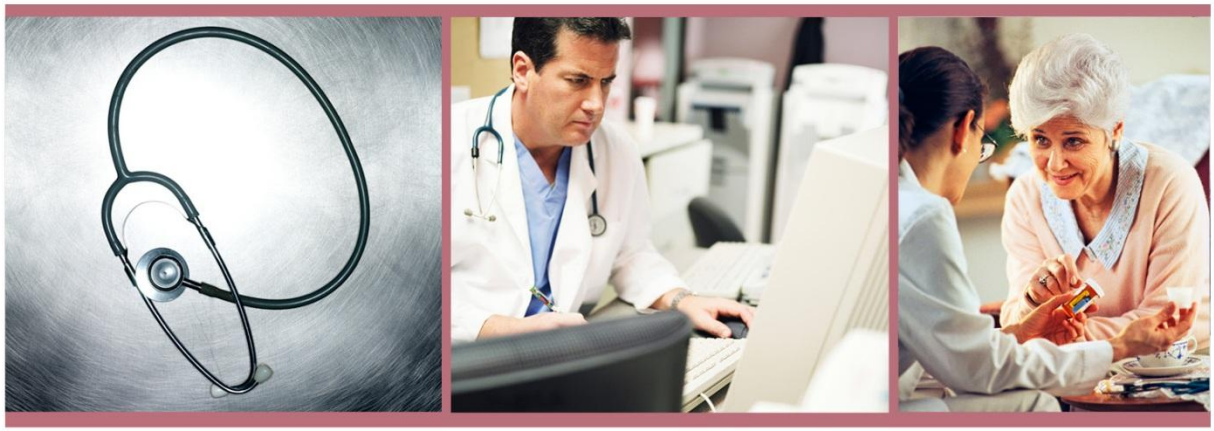
Community Health Needs Assessment



First Care Health Center
Park River, North Dakota

2012

Completed by

The North Dakota Medicare Rural Hospital Flexibility (Flex) Program
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Introduction

To help inform future decisions and strategic planning, First Care Health Center (FCHC) in Park River, N.D., conducted a community health needs assessment. Through a joint effort, FCHC and the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences analyzed community health-related data and solicited input from community members and staff of local providers. The Center for Rural Health's involvement was funded through its Medicare Rural Hospital Flexibility (Flex) Program. The Flex Program is federally funded by the Office of Rural Health Policy and as such associated costs of the assessment were covered by a federal grant.

To gather feedback from the community, residents of the health care service area and local health care professionals were given the chance to participate in a survey. Additional information was collected through a Community Group comprised of community leaders as well as through key informant interviews.

The purpose of conducting a community health needs assessment is to describe the health of local people, identify use of local health care services, identify and prioritize community needs, and identify action needed to address the future delivery of health care in the defined area. A health needs assessment benefits the community by: 1) collecting timely input from the local community, providers, and staff; 2) providing an analysis of secondary data related to health conditions, risks, and outcomes; 3) compiling and organizing information to guide decision making, education, and marketing efforts, and to facilitate the development of a strategic plan; 4) engaging community members about the future of health care delivery; and 5) allowing the charitable hospital to meet federal regulation requirements of the Affordable Care Act, which requires not-for-profit hospitals to complete a community health needs assessment at least every three years.

First Care Health Center

First Care Health Center defines its mission as follows:

> The Mission of First Care Health Center, founded by the Presentation Sisters, is to continue the healing Mission of Jesus in a rural setting. We are committed to a respect for each person; a caring Christian environment; professional excellence; promoting healthy communities; personal service; and an innovative spirit.

First Care Health Center is a 14-bed critical access hospital located in Park River, North Dakota. It is a state designated Level V Trauma Center and employs more than 80 people. In 2007, the facility completed a $7.5 million building and renovation project including a new clinic addition and a completely modernized inpatient area and emergency room as well as general updates throughout the facility.

In 1944, the Park River Hospital Association was formed to raise funds to build a hospital. Construction began six years later, after being postponed by World War II. The facility was named St. Ansgar's Hospital after a little-known Scandinavian saint. Dr. Frank Weed, a founder of the hospital, approached the Sisters about providing management services for the facility. On July 10, 1952, St. Ansgar's Hospital opened its doors for patients. In late 2000, St. Ansgar's Health Center ended its Catholic affiliation, and the facility became community based. First Care Health Center is determined to continue the rich faith-filled tradition of the Sisters of the Presentation and to provide "Professional Care with a Personal Touch."

Today, First Care Health Center has a significant economic impact. Its primary impact to the county is $4 million and its secondary impact is $1.05 million for a total impact of $5.05 million annually.[1]

Services offered locally by First Care Health Center include:

General and Acute Services

- Anesthesia services
- Clinic
- Emergency room
- Gastroenterology (visiting specialist)
- Home health care
- Hospice
- Hospital (acute care)
- Laparoscopic surgery
- Mental health services
- Podiatry (visiting specialist)
- Ophthalmology (visiting specialist)
- Plastic surgery
- Social services
- Surgical services
- Swing bed and respite care services
- Telemedicine

[1] Financial impacts were estimated using economic multipliers derived from MIG 2007 IMPLAN data.

Screening/Therapy Services

- Cardiac rehab
- Chemotherapy
- Diabetic services
- Drug testing
- Hearing services
- Home oxygen
- Laboratory services
- Nutritional services
- Occupational therapy
- Physical therapy
- Respiratory therapy
- Sleep studies
- Speech therapy

Radiology Services

- CT scan
- DEXA scan (bone density)
- Echocardiogram
- General x-ray
- Mammography
- MRI
- Ultrasound

Additionally, other services offered locally by other providers include:

- Ambulance
- Chiropractic services
- Dental services
- Optometric services

Health Care Facilities and Other Resources

Park River is in northeastern North Dakota. The town has a vibrant downtown, a modern and comprehensive school district, an ambitious and innovative economic development agenda, and an expanding industrial climate. Homme Dam Recreation Area is located two miles west of Park River, featuring picnic and camping facilities and almost 200 acres of water.

Park River has a nine-hole golf course, baseball diamonds, volleyball pit, an Olympic-sized city swimming pool, two tennis courts, an indoor ice arena, bowling alley, groomed cross-country skiing and snowmobile trails, and hunting and fishing opportunities.

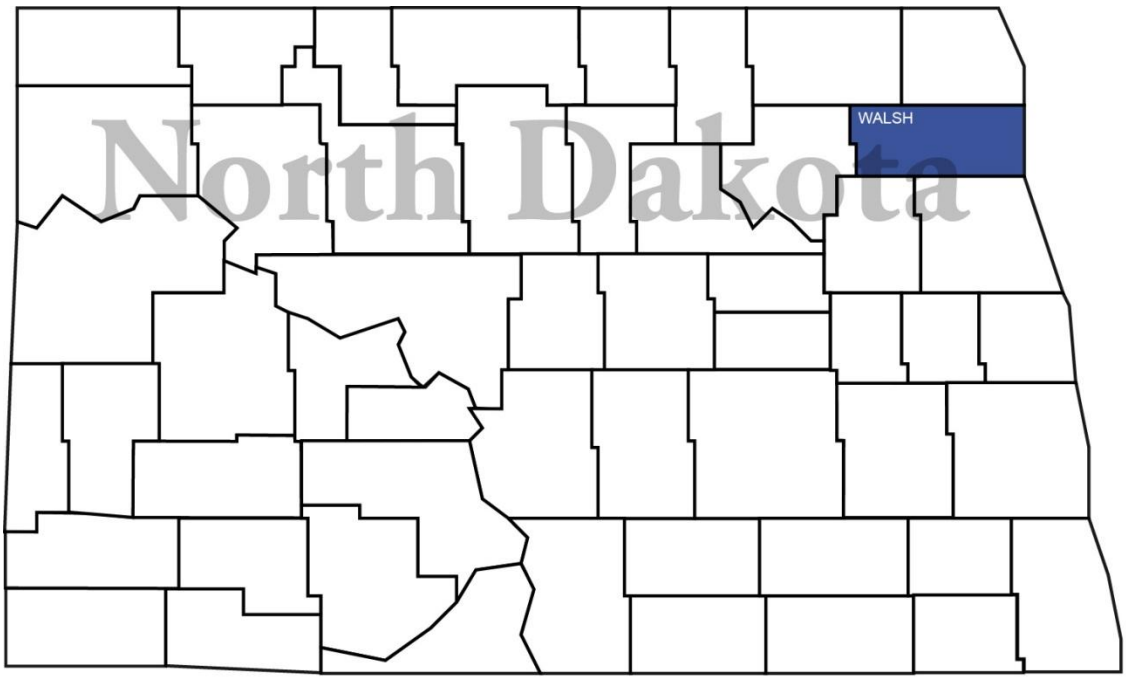
Other health care facilities and services in the area include a 65-bed nursing home in Park River, a 43-bed basic care facility in Mountain, an eight-bed basic care facility in Park River, and a retail pharmacy in Park River. Park River Volunteer Ambulance Service is an all-volunteer service with 19 members on its squad, ranging from CPR-

trained drivers to EMT-P level personnel. The service has two ambulances and receives approximately 180 calls per year. Also located in Walsh County is another critical access hospital, Unity Medical Center in Grafton. First Care Health Center and Unity Medical Center share some physicians and services, and the relationship between the two facilities is marked with friendly collaboration.

Assessment Methodology

First Care Health Center primarily serves an area in Walsh County in northeastern North Dakota. Many of the users of the hospital come from the five surrounding counties in North Dakota: Cavalier, Grand Forks, Nelson, Pembina, and Ramsey. This assessment focused on secondary data from Walsh County, though, as it is home to the bulk of FCHC's patients. Located in the hospital's service are the communities of Park River, Adams, Crystal, Edinburg, Fordville, Grafton, Hoople, Lankin, and Pisek.

Figure 1: Walsh County, North Dakota



The Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences supported First Care Health Center in conducting this assessment by administering the survey, locating and analyzing secondary data sources, conducting

interviews, and writing this assessment report. The Center has extensive experience in conducting community health needs assessments and has worked on community assessments since its inception in 1980.

The Center for Rural Health is one of the nation's most experienced organizations committed to providing leadership in rural health. Its mission is to connect resources and knowledge to strengthen the health of people in rural communities. The Center serves as a resource to health care providers, health organizations, citizens, researchers, educators, and policymakers across the state of North Dakota and the nation. Activities are targeted toward identifying and researching rural health issues, analyzing health policy, strengthening local capabilities, developing community-based alternatives, and advocating for rural concerns.

As the federally designated State Office of Rural Health (SORH) for the state and the home to the North Dakota Medicare Rural Hospital Flexibility (Flex) program, the Center connects the School of Medicine & Health Sciences and the university to rural communities and their health institutions to facilitate developing and maintaining rural health delivery systems. In this capacity the Center works both at a national level and at state and community levels.

Data for this community health needs assessment was collected in a variety of ways: (1) a survey solicited feedback from area residents; (2) another version of the survey gathered input from health care professionals who work at First Care Health Center; (3) community leaders representing the broad interests of the community took part in one-on-one key informant interviews; (4) a Community Group comprised of community leaders and area residents was convened to discuss area health needs; and (5) a wide range of secondary sources of data was examined, providing information on a multitude of measures including demographics; health conditions, indicators, and outcomes; rates of preventive measures; rates of disease; and at-risk activities.

Survey

A survey was distributed to gather feedback from the community. The survey was not intended to be a scientific or statistically valid sampling of the population. Rather, it was designed to be an additional tool for collecting qualitative data from the community at large – specifically, information related to community-perceived health needs.

Two versions of a survey tool were distributed to two different audiences: (1) community members and (2) health care professionals. Copies of both survey instruments are included in Appendix A.

Community Member Survey

The community member survey was distributed to various residents of the service area of First Care Health Center. The survey tool was designed to:

- Understand community awareness about services provided by the local health system and whether consumers are using local services;
- Understand the community's need for services and concerns about the delivery of health care in the community;
- Learn residents' perceptions about community assets;
- Determine preferences for using local health care versus traveling to other facilities; and
- Solicit suggestions and help identify any gaps in services (now and in the future).

Specifically, the survey covered the following topics: community assets, awareness and utilization of local health services, barriers to using local services, suggestions for improving collaboration with the community, local health care delivery concerns, reasons consumers use FCHC and reasons they seek care elsewhere, travel time to the nearest clinic and to FCHC, demographics (gender, age, years in community, marital status, employment status, income, and insurance status), and respondents' current health conditions or diseases.

Approximately 500 community member surveys were available for distribution in the service area. The surveys were distributed by Community Group members, at other local public venues, and at FCHC. To help ensure anonymity, included with each survey was a postage-paid return envelope to the Center for Rural Health. In addition, to help make the survey as widely available as possible, residents also could request a survey by calling FCHC. The survey period ran from May 14 to June 29, 2012. Sixty-three completed surveys were returned.

Area residents also were given the option of completing an online version of the survey, which was publicized in the local newspaper. Sixty-four online surveys were completed. In total, counting both paper and online surveys, community members completed 127 surveys.

Health Care Professional Survey

Employees of FCHC were encouraged to complete a version of the survey geared to health care professionals. This health care professional version of the survey was administered online only, and 32 surveys were completed. The version of the survey for

health care professionals covered the same topics as the consumer survey, although it sought less demographic information and did not ask whether health care professionals were aware of the services offered locally.

Community Group

A Community Group consisting of 16 community members was convened and met on May 14, 2012. During the first Community Group meeting, group members were introduced to the needs assessment process, reviewed basic demographic information about FCHC's service area, and served as a focus group. Focus group topics included the general health needs of the community, delivery of health care by local providers, awareness of health services offered locally, barriers to using local services, suggestions for improving collaboration within the community, reasons community members use FCHC, reasons community members use other facilities for health care, and local health care delivery concerns.

The Community Group met again on July 17, 2012. At this second meeting the Community Group was presented with survey results, findings from key informant interviews and the focus group, and a wide range of secondary data relating to the general health of the population in the FCHC service area. The group was then tasked with identifying and prioritizing the community's health needs.

Members of the Community Group represented the broad interests of the community served by FCHC. They included representatives of the health community, business community, schools, nonprofit agencies, and public health. Members of the Community Group are listed in Appendix B. Not all members of the group were present at both meetings.

Interviews

One-on-one interviews with key informants were conducted in person in Park River on May 14, 2012, as well as by telephone. A representative of the Center for Rural Health conducted the interviews. Interviews were held with selected members of the Community Group and well as other key informants who could provide insights into the community's health needs. Included among the informants was a public health nurse with special knowledge in public health acquired through several years of direct care experience in the community, including working with medically underserved, low income, and minority populations, as well as with populations with chronic diseases. Those taking part in interviews are listed in Appendix B.

Topics covered during the interviews included the general health needs of the community, delivery of health care by local providers, awareness of health services offered locally, barriers to using local services, suggestions for improving collaboration with the community, local health care delivery concerns, reasons community members use local health care providers, and reasons community members use other facilities for health care.

Secondary Research

Secondary data was collected and analyzed to provide a snapshot of the area's overall health conditions, risks, and outcomes. Information was collected from a variety of sources including the U.S. Census Bureau; the North Dakota Department of Health; the Robert Wood Johnson Foundation's *County Health Rankings* (which pulls data from 14 primary data sources); North Dakota Health Care Review, Inc. (NDHCRI); the National Survey of Children's Health Data Resource Center; the Centers for Disease Control and Prevention; the North Dakota Behavioral Risk Factor Surveillance System; and the National Center for Health Statistics.

Demographic Information

The following table summarizes general demographic and geographic data about Walsh County, which comprises the majority of the service area of First Care Health Center. Residents of nearby counties – including Cavalier, Grand Forks, Nelson, Pembina, and Ramsey – also use FCHC.

TABLE 1: COUNTY INFORMATION AND DEMOGRAPHICS
(From 2010 Census where available; some figures from earlier Census data)

	Walsh County	North Dakota
Population	11,119	**672,591**
Population change, 2000-2010	-10.3%	**4.7%**
Square miles	1,282	**69,001**
People per square mile	8.7	**9.7**
White persons	93.5%	**90.0%**
High school graduates	81.4%	**89.4%**
Bachelor's degree or higher	15.8%	**26.3%**
Persons below poverty level	9.9%	**12.3%**
Children in poverty	16%	**16%**
65 years or older	20.1%	**14.5%**
Median age	45.9	**37.0**

The data indicates that Walsh County has a substantially greater percentage of individuals aged 65 or older than the North Dakota average, with more than one in five county residents aged 65 or older. The county also has a higher median age than the state median age by nearly nine years. This likely signifies an increased need for medical care due to an aging population.

Walsh County lags the state average in terms of individuals with a high school diploma and those with a bachelor's degree or higher. The rate of county residents who are high school graduates trails the state average by eight percentage points, while the rate of county residents with a bachelor's degree or higher trails the state average by more than ten percentage points. The educational backgrounds of area residents can affect a health care facility's ability to find qualified staff members.

Walsh County has a rate of persons living below the poverty line that is lower than the state average, while the rate of children in poverty matches the state rate. Much of First

Care Health Center's service area is fairly rural, with an average of 8.7 people per square mile, compared to the state average of 9.7 people per square mile. Some surrounding counties whose residents also use FCHC show greater levels of rurality, with Cavalier and Nelson counties both having averages of less than 3.5 people per square mile; Pembina and Ramsey counties likewise have averages less than the state average. The generally rural area has implications for the delivery of services and residents' access to care. Transportation can be an issue for rural residents and others as can isolation, which can have many effects on health status.

Health Conditions, Indicators, and Outcomes

As noted above, several sources were reviewed to inform this assessment. This data is presented below in four categories: (1) County Health Rankings, (2) public health community profiles, (3) preventive care data, and (4) children's health. One other source of information, the Gallup-Healthways Well-Being Index, shows that North Dakota ranked second nationally in well-being during 2011. The index is an average of six sub-indexes, which individually examine life evaluation, emotional health, work environment, physical health, healthy behaviors, and access to basic necessities.

County Health Rankings

The Robert Wood Johnson Foundation, in collaboration with the University of Wisconsin Population Health Institute, has developed the County Health Rankings to illustrate community health needs and provide guidance for actions toward improved health. In this report, counties are compared to national benchmark data and state rates in various topics ranging from individual health behaviors to the quality of health care.

The data used in the 2012 County Health Rankings is pulled from 14 primary data sources and then is compiled to create county rankings. Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, such as 1 or 2, are considered to be the "healthiest." Counties are ranked on both health outcomes and health factors. Below is a breakdown of the variables that influence a county's rank. A model of the 2012 County Health Rankings – a flow chart of how a county's rank is determined – may be found in Appendix C. For further information, visit the County Health Rankings website at www.countyhealthrankings.org.

Health Outcomes
• Mortality (length of life)
• Morbidity (quality of life)
 	
Health Factors
• Health Behavior
  ○ Tobacco use
  ○ Diet and exercise
  ○ Alcohol use
  ○ Unsafe sex
• Clinical Care
  ○ Access to care
  ○ Quality of care
	Health Factors (continued)
	• Social and Economic Factors
	  ○ Education
	  ○ Employment
	  ○ Income
	  ○ Family and social support
	  ○ Community safety
	• Physical Environment
	  ○ Air quality
	  ○ Built environment

Below is a summary of the pertinent information taken from County Health Rankings as it relates to First Care Health Center's service area in Walsh County. It is important to note that these statistics describe the population of each county, regardless of where county residents choose to receive their medical care. In other words, all of the following statistics are based on the health behaviors and conditions of the county's residents, not necessarily patients of FCHC. Moreover, other health facilities are located in Walsh County. For example, another critical access hospital is located in Grafton, which is also in Walsh County.

For some of the measures included in the rankings, the County Health Rankings' authors have calculated a national benchmark for 2012. As the authors explain, "The national benchmark is the point at which only 10% of counties in the nation do better, i.e., the 90th percentile or 10th percentile, depending on whether the measure is framed positively (e.g., high school graduation) or negatively (e.g., adult smoking)." In all of the measures highlighted in this report, the national benchmark outperformed the North Dakota average. Thus, a county that falls short of the state average is falling short of the national benchmark as well; conversely, a county meeting or exceeding the national benchmark will be performing better than the state average on that measure.

Each of the county's ranking is also listed in the table below. For example, Walsh County ranks 16th out of 46 ranked counties in North Dakota on health outcomes and 33rd on health factors. The variables listed in **red** are areas where Walsh County is not measuring up to the state average (and, by extension, the national benchmark); the variables listed in **blue** indicate that Walsh County is not meeting the national benchmark on that measure. Appendix D sets forth definitions for each of the measures.

TABLE 2: SELECTED MEASURES FROM *COUNTY HEALTH RANKINGS*			
	Walsh County	**National Benchmark**	**North Dakota**
Ranking: Outcomes	**16th**		**(of 46)**
Poor or fair health	13%	10%	12%
Poor physical health days (in past 30 days)	2.6	2.6	2.7
Poor mental health days (in past 30 days)	2.0	2.3	2.5
Low birth weight	6.0%	6.0%	6.5%
% Diabetic	9%	-	8%
Ranking: Factors	**33rd**		**(of 46)**
Health Behaviors			
Adult smoking	15%	14%	19%
Adult obesity	33%	25%	30%
Physical inactivity	29%	21%	26%
Excessive drinking	20%	8%	22%
Sexually transmitted infections	101	84	305
Motor vehicle crash death rate	26	12	19
Teen birth rate	42	22	28
Clinical Care			
Uninsured	12%	11%	12%
Primary care provider ratio	908:1	631:1	665:1
Mental health provider ratio	10,899:0	-	2,555:1
Preventable hospital stays	80	49	64
Diabetic screening	88%	89%	85%
Mammography screening	65%	74%	72%
Physical Environment			
Limited access to healthy foods	15%	0%	11%
Access to recreational facilities	28	16	13
Fast food restaurants	28%	25%	41%

With respect to health outcomes, Walsh County showed a higher percentage of adults (13%) reporting poor or fair health than the state average and the national benchmark. In terms of self-reported number of poor physical health and mental health days each month, however, Walsh County is outperforming the North Dakota average and meeting or outperforming the national benchmark. County residents reported on average 2.6 poor physical health days each month compared to the state average of 2.7 and the national benchmark of 2.6. For self-reported poor mental health days, county residents reported on average 2.0 days per month compared to a state average of 2.5

days and the national benchmark of 2.3 days. Walsh County also outperformed the state average and met the national benchmark on the measure of low birth rate. Nine percent of adults aged 20 and above in Walsh County have diagnosed diabetes, compared to a state average of 8%.

With respect to health factors, including health behaviors, clinical care measures, and physical environment, Walsh County was not measuring up to the state averages in several categories. Walsh County showed results that were worse than the state average (as well as the national benchmark) on the following measures:

- Adult obesity
- Physical inactivity
- Motor vehicle crash death rate
- Teen birth rate
- Primary care provider ratio
- Mental health provider ratio
- Preventable hospital stays
- Mammography screening
- Limited access to healthy foods

Additionally, the county was not meeting the national benchmarks on the following measures:

- Adult smoking
- Excessive drinking
- Sexually transmitted infections
- Percentage of population under age 65 without health insurance
- Diabetic screening
- Prevalence of fast food restaurants

Some of the measures revealed a large gap between Walsh County's rate and the national benchmark. For example, the rate of excessive drinking (a measure that includes both binge drinking and heavy drinking) in Walsh County was 2½ times the national benchmark. The county's motor vehicle crash death rate was more than twice the national benchmark, and the teen birth rate was almost twice the national benchmark. The rates in the county of adult obesity and physical inactivity (which are, for apparent reasons, interrelated) were eight percentage points higher than the national benchmarks.

According to County Health Rankings, Walsh County has no mental health providers, which gives it a population-to-mental-health-provider ratio of 10,899:0, as compared to the state average ratio of 2,555:1. Walsh County's ratio is the worst in the state, which has a minimum-maximum range of 10:899:0 to 1,191:1. Under the rankings model, mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet certain qualifications and certifications. While no qualifying providers reside in Walsh County, it should be noted that graduate counseling students from the University of North Dakota do provide regular mental health services at FCHC.

Public Health Community Health Profile

Included as Appendix E is the North Dakota Department of Health's community health profile for Walsh County. Some of the demographic information presented in the health profile is based on earlier census data. Data concerning causes of death is from 2004 to 2008.

In Walsh County, the leading causes of death are unintentional injury for those aged 5-44, cancer for those aged 45-64, heart disease for those aged 65 and older, and prematurity for those aged 0-4. Other common causes of death for those under 44 are suicide, cancer, and heart disease. Other common causes of death in various age groups include heart disease, stroke, cirrhosis, suicide, unintentional injury, and pneumonia/influenza. This data on causes of death suggests that in the counties served by FCHC, reductions in mortality may be achieved by focusing on early detection and prevention of cancer and heart disease, as well as prevention of accidents and suicides.

According to the county's community health profile, measures of self-reported adult behavioral risk factors in which there is a statistically significant difference between the Walsh County rate and the state average (with Walsh County performing below the state average) include residents who are overweight but not obese, residents who report not always using a seatbelt, and residents who report not getting the recommended amount of physical activity. Walsh County is performing better than the state averages on the following measures: residents reporting that they have ever been diagnosed with asthma, residents reporting they currently have asthma, and residents reporting they have a personal health care provider.

