2016 Community Health Needs Assessment

Walsh County

Park River, North Dakota

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Public Health
Prevent. Promote. Protect.

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Executive Summary

To help inform future decisions and strategic planning, First Care Health Center in Park River, Unity Medical Center in Grafton, and Walsh County Health District worked collaboratively to conduct a community health needs assessment in Walsh County. The Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences facilitated the assessment process, which included input from area community members and healthcare professionals, as well as analysis of community health-related primary and secondary data. To gather feedback from the community, residents in the area were given the opportunity to participate in a survey. Approximately 598 Walsh County residents completed the survey. Additional information was collected through eight key informant interviews with community leaders. Input from residents represented broad interests of the communities of Walsh County. Secondary data gathered from a range of sources and primary data from the survey, key-informant interviews, and community meetings present a snapshot of health needs and concerns in the community.

In terms of demographics, Walsh County tends to reflect state averages. The percentages of residents under age 18 is within a few percentage points to the North Dakota averages, and those aged 65 and older are slightly higher than North Dakota averages. Rates of education are slightly lower than North Dakota averages, and median household income in Walsh County ($49,780) is lower than the state average ($55,579).

Secondary data compiled by County Health Rankings show health outcomes in Walsh County are better than North Dakota as a whole. There is also room for improvement on individual factors that influence health such as health behaviors, clinical care, social and economic factors, and physical environment. Factors in which Walsh County was performing poorly, relative to the rest of the state, include:

- premature death
- percent of people who are diabetic
- physical inactivity
- access to exercise opportunities
- teen birth rate
- uninsured
- availability of primary care physicians
- availability of dentists
- availability of mental health providers
- diabetic screening
- mammography screening
- unemployment
- injury deaths
- air pollution

Of 93 potential community and health needs set forth in the survey, Walsh County residents who took the survey indicated seven needs as the most important:

1. Bullying/cyber-bullying
2. Cost of health insurance
3. Cancer
4. Jobs with livable wages
5. Obesity/overweight
6. Adult alcohol use and abuse (including binge drinking)
7. Attracting and retaining young families

The survey also revealed the biggest barriers to receiving healthcare (as perceived by community members) were no insurance or limited insurance (N=123), not enough specialists (N=117), not affordable (N=86), and not enough evening or weekend hours (N=80).

When asked what the best aspects of living in the county were, respondents indicated the following:

- Friendly, helpful, and supportive people
- People who live here are involved in their community
- Feeling connected to people who live here
- Community is socially and culturally diverse or becoming more diverse

Input from community leaders, provided via key informant interviews, echoed many of the concerns raised by survey respondents. Thematic concerns emerging from these sessions were:

- Workforce shortages
- Availability of mental health services
- Attracting and retaining young families
- Availability of resources to help the elderly stay in their homes.
- Lack of affordable housing

Following careful consideration of the results and findings of the overall assessment process, Community Group members determined the most significant health needs or issues in the community are:

- Workforce shortages
- Lack of affordable housing
- Drug use and abuse (adult)
- Alcohol use and abuse (youth and adult)
- Availability of mental health services
- Healthcare/insurance costs

The group has begun the next step of strategic planning to identify ways to address selected community needs.

Overview and Community Resources

The purpose of conducting a community health assessment is to describe the health of local people, identify areas for health improvement, identify use of local healthcare services, determine factors that contribute to health issues, identify and prioritize community needs, and help healthcare leaders identify potential solutions to address the community's health needs. A health needs assessment benefits the community by: 1) collecting timely input from the local community; 2) providing an secondary data related to health-related behaviors, 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; and 4) engaging community members about the future of healthcare. Completion of a community health needs assessment is required by the IRS for all non-profit (rural and urban) hospitals, as well public health departments seeking accreditation.

With assistance from the Center for Rural Health at the University of North Dakota School Medicine and Health Sciences, Walsh County Health District, First Care Health Center in Park River, and Unity Medical Center in Grafton collaboratively completed the community health needs assessment of Walsh County, a single county served by all three entities. Many community members and stakeholders worked together to successfully complete the assessment process.

First Care Health Center is located in Park River, which is in northeastern North Dakota. According to the 2014 US Census estimate, Park River has a population of 1,379. 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, adjacent bike paths, and almost 200 acres of water.

