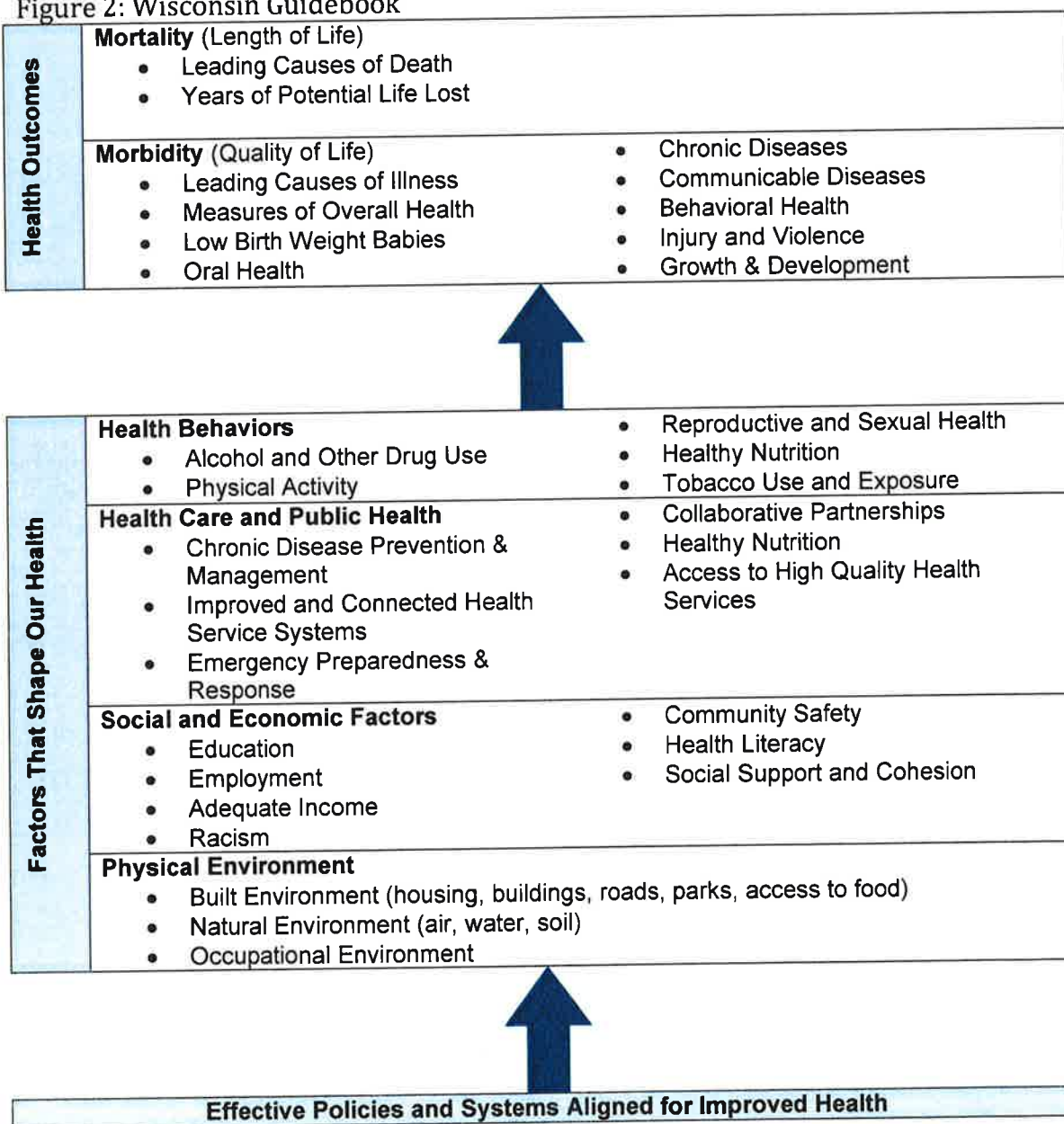
Figure 1: County Health Rankings Model



COMMUNITY PRIORITIZATION PROCESS

The figure below identifies potential underlying causes related to health outcomes and health factors.