In assessing the region's health needs, attention also should be paid to other information provided in the public health profiles about quality of life issues and conditions such as high blood pressure, obesity, cholesterol, asthma, arthritis, cardiovascular disease, stroke, fruit and vegetable consumption, tooth loss, physical activity, smoking, health screening, mental health, health insurance, drinking habits, vaccination, and crime.

Preventive Care Data

North Dakota Health Care Review Inc., the state's quality improvement organization, reports rates related to preventive care. They are summarized in the table below for Walsh County.[2] For a comparison with other counties in the state, see the respective maps for each variable found in Appendix F.

Those rates highlighted below in **red** signify that Walsh County falls into the lower two quintiles overall – meaning that more than half of the counties in North Dakota are performing better on that measure. Those rates bolded in **blue** are those in which the county falls in the highest quintile and refer to measures on which that county is performing better as compared to 80% of the other counties in the state.

[2] The rates were measured using Medicare claims data from 2009 to 2010 for colorectal screenings, and using all claims through 2010 for pneumococcal pneumonia vaccinations, A1C screenings, lipid test screenings, and eye exams. The influenza vaccination rates are based on Medicare claims data between March 2009 and March 2010 while the potentially inappropriate medication rates and the percent of drug-drug interactions are determined through analysis of Medicare part D data between January and June of 2010.

TABLE 3: SELECTED PREVENTIVE MEASURES		
	Walsh County	**North Dakota**
Colorectal cancer screening rates	**50.4%**	55.5%
Pneumococcal pneumonia vaccination rates	**38.6%**	51.3%
Influenza vaccination rates	45.6%	50.4%
Annual hemoglobin A1C screening rates for patients with diabetes	93.6%	92.2%
Annual lipid testing screening rates for patients with diabetes	**84.6%**	81%
Annual eye examination screening rates for patients with diabetes	**80.9%**	72.5%
PIM (potentially inappropriate medication) rates	10.1%	11.1%
DDI (drug-drug interaction) rates	9.9%	9.8%

The data indicates that Walsh County is doing well on a number of preventive care measures, scoring in the top quintile compared to other North Dakota counties on two screening tests for diabetics. There is, however, room for improvement on at least two measures of preventive care: The county was in the bottom 40% of the state's counties on rates of colorectal cancer screening and pneumococcal pneumonia vaccination.

Children's Health

The National Survey of Children's Health touches on multiple intersecting aspects of children's lives. Data is not available at the county level; listed below is information about children's health in North Dakota. The full survey includes physical and mental health status, access to quality health care, and information on the child's family, neighborhood, and social context. Data is from 2007. More information about the survey may be found at: www.childhealthdata.org/learn/NSCH.

Key measures of the statewide data are summarized below. The rates highlighted in **red** signify that North Dakota is faring worse on that measure than the national average.

TABLE 4: SELECTED MEASURES REGARDING CHILDREN'S HEALTH (For children aged 0-17 unless noted otherwise)		
Measure	**North Dakota**	**National**
Children currently insured	91.6%	90.9%
Children whose current insurance is *not* adequate to meet child's needs	26.8%	23.5%
Children who had preventive medical visit in past year	78.9%	88.5%
Children who had preventive dental visit in past year	77.2%	78.4%
Children aged 10-17 whose weight status is at or above the 85th percentile for Body Mass Index	25.7%	31.6%
Children aged 6-17 who engage in daily physical activity	27.1%	29.9%
Children who live in households where someone smokes	26.9%	26.2%
Children aged 6-17 who exhibit two or more positive social skills	95.6%	93.6%
Children aged 6-17 who missed 11 or more days of school in the past year	3.9%	5.8%
Young children (10 mos.-5 yrs.) receiving standardized screening for developmental or behavioral problems	17.6%	19.5%
Children aged 2-17 years having one or more emotional, behavioral, or developmental condition	11.4%	11.3%
Children aged 2-17 with problems requiring counseling who received mental health care	72.4%	60.0%

The data on children's health and conditions reveals that while North Dakota is doing better than the national average on several measures, it is not measuring up to the national average in annual preventive medical and dental visits, with respect to health insurance that is adequate to meet children's needs, and in terms of daily physical activity, households with smokers, developmental screening, and rates of emotional, behavioral or developmental conditions. Approximately 20% or more of the state's children are not receiving an annual preventive medical visit or a preventive dental visit. Access to behavioral health is an issue throughout the state, especially in frontier and rural areas. Anecdotal evidence from the Center for Rural Health indicates that children living in rural areas may be going without care due to the lack of mental health providers in those areas.

Survey Results

Survey Demographics

Two versions of the survey were administered: one for community members and one for health care professionals. With respect to demographics, both versions asked participants about their gender, age, and education level. In addition, health care professionals were asked to state their professions and how long they have worked in the community, and community members were asked about marital status, employment status, household income, and travel time to the nearest clinic and to First Care Health Center. Figures 2 through 14 illustrate these demographic characteristics of health care professionals and community members.

Throughout this report, numbers (N) instead of percentages (%) are reported because percentages can be misleading with smaller numbers. Survey respondents were not required to answer all survey questions; they were free to skip any questions they wished.

Community Members and Health Care Professionals

The demographic results from both the community member version and the health care professional version of the survey revealed similar findings about several measures. In both response groups, as illustrated in Figures 2 and 3, the number of females responding was more than the number of males responding. In the case of community members, female respondents outnumbered male respondents more than two to one. That ratio expanded to more than twelve to one in the case of health care professionals.

Figure 2: Gender – Community Members

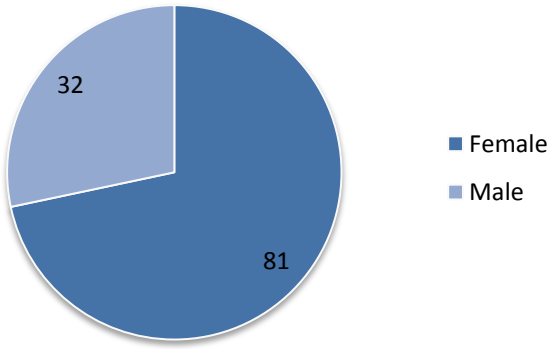
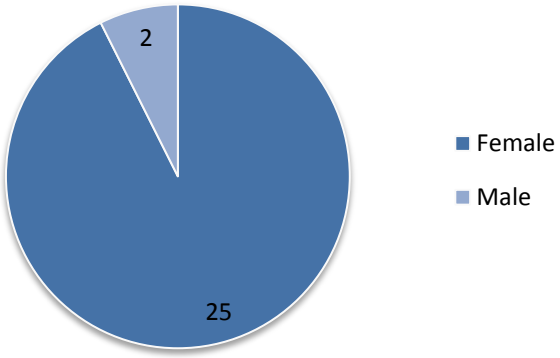


Figure 3: Gender – Health Care Professionals



A plurality of community members completing the survey were between the ages of 45 and 54 (N=33). The next most represented groups were those between the ages of 55 and 64 (N=28) and those 65 to 74 years old (N=18). The two smallest groups of community members responding were the two youngest sets: those younger than 25 years (N=0), and those aged 25 to 34 (N=9). With respect to health care professionals, the largest age group consisted of those aged 45 to 54 (N=9), while the next two largest age groups were 55 to 64 years old (N=7) and 25 to 34 years old (N=5). Figures 4 and 5 illustrate respondents' ages.

Figure 4: Age – Community Members

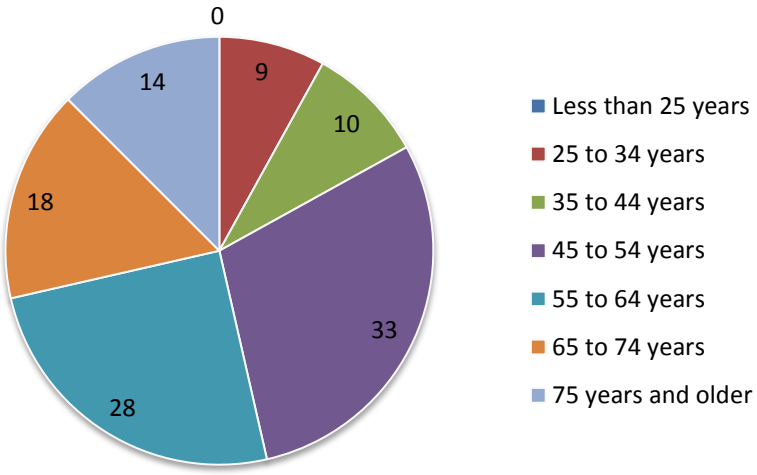
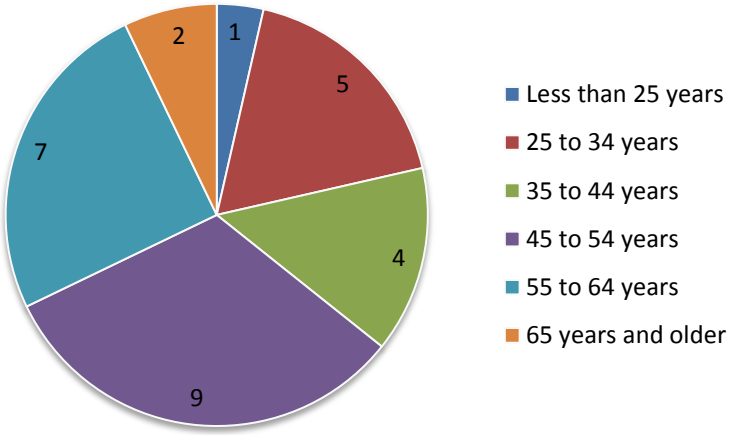


Figure 5: Age – Health Care Professionals



As shown in Figures 6 and 7, a majority of both community members and health care professionals responding to the survey indicated that they have lived in the area for more than 20 years.

Figure 6: Years Lived in Community – Community Members

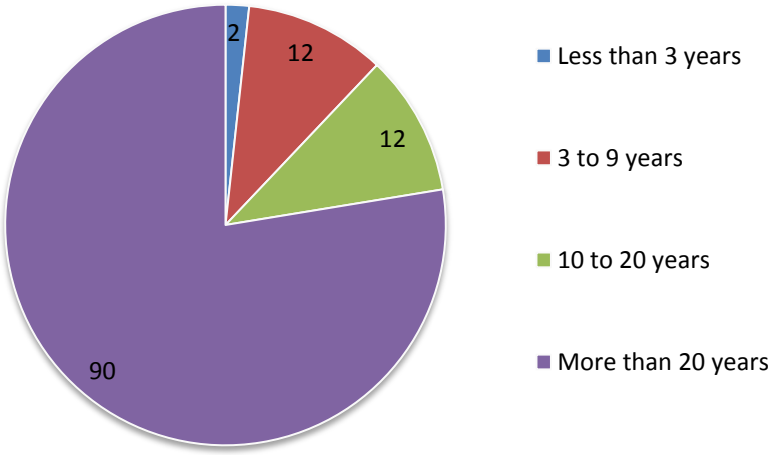
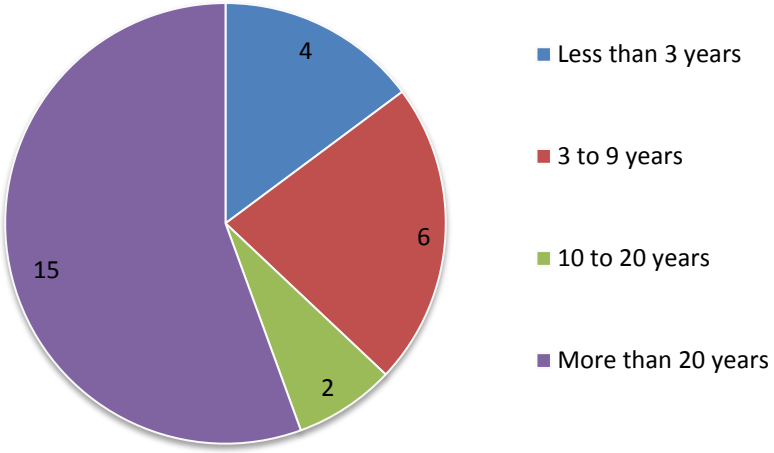


Figure 7: Years Lived in Community – Health Care Professionals



Community members represented a wide range of educational backgrounds, with the largest group having a technical degree or some college (N=32). The next largest groups consisted of those with a bachelor's degree (N=28), those having a high school diploma or GED (N=21), and those with an associate's degree (N=15). With respect to health care professionals, equal numbers of respondents had an associate's degree or had a technical degree or some college (N=9 for both). The next most represented group comprised those who held a bachelor's degree (N=5). Figures 8 and 8 illustrate the diverse educational background of respondents.

Figure 8: Education Level – Community Members

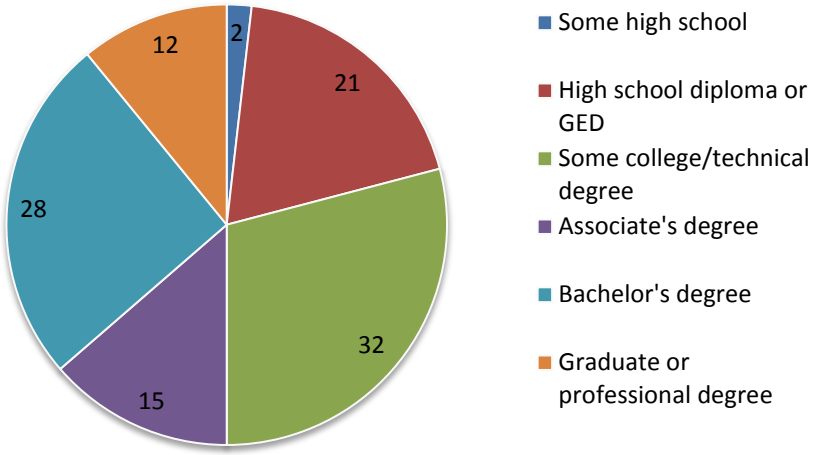
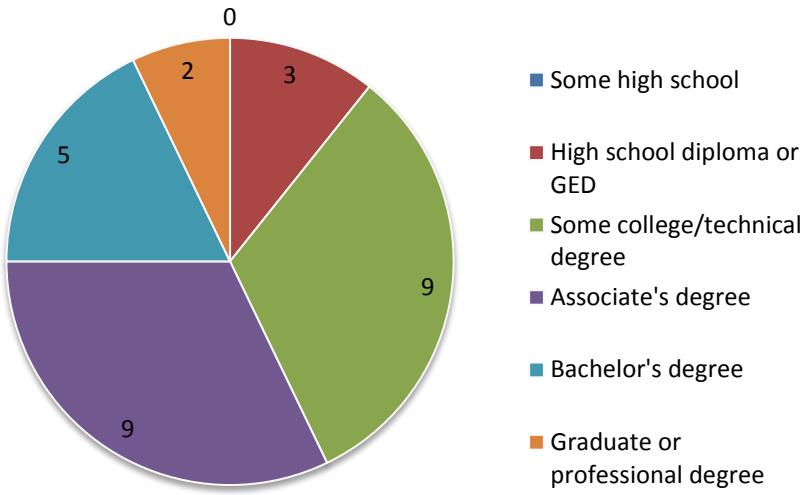


Figure 9: Education Level – Health Care Professionals

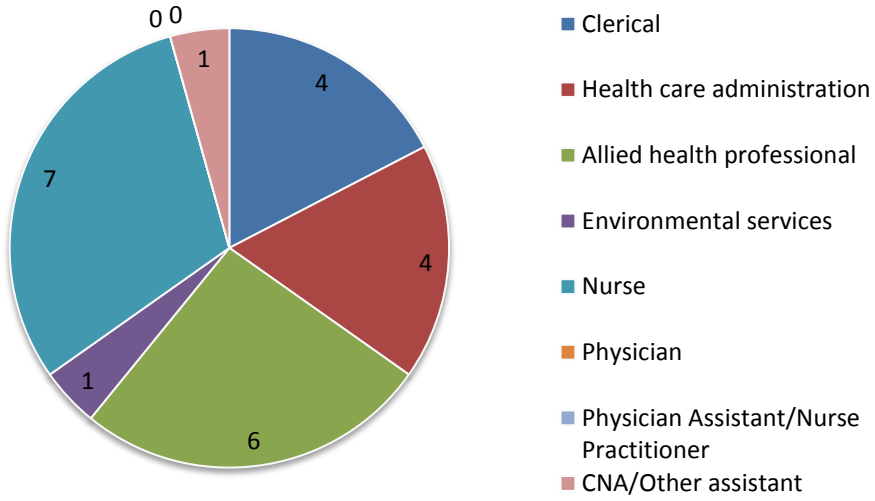


Health Care Professionals

Health care professionals were asked to identify their specific professions within the health care industry. As shown in Figure 10, respondents represented a range of job roles, with the greatest response from nurses (N=7) and allied health professionals

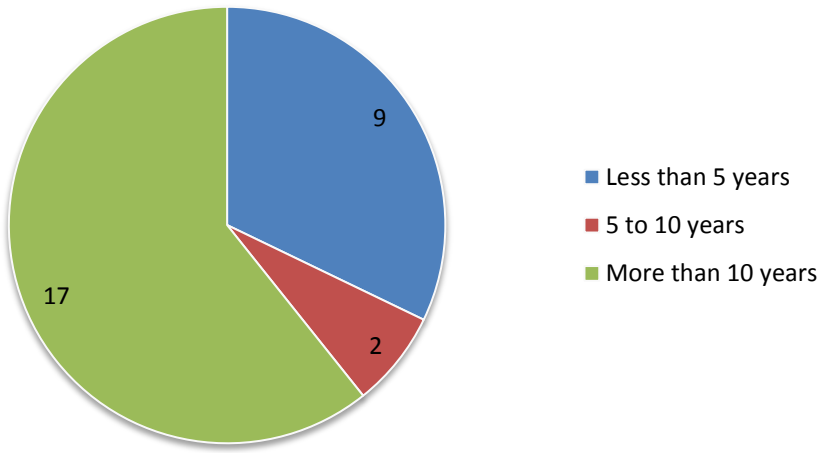
(N=6). There were no responses from either physicians or from physician assistants or nurse practitioners.

Figure 10: Jobs – Health Care Professionals



Health care professionals also were asked how long they have been employed or in practice in the area. As shown in Figure 11, a majority of respondents (N=17) have worked in the area for more than 10 years. The next largest group consisted of those who have worked in the area for less than five years (N=9).

Figure 11: Length of Employment or Practice – Health Care Professionals

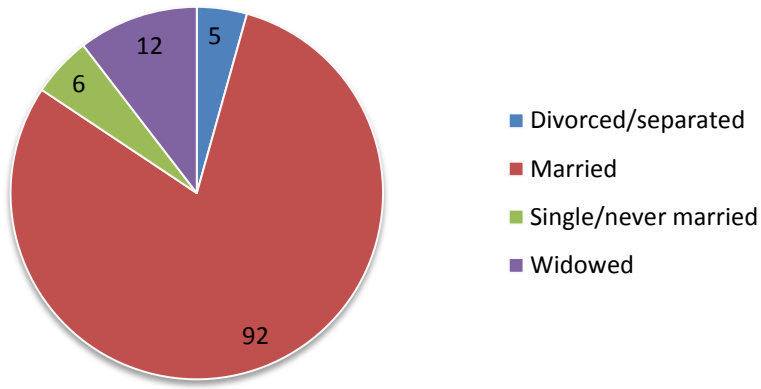


Community Members

Community members were asked additional demographic information not asked of health care professionals. This additional information included marital status, employment status, household income, and their proximity to the nearest clinic and to First Care Health Center.

A large majority of community members (N=92) identified themselves as married, as exhibited in Figure 12.

Figure 12: Marital Status – Community Members



As illustrated by Figure 13, a plurality of community members reported being employed full time (N=65), followed by retired (N=25).

Figure 13: Employment Status – Community Members

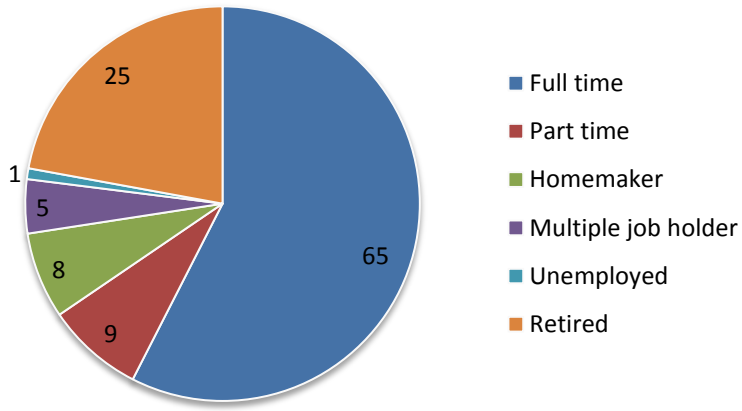
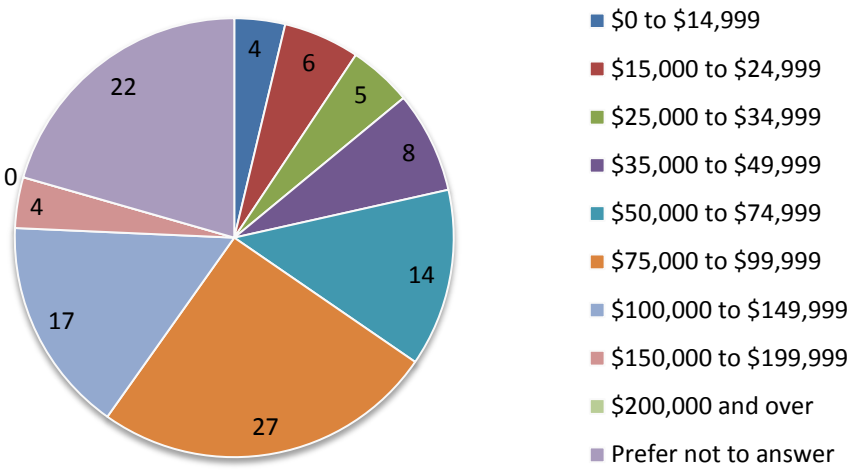


Figure 14 illustrates the wide range of community members' household income and indicates how this assessment took into account input from parties who represent the broad interests of the community served, including lower-income community members. Of those who provided a household income, the most commonly reported annual household income was $75,000-99,999 (N=27), followed by $100,000-149,999 (N=17) and $50,000-74,999 (N=14). Ten community members reported a household income of less than $25,000, while 22 respondents indicated that they preferred not to answer this question.

Figure 14: Annual Household Income – Community Members



A large majority of community members responding to the survey lived within 30 minutes of Park River. As shown in Figure 15, slightly more respondents (N=59) reported living 10 to 30 minutes from FCHC than those who reported living less than 10 minutes from FCHC (N=52). No respondents reported living more than an hour from FCHC. As illustrated in Figure 16, an equal number of respondents reported living less than 10 minutes from the nearest clinic as living 10 to 30 minutes from the nearest clinic (N=53 for both).