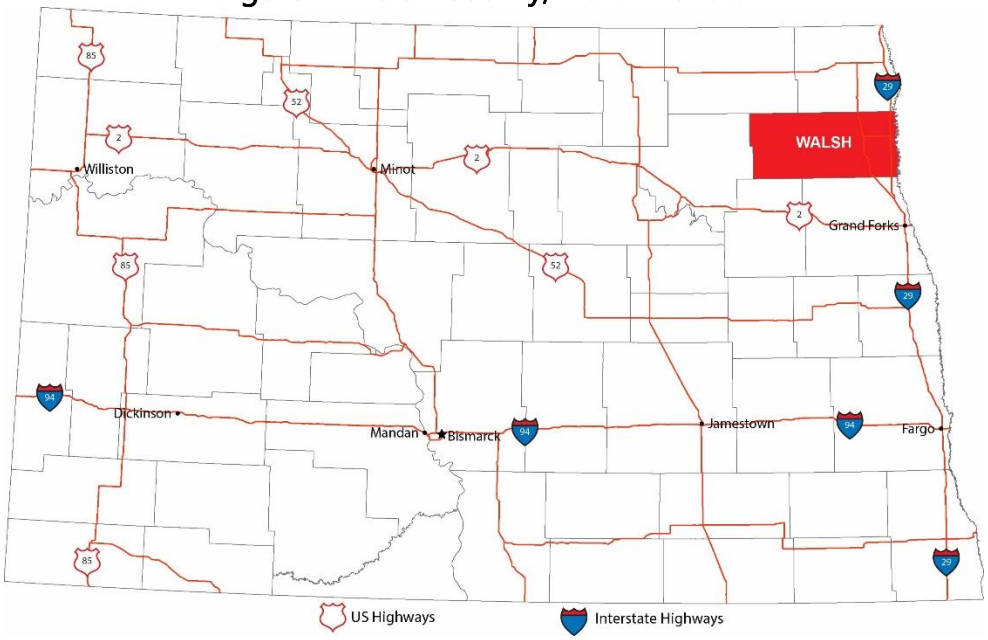
Park River has a nine-hole golf course, baseball diamonds, volleyball pit, an Olympic-sized city swimming pool, two tennis courts, an indoor ice arena, bowling alley, groomed cross-country skiing and snowmobile trails, hunting and fishing opportunities, and two indoor fitness facilities and exercise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

Other healthcare 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, a retail pharmacy in Park River, two dental practices in Park River and a Chiropractic Clinic. 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 have a history of friendly collaboration on health

improvement projects including working jointly on this community health needs assessment with local public health.

Walsh County is in the heart of the Red River Valley with a population of just under 12,000. Agriculture and healthcare are significant contributors to the economic viability of the county. The community of Park River and surrounding western Walsh County are significant supporters of the First Care Health Center facility.

Figure 1: Walsh County, North Dakota



Walsh County Health District

Walsh County Health District (WCHD) provides public health services that include environmental health, nursing services, the WIC (women, infants, and children) program, health screenings and education services. Each of these programs provide a wide variety of services in order to accomplish the mission of public health, which is to ensure that North Dakota is a healthy place to live and each person has an equal opportunity to enjoy good health. To accomplish this mission, WCHD is committed to the promotion of healthy lifestyles, protection and enhancement of the environment, and provision of quality healthcare services for the people of North Dakota.

Specific services that WCHD provides are:

- Alcohol Prevention
- Bicycle helmet safety
- Blood pressure checks
- Breastfeeding resources
- Car Seat Program
- Home visits and referral
- Immunizations – Adult & Child
- Office visits and consults
- Preschool screenings
- School health (vision screening, puberty talks, education)
- Tuberculosis testing and management
- WIC (Women, Infant & Children) Program
- Preschool education programs
- Child health
- Correctional facility health
- Blood sugar testing
- Environmental Health
- Emergency response and preparedness program
- Flu shots
- Radon Testing Kits
- Tobacco Prevention and Control
- West Nile program – surveillance and education
- Youth & Adult education programs (Kids Don't Float, first aid, life jackets)

First Care Health Center

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

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."

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. FCHC provides comprehensive medical care with physician and mid-level providers and consulting/visiting medical specialists.

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.

Services offered locally by First Care Health Center include:

General and Acute Services

1. Anesthesia services
2. Clinic
3. Emergency room
4. Gastroenterology (visiting specialist)
5. Hospital (acute care)
6. Hospice
7. Home Healthcare
8. Mental Health Services
9. Nutrition Counseling
10. Ophthalmology (visiting specialist)
11. Cardiology and Oncology (visiting specialist)
12. Podiatry (visiting specialist)
13. Respite services
14. Surgical services
15. Swing bed services
16. Telemedicine

Screening/Therapy Services

1. Cardiac Rehab
2. Chemotherapy
3. Diabetic Services
4. Drug Testing
5. Hearing Services
6. Home Oxygen
7. Laboratory services
8. Nutritional services
9. Occupational therapy
10. Physical therapy
11. Sleep studies
12. Social services
13. Respiratory therapy

Radiology Services

1. CT scan
2. DEXA (Bone Density) Scans
3. Digital mammography
4. Echocardiogram
5. Nuclear medicine
6. MRI (mobile unit)
7. Ultrasound

Assessment Process

The purpose of conducting a community health needs assessment (CHNA) is to describe the health of local people, identify areas for health improvement, identify use of local healthcare services, determine factors that contribute to health issues, identify and prioritize community needs, and help healthcare and other community leaders identify potential action to address the community's health needs.
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-related behaviors, 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 healthcare; and

5) Allowing the community hospital to meet federal regulatory requirements of the Affordable Care Act, which requires not-for-profit hospitals to complete a community health needs assessment at least every three years, as well as helping the local public health unit meet accreditation requirements.

This assessment examines health needs and concerns in Walsh County. In addition to Park River, located in the county are the communities of Fairdale, Adams, Lankin, Fordville, Pisek, Warsaw, Minto, Grafton, Edinburg, Hoople, Forest River, Nash, and Ardoch.