Figure 2: Wisconsin Guidebook



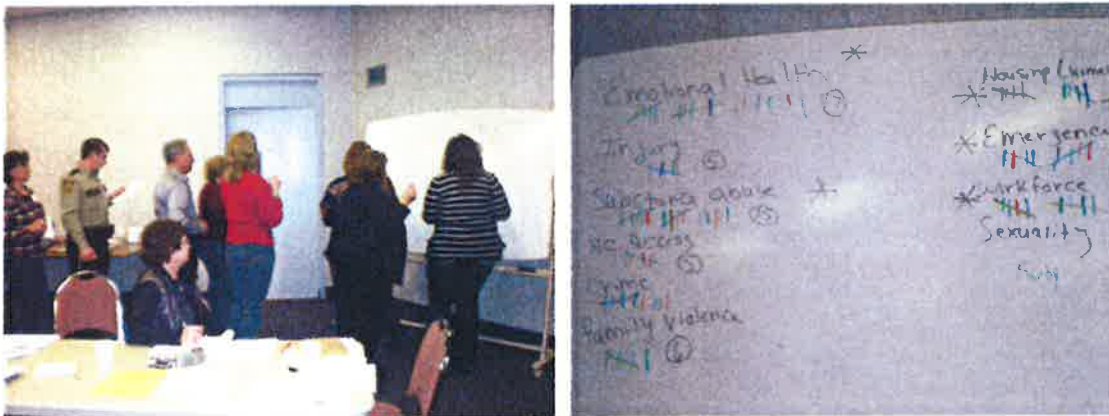
Source: "The Wisconsin Guidebook on Improving the Health of Local Communities"

COMMUNITY PRIORITIZATION PROCESS

On February 24, 2012, the Community Partners in Southwestern North Dakota met together to evaluate the Region VIII Community Health Assessment (2011) and the Southwest District Community Health Profile Data Tables that were put together. The purpose of the meeting was to come up with priorities of areas that need improvement and areas to work on using a type of Dot Matrix. Twenty-Four partners participated. **(See Roundtable Documentation Parts 1, 2, 3)**

The major issues that the Community Partners found were problems primarily associated with the oil boom that is affecting western North Dakota. Housing, emotional health, violence, crime and availability of services were among the priorities the Partners found.

Figures 3 and 4: Roundtable



There are 10 areas that are considered priorities:

1. Housing issues—21
2. Workforce shortage—18
3. Emotional -17
4. Substance abuse—15
5. Emergency services availability—11
6. Crime—9
7. Family violence—6
8. Injury—5
9. Access to health care—5
10. Sexual behavior—0

The priorities were presented to the various coalitions with the intent of determining which of these priorities were the most serious. The next step was to determine based on seriousness, which priority would be most achievable to work towards seeing an outcome that would benefit the communities. The following two tables show the survey that was distributed at the various coalition meetings. The Issues are listed in priority, as determined by the coalitions.

Figure 5

Prioritized In Order from the Round Table	Extremely Serious	Serious	Somewhat Serious	Not Serious
1. Housing Issues	3	25	6	
2. Workforce Shortage	2	23	5	
3. Emotional Health	25	5		
4. Substance Abuse	18	11	1	
5. Emergency Services Availability	10	16	3	1
6. Crime	4	18	7	1
7. Family Violence	9	16	5	
8. Injury	4	11	13	2
9. Access to Health Care	3	9	13	5
10. Sexual Behavior	1	14	15	

Figure 6

	Achievable	Likely	Not Likely	Not Possible
Housing Issues	2	5	18	5
Workforce Shortage	1	5	19	5
Emotional Health	12	15	3	
Substance Abuse	6	13	11	
Emergency Services Availability	7	14	9	
Crime	2	9	16	3
Family Violence	2	13	14	1
Injury	3	14	12	1
Access to Health Care	10	13	7	
Sexual Behavior	2	11	14	3

Based on the priorities and based on what the region is able to accomplish as a group, the Community Partners determined that the component that would be focused on first would be the **emotional health** of those assisting the community (i.e. emergency workers, educators, health professionals, EMS, etc.). The goal is to find ways and develop resources, references, training, and ways to cope with the increased needs that are associated with the oil impacts. Once that goal is met, the focus would shift to the emotional health of the communities.