Figure 15: Respondent Travel Time to First Care Health Center

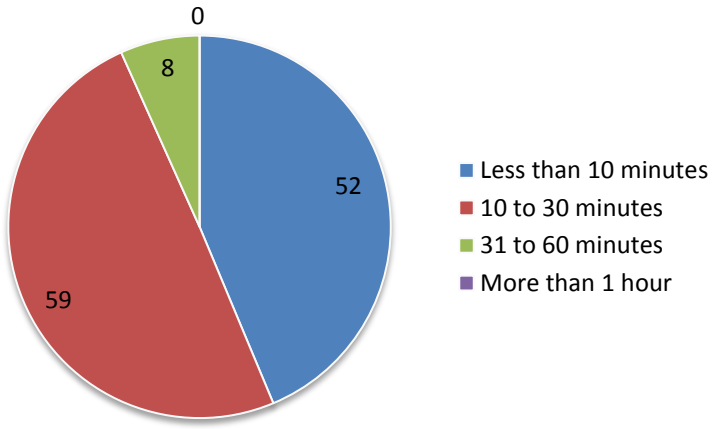
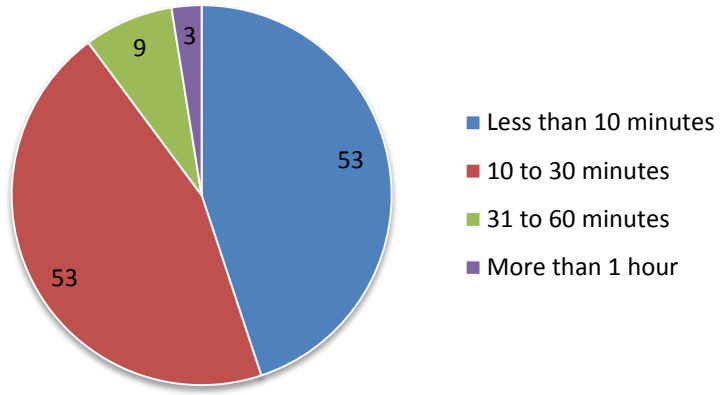


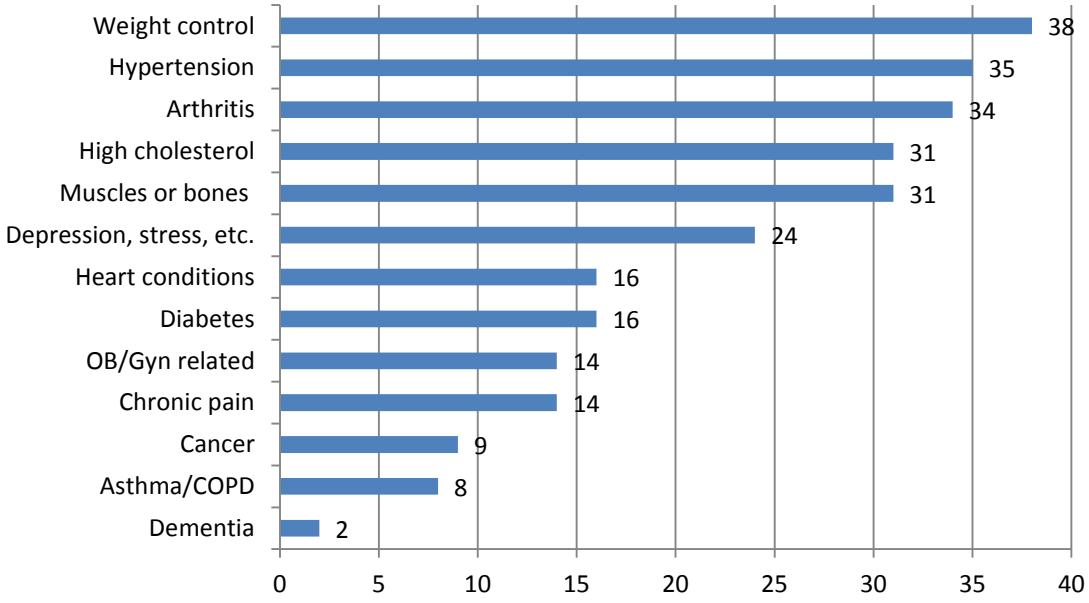
Figure 16: Respondent Travel Time to Nearest Clinic



Health Status and Access

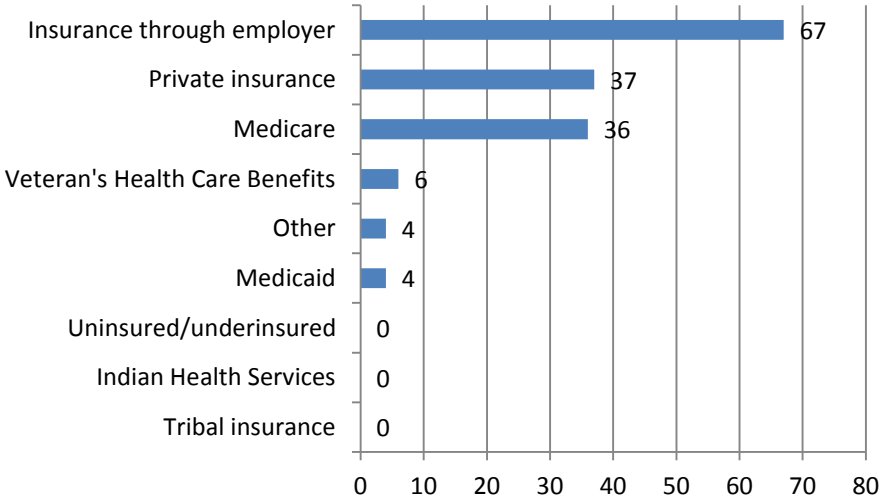
Community members were asked to identify general health conditions and/or diseases they have. As illustrated in Figure 17, the results demonstrate that the assessment took into account input from those with chronic diseases and conditions. The conditions reported most often were weight control (N=38), hypertension (N=35), arthritis (N=34), high cholesterol (N=31), muscles or bones (e.g., back problems, broken bones) (N=31), depression or stress (N=24), heart conditions (N=16), and diabetes (N=16).

Figure 17: Health Status - Community Members



Community members also were asked what, if any, health insurance they have. Health insurance status often is associated with whether people have access to health care. None of the respondents reported having no insurance or being underinsured. As demonstrated in Figure 18, the most common insurance types were insurance through one's employer (N=67), private insurance (N=37), and Medicare (N=36).

Figure 18: Insurance Status – Community Members



Awareness of Services

The survey asked community members whether they were aware of the services offered locally by First Care Health Center as well as services offered locally by other providers. The health care professionals version of the survey did not include this inquiry as it was assumed they were aware of local services due to their direct work in the health care system.

Community members taking the survey generally were aware of many of the services offered by First Care Health Center and other local providers. In the paper version of the survey, respondents were given the option to check a "Yes" or "No" box for each listed service to indicate whether they were familiar with the service. Because a large number of respondents checked only the "Yes" boxes, reported below are the numbers of "Yes" choices for each service offered. The limitation with this reporting method is that it is implied that the gap between how many answered "Yes" and the total response count reflects those that are not aware. However, it is unknown if the difference reflects unawareness or respondents skipping that particular listed service.

The online version included only a choice for "Yes, aware this service is offered locally." The survey question was asked in four subparts, with locally available services divided into four categories: (1) general and acute care, (2) screening and therapy, (3) radiology, and (4) services offered by providers other than FCHC.

Community members were most aware of:

- Emergency room (N=107)
- Ambulance (N=106)
- Clinic (N=106)
- Physical therapy (N=104)
- Radiology – general x-ray (N=104)
- Laboratory services (N=102)
- Hospital (acute care) (N=101)
- Home health care (N=99)
- Swing bed and respite care services (N=98)
- Radiology – mammography (N=95)
- Diabetic services (N=94)
- Hospice (N=94)
- Surgical services (N=94)

Community members were least aware of the following services:

- Plastic surgery (N=44)
- Speech therapy (N=49)
- Telemedicine (N=52)
- Chemotherapy (N=60)
- Home oxygen service (N=66)
- Sleep studies (N=68)
- Drug testing (N=74)
- Social services (N=75)

These services with lower levels of awareness may present opportunities for further marketing, greater utilization, and increased revenue. Figures 19 to 22 illustrate community members' awareness of services.

Figure 19: Community Members' Awareness of Locally Available General and Acute Health Care Services

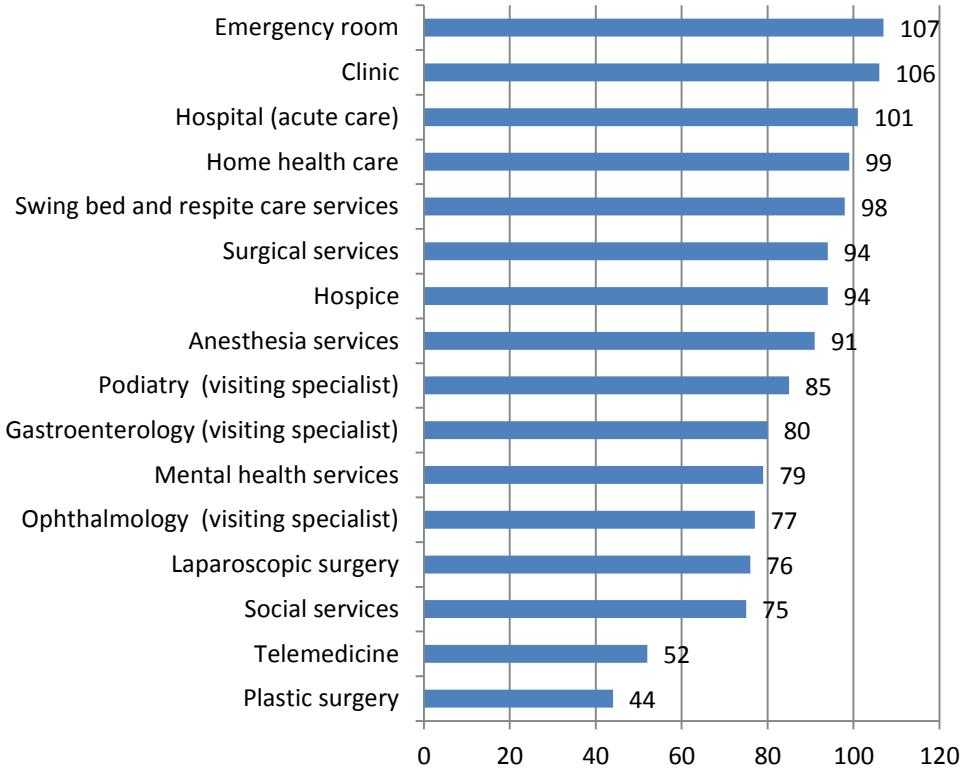


Figure 20: Community Members' Awareness of Locally Available Screening/Therapy Services

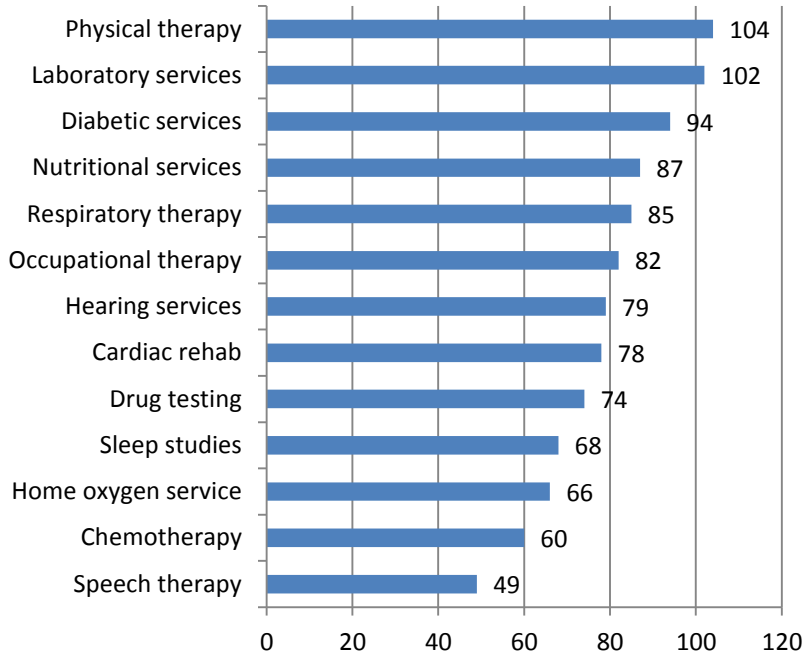


Figure 21: Community Members' Awareness of Locally Available Radiology Services

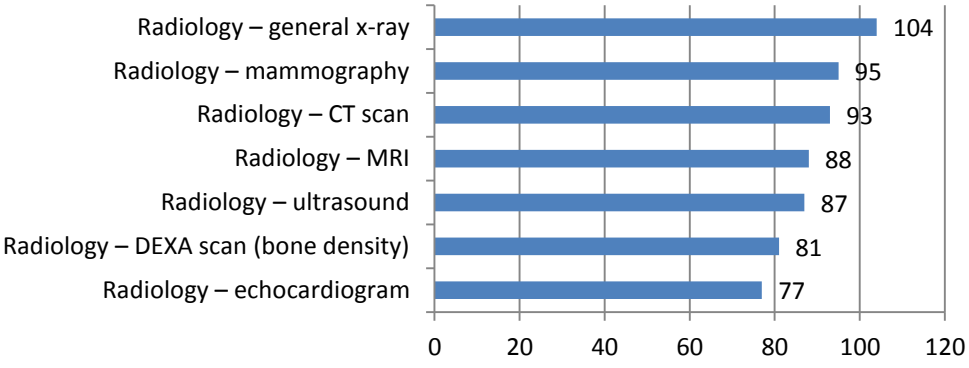
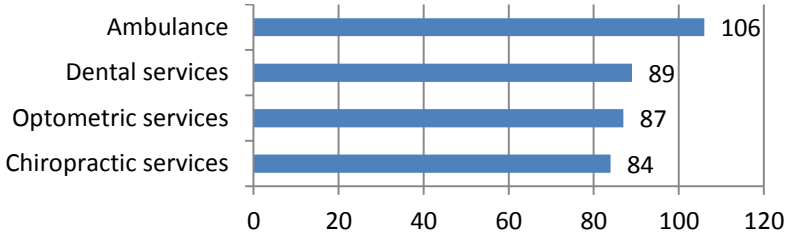


Figure 22: Community Members' Awareness of Services Offered by Providers Other than FCHC



Information about how community members learn of local services emerged during the focus group session and key informant interviews. Participants said that people generally learn about services through word of mouth, noting that "word of mouth is huge in this community." Participants also made suggestions for disseminating information in the community about health care services: a "specialty channel" on television, a newsletter sent out monthly about visiting physician services, an explanation of the availability of charity care, and texting reminders when it is time for a regularly scheduled preventive measure or screening.

Health Service Use

Community members were asked to review a list of services provided locally by First Care Health Center, as well as by other local providers, and indicate whether they had used those services locally, out of the area, or both. Figures 23 to 26 illustrate these results.

Community members responding indicated that the services most commonly used locally were:

- Clinic (N=101)
- Emergency room (N=83)
- Radiology – general x-ray (N=83)
- Dental services (N=78)
- Laboratory services (N=76)
- Optometric services (N=73)

Community members indicated that the services they most commonly sought out of the area were:

- Clinic (N=48)
- Anesthesia services (N=46)

- Surgical services (N=28)
- Dental services (N=27)
- Hospital (acute care) (N=23)
- Emergency room (N=22)
- Radiology – ultrasound (N=22)
- Laboratory services (N=21)
- Optometric services (N=20)

As with low-awareness services, these services – for which community members are going elsewhere – may provide opportunities for additional education about their availability from the local health system and potential greater utilization of local services.

Figure 23: Community Member Use of Locally Available General and Acute Health Care Services

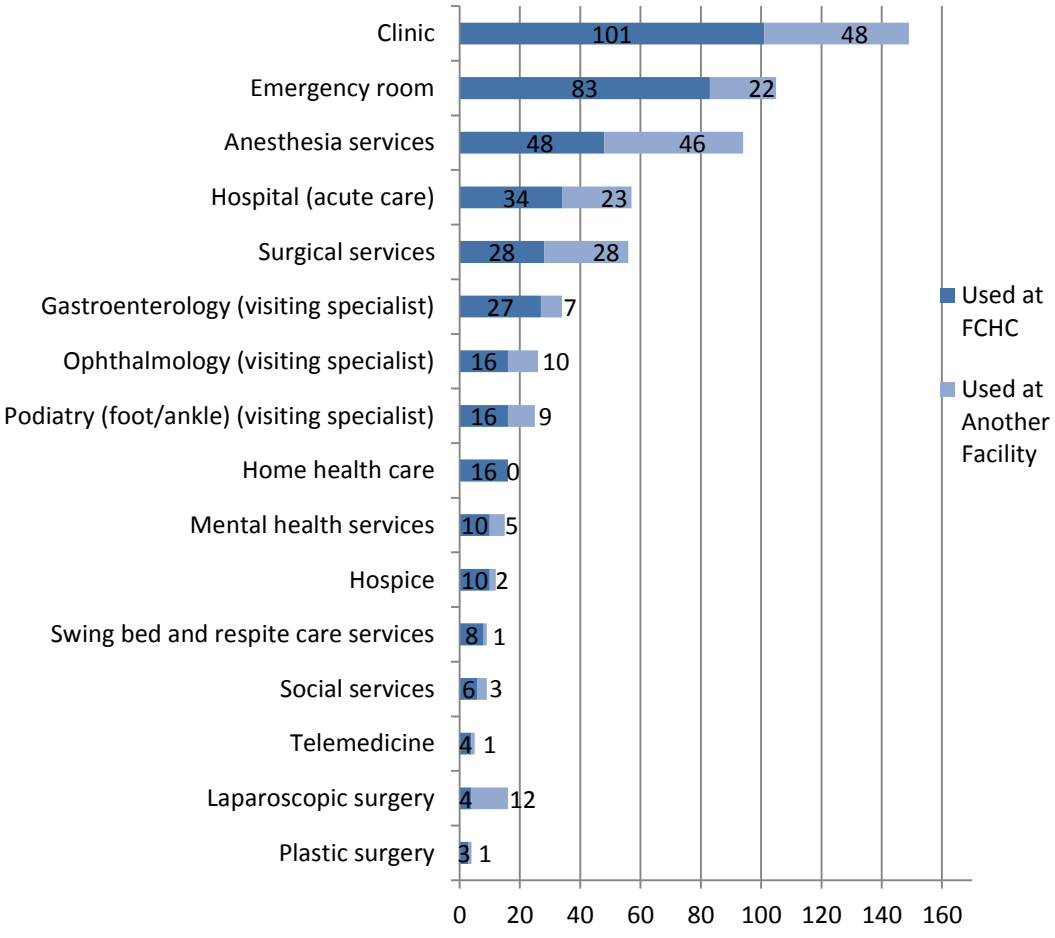


Figure 24: Community Member Use of Locally Available Screening/Therapy Services

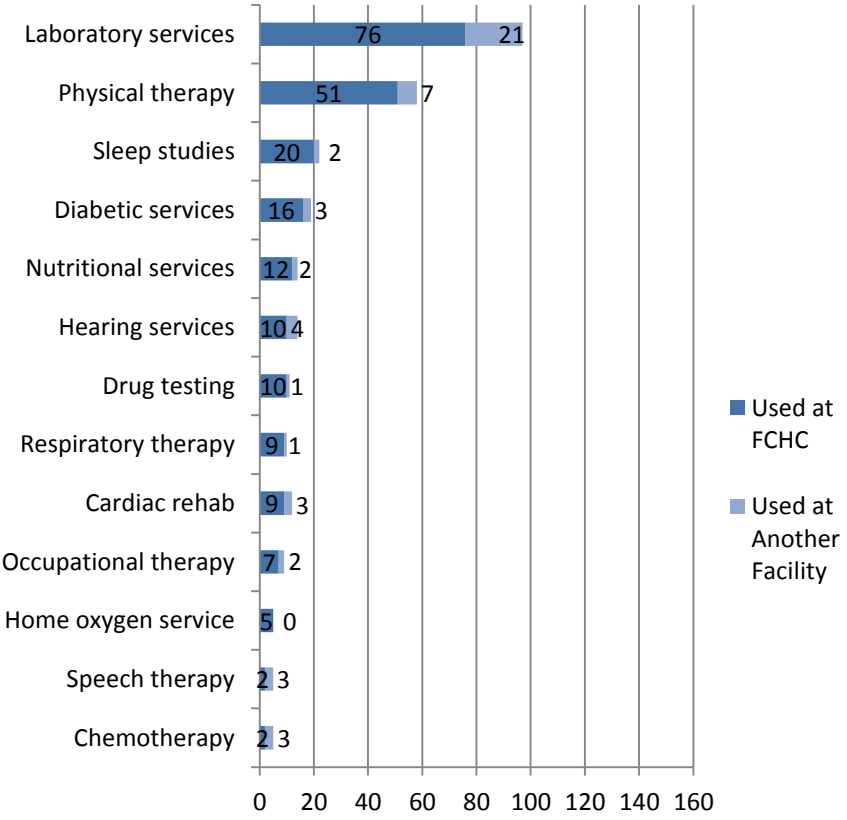


Figure 25: Community Member Use of Locally Available Radiology Services

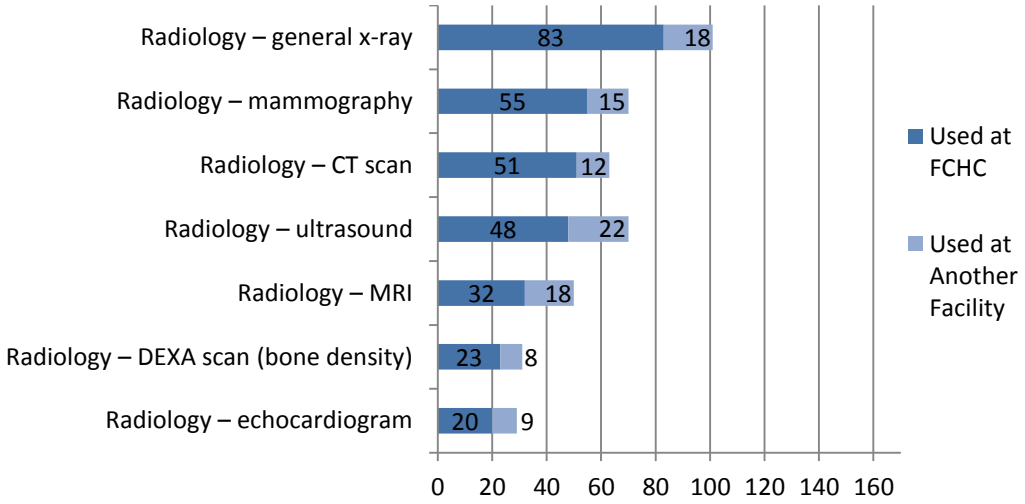
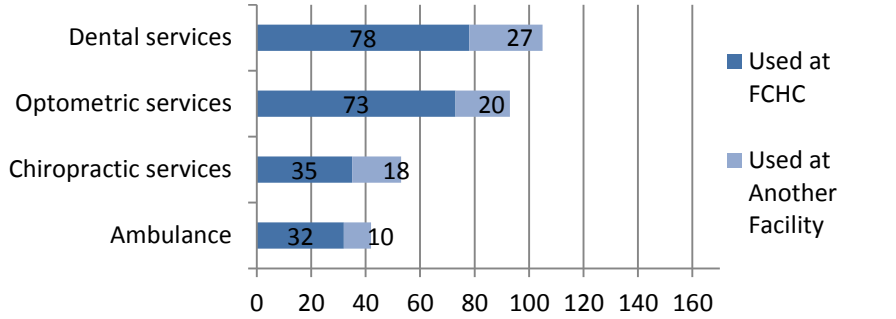


Figure 26: Community Member Use of Services Offered by Providers Other than FCHC



Additional Services

In another open-ended question, both community members and health care professionals were asked to identify services they think First Care Health Center needs to add. Nineteen community members provided responses to this question, as did eight community members. Among community members, the most common suggestions were (followed by the number of community members making note of the service):

- Dialysis (5)
- Birthing center/obstetrics (3)
- Additional wellness/educational services (3)
- Cardiology services/specialist (2)

Among health care professionals, there were three suggestions for orthopedic services and two suggestions each for cardiology services, addiction services (including smoking cessation), and more visiting specialists.

Reasons for Using Local Health Care Services and Non-Local Health Care Services

The survey asked community members why they seek health care services at First Care Health Center and why they seek services at another health care facility. Health care professionals were asked why they think patients use services at FCHC and why they think patients use services at another facility. Respondents were allowed to choose multiple reasons.

Community members most often chose convenience as the reason for seeking care at FCHC (N=94). Other reasons commonly cited by community members for seeking care at FCHC were familiarity with providers (N=89), high quality of care (N=87), proximity (N=83), and loyalty to local service providers (N=71).

Community members and health care professionals were consistent in choosing the same top five reasons as to why patients seek care at FCHC, although not in the same order. According to health care professionals, community members seek care at FCHC due to familiarity with providers (N=28), convenience (N=24), proximity (N=24), high quality of care (N=23), and loyalty to local service providers (N=22). Figures 27 and 28 illustrate these responses.