The assessment process was highly collaborative. Administrators and other professionals from First Care Health Center, Unity Medical Center, and Walsh County Health District were actively engaged in planning and implementing the assessment process. A CHNA Liaison was selected locally, who served as the main point of contact between the Center for Rural Health and both Park River and Grafton. A small Steering Committee was formed that was responsible for planning and implementing the process locally. Representatives from the Center for Rural Health met and corresponded regularly by teleconference and/or via email with the CHNA Liaison. The Community Group (described in more detail below) provided in-depth information and informed the assessment process in terms of community perceptions, community resources, community needs, and ideas for improving the health of the population and

healthcare services. Representatives from all three organizations selected and invited a number of residents, from outside the hospital and local health department, in their respective communities, including representatives from local government, businesses, schools and social services to participate in the key-information interviews and community group meetings.

The base survey instrument used in the process was also developed collaboratively and took into account input from health organizations around the state. The original survey tool was developed and used by the Center for Rural Health. In order to ensure the survey tool met the needs of hospitals and public health, the Center for Rural Health worked with the North Dakota Department of Health's public health liaison and participated in a series of meetings that garnered input from the state's health officer, local public health unit professionals from around North Dakota, representatives of the Center for Rural Health, and representatives from North Dakota State University.

As part of the assessment's overall collaborative process, the Center for Rural Health spearheaded efforts to collect data for the assessment in a variety of ways:

- A survey solicited feedback from area residents;
- Community leaders representing the broad interests of the community took part in one-on-one key informant interviews;
- The Community Group, comprised of community leaders and area residents, was convened to discuss area health needs and inform the assessment process; and
- A range of secondary sources of data were 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 behavior.

The Center for Rural Health (CRH) 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 CRH is the designated State Office of Rural Health (SORH) and administers the Medicare Rural Hospital Flexibility (Flex) program, funded by the Federal Office of Rural Health Policy, Health Resources Services Administration (HRSA), Department of Health and Human Services. The Center connects the School of Medicine and Health Sciences, and other necessary resources, to rural communities and their healthcare organizations in order to maintain access to quality care for rural residents. In this capacity the Center works at a national, state, and community level.

Detailed below are the methods undertaken to gather data for this assessment by convening a Community Group, conducting key informant interviews, soliciting feedback about health needs via a survey, and researching secondary data.

Community Group

A Community Group consisting of four community members was convened and first met on March 14, 2016. During this first Community Group meeting, group members were introduced to the needs assessment process, reviewed basic demographic information about Walsh County, and served as a focus group. Focus group topics included community assets and challenges, the general health needs of the community, community concerns, and suggestions for improving the community's health.

The Community Group met again on May 3, 2016 with 12 community members in attendance. At this second meeting the Community Group was presented with survey results, findings from key informant interviews and the focus group, and a range of secondary data relating to the general health of the population in Walsh County. 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 First Care Health Center and Unity Medical Center. They included representatives of the health community, business community, newspaper, education, faith community, and social service agencies. Not all members of the group were present at both meetings.

Interviews

One-on-one interviews with eight key informants were conducted in person in Park River on March 14, 2016 or by phone for those unavailable. Representatives from the Center for Rural Health conducted the interviews. Interviews were held with selected members of the Community Group as well as other community members who could provide insights into the community's health needs. Included among the informants were public health professionals with special knowledge and experience in the community including working with medically underserved, low income, and minority populations, as well as with populations with chronic diseases.

Topics covered during the interviews included general health needs and overall health of the community, community concerns, delivery of healthcare by local providers, awareness of health services offered locally, barriers to receiving health services, and suggestions for improving collaboration within the community.

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. A copy of the survey instrument is included in Appendix A.

The community member survey was distributed to a variety of residents of Walsh County, and was designed to:

- Learn of the best things in the community and the community's concerns;
- Understand perceptions and attitudes about the health of the community, and hear suggestions for improvement; and
- Learn more about how local health services are used by residents.

Specifically, the survey covered the following topics: residents' perceptions about community assets, levels of collaboration within the community, broad areas of community and health concerns, need for health services, concerns about the delivery of healthcare in the community, barriers to using local healthcare, preferences for using local healthcare versus traveling to other facilities, use of preventive care services, use of public health services, suggestions to improve community health, and basic demographic information.

To promote awareness of the assessment process, press releases led to published articles in four newspapers in Walsh County including in the communities of Grafton, Park River, Fordville, Edmore, and Adams. Additionally, information was published in the Walsh County Health District newsletter and on its website and on KXPO radio in Grafton.

Approximately 1,000 community member surveys were available for distribution in Walsh County. The surveys were distributed by Community Group members and were available at Unity Medical Center, First Care Health Center, Walsh County Health and WIC, banks, senior citizen meal sites, nursing homes, the courthouse, and area business offices.

To help ensure anonymity, included with each survey was a postage-paid return envelope to the Center for Rural Health. In order to make the survey available as widely as possible residents could also request a survey by calling Walsh County Health District, First Care Health Center, or Unity Medical Center. The survey was open from February 22, 2016 to March 30, 2016; 444 paper surveys were returned.

Area residents were also given the option of completing an online version of the survey, which was publicized in four community newspapers and on the websites of both Unity Medical Center and Walsh County Health District. There were 154 online surveys completed. In total (paper and online) **598** surveys were completed, equating to a 10% response rate. This response rate is on par for this type of survey methodology and indicates a fairly engaged community.