The needs of those primarily assisting the community needs first needed to be addressed in order to better assist each community's emotional needs. The biggest priority is to provide those that serve the population with ways of coping with the continuing changes that are happening. A few examples of ways to deal with this

would be to find ways to relieve stress and give employers resources and references to deal with these issues.

The Community Partners determined they would reach out to the community that is dealing with the same priority issues listed above. All priority issues (i.e. housing, workforce shortages, crime, availability, access, injury, crime/violence, substance abuse, and sexual behavior) are all related to the emotional health.

The primary group that has focused on these issues has been the Southwest Disaster Behavioral Health/Special Needs Coalition (SWDBHC). The other coalition groups are medical, utilities, and the overall Disaster Coalition would be supportive groups. This coalition has been meeting monthly to establish tools and resources and aid the employers with their needs. The coalition is also trying to recruit new members and increase involvement.

Current members of the Southwest Disaster Behavioral Health/Special Needs Coalition consists of the Badlands Human Services, Behavioral Health professionals, VA Clinic, ND Department of Health, members of the clergy, social workers, public health, emergency management, chaplains, school counselors and teachers, and agencies that support those with special needs (such as ABLE, ArcAid, DCIL).

PRIMARY HEALTH ISSUE: EMOTIONAL HEALTH

As stated above, the emotional health of the communities and region are the primary focus. If the emotional health is strong, the region is better able to deal with the other primary issues affecting the southwestern counties of North Dakota. Again, all priority issues (i.e. housing, workforce shortages, crime, availability, access, injury, crime/violence, substance abuse, and sexual behavior) are all related to emotional health.

The Disaster Behavioral Health Coalition decided to focus on four components of emotional health:

1. **Job Burnout** – Focused on burnout that can occur in high-stress environments and how to effectively manage job burnout
2. **Stress** – Focused on ways to manage and cope with stress, particularly stress related to high-pressure jobs
3. **Depression** – Outlined the signs, symptoms, and warning signs of depression and how to effectively treat it in a high-stress work environment
4. **Suicide** – Identified the warning signs and identified, planned, and implemented ways to deal with the risk of suicide

According to a study released by Northwestern National Life and the CDC, 40 percent of American workers report feeling “extremely” stressed while at work and one out of four Americans say their job is the number one source of stress in their lives. The CDC reported that problems and stress at work are more strongly associated with health complaints than any other life stressor, even more than financial problems or family issues. In addition, stress can lead to productivity issues and distractions. With most employers struggling to fill all the positions needed to complete everyday tasks in the workplace, additional stress can lead to an even more demanding work environment.

The CDC listed three types of stress: day-to-day stress, cumulative stress, and critical incident stress. Day-to-day stress is the most common type and refers to stress from one’s personal life, family, or social setting. Cumulative stress is stress caused by various stresses at one’s job. Critical incident stress is most common among first responders when dealing with extreme, traumatic or chaotic events.

Priority Area: Emotional and Behavioral Health Support		
GOAL: Improve the Behavioral Health and well-being of Southwestern North Dakota (Region 8) impacted by oil development by increasing the accessibility and availability of quality community resources.		
SWDHBHC (SW Disaster Behavioral Health Coalition)		
Performance Measures		
Short Term Indicators	Responsibility	Year
Reduce job related stress factors	SWDBHC	2014-2015
Enhance Community receptiveness of Emotional Health Toolkit and brochures	SWDBHC	2014-2016
Build Emotional Health Support Capacity	SWDBHC	Ongoing
Long Term Indicators		
Greater Awareness of Emotional and Behavioral Health	SWDBHC	2014-2016
Decrease in Emergency Responders needing Behavioral Health Treatment	SWDBHC	Ongoing
Decrease in Suicide Numbers	SWDBHC	2016

Alignment with State / National Priorities			
Objective	ND Health Priorities	Health People 2020	National Prevention Strategy
#1	Suicide	MHMD-11 Increase depression screening by primary care providers	Provide people with tools and information to make healthy choices
#2	Suicide	MHMD-9 Increase the proportion of adults with mental health disorders who receive treatment	Enhance coordination and integration of clinical, behavioral, and complementary strategies.