Figure 27: Reasons Community Members Seek Services at First Care Health Center

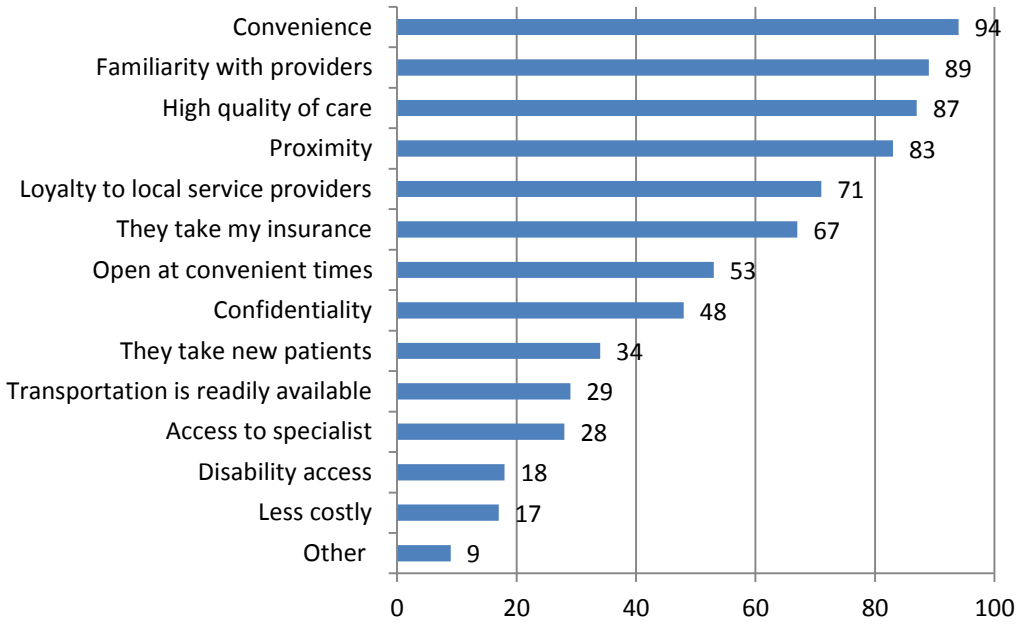
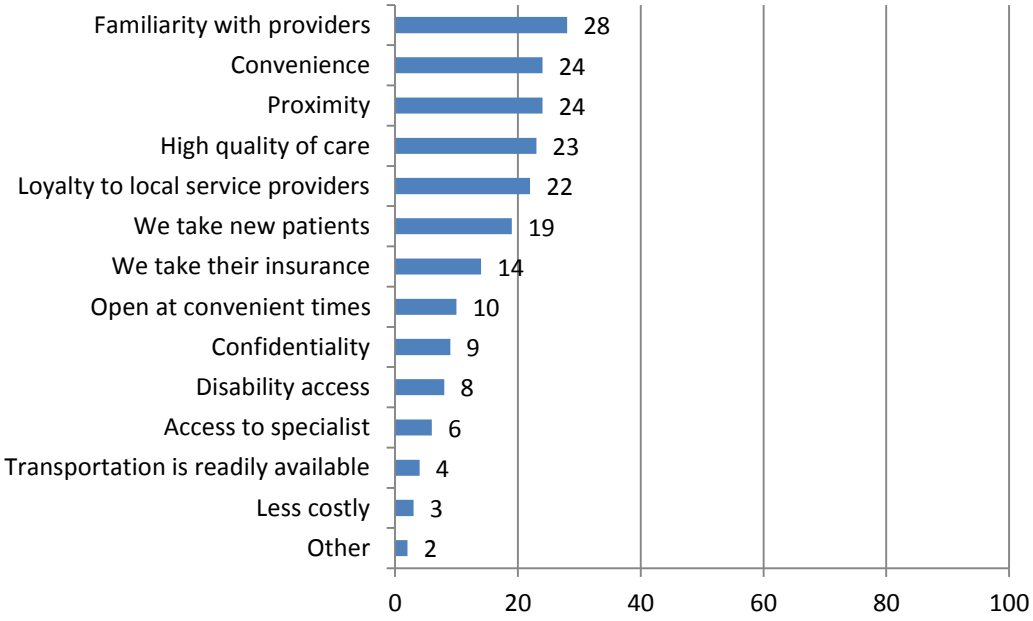


Figure 28: Reasons Health Care Professionals Believe Community Members Seek Services at First Care Health Center



With respect to the reasons community members seek health care services at other facilities, the primary motivator for seeking care elsewhere was, by a large margin, that another facility has a needed specialist (N=75). Another oft-cited reason for seeking care elsewhere was high quality care (N=30). Like community members, health care professionals believed that the most common reason consumers seek care at other facilities is to gain access to a needed specialist (N=22). The next most common reasons perceived by health care professionals were high quality of care (N=7), and that other facilities were open at convenient times (N=5). These results are illustrated in Figures 29 and 30.

Figure 29: Reasons Community Members Seek Services at Other Health Care Facilities

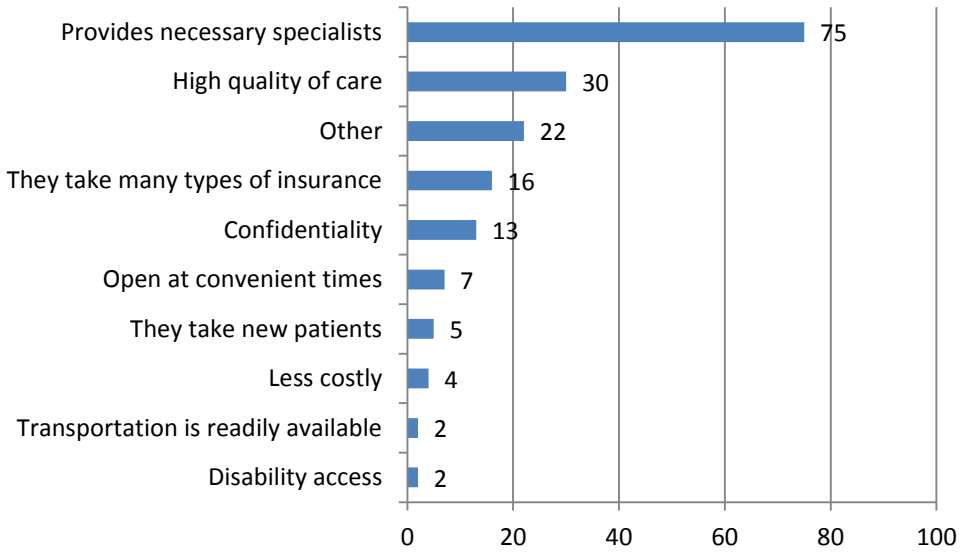
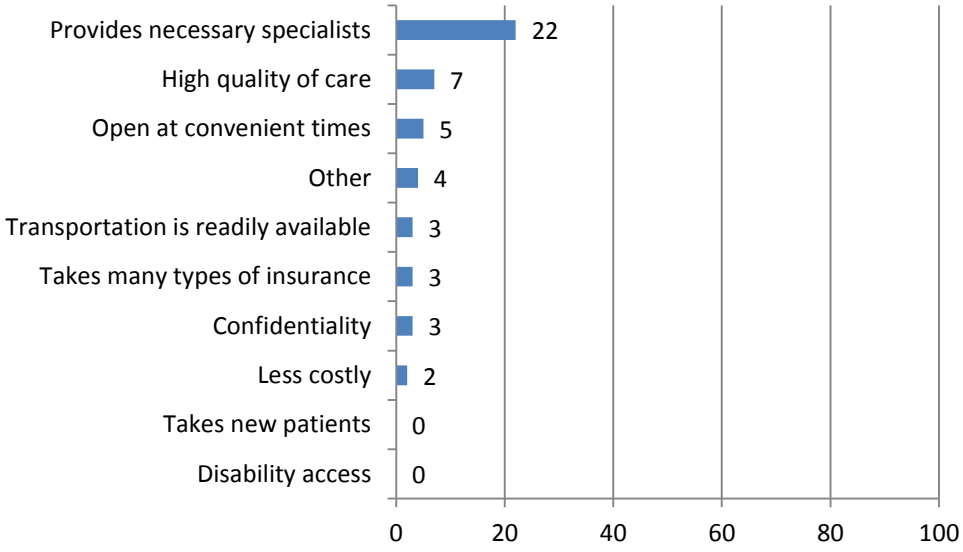


Figure 30: Reasons Health Care Professionals Believe Community Members Seek Services at Other Health Care Facilities



The survey provided both community members and health care professionals the opportunity to suggest "other" reasons patients seek health care at First Care Health Center as well as other reasons they seek health services at other facilities. In terms of using local services, nine community members offered "other" reasons: three pointed to quality of care and two pointed to having trust in local providers.

In terms of using other health care facilities, 22 community members chose the open-ended "other" answer, most often citing a referral to a different facility (N=13), access to specialized services (N=2), and preferences for other providers (N=2).

Barriers to Accessing Health Care

Both community members and health care professionals were asked what would help to address the reasons why patients do not seek health care services in the Park River area. Community members and health care professionals agreed in their top recommendations that having greater access to specialists (N=34 for community members; N=21 for health care professionals) would help remove barriers to using local care. The next most common responses from community members were "other" (N=15), more doctors (N=10), and collaboration between competing providers (N=9). Of the 15 "other" responses, the majority of respondents noted that the question "does not apply" or that they seek their care locally.

Among health care professionals, the next most common responses were more doctors (N=12), evening or weekend hours (N=8), and collaboration between competing providers (N=7). See Figures 31 and 32 for additional items that may help remove barriers to local health care use.

Figure 31: Community Members' Recommendations to Help Remove Barriers to Using Local Care

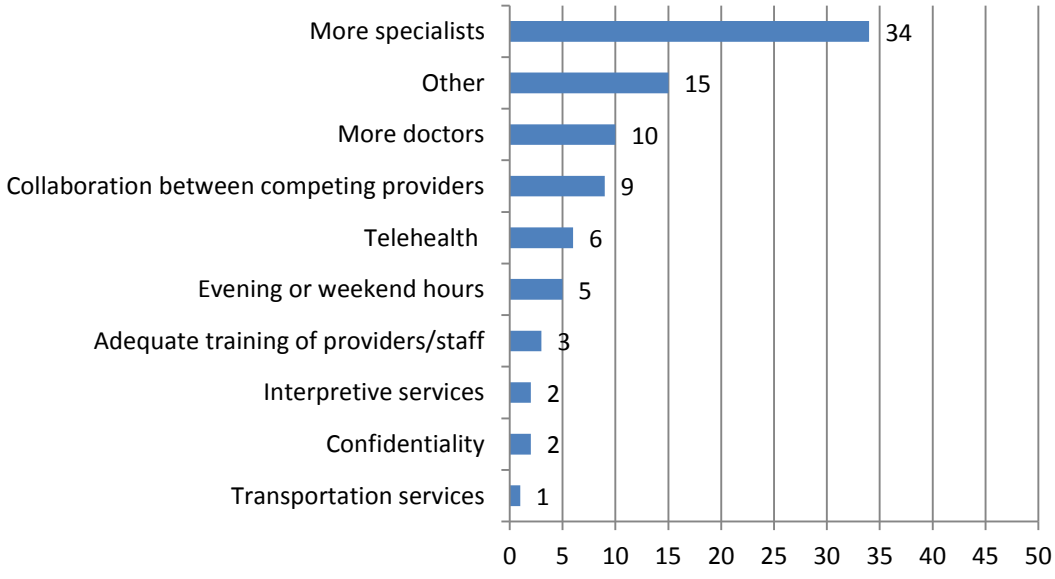
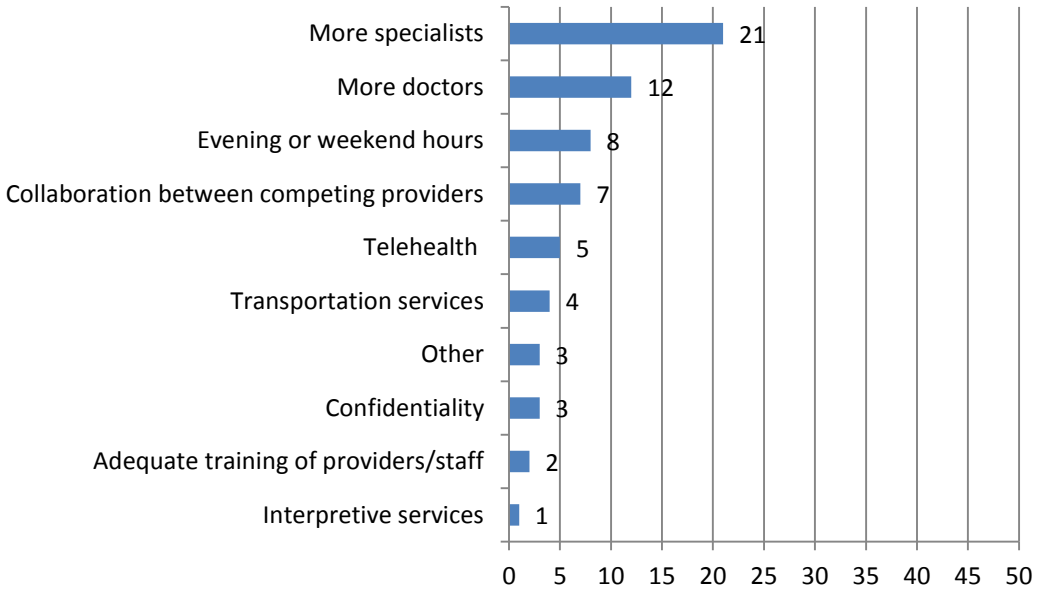


Figure 32: Health Care Professionals' Recommendations to Help Remove Barriers to Using Local Care



Community Health Concerns

Respondents were asked to review a list of potential health concerns or conditions and rank them on a scale of 1 to 5 based on the importance of each potential concern to the community, with 5 being more of a concern and 1 being less of a concern. Both health care professionals and community members collectively ranked cancer, higher costs of health care for consumers, diabetes, and mental health among their top concerns. Because there was a tie for the fifth most important concern, this report highlights the top six concerns of both community members and health care professionals. Community members' top six concerns were higher costs of health care for consumers (with an average ranking of 4.07), cancer (4.02), heart disease (3.93), diabetes (3.69), the availability of emergency services (3.54 (tie)), and mental health (3.54 (tie)). The top six concerns of health care professionals were cancer (4.19), obesity (4.04), diabetes (4.00), higher costs of health care for consumers (3.79 (tie)), mental health (3.79 (tie)), and addiction/substance abuse (3.57).

Health care professionals perceived not having enough health care staff in general as the lowest concern, with an average ranking of 2.18. Among community members, the least important concern was seen as school nursing, with an average rank of 2.48.

Concerns that were perceived most differently between community members as opposed to health care professionals were: availability of emergency services 24/7, which was the 5th highest ranked concern among community members, but the 12th highest ranked concern among health care professionals; addiction/substance abuse, 6th ranked concern among health care professionals and 12th among community members; and obesity, 2nd ranked concern among health care professionals and 8th among community members.

Figures 33 and 34 illustrate these results.

Figure 33: Community Health Concerns of Community Members

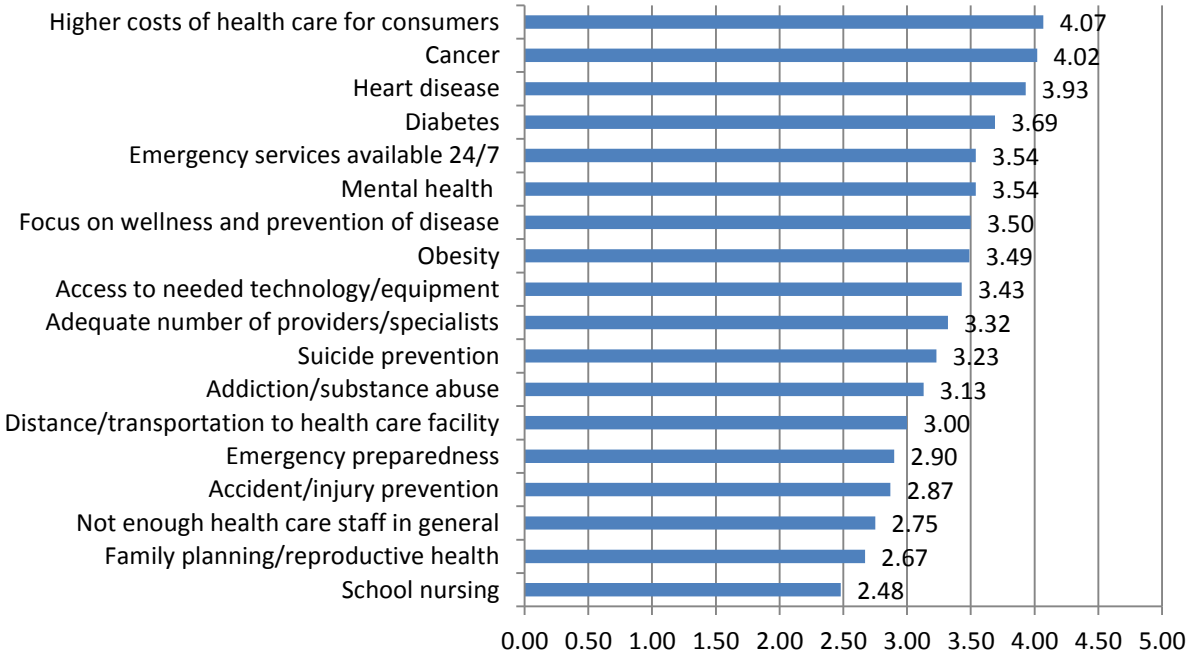
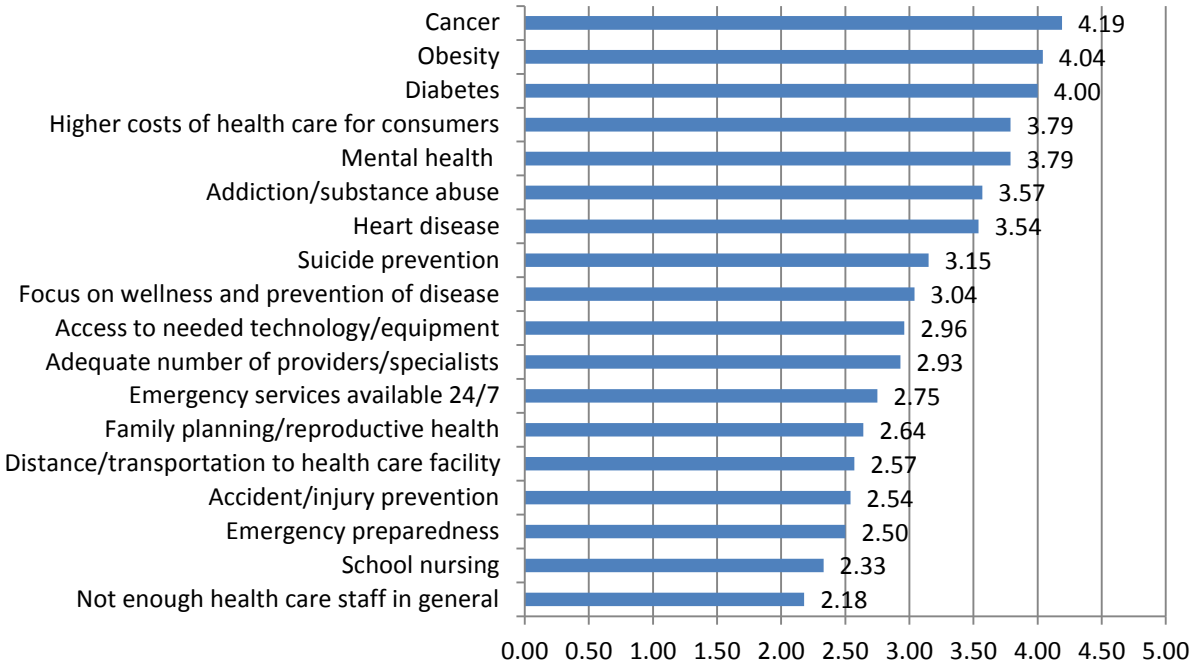


Figure 34: Community Health Concerns of Health Care Professionals



Respondents also were asked, in an open-ended question, to identify their most important concern and explain why it was the most important. Seventy-one community members answered this question, as did 10 health care professionals.

A plurality of community members (N=14) singled out cancer as the most important concern. Also cited as "most important" concerns were the following:

- Availability of emergency services (N=10)
- Diabetes (N=7)
- Obesity (N=6)
- Adequate number of providers and specialists (N=5)
- Focus on wellness and prevention of disease (N=5)
- Costs of health care for consumers (N=4)

Among health care professionals, respondents most commonly singled out substance abuse/addiction as the most important concern (N=5). Also cited by health care professionals as "most important" concerns were:

- Costs of health care for consumers (N=2)
- Mental health (N=2)

Comments from both community members and health care professionals about what they collectively viewed as the most important concerns included:

Community members' comments relating to cancer

- Cancer affects all of us.
- More people are getting cancer.
- It seems to be growing in numbers each year in this area.
- We're seeing more and more people obtaining this awful disease.
- There's always news cases of cancer.
- There are so many people that have to travel to Grand Forks or Fargo for services.

Health care professionals' comments relating to substance abuse/addiction

- Addiction/substance abuse including tobacco products, as many of the patients we see here have poor health due to the impact of smoking.
- Addiction/substance abuse is very prevalent.
- Availability of support groups/education for addiction/substance abuse and prevention
- Drug abuse. There are so many small children that live here, it has to impact them at an early age.

Community members' comments relating to availability of emergency services

- We have an aging population and decreasing numbers of volunteers.
- Emergency services and care should be available close by.
- We are a long way from major hospitals.
- We live in a rural area and depend on ambulances for transportation in an emergency.
- There are not enough volunteers in local communities to keep our ambulance service operating which makes the transport time excessive!
- We need well trained staff and well equipped ambulances/ER's to handle emergencies. Other situations could be addressed by facilities further away if needed.

Community members' comments relating to obesity

- It is linked to numerous health conditions, which left untreated, increases the cost of care for all patients.
- There are so many adults and children that are obese.

- Obesity and diabetes will have a great impact on the future health of the younger generation.
- Obesity leads to other health problems.

Concerns and Suggestions for Improvement

Each version of the survey concluded with an open-ended question that asked, "Overall, please share concerns and suggestions to improve the delivery of local health care." Responses were supplied by 43 community members and three health care professionals. Among community members, by far the most common response (N=28) was an expression of appreciation for, or satisfaction with, First Care Health Center, its providers, and its services. Other suggestions or concerns noted by more than one respondent included a desire for additional providers (N=5), a desire for a better working relationship among area providers (N=4), and concerns about the hospital's viability or closure (N=3).

Below are some of the specific comments relating to overall concerns and suggestions:

- First Care is an excellent facility.
- I'm glad we have a quality hospital and clinics with good staff in our small community. Keep up the great work.
- Have all health care services work together for the sake of the client. Put past grievances aside and treat one another with respect. Treat all people equal and act like adults.
- Computers taking time away from care.
- I am so pleased with the health care we receive here in Park River. Our hospital care is wonderful.
- I believe we are doing fine. My concern is whether we'll be able to continue to provide services in the future due to reimbursement issues and financial viability.
- I like my doctor and the service I get, but I think we could use another MD in Park River.
- I think FCHC is excellent. In a small town it is impossible to offer all services.
- I think that our doctors and hospital are second to none. They have time to talk to you and know you when you go into the clinic or hospital.
- I think we need more doctors who can work together to lessen the workload on the doctors we presently have.

- I wish there was some way to make it work (economically) to organize licensed in-home health care for people needing some help with activities of daily living.
- It is important to keep the rural hospital open. The closeness is very important. Driving a long ways could mean life or death.
- I live in Grafton but go to Park River doctor and hospital.
- Park River is too small for two clinics. It would be nice to have them together again.
- I'm very well satisfied. I would like the board to keep on top of things and try to get another doctor on board so we have young doctors for the future.

Collaboration

Respondents were asked whether First Care Health Center could improve its levels of collaboration with other local entities, such as schools, economic development organizations, local businesses, public health, other providers, and hospitals in other cities. Of the three answer choices ("Yes," "No, it's fine as is," "Don't know"), community members were more likely to choose "No, it's fine as is" than "Yes" with respect to all five of the potential collaborators, often by a wide margins -- in some cases margins of five to one.

Although health care professionals were more likely than community members to see a potential for improved collaboration, they too were more likely to choose "No, it's fine as is" than "Yes" with respect to five of the six potential collaborators. Health care professionals saw room for improvement in collaboration between FCHC and other local health providers, with 14 respondents saying collaboration should be improved and 12 saying it is fine as is. Figures 35 and 36 illustrate these results.

Figure 35: Community Members – Could First Care Health Center Improve Collaboration?

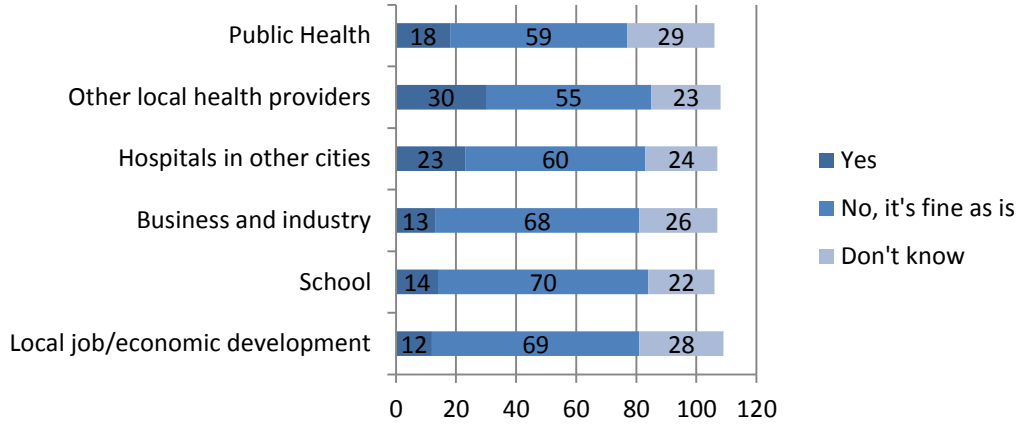
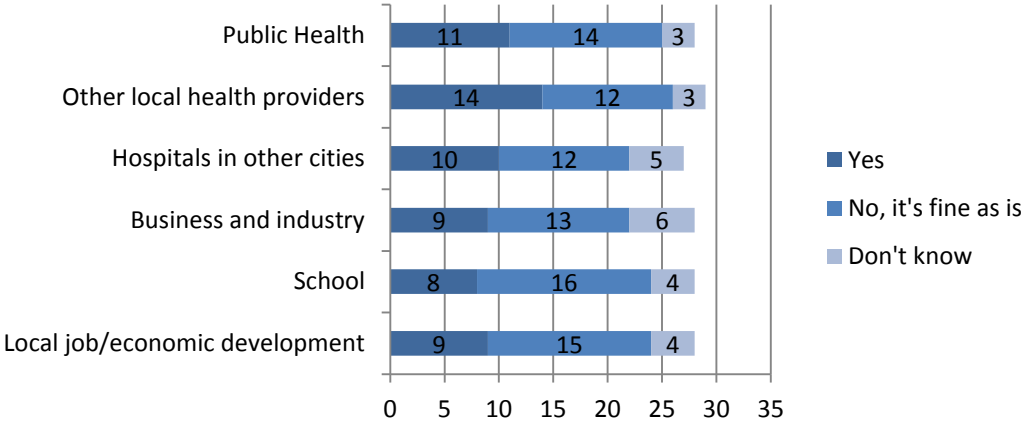


Figure 36: Health Care Professionals – Could First Care Health Center Improve Collaboration?