Secondary Data

Secondary data was collected and analyzed to provide descriptions of: (1) population demographics, (2) general health issues (including any population groups with particular health issues), and (3) contributing causes of community health issues. Data were collected from a variety of sources including: United States Census Bureau; Robert Wood Johnson Foundation's County Health Rankings, which pulls data from 20 primary data sources (www.countyhealthrankings.org); the National Survey of Children's Health which touches on multiple intersecting aspects of children's lives (www.childhealthdata.org/learn/NSCH); and North Dakota KIDS COUNT, which is a national and state-by-state effort to track the status of children, sponsored by the Annie E. Casey Foundation (www.ndkidscount.org).

Social Determinants of Health

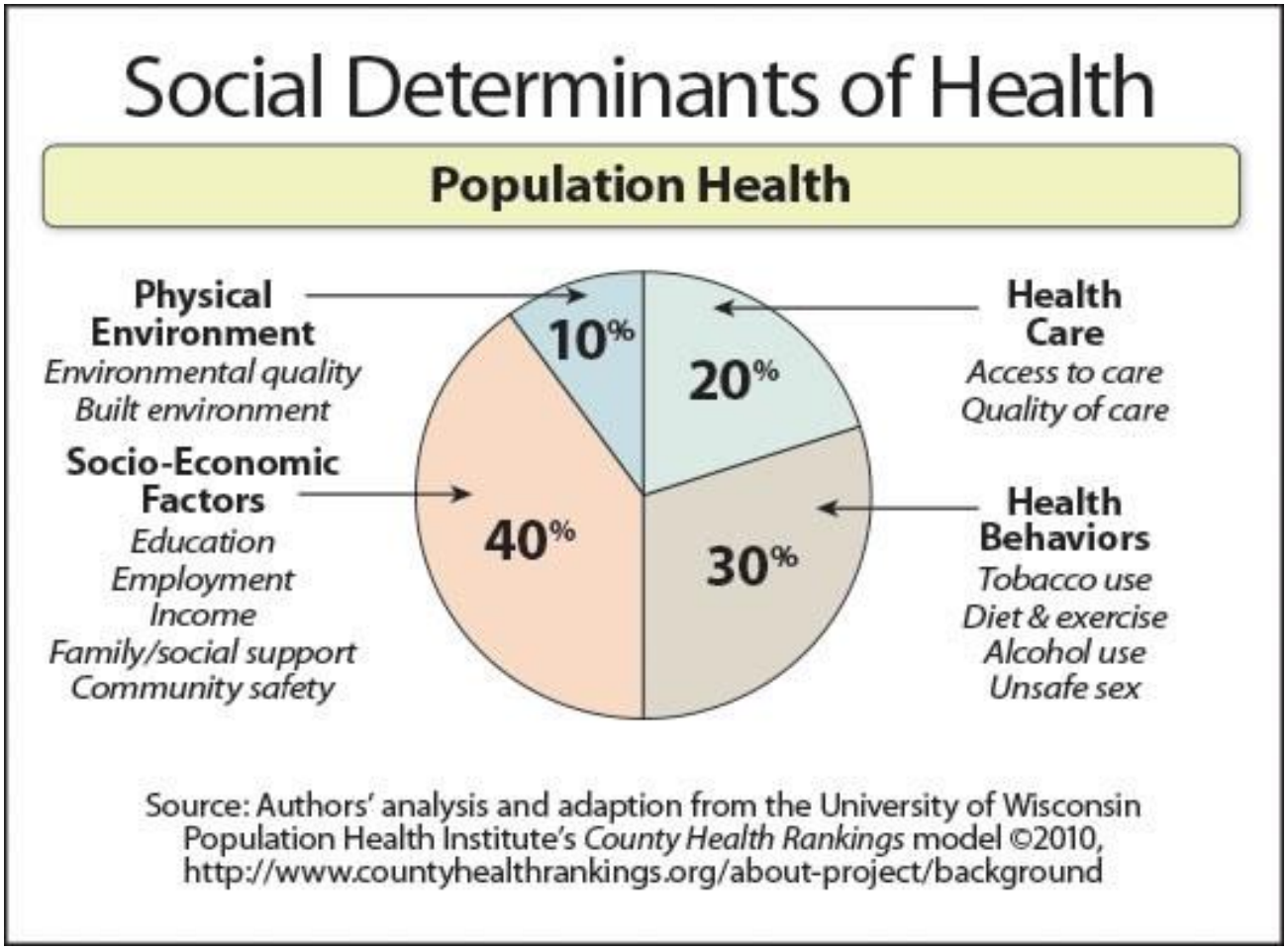
Social determinants of health are, according to the World Health Organization,

"the circumstances in which people are born, grow up, live, work, and age and the systems put in place to deal with illness. These circumstances are in turn shaped by wider set of forces: economics, social policies and politics. "

Income-level, educational attainment, race/ethnicity, and health literacy all impact the ability of people to access health services. Basic needs, such as clean air and water and safe and affordable housing, are all essential to staying healthy, and are also impacted by the social factors listed above. The impact of these challenges can be compounded by the barriers already present in rural areas, such as limited public transportation options and fewer choices to acquire healthy food.