Activity	Target Date	Year	Lead Person / Organization	Anticipated Result
Activity 1: Provide Disaster Behavioral Health training, including Chaplaincy, and suicide prevention curriculum.	12/31/2013	One	Sherry Adams/ NDDoH/ Core Team	Increased number trained as Chaplains and Suicide Prevention
Activity 2: Recruit, train and exercise additional members for the Disaster Behavioral Team	January 2014- December 2015	Two; Three	Sherry Adams Dr. Baer, SWDHU Karen Goynes Badlands	Increased number trained
Activity 3: Develop and Train a Disaster Debriefing Team	June 2014- December 2015	Two; Three	Sherry Adams Dr. Baer, SWDHU Karen Goynes Badlands	Team established and Trained
Activity 4: Develop an emotional health	June 2014- December	Two, Three	Sherry Adams Dr. Baer, SWDHU	Increased number of Individuals able to respond ;

support referral system	2015		Karen Goyne Badlands	and a process to activate the teams
Activity 5: Educate Agencies seeing clients of the Importance of Putting into Policy Suicide /Depression Screening tools	December 2016	Three	Sherry Adams Dr. Baer, SWDHU Karen Goyne Badlands, Micki Salvelkoui, NDDoH Suicide Prevention	Increase numbers of agencies putting into policy; Using the Suicide/Depression Tools when seeing clients

Activity	Target Date	Year	Lead Person / Organization	Anticipated Result
Activity 1: Conduct a job related stress burnout survey to determine informational needs.	12/31/2013	One	Sherry Adams, SWDHU	Data for use in developing a toolkit
Activity 2: Develop and distribute an emotional health toolkit to first responders, agencies, schools and businesses.	June 2014- June 2015	Two, Three	Sherry Adams, SWDHU and Core Team	Increased awareness for Responders; Decrease in stress levels
Activity 3: Work with the VA to develop and distribute an emotional health toolkit that focus on veterans.	June 2014- June 2015	Two, Three	Sherry Adams, SWDHU, Gay Schwidt, VA and Core Team	Increased awareness for Veterans; Decrease in stress levels
Activity 4: Develop an emotional health toolkit that focuses on the elderly, as well as those with special needs	12/31/2015	Three	Sherry Adams, SWDHU, Mark Jesser Badlands Aging Coordinator and Core Team	Increased awareness for the Elderly; Decrease in stress levels
Activity 4: Develop and distribute resource brochures to the general community.	12/31/2015	Three	Sherry Adams, SWDHU and Core Team	Increased awareness for the Elderly; Decrease in stress levels

COMMUNITY HEALTH IMPROVMENT PLAN GOALS

SOUTHWEST AREA COALITIONS HISTORY

SOUTHWEST DISASTER MENTAL HEALTH COALITION

- ESTABLISHED OCTOBER 2006
- INCORPORATING ENTITIES THAT COULD HELP WITH MENTAL HEALTH ISSUES IN A DISASTER BRINGS TOGETHER CLERGY, CORONERS, MORTICIANS, PUBLIC HEALTH, SOCIAL WORKERS, PSYCHIATRISTS, ETC
- WORKING TOGETHER TO BE ABLE TO DEAL WITH MASS FATALITIES
- IN A DISASTER AND THE SPIRITUAL NEEDS OF A LARGE CRISIS
- WORKING ON DISASTER MENTAL HEALTH CRISIS TEAMS
- MEETS THE FOURTH MONDAY OF MONTH AT BADLANDS/PULVER HALL—
- TRAINING TEAMS FOR SNS PODS
- 2009- UTILIZED WITH THE F4 TORNADO THAT HIT DICKINSON
- 2010 ENHANCED NEED OF COALITION BASED ON OIL IMPACT
- **2012 LEAD GROUP FOR COMMUNITY HEALTH PLAN**
- **2014 NAME CHANGED TO BEHAVIORAL HEALTH GROUP TO CORRELATE MORE WITH COMMUNITY HEALTH PLANNING PROCESS**