Community Assets

Both community members and health care professionals were asked what they perceived as the best things about their community in five categories: people, services and resources, quality of life, geographic setting, and activities. In each category, respondents were given a list of choices and asked to pick the top three. Respondents occasionally chose less than three or more than three choices within each category. The results indicate that residents view as community assets things such as friendly and helpful people, a sense of community, quality schools and health care, a safe and family-

friendly environment, the relatively small scale and cleanliness of the community, and recreational sports and activities. Figures 37 to 41 illustrate the results of these questions.

Figure 37: Best Things about the PEOPLE in Your Community

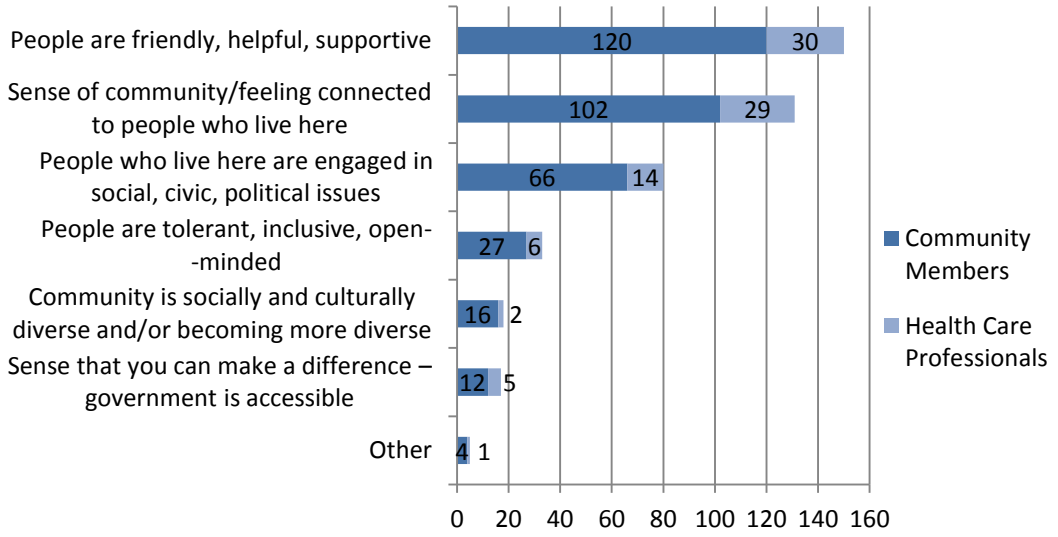


Figure 38: Best Things about the SERVICES AND RESOURCES in Your Community

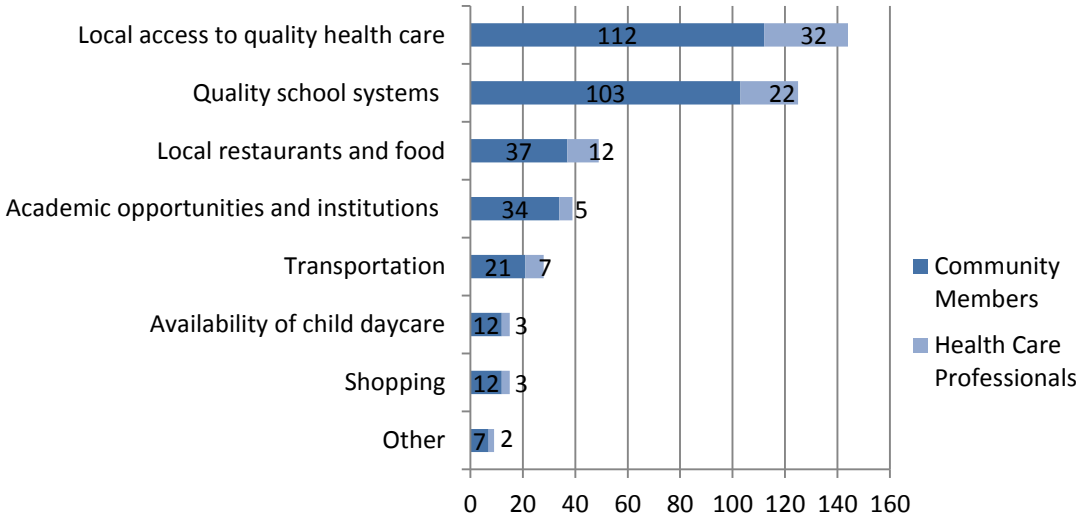


Figure 39: Best Things about the QUALITY OF LIFE in Your Community

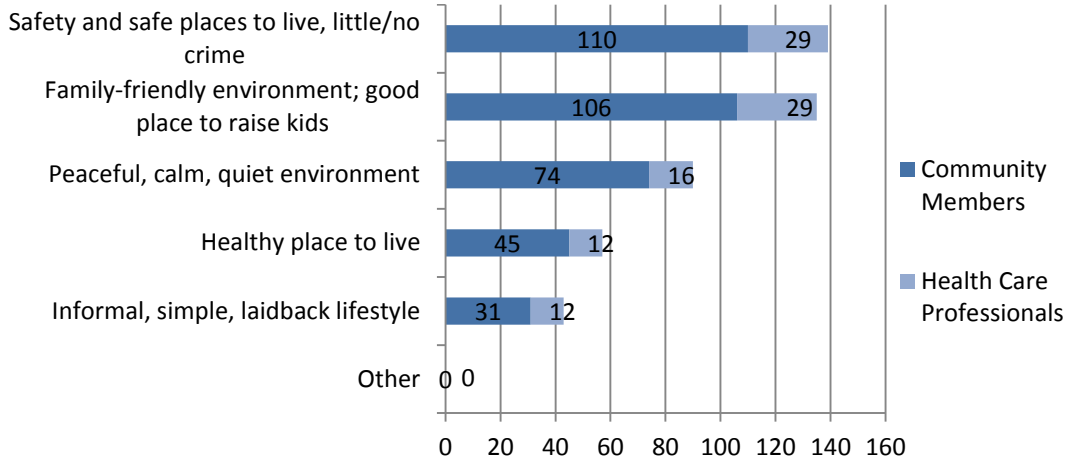


Figure 40: Best Things about the GEOGRAPHIC SETTING of Your Community

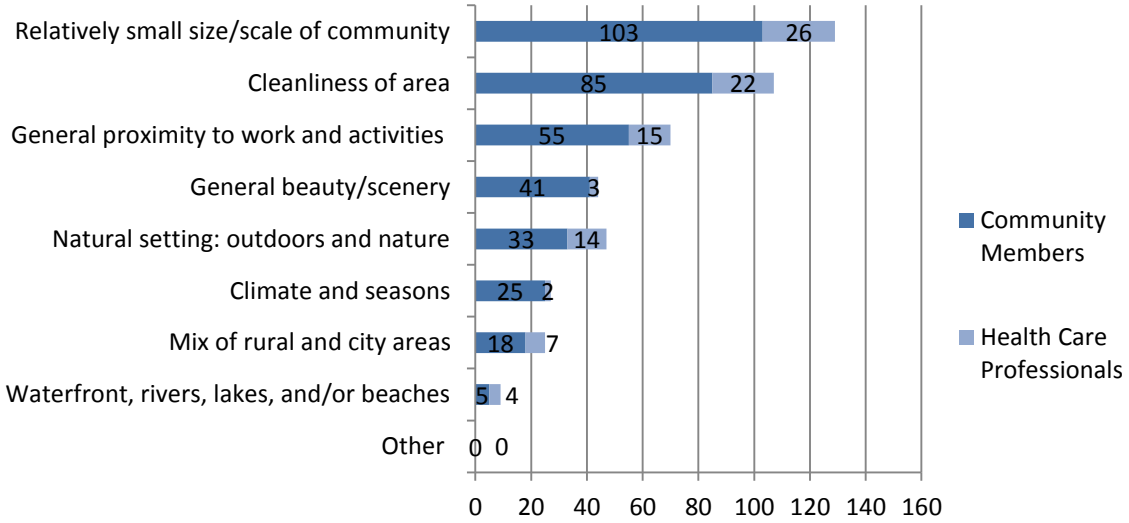
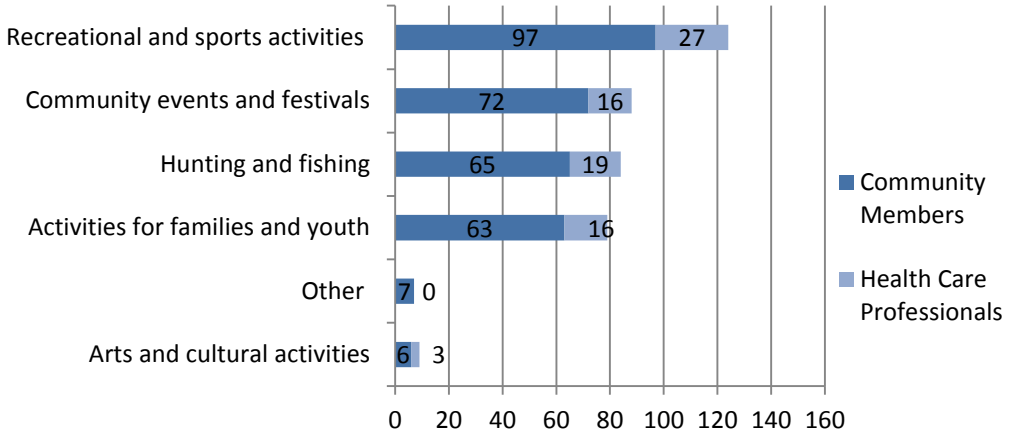


Figure 41: Best Thing about the ACTIVITIES in Your Community



Findings from Key Informant Interviews and Focus Group

The questions posed in the survey also were explored during a focus group session with the Community Group as well as during key informant interviews with community leaders and a public health professional. Several themes emerged from these sessions. Many of the same issues that were prevalent in the survey results emerged during the key informant interviews (and were further explored during the discussions), but additional issues also appeared. Generally, overarching issues that developed during the interviews can be grouped into five categories (listed in no particular order):

1. Mental health needs not being met
2. Cost of health care and lack of insurance hindering access to care
3. Having adequate availability of health care providers and staff
4. Meeting needs of elderly and caretakers
5. Addressing substance abuse issues

A more detailed discussion about these other noteworthy issues follows:

1. Mental health needs not being met

Several participants expressed gratitude for the mental health services that are available, but also raised concerns about whether those services were adequate to meet the perceived growing mental health needs in the community. Many participants were aware that graduate psychology students from the University of North Dakota offered

counseling and mental health services to area residents during regular clinic hours at FCHC. There also was a consensus that traditional stigmas associated with mental health issues are still pervasive.

Specific comments included:

- First Care is bringing in students from UND, and that helps, but mental health services are lacking in this area.
- Mental health is a huge issue here.
- There are definitely unmet mental health needs.
- There has been an increase in mental health needs, such as depression. It can be a hardship when people have to travel to Grand Forks for things like counseling, family therapy, and grief counseling.
- Mental health needs are overwhelming. People have these needs and we can't meet them.
- I'm pleased with the mental health services that are being offered here, as well as the cost. Grad students come from UND … it started with one student but now I think there are two. Most people have some awareness of it; there was a sign up in the clinic about it recently so people are finding out about it.
- Unless schools are doing some programs, I'm not aware of any suicide prevention efforts.

2. Cost of health care and lack of insurance hindering access to care

Community members taking the survey collectively ranked higher costs of health care for consumers as the most important health concern in the community, with an average ranking of 4.07 on a scale of 1 to 5. Health care professionals collectively ranked higher costs of health care as the fourth most important concern among the list of potential community health concerns (tied with mental health). Interview and focus group participants talked at length about the problems surrounding affordability of both health care itself as well as health insurance. Their perceptions were that people without insurance forego care for as long as possible and that the problems associated with not having insurance or not being able to afford co-pays and deductibles have been getting markedly worse in just the last few years.

Specific comments from participants included:

- Insurance is an issue around here, although First Care is flexible about seeing people with no insurance.

- The co-pay at check-in can be a hard pill to swallow, but they won't refuse to see you if you can't pay.
- There are some who have hesitated to get health care when they don't have insurance. These are mostly low-income people, and they hold off on getting some basic care for as long as they can manage. I would say it's been more problematic lately.
- We think of this as a middle class town, but there are working poor who work, but are in jobs that have no benefits. This seems to have become more apparent lately.
- When people don't have insurance, they don't go in when they need to. They just wait for the problem to go away.
- There are people who can't afford to take their kid to the doctor.
- The higher costs of health care can especially be a problem in a community like ours where there are so many elderly people on fixed incomes.

3. Having adequate availability of health care providers and staff

Focus group participants and key informants saw workforce issues as important, especially as the health facility looks to the future. While staffing issues were not seen as being as immediate as other concerns, multiple participants discussed them as issues lurking on the horizon that could become acute needs if the community were to lose current providers and staff.

It should be noted that respondents completing the survey, on the other hand, did not rank highly the importance of having enough health care providers and staff. Among community members, having adequate numbers of providers and specialists was ranked collectively as the 10th most important concern, while not having enough health care staff in general was ranked as the 16th most important concern (out of 18 listed potential concerns). Among health care professionals, having adequate numbers of providers and specialists was perceived as the 11th most important concern, while not having enough health care staff in general was perceived as the least important (18th) of all potential concerns listed.

Participants' comments included:

- The loss of one of the doctors could bring this place to a screeching halt.
- Sometimes the doctors here seem really overtaxed. Would we ever be able to get another physician?

- Looking down the road, how will we get replacements? It seems like so many UND med school students are from other states.
- The doctors here are very good. We are lucky, but vulnerable.
- You can get people in here, but can you keep them? It is a real concern.
- Even if we stay competitive on staff salaries, it's still hard to keep nurses here because it can be more stressful here than in a bigger hospital. Nurses have to do more things on their own, and it can be stressful.

4. Meeting the needs of elderly residents and their caretakers

Focus group participants and interviewees pointed to a concern about the number of elderly people in the community who need care. Their concern centered on finding ways to help the caretakers of the elderly, who often are elderly spouses and may have medical needs of their own. Census data from 2010 shows that the percentage of residents aged 65 and older was 20.1% in Walsh County, compared to a state average of 14.5%, while the county median age was 45.9, nearly nine years older than the state median age of 37.0. Participants pointed to a community group that helps caretakers, noting that its services will be needed more than ever in coming years and as well as in other smaller communities outside of Park River.

Specific comments included:

- There are lots of concerns about dealing with dementia. Not having adult daycare is a little bit of a gap.
- There is no Alzheimer's or dementia care unit here. People need to go to Grafton for that.
- What can we do to help keep elderly people in their homes? Would it help to have a gerontologist?
- People who are caretakers for elderly need to have a way to take breaks.
- There is a family caregivers group that helps caretakers so they can run errands. They also help with laundry and other things.

5. Addressing substance abuse issues

Multiple participants raised concerns about meeting needs associated with addiction. As demonstrated by data compiled by County Health Rankings, the rate of excessive drinking in Walsh County, while slightly lower than the state average, is 2½ times the national benchmark. "Excessive drinking" encompasses both heavy drinking and binge drinking, with "heaving drinking" defined as more than 1 (women) or 2 (men) drinks

per day on average and "binge drinking" defined as consuming more than 4 (women) or 5 (men) alcoholic drinks on a single occasion in the past 30 days. Among survey-takers, community members ranked addiction/substance abuse as the 12th most important concern, while health care professionals perceived it as a more important concern, ranking it 6th. Near the end of the survey period, a 17-year-old from Park River died as the result of synthetic drugs, and there were several media reports about the death and its connection to a larger synthetic drug ring.

Among specific comments about this issue were:

- Alcohol abuse is almost accepted as a social norm in our community. What some people call "use" is really "abuse." It is far too normalized.
- The impact of alcohol on our community is not as recognized as it should be. You can tie in a lot of other resulting problems to alcohol abuse.
- There is a fair amount of drug abuse here.
- Substance abuse has always been an issue here.

Priority of Health Needs

The Community Group held its second meeting on the evening of July 17, 2012. Thirteen members of the group attended the meeting. A representative from the Center for Rural Health presented the group with a summary of this report's findings, including background and explanation about the secondary data, highlights from the results of the survey (including perceived community health concerns, awareness of local services, why patients seek care at First Care Health Center, community collaboration, and barriers to care), and findings from the focus group and key informant interviews.

Following the presentation of the assessment findings, and after careful consideration of and discussion about the findings, each member of the group was asked to identify on a ballot what they perceived as the top five community needs. The results were totaled, and the concerns most often cited were:

- Elevated rate of excessive drinking (6 votes)
- Mental health needs (6 votes)
- Substance abuse issues (6 votes)

Based on the Community Group's feedback about the prioritization of community health needs, the needs were categorized into three groups: those receiving six votes (listed above), those receiving two to three votes, and those receiving one vote. First

Care Health Center may use this prioritization for informational purposes – and as one form of community feedback – as it develops its implementation strategy, which is a plan for addressing community health needs. A summary of this categorization may be found in Appendix G.

Summary

This study took into account input from approximately 160 community members and health care professionals from several communities as well as 16 community leaders. This input represented the broad interests of the community served by First Care Health Center. Together with secondary data gathered from a wide range of sources, the information gathered presents a snapshot of health needs and concerns in the community.

An analysis of secondary data reveals that the primary portion of FCHC's service area – Walsh County – has a higher percentage of adults over the age of 65 and a higher median age than the state average, indicating increased need for medical services to attend to an aging population. Additionally, the data compiled by County Health Rankings shows that Walsh County is performing below the state average on the measures of adult obesity, physical inactivity, motor vehicle crash death rate, teen birth rate, preventable hospital stays, mammography screening, limited access to healthy foods, and the ratio of population to primary care and mental health care providers.

Walsh County is not meeting the national benchmark with respect to excessive drinking, with a rate that is 2½ times the national benchmark. Additionally, the county's motor vehicle crash death rate was more than twice the national benchmark, while the teen birth rate was almost twice the national benchmark.

Results from the survey revealed that among community members the top four community health concerns were: (1) higher costs of health care for consumers, (2) cancer, (3) heart disease, and (4) diabetes. Health care professionals also focused on medical and health conditions, collectively ranking as the top four concerns (1) cancer, (2) obesity, (3) diabetes, and (4) mental health. While health care costs was the most important concern to community members, it was the fifth most important concern to health care professionals. Both community members and health care professionals perceived addiction and substance abuse issues as the sixth most important concern in the community.

Input from Community Group members and community leaders echoed many of the concerns raised by survey respondents, and also highlighted concerns about mental health needs not being met, the costs of health care and insurance hindering access to needed care, having adequate numbers of health care providers and staff in the community, meeting the needs of elderly residents and their caretakers, and addressing addiction and substance abuse issues.

Following careful consideration of the results and findings of this assessment, Community Group members determined that the top health needs or issues in the community are elevated rates of excessive drinking, mental health needs, and substance abuse issues.

Appendix A1 – Community Member Survey Instrument

Center for Rural Health Community Health Needs Assessment
(Community Member Survey)

First Care Health Center in Park River is interested in hearing from you about area health needs. The Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences is administering this survey on behalf of First Care Health Center. This initiative is funded by the N.D. Medicare Rural Hospital Flexibility Program. The focus of the assessment is to:

- Learn about your community's assets
- Learn of your community's awareness of local health care services being provided
- Hear suggestions and help identify any gaps in services
- Determine preferences for using local health care versus traveling to other facilities

Please take a few moments to complete the survey. If you prefer, this survey may be completed electronically by visiting: www.surveymonkey.com/s/fchc . Your responses are anonymous – and you may skip any question you do not want to answer. Your answers will be combined with other responses and reported in aggregate form. If you have questions about the survey, you may contact Ken Hall at the Center for Rural Health, 701.777.6046, kenneth.hall@med.und.edu.

Surveys will be accepted through June 8, 2012. Your opinion matters – thank you in advance!

Community Assets/Best Things about Your Community

Please tell us about your community by choosing the top three options you most agree with in each category (i.e., people, services and resources, quality of life, geographic setting, and activities).

Q1a. Considering the PEOPLE in your community (choose the top THREE):

☐	People are friendly, helpful, supportive	☐	People are tolerant, inclusive, open-minded
☐	Sense of community/feeling connected to people who live here	☐	Sense that you can make a difference – government is accessible
☐	People who live here are aware of/ engaged in social, civic, or political issues	☐	Other (please specify)_____
☐	Community is socially and culturally diverse and/or becoming more diverse		

Q1b. Considering the SERVICES AND RESOURCES in your community (choose the top THREE):

☐	Academic opportunities and institutions (benefits that come from the presence of or proximity to educational opportunities)	☐	Shopping (e.g., close by, good variety, availability of goods)
☐	Quality school systems and other educational institutions and programs for youth	☐	Local restaurants and food
☐	Local access to quality health care	☐	Availability of child daycare
☐	Transportation	☐	Other (please specify)_____ _____

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Q1c. Considering the QUALITY OF LIFE in your community (choose the top THREE):

☐	Safety and safe places to live, little/no crime	☐	Peaceful, calm, quiet environment
☐	Family-friendly environment; good place to raise kids	☐	"Healthy" place to live
☐	Informal, simple, "laidback lifestyle"	☐	Other (please specify)_____

Q1d. Considering the GEOGRAPHIC SETTING of your community (choose the top THREE):

☐	Waterfront, rivers, lakes, and/or beaches	☐	Mix of rural and city areas
☐	General beauty of environment and/or scenery	☐	General proximity to work and activities (e.g., short commute, convenient access)
☐	Relatively small size and scale of community	☐	Climate and seasons
☐	Natural setting: outdoors and nature	☐	Other (please specify)_____
☐	Cleanliness of area (e.g., fresh air, lack of pollution and litter)		

Q1e. Considering the ACTIVITIES in your community (choose the top THREE):

☐	Arts and cultural activities and/or cultural richness of community	☐	Activities for families and youth
☐	Recreational and sports activities (e.g., outdoor recreation, parks, bike paths, exercise/wellness facilities, and other sports and fitness activities)	☐	Hunting and fishing
☐	Community events and festivals	☐	Other (please specify)_____

Q1f. What are other "best things" about your community that are not reflected in the questions above?

_____

_____

Health Care Services

Regarding the following health care services listed on the following pages (i.e., general and acute services, screening and therapy services, and radiology services) please tell us:

a) Whether you are aware of the health care services offered locally by First Care Health Center (FCHC).

b) Whether you have used the health care services at First Care Health Center (FCHC), at another facility, or both.

Q2a. General and acute services

a) Aware of services offered locally at FCHC?			b) Used services at FCHC or used services at another facility? (Check both if applicable.)	
Yes	No	Type of service offered	Used Services at FCHC	Used Services at Another Facility
		Anesthesia services		
		Clinic		
		Emergency room		
		Gastroenterology (digestive system) (visiting specialist)		
		Home health care		
		Hospice		
		Hospital (acute care)		
		Laparoscopic surgery		
		Mental health services		
		Podiatry (foot/ankle) (visiting specialist)		
		Ophthalmology (eye/vision) (visiting specialist)		
		Plastic surgery		
		Social services		
		Surgical services		
		Swing bed and respite care services		
		Telemedicine		

Q2b. Screening/therapy services

a) Aware of services offered locally at FCHC?			b) Used services at FCHC or used services at another facility? (Check both if applicable.)	
Yes	No	Type of service offered	Used Services at FCHC	Used Services at Another Facility
		Cardiac rehab		
		Chemotherapy		
		Diabetic services		
		Drug testing		
		Hearing services		
		Home oxygen service		
		Laboratory services		
		Nutritional services		
		Occupational therapy		
		Physical therapy		
		Respiratory therapy		
		Sleep studies		
		Speech therapy		

Q2c. Radiology services

a) Aware of services offered locally at FCHC?			b) Used services at FCHC or used services at another facility? (Check both if applicable.)	
Yes	No	Type of service offered	Used Services at FCHC	Used Services at Another Facility
		Radiology – CT scan		
		Radiology – DEXA scan (bone density)		
		Radiology – echocardiogram		
		Radiology – general x-ray		
		Radiology – mammography		
		Radiology – MRI		
		Radiology – ultrasound		

Q3. What specific services, if any, do you think First Care Health Center needs to add, and why?