Figure 2 illustrates the small percent (20%) that healthcare quality and services, while vitally important, play in the overall health of individuals and ultimately of a community. Physical environment, socio-economic factors, and health behaviors play a much larger part (70%) in impacting health outcomes. Therefore, as needs or concerns were raised through this community health needs assessment process, it was imperative to keep in mind how they impact the health of the community and what solutions can be implemented. For more

information and resources on social determinants of health, visit the Rural Health Information Hub website https://www.ruralhealthinfo.org/topics/social-determinants-of-health.



Demographic Information

Table 1 summarizes general demographic and geographic data about Walsh County.

TABLE 1: WALSH COUNTY: INFORMATION AND DEMOGRAPHICS (From 2010 Census/2014 American Community Survey; more recent estimates used where available)		
	Walsh County	**North Dakota**
Population, 2014 est.	**10,970**	**739,482**
Population change, 2010-2014	**-1.3%**	**9.9%**
Land area, square miles	**1,294**	**69,001**
People per square mile, 2010	**9**	**9.7**
White persons (not incl. Hispanic/Latino), 2014 est.	**95.6%**	**89.1%**
Persons under 18 years, 2014 est.	**22.6%**	**22.8%**
Persons 65 years or older, 2013 est.	**21.0%**	**14.2%**
Non-English spoken at home, 2013 est.	**10.1%**	**5.3%**
High school graduates, 2013 est.	**85.7%**	**90.9%**
Bachelor's degree or higher, 2013 est.	**18.1%**	**27.2%**
Live below poverty line, 2013 est.	**10.9%**	**11.9%**

The population of North Dakota has grown in recent years, while Walsh County has seen a slight decrease in population since 2010, as the U.S. Census Bureau estimates show that the county's population decreased from 11,119 (2010) to 10,970 (2014).

Health Conditions, Behaviors, and Outcomes

As noted above, sources of secondary data were reviewed to inform this assessment. The data are presented below in two categories: (1) County Health Rankings; and (2) children's health.

County Health Rankings

The Robert Wood Johnson Foundation, in collaboration with the University of Wisconsin Population Health Institute, has developed County Health Rankings to illustrate community health needs and provide guidance for actions toward improved health. In this report, Walsh County is compared to North Dakota rates and national benchmarks on various topics ranging from individual health behaviors to the quality of healthcare.

The data used in the 2015 County Health Rankings are pulled from more than 20 data sources and then are 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 2015 County Health Rankings – a flow chart of how a county's rank is determined – may be found in Appendix B. For further information, visit the County Health Rankings website at www.countyhealthrankings.org.

Health Outcomes

- Length of life
- Quality of life

Health Factors

- Health Behavior
  - Smoking
  - Diet and exercise
  - Alcohol and drug use
  - Sexual activity
- 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 and water quality
  - Housing and transit

Table 2 summarizes the pertinent information gathered by County Health Rankings as it relates to Walsh County. It is important to note that these statistics describe the population of a 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 the patients and clients of Walsh County Health District and First Care Health Center or of particular medical facilities.

For most of the measures included in the rankings, the County Health Rankings' authors have calculated the "Top U.S. Performers" for 2015. The Top Performer number marks 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 (such as high school graduation) or negatively (such as adult smoking).

Walsh County's rankings within the state also is included in the summary below. For example, Walsh County ranks 23rd out of 47 ranked counties in North Dakota on health outcomes and 31st on health factors. The measures marked with a red checkmark (✓) are those where Walsh County is not measuring up to the state rate/percentage; a blue checkmark (✓) indicates that the county is faring better than the North Dakota average, but not meeting the U.S. Top 10% rate on that measure. Measures that are not marked with a colored checkmark, but are marked with a smiling icon (☺) indicate that the county is doing better than the U.S. Top 10%.

The data from County Health Rankings show that Walsh County is doing better compared to the rest of North Dakota on health *outcomes* measures, landing at or below rates for North Dakota counties, and better than many of the U.S. Top 10% ratings, except for percent diabetic, which is very near the percent for the state and top 10% of US. However, premature death level is higher for Walsh County. Premature death is the years of potential life lost before age 75. Every death occurring before the age of 75 contributes to the total number of years of potential life lost. For example, a person dying at age 25 contributes 50 years of life lost. This measure allows communities to consider targeting resources to high-risk areas and further investigate causes of premature death.

On health *factors*, Walsh County is doing better than the majority of North Dakota counties as well.