SOUTHWEST DISASTER COALITION

- SNS COORDINATION GROUPS
- ESTABLISHED 2005
- OVERALL DISASTER WORKING GROUP
- THE CENTER OF THE WHEEL
- VARIOUS COMMUNITY ENTITIES
- MEETS THE FOURTH FRIDAY OF THE MONTH
- 2010 ENHANCED NEED OF COALITION BASED ON OIL IMPACT
- 2012 PART OF COMMUNITY HEALTH PLANNING GROUP

INFLUENZA/MEDICAL COALITION

- ESTABLISHED 2005 IN RESPONSE TO SEASONAL INFLUENZA
- MEDICAL GROUP
- INCORPORATE PANDEMIC FLU AND OTHER HEALTH ISSUES AS WELL
- MEETS THE THIRD TUESDAY OF EACH MONTH
- WORKING MEDICAL GROUP FOR POINTS OF DISPENSING, AND ALL HEALTH AND MEDICAL ISSUES
- 2009 COORDINATING GROUP FOR THE H1N1 PANDEMIC
- 2010 ENHANCED NEED OF COALITION BASED ON OIL IMPACT
- 2012 PART OF COMMUNITY HEALTH PLANNING GRO

UTILITIES COALITION

- ESTABLISHED JANUARY OF 2007
- BRINGS TOGETHER UTILITIES/PUBLIC WORKS ETC.
- IMPORTANT TO KEEP ESSENTIAL SERVICES GOING DURING A DISASTER

- MEETS THE FIRST WEDNESDAY OF EACH MONTH AT SWDHU NORTH BUILDING CONFERENCE ROOM
- 2010 ENHANCED NEED OF COALITION BASED ON OIL IMPACT
- 2012 PART OF COMMUNITY HEALTH PLANNING GROUP

COMMUNITY IMPROVMENT PLAN GOALS

SOUTHWEST DISASTER MENTAL HEALTH COALITION

Short Term:

- Agree to be the Lead Group for the CHIP (2013)
- Coordinate with SWDHU to bring in Chaplaincy and Suicide Prevention Training (2013)
- Coordinate sending out the Burn Out survey to all agencies and responders mainly affected by oil impact (2013)
- Go Over "Burn Out Survey" to Identify Materials in the Toolkit (2013)

Long Term:

- Set up training and Exercise schedule to enhance the number of members on the Disaster Behavioral Health team (2014)
- Establish and train a debriefing team and
- Develop a system on how to activate and utilize the team (2014)
- Educate Partners on the Behavioral Health resources (2015)
- Develop various emotional toolkits to send out the region to assist in the emotional health needs of the community (2014-2015)
- Continue to assess the emotional needs of the community and assess the effectiveness of the toolkits, and added resource personnel (2015 and forward)

SUPPORTIVE COALITIONS

INFLUENZA/MEDICAL; SW DISASTER; UTILITIES

Short Term:

- Agree to be Supportive Agencies for the CHIP (2013)
- Assist Behavioral Health Coalition in handing out and completing "Burn Out Survey" (2013)

Long Term:

- Assist in Educating the various community partners on the additional Behavioral Health resources that available (2014)
- Assist in Educating the community on how to activate the Debriefing Team (2014)
- Assist in copying and handing out the various emotional health toolkits (2014-2015)

COMMUNITY HEALTH ASSET LIST

PRIORITY	PROGRAM, POLICY, RESOURCE	GROUP	DESCRIPTION	SOURCE
Mental/Behavioral Health and Suicide Prevention Awareness	Program or Activity	SWDHU and Disaster Behavioral Health Group	Developing Emotional Toolkits for various Entities	NDDoH Suicide Prevention program; Veteran's Administration; SAMSA; Human Services Center; Aging Services Program; CDC
Mental/Behavioral Health and Suicide/Depression Prevention Awareness	Policy	Three	Putting into Policy A Screening and Referral Process Depression/Suicide	NDDoH ; CDC