_____

_____

Q4. Regarding the following health care services offered by <u>providers other than FCHC</u> please tell us:

a) Whether you are aware of the health care services offered locally.

b) Whether you have used the health care services locally, out of the area, or both.

a) Aware of services offered locally?			b) Used services locally or used services out of the area? (Check both if applicable.)	
Yes	No	Type of service offered	Used Services Locally	Used Services Out of the Area
		Ambulance		
		Chiropractic services		
		Dental services		
		Optometric services		

SURVEY CONTINUES ON NEXT PAGE.

Delivery of Health Care

Q5. Regarding the delivery of health care in your community, please rank each of the potential health concerns listed below on a scale of 1 to 5, with 1 being less of a concern and 5 being more of a concern:

Health concerns	Less of a concern 1	2	3	4	More of a concern 5
Obesity					
Diabetes					
Cancer					
Mental health (e.g., depression, dementia/Alzheimer)					
Heart disease					
Higher costs of health care for consumers					
Access to needed technology/equipment					
Emergency services (ambulance & 911) available 24/7					
Focus on wellness and prevention of disease					
Distance/transportation to health care facility					
Adequate number of health care providers and specialists					
Not enough health care staff in general					
School nursing					
Emergency preparedness					
Accident/injury prevention					
Addiction/substance abuse					
Family planning/reproductive health					
Suicide prevention					

b) Which concern above is the most important? _____

c) Why is that concern the most important?_____

_____

Q6. Please tell us why you seek health care services at First Care Health Center. (Choose ALL that apply.)

- ☐ Confidentiality
- ☐ Disability access
- ☐ Access to specialist
- ☐ Less costly
- ☐ Proximity
- ☐ Open at convenient times
- ☐ Familiarity with providers
- ☐ They take my insurance
- ☐ They take new patients
- ☐ Transportation is readily available
- ☐ Convenience
- ☐ High quality of care
- ☐ Loyalty to local service providers
- ☐ Other: (Please specify)_____

Q7. Please tell us why you seek health care services at another health care facility. (Choose ALL that apply.)

- ☐ Confidentiality
- ☐ Disability access
- ☐ Provides necessary specialists
- ☐ Less costly
- ☐ Open at convenient times
- ☐ They take many types of insurance
- ☐ They take new patients
- ☐ Transportation is readily available
- ☐ High quality of care
- ☐ Other: (Please specify)_____

Q8. What would help to address the reasons why you do not seek health care services in the Park River area? (Choose ALL that apply.)

- ☐ Confidentiality
- ☐ Evening or weekend hours
- ☐ Interpretive services
- ☐ Adequate training of providers/staff
- ☐ Telehealth (patients seen by providers at another facility through a monitor/TV screen)
- ☐ More doctors
- ☐ More specialists
- ☐ Transportation services
- ☐ Collaboration between competing providers
- ☐ Other: (Please specify)_____

Q9. How long does it take you to reach the nearest clinic?

- ☐ Less than 10 minutes
- ☐ 10 to 30 minutes
- ☐ 31 to 60 minutes
- ☐ More than 1 hour

Q10. How long does it take you to reach First Care Health Center in Park River?

- ☐ Less than 10 minutes
- ☐ 10 to 30 minutes
- ☐ 31 to 60 minutes
- ☐ More than 1 hour

Q11. Do you believe that First Care Health Center could improve its collaboration with:

	Yes	No. It's fine as it is.	Don't know
a) Local job/economic development	☐	☐	☐
b) School	☐	☐	☐
c) Business and industry	☐	☐	☐
d) Hospitals in other cities	☐	☐	☐
e) Other local health providers	☐	☐	☐
f) Public Health	☐	☐	☐

Demographic Information

Please tell us about yourself.

Q12. Listed below are some general health conditions/diseases. Please select all that apply to you.

- ☐ Arthritis
- ☐ Asthma/COPD
- ☐ Cancer
- ☐ Chronic pain
- ☐ Dementia
- ☐ Depression, stress, etc.
- ☐ Muscles or bones (e.g., back problems, broken bones)
- ☐ Diabetes
- ☐ Heart conditions (e.g., congestive heart failure)
- ☐ High cholesterol
- ☐ Hypertension
- ☐ OB/Gyn related
- ☐ Weight control

Q13. Insurance status. (Choose all that apply.)

- ☐ Insurance through employer
- ☐ Private insurance
- ☐ Tribal insurance
- ☐ Indian Health Services
- ☐ Medicare
- ☐ Medicaid
- ☐ Veteran's Health Care Benefits
- ☐ Uninsured/underinsured
- ☐ Other

Q14. Age:
- ☐ Less than 25 years
- ☐ 25 to 34 years
- ☐ 35 to 44 years
- ☐ 45 to 54 years
- ☐ 55 to 64 years
- ☐ 65 to 74 years
- ☐ 75 years and older

Q15. Years lived in your community:
- ☐ Less than 3 years
- ☐ 3 to 9 years
- ☐ 10 to 20 years
- ☐ More than 20 years

Q16. Highest level of education:
- ☐ Some high school
- ☐ High school diploma or GED
- ☐ Some college/technical degree
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Graduate or professional degree

Q17. Gender:
- ☐ Female
- ☐ Male

Q18. Marital status:
- ☐ Divorced/separated
- ☐ Married
- ☐ Single/never married
- ☐ Widowed

Q19. Employment status:
- ☐ Full time
- ☐ Part time
- ☐ Homemaker
- ☐ Multiple job holder
- ☐ Unemployed
- ☐ Retired

Q20. Annual household income before taxes:
- ☐ $0 to $14,999
- ☐ $15,000 to $24,999
- ☐ $25,000 to $34,999
- ☐ $35,000 to $49,999
- ☐ $50,000 to $74,999
- ☐ $75,000 to $99,999
- ☐ $100,000 to $149,999
- ☐ $150,000 to $199,999
- ☐ $200,000 and over
- ☐ Prefer not to answer

Q21. Your zip code: _____

Q22. Overall, please share concerns and suggestions to improve the delivery of local health care.

Thank you for assisting us with this important survey!

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Appendix A2 – Health Care Professional Survey Instrument

Park River Area Health Needs Survey - Health Care Professionals

Community Assets/Best Things about Your Community

As you may know, First Care Health Center is in the process of conducting a community health needs assessment. Community members and health care professionals are being asked to complete a survey. The Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences is administering this survey on behalf of First Care Health Center. This initiative is funded by the N.D. Medicare Rural Hospital Flexibility Program. The focus of the assessment is to:

- Learn about the community's assets
- Learn of the community's awareness and use of local health care services
- Hear suggestions and help identify any gaps in services (now and in the future)
- Determine preferences for using local health care versus traveling to other facilities

Please take a few moments to complete the survey. The survey has 20 QUESTIONS on 3 PAGES.

Your responses are anonymous – and you may skip any question you do not want to answer. Your answers will be combined with other responses and reported in aggregate form. If you have questions about the survey, you may contact Marlene Miller, Associate Director at the Center for Rural Health, 701.777.4499, marlene.miller@med.und.edu.

1. Considering the PEOPLE in your community, the best things are (choose the top THREE):

- ☐ People are friendly, helpful, supportive
- ☐ Sense of community/feeling connected to people who live here
- ☐ People who live here are aware of/engaged in social, civic, or political issues
- ☐ Community is socially and culturally diverse and/or becoming more diverse
- ☐ People are tolerant, inclusive, open-minded
- ☐ Sense that you can make a difference – government is accessible
- ☐ Other (please specify in the box below)

2. Considering the SERVICES AND RESOURCES in your community, the best things are (choose the top THREE):

- ☐ Academic opportunities and institutions (benefits that come from the presence of or proximity to educational opportunities)
- ☐ Quality school systems and other educational institutions and programs for youth
- ☐ Local access to quality health care
- ☐ Transportation
- ☐ Other (please specify in the box below)
- ☐ Shopping (e.g., close by, good variety, availability of goods)
- ☐ Local restaurants and food
- ☐ Availability of child daycare

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Park River Area Health Needs Survey - Health Care Professionals

3. Considering the QUALITY OF LIFE in your community, the best things are (choose the top THREE):

- ☐ Safety and safe places to live, little/no crime
- ☐ Peaceful, calm, quiet environment
- ☐ Family-friendly environment; good place to raise kids
- ☐ "Healthy" place to live
- ☐ Informal, simple, "laidback lifestyle"
- ☐ Other (please specify in the box below)

4. Considering the GEOGRAPHIC SETTING of your community, the best things are (choose the top THREE):

- ☐ Waterfront, rivers, lakes, and/or beaches
- ☐ Cleanliness of area (e.g., fresh air, lack of pollution and litter)
- ☐ General beauty of environment and/or scenery
- ☐ Mix of rural and city areas
- ☐ Relatively small size and scale of community
- ☐ General proximity to work and activities (e.g., short commute, convenient access)
- ☐ Natural setting: outdoors and nature
- ☐ Climate and seasons
- ☐ Other (please specify in the box below)

5. Considering the ACTIVITIES in your community, the best things are (choose the top THREE):

- ☐ Arts and cultural activities and/or cultural richness of community
- ☐ Activities for families and youth
- ☐ Recreational and sports activities (e.g., outdoor recreation, parks, bike paths, exercise/wellness facilities, and other sports and fitness activities)
- ☐ Hunting and fishing
- ☐ Community events and festivals
- ☐ Other (please specify in the box below)

6. What are other "best things" about your community that are not reflected in the questions above?

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Park River Area Health Needs Survey - Health Care Professionals

Delivery of Health Care

7. Regarding the delivery of health care IN YOUR COMMUNITY, please rank each of the potential health concerns listed below on a scale of 1 to 5, with 1 being less important and 5 being more important:

	1 - Less important	2	3	4	5 - More important
Obesity	◯	◯	◯	◯	◯
Diabetes	◯	◯	◯	◯	◯
Cancer	◯	◯	◯	◯	◯
Mental health (e.g., depression, dementia/Alzheimer's)	◯	◯	◯	◯	◯
Heart disease	◯	◯	◯	◯	◯
Higher cost of health care for consumers	◯	◯	◯	◯	◯
Emergency services (ambulance & 911) available 24/7	◯	◯	◯	◯	◯
Focus on wellness and prevention of disease	◯	◯	◯	◯	◯
Distance/transportation to health care facility	◯	◯	◯	◯	◯
Adequate number of health care providers and specialists	◯	◯	◯	◯	◯
Not enough health care staff in general	◯	◯	◯	◯	◯
Not enough volunteers for medical and fire emergencies	◯	◯	◯	◯	◯
School nursing/health	◯	◯	◯	◯	◯
Accident/injury prevention	◯	◯	◯	◯	◯
Addiction/substance abuse	◯	◯	◯	◯	◯
Family planning/reproductive health	◯	◯	◯	◯	◯
Suicide prevention	◯	◯	◯	◯	◯

Which concern is the most important, and why?

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Park River Area Health Needs Survey - Health Care Professionals

8. Please tell us why you think patients seek services AT FIRST CARE HEALTH CENTER. (Choose ALL that apply.)

- ☐ Confidentiality
- ☐ Disability access
- ☐ Access to specialist
- ☐ Less costly
- ☐ Proximity
- ☐ Open at convenient times
- ☐ Familiarity with providers
- ☐ We take their insurance
- ☐ We take new patients
- ☐ Transportation is readily available
- ☐ Convenience
- ☐ High quality of care
- ☐ Loyalty to local service providers
- ☐ Other (please specify in the box below)

9. Please tell us why you think patients seek services AT ANOTHER HEALTH CARE FACILITY. (Choose ALL that apply.)

- ☐ Confidentiality
- ☐ Disability access
- ☐ Provides necessary specialists
- ☐ Less costly
- ☐ Open at convenient times
- ☐ Other (please specify in the box below)
- ☐ Takes many types of insurance
- ☐ Takes new patients
- ☐ Transportation is provided
- ☐ High quality of care

Park River Area Health Needs Survey - Health Care Professionals

10. What would help to address the reasons why patients do not seek health care services at First Care Health Center? (Choose ALL that apply.)

- ☐ Confidentiality
- ☐ Evening or weekend hours
- ☐ Interpretive services
- ☐ Adequate training of staff
- ☐ Telehealth (patients seen by providers at another facility through a monitor/TV screen)
- ☐ More doctors
- ☐ More specialists
- ☐ Transportation services
- ☐ Collaboration between competing health providers
- ☐ Other (please specify in the box below)

11. What specific services, if any, do you think First Care Health Center needs to add, and why?

12. Do you seek health care services outside of the area? If so, why?

13. Do you believe that First Care Health Center could improve its collaboration with:

	Yes	No, it's fine as it is	Don't know
Local job/economic development	◯	◯	◯
School	◯	◯	◯
Business and industry	◯	◯	◯
Hospitals in other cities	◯	◯	◯
Other local health providers	◯	◯	◯
Public Health	◯	◯	◯

Park River Area Health Needs Survey - Health Care Professionals

Demographic Information

Please tell us about yourself.

14. Age:

- ◯ Less than 25 years
- ◯ 25 to 34 years
- ◯ 35 to 44 years
- ◯ 45 to 54 years
- ◯ 55 to 64 years
- ◯ 65 years and older

15. Years lived in your community:

- ◯ Less than 3 years
- ◯ 3 to 9 years
- ◯ 10 to 20 years
- ◯ More than 20 years

16. Highest level of education:

- ◯ Some high school
- ◯ High school diploma or GED
- ◯ Some college/technical degree
- ◯ Associate's degree
- ◯ Bachelor's degree
- ◯ Graduate or Professional degree

17. Gender:

- ◯ Female
- ◯ Male

18. Profession:

- ◯ Clerical
- ◯ Health care administration
- ◯ Allied health professional
- ◯ Environmental services
- ◯ Nurse
- ◯ Physician
- ◯ Physician's Assistant/Nurse Practitioner
- ◯ CNA/Other assistant

Other (please specify)

19. How long have you been employed or in practice in the area?

- ◯ Less than 5 years
- ◯ 5 to 10 years
- ◯ More than 10 years

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Park River Area Health Needs Survey - Health Care Professionals

20. Overall, please share concerns and suggestions to improve the delivery of local health care.

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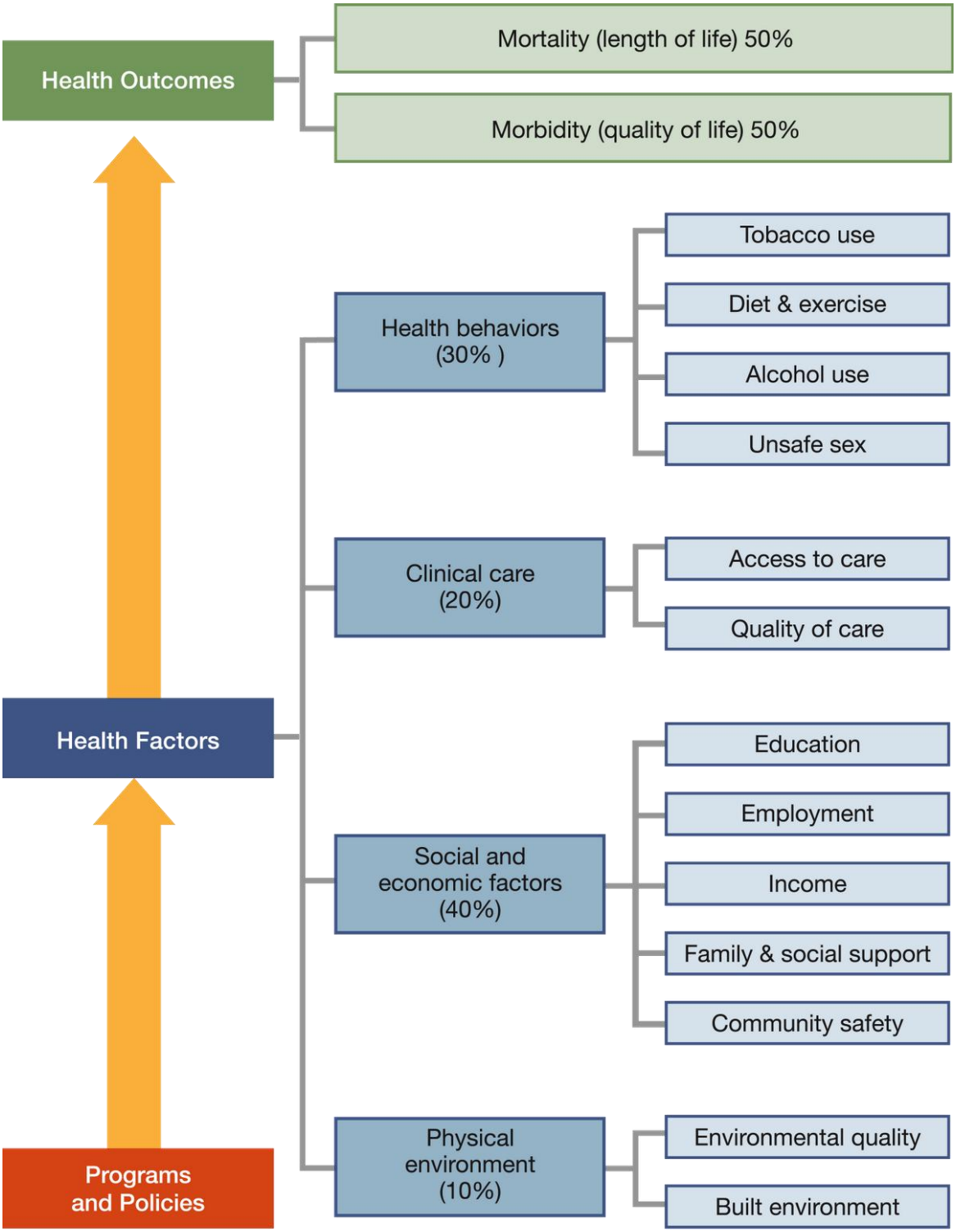
Appendix B – Community Group Members and Key Informants

NAME	ORGANIZATION	TITLE
Bradley Brummond	Walsh County Extension	Extension Agent
Lara Carlson	Park River Implement	Administrative Assistant
Louise Dryburgh	First Care Health Center	CEO
Bernice Flanagan	General store	Owner
Barbara Greicar		(Retired)
Jeff Johnson	Our Savior's Lutheran Church	Pastor
Wanda Kratochvil	Walsh County Public Health	Administrator, Director of Nursing
Jaime Mattson	Migrant Health Services	Nurse Practitioner
Brenda Nilson	Park River Elementary School	Principal
Allison Olimb	Park River Press	Editor
Alyson Olson	Borg Pioneer Memorial Home	Administrator
Karen O'Neil		(Retired)
Gary W. Paulson	First United Bank	Director
Joyce Torgerson		(Retired)
Lucille Ward	SeniorMeal	Site manager
Cheryl Welch	Welch's Bakery	Owner

Appendix C – County Health Rankings Model



County Health Rankings model ©2010 UWPHI

Appendix D – Definitions of Health Variables

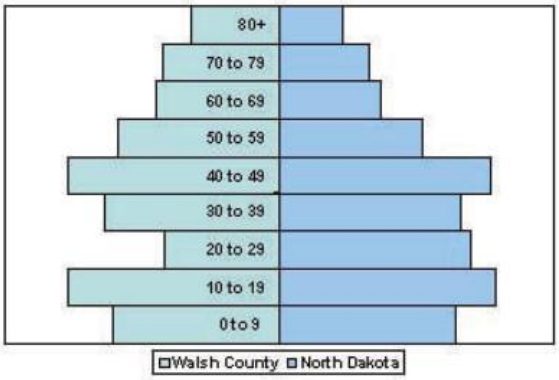
Definitions of Health Variables from the *County Health Rankings 2011 Report*

Variable	Definition
Poor or Fair Health	Self-reported health status based on survey responses to the question: "In general, would you say that your health is excellent, very good, good, fair, or poor?"
Poor Physical Health Days (in past 30 days)	Estimate based on responses to the question: "Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?"
Poor Mental Health Days (in past 30 days)	Estimate based on responses to the question: "Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?"
Adult Smoking	Percent of adults that report smoking equal to, or greater than, 100 cigarettes and are currently a smoker
Adult Obesity	Percent of adults that report a BMI greater than, or equal to, 30
Excessive Drinking	Percent of as individuals that report binge drinking in the past 30 days (more than 4 drinks on one occasion for women, more than 5 for men) or heavy drinking (defined as more than 1 (women) or 2 (men) drinks per day on average
Sexually Transmitted Infections	Chlamydia rate per 100,000 population
Teen Birth Rate	Birth rate per 1,000 female population, ages 15-19
Uninsured Adults	Percent of population under age 65 without health insurance
Preventable Hospital Stays	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees
Mammography Screening	Percent of female Medicare enrollees that receive mammography screening
Access to Healthy Foods	Healthy food outlets include grocery stores and produce stands/farmers' markets
Access to Recreational Facilities	Rate of recreational facilities per 100,000 population
Diabetics	Percent of adults aged 20 and above with diagnosed diabetes
Physical Inactivity	Percent of adults aged 20 and over that report no leisure time physical activity
Primary Care Provider Ratio	Ratio of population to primary care providers
Mental Health Care Provider Ratio	Ratio of population to mental health care providers
Diabetic Screening	Percent of diabetic Medicare enrollees that receive HbA1c screening.
Binge Drinking	Percent of adults that report binge drinking in the last 30 days. Binge drinking is consuming more than 4 (women) or 5 (men) alcoholic drinks on one occasion.

Walsh County Community Health Profile

POPULATION

Population by Age Group				
Age Group	Walsh County		North Dakota	
	Number	Percent	Number	Percent
0-9	1495	12.1%	82,382	12.8%
10-19	1906	15.4%	101,082	15.7%
20-29	1044	8.4%	89,295	13.9%
30-39	1579	12.7%	85,086	13.2%
40-49	1944	15.7%	98,449	15.3%
50-59	1465	11.8%	66,921	10.4%
60-69	1116	9.0%	47,649	7.4%
70-79	1048	8.5%	41,844	6.5%
80+	792	6.4%	29,492	4.6%
Total	12389	100.0%	642,200	100.0%
0-17	3091	24.9%	160,849	25.0%
65+	2390	19.3%	94,478	14.7%



Female Population and Percentage Female by Age				
Age Group	Walsh County		North Dakota	
	Number	Percent	Number	Percent
0-9	737	49.3%	40,200	48.8%
10-19	875	45.9%	48,823	48.3%
20-29	498	47.7%	42,196	47.3%
30-39	763	48.3%	41,884	49.2%
40-49	932	47.9%	48,521	49.3%
50-59	708	48.3%	32,799	49.0%
60-69	578	51.8%	24,937	52.3%
70-79	580	55.3%	23,106	55.2%
80+	522	65.9%	19,210	65.1%
Total	6193	50.0%	321,676	50.1%

Population Change 1990 to 2000 Census		
Census	Walsh County	North Dakota
1990	13,840	638,800
2000	12,389	642,200
Change	-10.5%	0.5%

Race, 2000 Census				
	Walsh County		North Dakota	
Race	Number	Percentage	Number	Percentage
Total	12389	100.0%	642,200	100.0%
White	11752	94.9%	593,181	92.4%
Black	41	0.3%	3,916	0.6%
Am.Indian	126	1.0%	31,329	4.9%
Asian	24	0.2%	3,606	0.6%
Pac. Islander	2	0.0%	230	0.0%
Other	311	2.5%	2,540	0.4%
Multirace	133	1.1%	7,398	1.2%

Walsh County Community Health Profile

POPULATION

Household Populations	Walsh County		North Dakota	
	Number	Percent	Number	Percent
Total	12389	100.0%	642,000	100.0%
In Family Households	10,121	81.7%	507,581	79.1%
In Non-Family Households	1,886	15.2%	110,988	17.3%
Total In Households	12,007	96.9%	618,569	96.4%
Institutionalized	202	1.6%	9,688	1.5%
Non-Institutionalized	180	1.5%	13,943	2.2%
Total in Group Quarters	382	3.1%	23,631	3.7%

Educational Attainment Among Persons 25+	Walsh County		North Dakota	
Education	Number	Percent	Number	Percent
No schooling completed	135	1.6%	1605	0.4%
No High School	1072	12.6%	34053	8.3%
Some High School	788	9.2%	30326	7.4%
High school or GRE	2736	32.1%	113931	27.9%
Some College	2666	31.3%	138855	34.0%
Bachelor's degree	931	10.9%	67551	16.5%
Post Graduate Degree	202	2.4%	22292	5.5%

Persons Age 5 and Older with Disabilty (Non-Institutionalized)	Walsh County		North Dakota	
Group	Number	Percent	Number	Percent
Total	11,474	100.0%	586,289	100.0%
No Disability	9,131	79.6%	488,472	83.3%
Any Disability	2,343	20.4%	97,817	16.7%
Self Care Disability	401	3.5%	11,011	1.9%
5-15 with any disability	121	6.4%	5,586	5.6%
16-64 with any disabilty	1,354	18.4%	58,630	14.7%
65+ with any disability	838	37.6%	33,601	38.5%

Income and Poverty Status by Age Group	Walsh County		North Dakota	
Median Household Income	$33,845		$34,604	
Per Capita Income	$16,496		$16,227	
	Number	Percent	Number	Percent
Below Poverty Level	1331	10.9%	73,457	11.9%
Under 5 years	113	16.1%	6,784	17.6%
5 to 11 years	155	14.0%	8,666	14.3%
12 to 17 years	116	9.3%	6,713	11.3%
18 to 64 years	752	10.9%	41,568	11.1%
65 to 74 years	83	7.4%	3,797	8.4%
75 years and over	112	10.2%	5,929	14.1%