Walsh County lags the state on the following reported measures:

- physical inactivity
- access to exercise opportunities
- teen birth rate
- uninsured
- availability of primary care physicians
- availability of dentists
- availability of mental health providers
- diabetic screening
- mammography screening
- unemployment
- injury deaths
- air pollution

TABLE 2: SELECTED MEASURES FROM *COUNTY HEALTH RANKINGS* – WALSH COUNTY

	Walsh County	U.S. Top 10%	North Dakota
Ranking: Outcomes	**23rd**		**(of 49)**
Premature death	8,100 ✓✓	5,200	6,600
Poor or fair health	12% ☺	12%	14%
Poor physical health days (in past 30 days)	2.6 ☺	2.9	2.9
Poor mental health days (in past 30 days)	2.6 ☺	2.8	2.9
Low birth weight	6% ☺	6%	6%
% Diabetic	10% ✓✓	9%	8%
Ranking: Factors	**31st**		**(of 49)**
Health Behaviors			
Adult smoking	15% ✓	14%	20%
Adult obesity	30% ✓	25%	30%
Food environment index (10=best)	9.1 ☺	8.3	8.4
Physical inactivity	32% ✓✓	20%	25%
Access to exercise opportunities	61% ✓✓	91%	66%
Excessive drinking	20% ✓	12%	25%
Alcohol-impaired driving deaths	33% ✓	14%	47%
Sexually transmitted infections	117.7 ☺	134.1	419.1
Teen birth rate	43 ✓✓	19	28
Clinical Care			
Uninsured	15% ✓✓	11%	12%
Primary care physicians	2,220:1 ✓✓	1,040:1	1,260:1
Dentists	1,830:1 ✓✓	1,340:1	1,690:1
Mental health providers	1,830:1 ✓✓	370:1	610:1
Preventable hospital stays	61 ✓✓	38	51
Diabetic screening	90% ☺	90%	86%
Mammography screening	63% ✓✓	71%	68%
Social and Economic Factors			
Unemployment	4.8% ✓✓	3.5%	2.8%

Children in poverty	14% ✓	13%	14%
Income inequality	4.2 ✓	3.7	4.4
Children in single-parent households	27% ✓	21%	27%
Violent crime	151 ✓	59	240
Injury deaths	86 ✓✓	51	63
Physical Environment			
Air pollution – particulate matter	10.6 ✓✓	9.5	10.0
Drinking water violations	No ☺	No	
Severe housing problems	7% ☺	9%	11%

Children's Health

The National Survey of Children's Health touches on multiple intersecting aspects of children's lives. Data are 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 healthcare, and information on the child's family, neighborhood, and social context. Data are from 2011-12. Additional 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 the state is faring worse on that measure than the national average.

TABLE 3: SELECTED MEASURES REGARDING CHILDREN'S HEALTH
(For children aged 0-17 unless noted otherwise)

Health Status	North Dakota	National
Children born premature (3 or more weeks early)	10.8%	11.6%
Children 10-17 overweight or obese	**35.8%**	31.3%
Children 0-5 who were ever breastfed	79.4%	79.2%
Children 6-17 who missed 11 or more days of school	4.6%	6.2%
Healthcare		
Children currently insured	**93.5%**	94.5%
Children who had preventive medical visit in past year	**78.6%**	84.4%
Children who had preventive dental visit in past year	**74.6%**	77.2%
Young children (10 mos.-5 yrs.) receiving standardized screening for developmental or behavioral problems	**20.7%**	30.8%
Children aged 2-17 with problems requiring counseling who received needed mental healthcare	86.3%	61.0%
Family Life		
Children whose families eat meals together 4 or more times per week	83.0%	78.4%
Children who live in households where someone smokes	**29.8%**	24.1%
Neighborhood		
Children who live in neighborhood with a park, sidewalks, a library, and a community center	58.9%	54.1%
Children living in neighborhoods with poorly kept or rundown housing	12.7%	16.2%
Children living in neighborhood that's usually or always safe	94.0%	86.6%

The data on children's health and conditions reveal that North Dakota is doing better than national averages on a few measures, it is not measuring up to the national averages with respect to:

- Obese or overweight children (age 10-17)
- Children currently insured
- Children who had preventive medical and dentist visits
- Children receiving developmental/behavioral screening
- Children in households where someone smokes

Table 4 includes selected county-level measures regarding children's health in North Dakota. The data come from North Dakota KIDS COUNT, a national and state-by-state effort to track the status of children, sponsored by the Annie E. Casey Foundation. KIDS COUNT data focus on main components of children's well-being; more information about KIDS COUNT is available at www.ndkidscount.org. The measures highlighted in **red** in the table are those in which Walsh County is doing worse than the state average. The year of the most recent data is noted.

The data show that Walsh County is performing better than the North Dakota average on all of the examined measures except the number of uninsured children (and below 200% poverty) and licensed child care capacity. The most marked difference was on the measure of availability of licensed child daycare (slightly less than half of the state rate).