SUSTAINABILITY

The community health improvement plan presented in this document identifies the components (goals, objectives, strategies, tactics and performance indicators) for the priority area selected by community members. . The priority was a strategic issue needing to be addressed for the community to realize its vision. This component is necessary in developing an action plan with strategies focused on improving health outcomes and quality of life. As the plan is implemented, performance indicators will be used to evaluate the effectiveness of the strategies and tactics related to the priority area. Emotional Health planning will be an ongoing process. This Community Health Improvement Plan is a fluid document in which the planning committee will reassess and determine a new priority to address based on seriousness, most achievable and greatest impact going forward. Partners participating in this process have worked together for many years, and are very passionate in coming together to help their communities, and are dedicated into continuing this process well into the future, no matter what challenges and changes that may affect the Southwest Region of North Dakota.

CONCLUSION

There are many primary health issues affecting the region. In order to fully address these issues properly and effectively, the emotional health of the staff is key. For management, maintaining open communication with staff is vital in understanding the needs of employees. Management should promote healthy habits for staff members. For employees, maintaining a healthy lifestyle and following proper stress relieving techniques will greatly reduce stress and increase work performance. As oil activity and energy development continue in North Dakota, many changes and challenges will be brought forward, and needed to be addressed. Continuing to bring Partners together to work on the issues will not only be valuable, but will be necessary to help maintain a healthy North Dakota.

Letters of Support

St. Joseph's Hospital and Health Center

Sherry Adams, Executive Officer
Southwestern District Health Unit
2869 3rd Ave W
Dickinson, ND 58601

Dear Sherry,

This letter serves as a letter of support for the role of St. Joseph's Hospital and Health Center with regards to the Community Health Improvement Plan. We are pleased to be working with our community partners as we work to improve the emotional health needs of the SW region of North Dakota.

Sincerely,



Dennis Cannon VP Missions
St. Joseph's Hospital and Health Center
Dickinson, ND 58601
denniscannon@catholichealth.net
701-456-4287



ADAMS COUNTY

Home of the last great buffalo hunt

DIVISION OF EMERGENCY SERVICES:
Michele Gaylord, **EMERGENCY MANAGER**
609 2ND AVE N, P.O. Box 589
Hettinger, N.D. 58639-0589
E-mail: adams-em@nd.gov

EOC 701-567-4598
FAX 701-567-4622
Home 701-567-2942
Cell 701-471-8515

February 20, 2014

**Sherry Adams, executive Officer
Southwestern District Health Unit
2869 3rd Ave W
Dickinson, ND 58601**

This letter serves as a letter of support for the role of Emergency Management with regards to the Community Health Improvement Plan. We are pleased to be working with our community partners as we work to improve the emotional health needs of the SW region of North Dakota.

Thank-you,

Michele Gaylord

Adams County Emergency Manager



This letter serves as a letter of support for the role of GV Co Emergency Management, with regards to the Community Health Improvement Plan. We are pleased to be working with our community partners as we work to improve the emotional health needs of the SW region of North Dakota.

Brenda Frieze
Golden Valley Co Emergency Manager
PO Box 67
Beach, ND 58621
(701)872-3917 – W
(701)260-2705 - C

February 18, 2014

Ms. Sherry Adams, Executive Officer
Southwestern District Health Unit
2869 3rd Ave W
Dickinson, ND 58601

Dear Ms. Adams,

This letter serves as a letter of support for the role of long term care facilities in the southwestern region with regards to the Community Health Improvement Plan. We are pleased to have long term care facilities participating as community partners as the Southwestern District Health Unit works to improve the emotional health needs of the southwestern region of North Dakota. Our association supports and is available to assist in any way possible.

Sincerely,



Kris Magstadt
Emergency Preparedness Director

Contact Information

Sherry L Adams, Executive Officer
Southwestern District Health Unit
2869 3rd Ave W
Dickinson, ND 58601
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