Walsh County Community Health Profile

POPULATION

Family Poverty and Childhood and Elderly Poverty*,1999	Walsh County		North Dakota	
	Number	Percent	Number	Percent
Total Families	3317		166,963	
Families in Poverty	254	7.7%	13,890	8.3%
Families with Own Children	1589		83,678	
Families with Own Children in Poverty	188	11.8%	10,043	12.0%
Families with Own Children and Female Parent Only	236		13,971	
Families with Own Children and Female Parent Only in Poverty	105	44.5%	5,402	38.7%
Total Known Children in Poverty	384	14.8%	22,163	13.8%
Total Known Age 65+ in Poverty	204	9.1%	9,726	10.2%

Age of Housing	Walsh County		North Dakota	
	Number	Percent	Number	Percent
Housing units: Total	5,757	100.0%	289,677	100.0%
1980 and Later	775	13.5%	76,239	26.3%
1970 to 1979	1,267	22.0%	68,376	23.6%
Prior to 1970	3,715	64.5%	145,062	50.1%

Walsh County Community Health Profile

Vital Statistics Data

BIRTHS AND DEATHS

Births, 2004-2008	Walsh County		North Dakota	
	Number	Rate	Number	Rate
Live Births and Rate	676	11	42925	13
Pregnancies and Rate	729	12	47350	15
Fertility Rate		62		63
Teen Births and Rate	74	18	3306	17
Teen Pregnancies and Rate	84	22	4097	21
Out of Wedlock Births and Ratio	253	374	13743	320
Out of Wedlock Pregnancies and Ratio	275	377	16862	356
Low Birth Weight Birth and Ratio	42	62	2823	66

Child Deaths, 2004-2008	Walsh County		North Dakota	
	Number	Rate	Number	Rate
Infant Deaths	*	5.9	261	6.1
Child and Adolescent Deaths	5	31	290	33
Total Deaths	743	1199	28490	887

Deaths and Age Adjusted Death Rate by Cause, 2004-2008	Walsh County	North Dakota
	Number (Adj. Rate)	Number (Adj. Rate)
All Causes	743 (778)	28,494 (739)
Heart Disease	237 (230)	7,327 (183)
Cancer	148 (162)	6,573 (180)
Stroke	47 (47)	1,872 (45)
Alzheimers Disease	31 (27)	1,679 (38)
COPD	30 (30)	1,449 (37)
Unintentional Injury	29 (41)	1,477 (42)
Diabetes Mellitus	24 (24)	1,059 (28)
Pneumonia and Influenza	28 (26)	760 (18)
Cirrhosis	7 (9)	295 (9)
Suicide	6 (11)	433 (13)

Adj. Rate = Age Adjusted Rate; *= fewer than 5 deaths

Walsh County Community Health Profile

Vital Statistics Data

BIRTHS AND DEATHS

Leading Causes of Death by Age Group for Walsh County, 2004-2008			
Age	1	2	3
0-4	Prematurity	Pregnancy Comp Unintentional Injury	
5-14	Unintentional Injury		
15-24	Unintentional Injury	Suicide Cancer	
25-34	Unintentional Injury	Suicide	Heart Disease Stroke
35-44	Unintentional Injury	Cancer Heart Disease	Cirrhosis Stroke
45-54	Cancer 8	Heart Disease	Suicide
55-64	Cancer 24	Heart Disease 10	Unintentional Injury
65-74	Heart Disease 28	Cancer 26	Stroke 7
75-84	Heart Disease 71	Cancer 43	Pneumonia/Influenza 13
85+	Heart Disease 121	Cancer 44	Stroke 25

Walsh County Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 2002-2008

	ALCOHOL	Walsh County	North Dakota
Binge Drinking	Respondents who reported binge drinking (5 drinks for men, 4 drinks for women) one or more times in the past 30 days.	18.8 (14.0-23.5)	21.2 (20.5-21.9)
Heavy Drinking	Respondents who reported heavy drinking (more than 2 drinks per day for men, more than 1 drink per day for women) during the past 30 days	4.9 (2.5- 7.3)	5.1 (4.7- 5.5)
Drunk Driving	Respondents who reported driving when they had too much to drink one or more times during the past 30 days	3.1 (0.1- 6.2)	5.5 (4.9- 6.1)
Chronic Joint Symptoms	Respondents who reported pain, aching of stiff in a joint during the past 30 days which started more than 3 months ago	41.0 (33.5-48.4)	35.3 (34.4-36.2)
Activity Limitation Due to Arthritis	Respondents who reported being limited in any usual activities because of arthritis or joint symptoms.	13.1 (8.5-17.6)	10.9 (10.4-11.5)
Doctor Diagnosed Arthritis	Respondents who reported ever have been told by a doctor or other health professional that they had some form or arthritis.	29.4 (22.8-36.0)	27.2 (26.3-28.0)
	ASTHMA		
Ever Asthma	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had asthma.	6.6 (3.7- 9.5)	10.8 (10.3-11.3)
Current Asthma	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had asthma and who still have asthma.	4.5 (2.5- 6.5)	7.4 (7.0- 7.8)
	BODY WEIGHT		
Overweight But Not Obese	Respondents with a body mass index greater than or equal to 25 but less than 30	45.8 (40.1-51.5)	38.7 (38.0-39.5)
Obese	Respondents with a body mass index greater than or equal to 30	23.0 (18.2-27.9)	25.4 (24.7-26.0)
Overweight or Obese	Respondents with a body mass index greater than or equal to 25	68.9 (63.3-74.4)	64.1 (63.3-64.8)
	CARDIOVASCULAR		
Heart Attack	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had a heart attack.	5.1 (2.8- 7.4)	4.1 (3.9- 4.4)
Angina	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had angina.	6.5 (4.0- 9.1)	4.1 (3.8- 4.4)
Stroke	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had a stroke.	2.0 (0.3- 3.7)	2.1 (1.9- 2.3)
Cardiovascular Disease	Respondents who reported ever having been told by a doctor, nurse or other health care professional that they had any of the following: heart attack, angina or stroke.	9.8 (6.6-13.1)	7.4 (7.1- 7.8)

Walsh County Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 2002-2008

	CHOLESTEROL	Walsh County	North Dakota
Never Cholesterol Test	Respondents who reported never having a cholesterol test	20.3 (13.4-27.3)	23.5 (22.5-24.5)
No Cholesterol Test in Past 5 Years	Respondents who reported not having a cholesterol test in the past five years	24.9 (17.7-32.1)	29.0 (28.0-30.0)
High Cholesterol	Respondents who reported that they had ever been told by a doctor, nurse or other health professional that they had high cholesterol.	34.6 (26.8-42.5)	34.9 (33.9-35.8)
	COLORECTAL CANCER		
Fecal Occult Blood	Respondents age 50 and older who reported not having a fecal occult blood test in the past two years.	75.4 (65.7-85.1)	77.7 (76.4-79.0)
Never Sigmoidoscopy	Respondents age 50 and older who reported never having had a sigmoidoscopy or colonoscopy	39.7 (30.7-48.7)	43.9 (42.5-45.2)
No Sigmoidoscopy in Past 5 Years	Respondents age 50 and older who reported not having a sigmoidoscopy or colonoscopy in the past five years.	55.1 (46.5-63.8)	55.4 (54.2-56.7)
	DIABETES		
Diabetes Diagnosis	Respondents who reported ever having been told by a doctor that they had diabetes.	6.8 (4.3- 9.3)	6.6 (6.2- 7.0)
	FRUITS AND VEGETABLES		
Five Fruits and Vegetables	Respondents who reported that they do not usually eat 5 fruits and vegetables per day	78.8 (72.7-85.0)	78.6 (77.8-79.4)
	GENERAL HEALTH		
Fair or Poor Health	Respondents who reported that their general health was fair or poor	15.2 (11.5-18.9)	12.6 (12.2-13.1)
Poor physical Health	Respondents who reported they had 8 or more days in the last 30 when their physical health was not good	11.7 (8.1-15.4)	10.3 (9.9-10.8)
Poor Mental Health	Respondents who reported they had 8 or more days in the last 30 when their mental health was not good	7.7 (5.0-10.5)	9.6 (9.1-10.1)
Activity Limitation Due to Poor Health	Respondents who reported they had 8 or more days in the last 30 when poor physical or mental health kept them from doing their usual activities.	6.1 (3.7- 8.6)	5.6 (5.3- 6.0)
Any Activity Limitation	Respondents who reported being limited in any way due to physical, mental or emotional problem.	13.8 (10.4-17.1)	15.7 (15.2-16.2)
	HEALTH CARE ACCESS		
Health Insurance	Respondents who reported not having any form or health care coverage	10.4 (6.7-14.1)	11.5 (11.0-12.1)
Access Limited by Cost	Respondents who reported needing to see a doctor during the past 12 months but could not due to cost.	5.5 (3.0- 8.1)	6.9 (6.5- 7.3)
No Personal Provider	Respondents who reported that they did not have one person they consider to be their personal doctor or health care provider.	12.9 (8.6-17.3)	23.6 (22.9-24.3)

Walsh County Community Health Profile

ADULT BEHAVIORAL RISK FACTORS, 2002-2008

	HYPERTENSION	Walsh County	North Dakota
High Blood Pressure	Respondents who reported ever having been told by a doctor, nurse or other health professional that they had high blood pressure.	26.1 (20.3-31.9)	24.6 (23.8-25.4)
	IMMUNIZATION		
Influenza Vaccine	Respondents age 65 and older who reported that they did not have a flu shot in the past year	28.1 (19.7-36.5)	27.4 (26.2-28.6)
Pneumococcal Vaccine	Respondents age 65 or older who reported never having had a pneumonia shot.	30.6 (22.2-39.0)	29.4 (28.2-30.7)
	INJURY		
Fall	Respondents 45 years and older who reported that they had fallen in the past 3 months	16.9 (8.9-24.9)	14.9 (14.0-15.9)
Seat Belt	Respondents who reported not always wearing their seatbelt	58.8 (50.7-66.8)	43.3 (42.2-44.5)
	ORAL HEALTH		
Dental Visit	Respondents who reported that they have not had a dental visit in the past year	29.1 (22.7-35.6)	29.7 (28.8-30.6)
Tooth Loss	Respondents who reported they had lost 6 or more permanent teeth due to gum disease or decay.	20.1 (15.0-25.2)	16.3 (15.7-17.0)
	PHYSICAL ACTIVITY		
Recommend Physical Activity	Respondents who reported that they did not get the recommended amount of physical activity	49.3 (41.5-57.0)	40.2 (39.2-41.2)
No Leisure Physical Activity	Respondents who reported that they participated in no leisure time physical activity	10.1 (5.8-14.4)	6.9 (6.4- 7.5)
	TOBACCO		
Current Smoking	Respondents who reported that they smoked every day or some days	19.3 (15.0-23.5)	20.1 (19.5-20.7)
	PROSTATE CANCER		
PSA Testing	Men age 40 and older who reported that they have not had a PSA test in the past two years	NA	49.5 (47.8-51.1)
	WOMEN'S HEALTH		
Pap Smear	Women 18 and older who reported that they have not had a pap smear in the past three years	17.3 (8.0-26.7)	13.3 (12.3-14.3)
Mammogram Age 40+	Women 40 and older who reported that they have not had a mammogram in the past two years	25.8 (16.7-34.9)	24.2 (23.0-25.3)

Walsh County Community Health Profile

CRIME

Walsh County							
	2004	2005	2006	2007	2008	5 year	5-Year Rate
Murder	1	0	0	0	0	1	1.7
Rape	1	2	3	1	4	11	19.0
Robbery	0	1	0	1	0	2	3.5
Assualt	13	3	6	8	7	37	63.8
Violent crime	15	6	9	10	11	51	88.0
Burglary	56	48	47	33	90	274	472.7
Larceny	207	179	190	126	163	865	1492.4
Motor vehicle theft	30	20	33	20	23	126	217.4
Property crime	293	247	270	179	276	1,265	2182.5
Total	308	253	279	189	287	1,316	2270.5

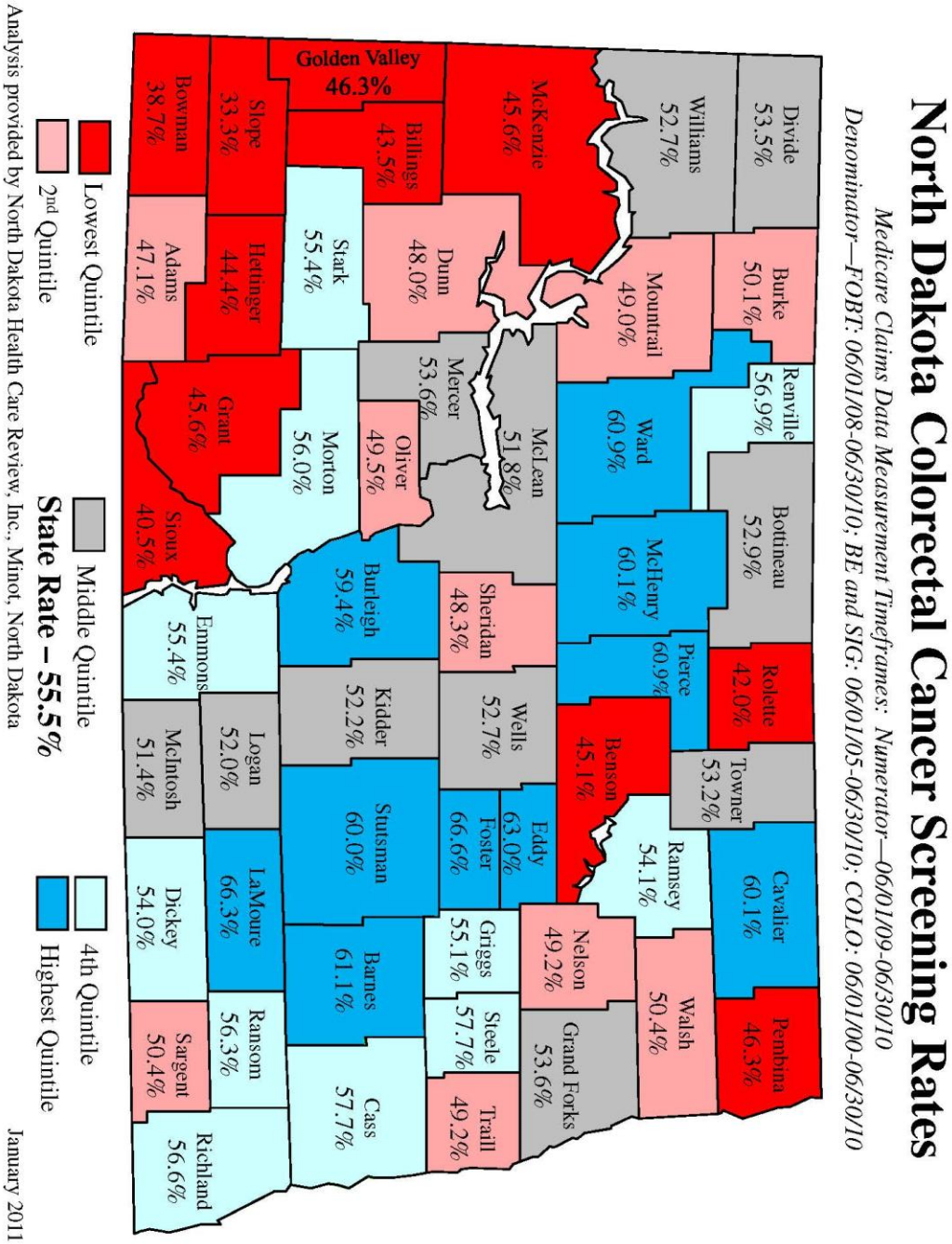
North Dakota							
	2004	2005	2006	2007	2008	5 year	5-Year Rate
Murder	10	13	8	16	4	51	1.6
Rape	157	146	184	202	222	911	28.4
Robbery	42	45	69	68	71	295	9.2
Assualt	319	396	525	599	738	2,577	80.3
Violent crime	528	600	786	885	1,035	3,834	119.5
Burglary	1,855	1,884	2,364	2,096	2,035	10,234	319.1
Larceny	8,832	9,081	8,884	8,672	8,926	44,395	1384.1
Motor vehicle theft	858	998	966	878	854	4,554	142.0
Property crime	11,545	11,963	12,214	11,646	11,815	59,183	1845.1
Total	12,073	12,563	13,000	12,531	12,850	63,017	1964.7

Walsh County Community Health Profile

CHILD HEALTH INDICATORS

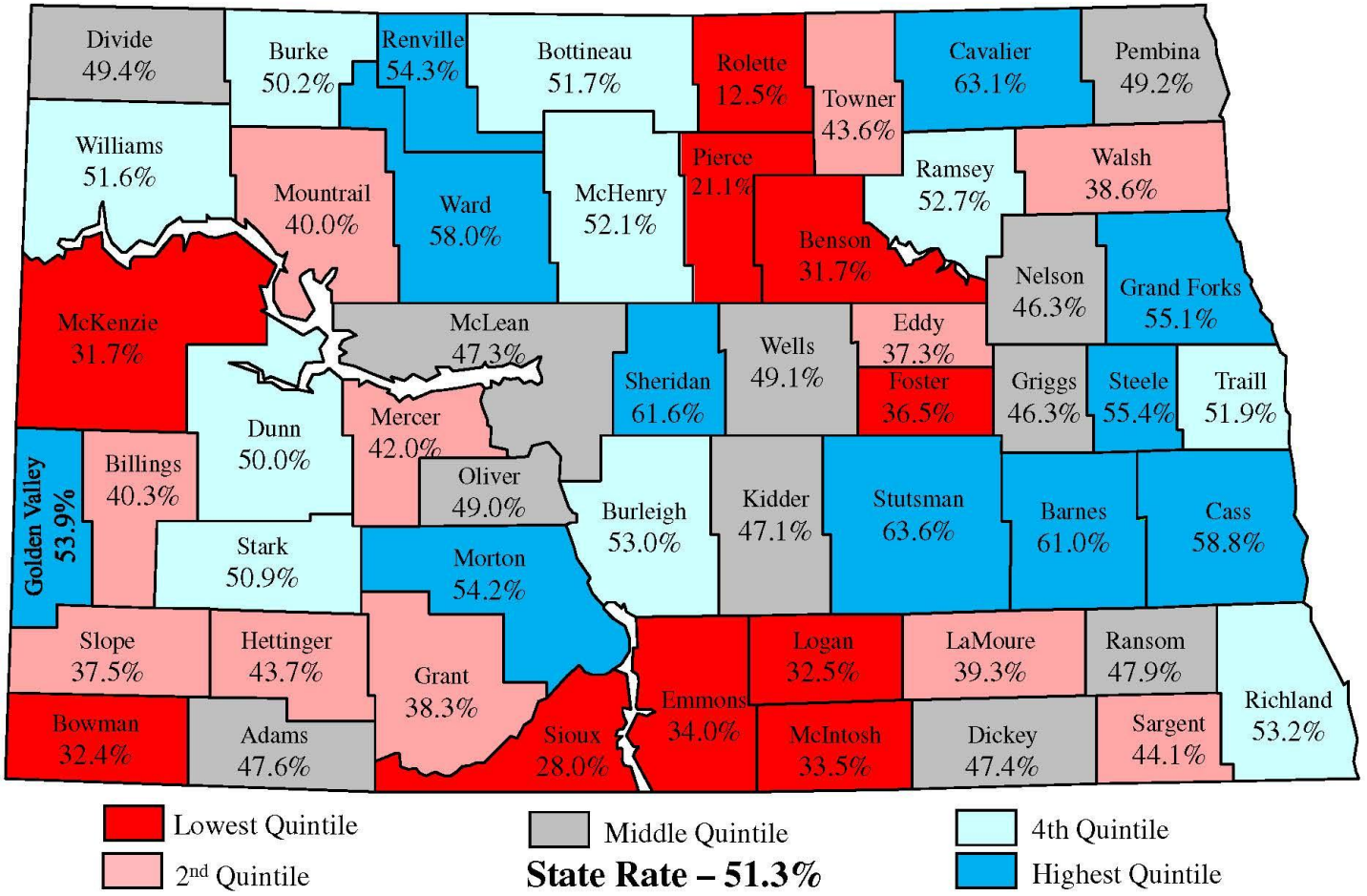
Child Indicators: Education 2008	Walsh County	North Dakota
Children Ages 3 and 4 Enrolled in Head Start (Percent of all children Head Start eligible)	34 (61)	2,607(65)
Enrolled in Special Education Ages 3-21 (Number and percent of total school enrollment)	286 (16)	13,278(14)
Speech or Language Impaired Children in Special Education (Percent of all special education children)	103 (36)	3,644 (27)
Mentally Handicapped Children in Special Education (Percentage of total special education children)	16 (5.6)	860 (6.5)
Children with Specific Learning Disability in Special Education (Percentage of total special education children)	91 (32)	4,224 (32)
High School Dropouts (Dropouts per 1000 persons Grades 9-12)	14 (2.4)	791 (2.4)
Average ACT Composite Score	21.1	21.5
Average Expenditure per Student in Public School	$7,313	$8,096
Child Indicators: Economic Health 2008	**Walsh County**	**North Dakota**
TANF Recipients Ages 0-19 (Percent of persons ages 0-19)	90 (3.4)	7,532 (4.5)
Food Stamp Recipients Ages 0-19 (Percent of all children ages 0-19)	715 (28)	31,380 (20)
Children Receiving Free and Reduced Price Lunches (Percent of total school enrollment	694 (37)	32,445 (32)
Medicaid Recipients Ages 0-20 (Percent of all persons ages 0-20)	878 (31)	41,376 (23)
Median Income for Families with Children Ages 0-17 (Percent of all women with children ages 0-17)*	$42,241	$44,640
Children Ages 0-17 Living in Extreme Poverty (Percent of children 0-17 for whom poverty is determined)*	166 (5.4)	11,000 (8)
* Year 2000 data		
Child Indicators: Families and Child Care 2008	**Walsh County**	**North Dakota**
Child Care Providers - All Approved Categories	37	3,353
Child Care Capacity	436	43,213
Mothers with a Child Ages 0-17 in Labor Force (Percent of all mothers with a child ages 0-17)*	1,245 (84)	63,085 (81)
Children Ages 0-17 Living in a Single Parent Family (Percent of all children ages 0-17)*	563 (18)	30,695 (18)
Children in Foster Care (Percent of children ages 0-18)	36 (1.4)	2,134 (1.4)
Children Ages 0-17 with Suspected Child Abuse or Neglect (Cases per 100 children 0-17)	135 (5.6)	6,982 (4.9)
Children Ages 0-17 Impact by Domestic Violence (Percent of all children ages 0-17)	84 (2.7)	4,862 (3.0)
Births to Mothers with Inadequate Prenatal Care**	NA	478 (5.4)
** 2007 data ***2002 data		
Child Indicators: Juvenile Justice 2008	**Walsh County**	**North Dakota**
Children Ages 10-17 Referred to Juvenile Court (Percent of all children ages 0-17)	103 (9.1)	5,555 (8.4)
Offense Against Person Juvenile Court Referral (Percent of total juvenile court referral)	9 (4.9)	808 (7.8)
Alcohol-Related Juvenile Court Referral (Percent of all juvenile court referrals)	44 (24)	1,845 (18)

Appendix F – County Analysis by North Dakota Health Care Review, Inc.