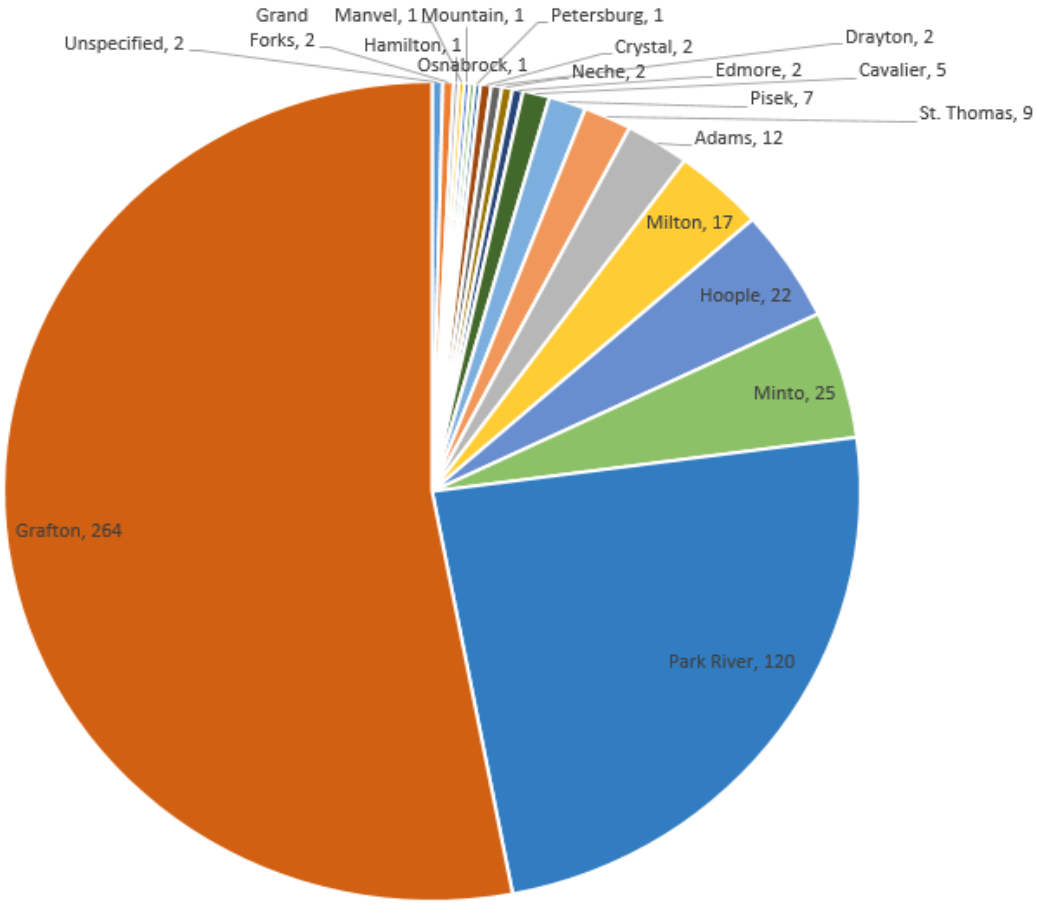
TABLE 4: SELECTED COUNTY-LEVEL MEASURES REGARDING CHILDREN'S HEALTH

	Walsh County	North Dakota
Uninsured children (% of population age 0-18), 2013	**10.4%**	8.7%
Uninsured children below 200% of poverty (% of population), 2013	**44.0%**	47.8%
Medicaid recipient (% of population age 0-20), 2014	**39.3%**	27.0%
Children enrolled in Healthy Steps (% of population age 0-18), 2013	**4.1%**	2.5%
Supplemental Nutrition Assistance Program (SNAP) recipients (% of population age 0-18), 2013	**26.5%**	21.4%
Licensed child care capacity (% of population age 0-13), 2015	**28.7%**	43.1%
High school dropouts (% of grade 9-12 enrollment), 2014	**2.1%**	2.8%

Survey Results

As noted above, 598 community members completed the survey in communities throughout the county. The survey requested that respondents list their home zip code. While not all respondents provided a zip code, 498 did, revealing a large majority of respondents lived in Grafton and Park River; however, there were a portion of responses from other small communities in the area. These results are shown below.

Figure 2: Survey Respondents' Home Zip Code



Survey results are reported in six categories: demographics; healthcare access; community assets, challenges; community concerns; delivery of healthcare; and other concerns or suggestions to improve health.

Survey Demographics

To better understand the perspectives survey respondents were asked a few demographic questions. 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.

With respect to demographics of those (598) who chose to complete the survey:

- 34% (N=201) were aged 55 or older, although the single highest number of respondent category was in the 25 to 34 age range (N=120).
- A large majority (N=412) were female.
- 31 Hispanic/Latino and 10 American Indian.
- Just under half of respondents (N=282) had Associate's degrees or higher, with a number of respondents (N=136) having Bachelor's degrees.
- Majority (N=387) worked full-time.
- The majority of respondents (N=332) had annual household incomes between $25,000-$99,000.

Figures 3 through 8 illustrate the range of community members' household income and indicates how the assessment process took into account input from parties representing varied interests of the community served, including wide age ranges, those in diverse work situations, and lower-income community members. Of those who provided a household income, 73 community members reported a household income of less than $25,000, with 26 of those indicating a household income of less than $15,000.