North Dakota Pneumococcal Pneumonia Vaccination Rates

Medicare Claims Data – Claims through 06/30/10

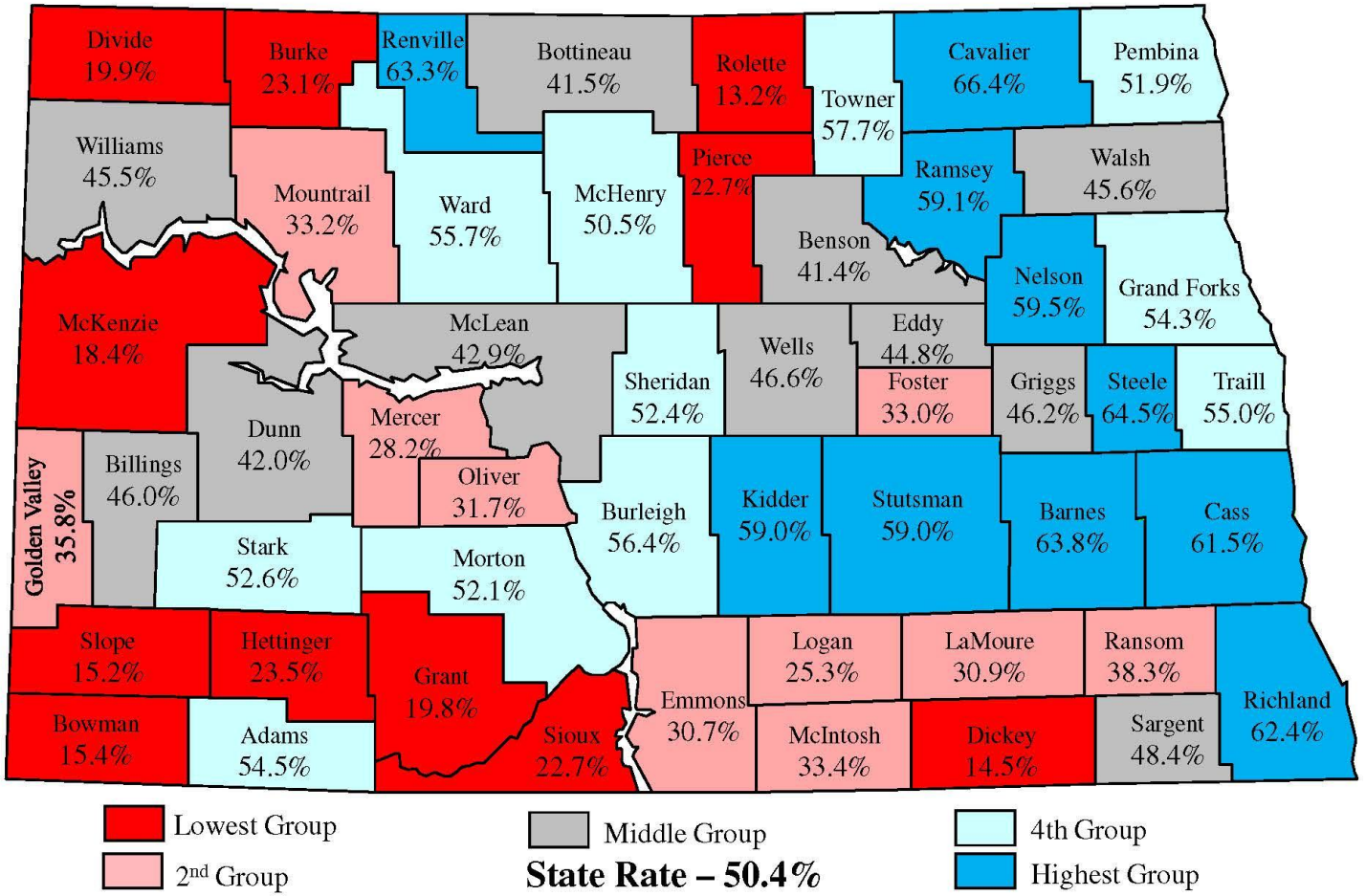


Analysis provided by North Dakota Health Care Review, Inc., Minot, North Dakota

January 2011

North Dakota Influenza Vaccination Rates

Medicare Claims Data – 03/01/09-03/31/10

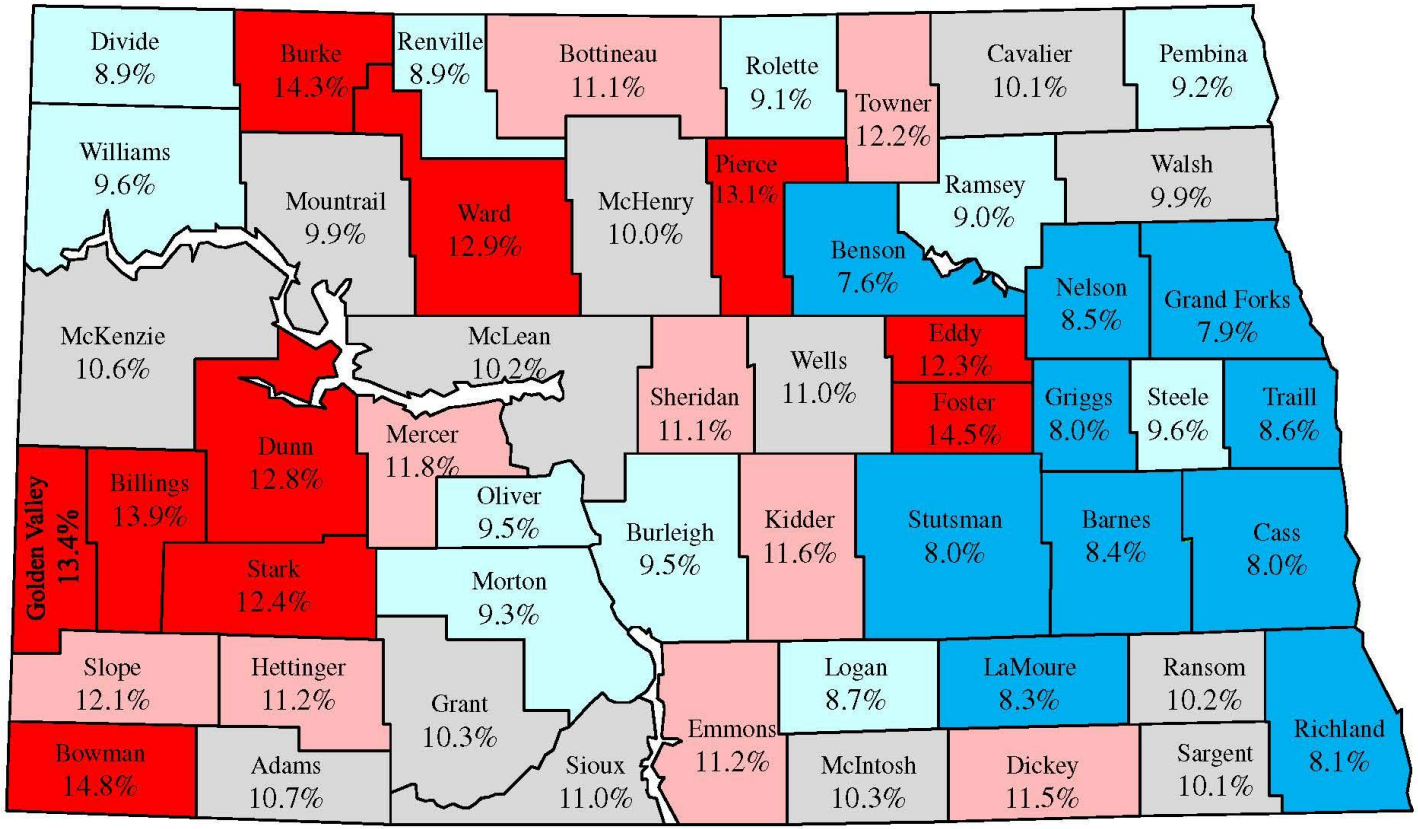


Analysis provided by North Dakota Health Care Review, Inc., Minot, North Dakota

October 2010

North Dakota DDI Rates

Timeframe: 01/01/10-06/30/10; Data Source: Medicare Part D

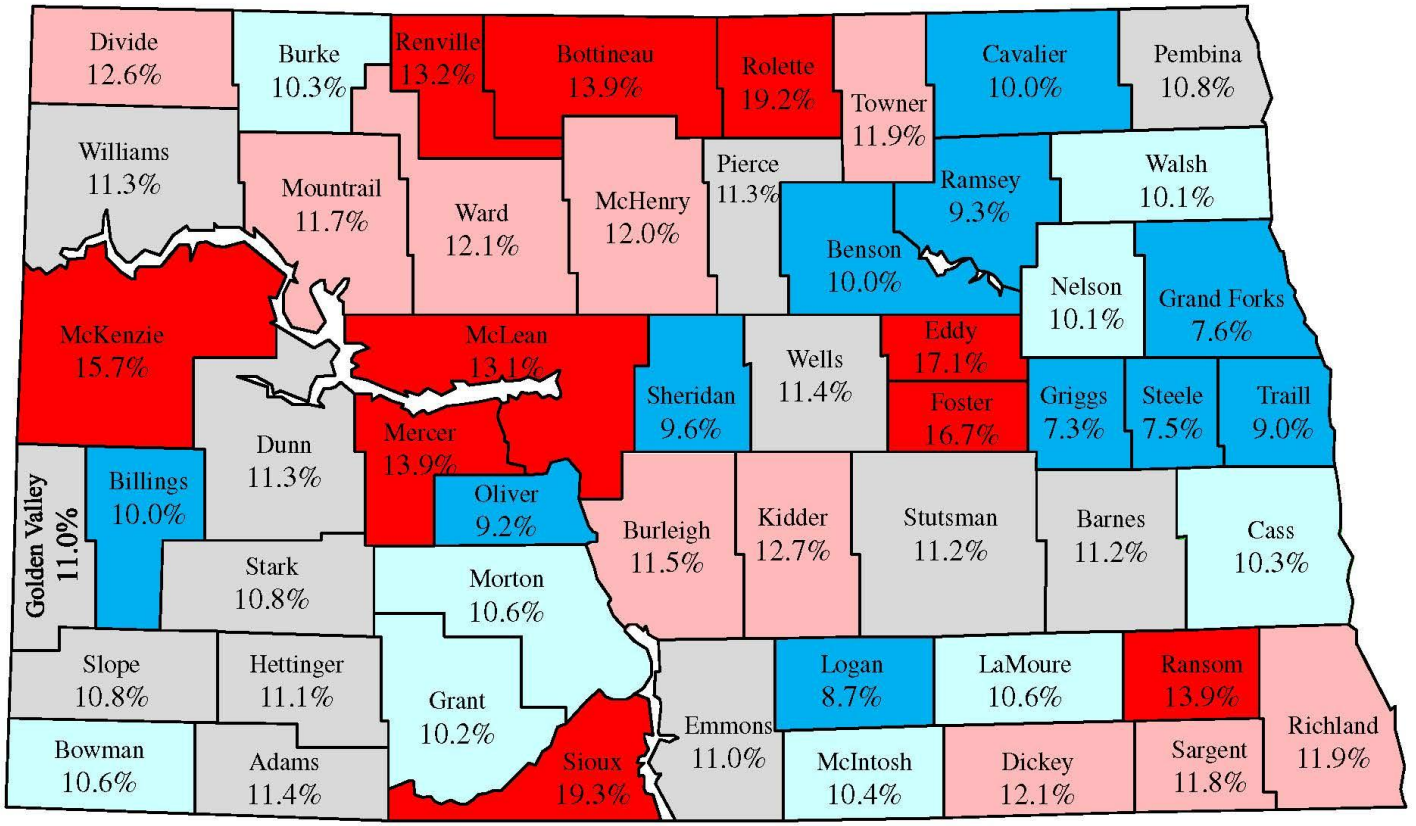


Analysis provided by North Dakota Health Care Review, Inc., Minot, North Dakota

January 2011

North Dakota PIM Rates

Timeframe: 01/01/10-06/30/10; Data Source: Medicare Part D

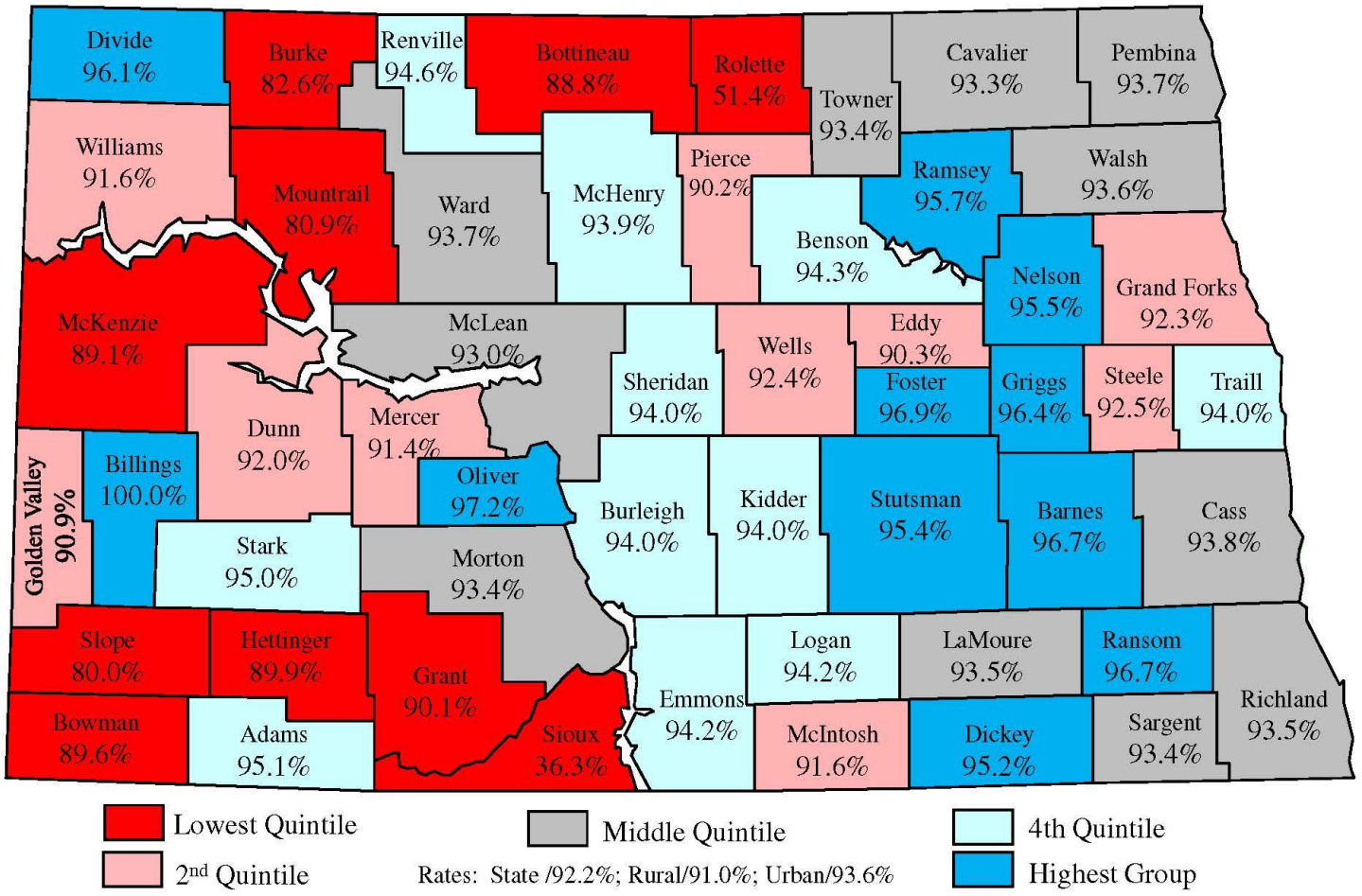


Analysis provided by North Dakota Health Care Review, Inc., Minot, North Dakota

January 2011

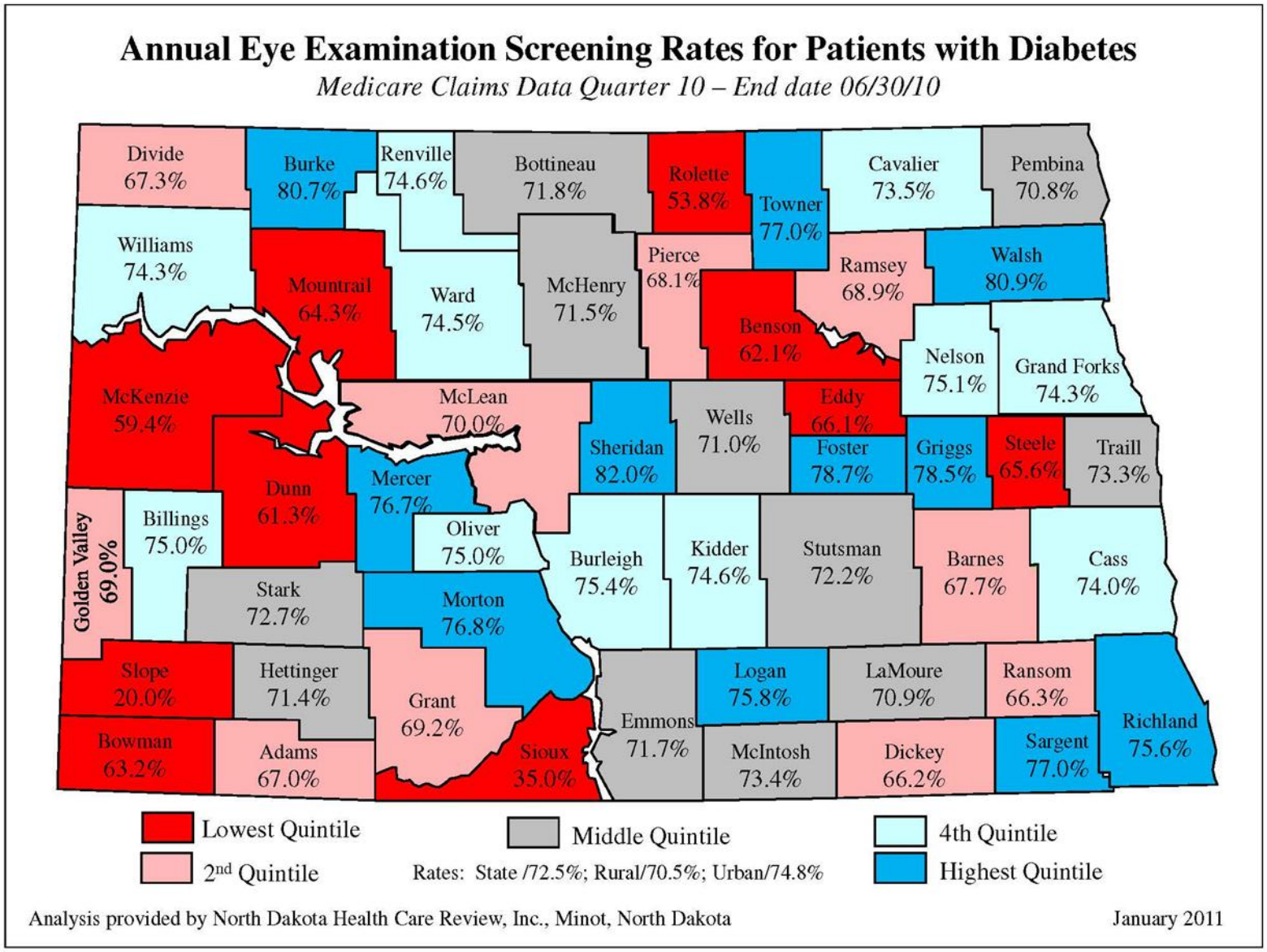
Annual Hemoglobin A1C Screening Rates for Patients with Diabetes

Medicare Claims Data Quarter 10 – End date 06/30/10



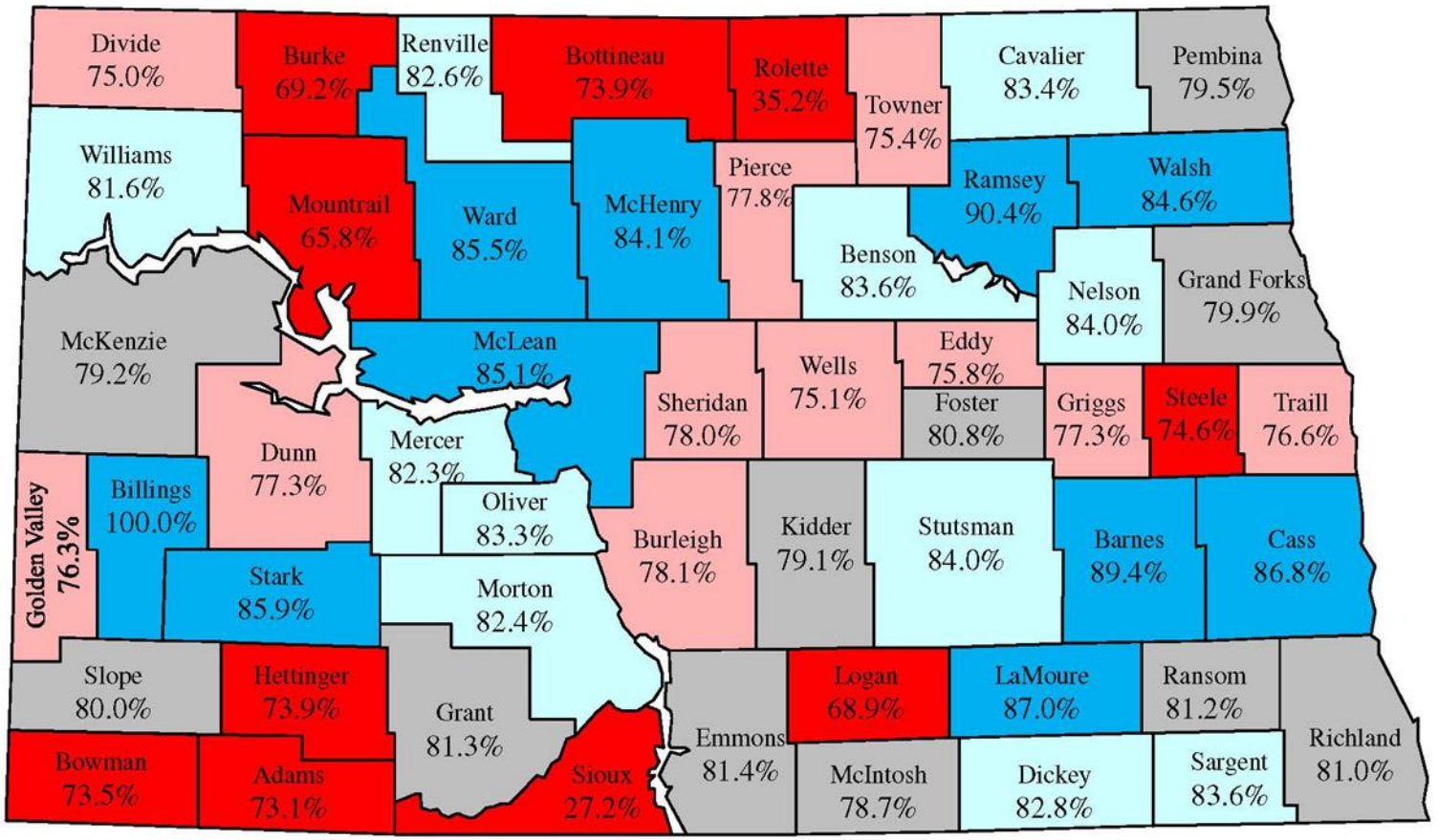
Analysis provided by North Dakota Health Care Review, Inc., Minot, North Dakota

January 2011


Annual Eye Examination Screening Rates for Patients with Diabetes
Medicare Claims Data Quarter 10 – End date 06/30/10
Divide 67.3%
Burke 80.7%
Renville 74.6%
Bottineau 71.8%
Rolette 53.8%
Towner 77.0%
Cavalier 73.5%
Pembina 70.8%
Williams 74.3%
Mountrail 64.3%
Ward 74.5%
McHenry 71.5%
Pierce 68.1%
Ramsey 68.9%
Walsh 80.9%
Benson 62.1%
Nelson 75.1%
Grand Forks 74.3%
McKenzie 59.4%
McLean 70.0%
Sheridan 82.0%
Wells 71.0%
Eddy 66.1%
Foster 78.7%
Griggs 78.5%
Steele 65.6%
Traill 73.3%
Mercer 76.7%
Dunn 61.3%
Billings 75.0%
Golden Valley 69.0%
Oliver 75.0%
Burleigh 75.4%
Kidder 74.6%
Stutsman 72.2%
Barnes 67.7%
Cass 74.0%
Stark 72.7%
Morton 76.8%
Slope 20.0%
Hettinger 71.4%
Grant 69.2%
Logan 75.8%
LaMoure 70.9%
Ransom 66.3%
Richland 75.6%
Bowman 63.2%
Adams 67.0%
Sioux 35.0%
Emmons 71.7%
McIntosh 73.4%
Dickey 66.2%
Sargent 77.0%
Lowest Quintile
2nd Quintile
Middle Quintile
Rates: State /72.5%; Rural/70.5%; Urban/74.8%
4th Quintile
Highest Quintile
Analysis provided by North Dakota Health Care Review, Inc., Minot, North Dakota
January 2011

Annual Lipid Testing Screening Rates for Patients with Diabetes

Medicare Claims Data Quarter 10 – End date 06/30/10



Analysis provided by North Dakota Health Care Review, Inc., Minot, North Dakota

January 2011

Appendix G – Prioritization of Community's Health Needs

Tier 1

- Elevated rates of excessive drinking (6 votes)
- Mental health needs (6 votes)
- Substance abuse issues (6 votes)

Tier 2

- Elevated rate of obesity (3 votes)
- Elevated rate of uninsured adults (3 votes)
- Limited number of primary care providers (3 votes)
- Elevated motor vehicle crash death rate (2 votes)
- Elevated teen birth rate (2 votes)

Tier 3

- Elevated rate of diabetics (1 vote)
- Elevate rate of physical inactivity (1 vote)
- Limited number of mental health care providers (1 vote)
- Cancer (1 vote)
- Diabetes (1 vote)
- Higher costs of health care/insurance (1 vote)
- Adequate availability of health care providers/staff (1 vote)
- Meeting the needs of the elderly and their caretakers (1 vote)

(No Votes)

- Elevated rate of adult smoking
- Elevated level of sexually transmitted diseases
- Elevated level of preventable hospital stays
- Decreased rate of diabetic screening
- Decreased rate of mammography screening
- Limited access to healthy foods
- Decreased rates of colorectal cancer screening
- Decreased rates of pneumococcal pneumonia vaccination
- Heart disease