Figure 3: Age Demographics of Survey Respondents

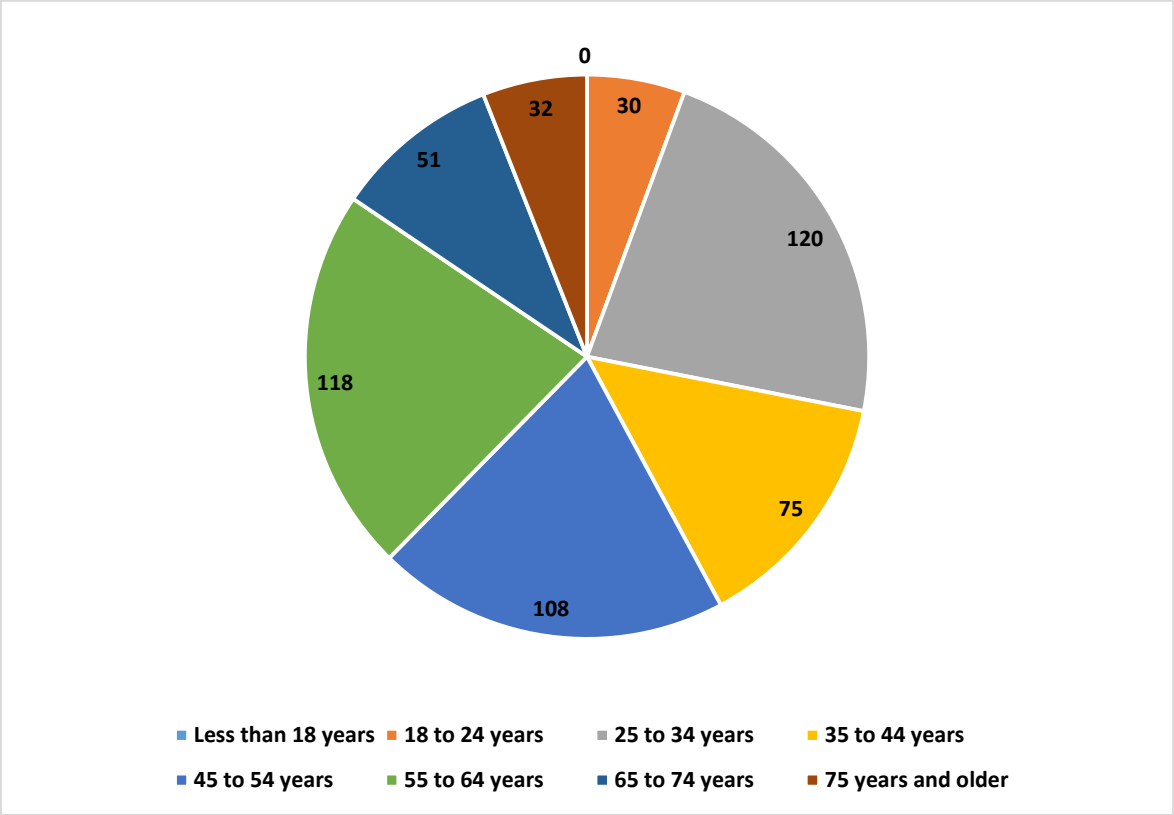


Figure 4: Gender Demographics of Survey Respondents

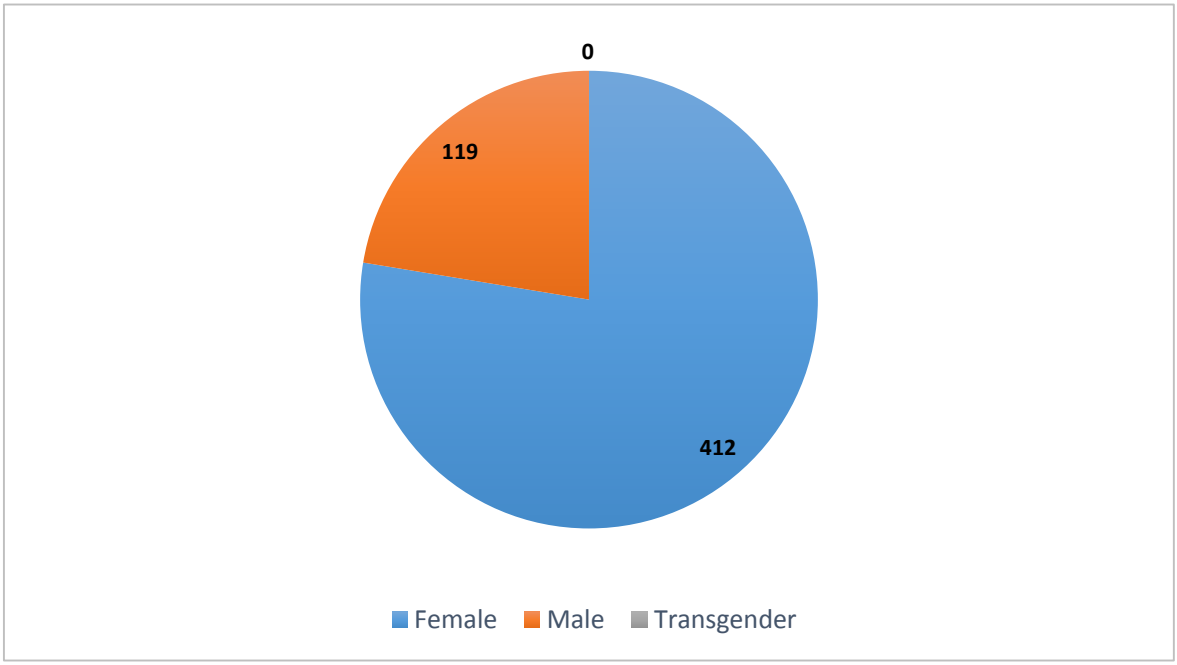


Figure 5: Ethnicity/Race Demographics of Survey Respondents

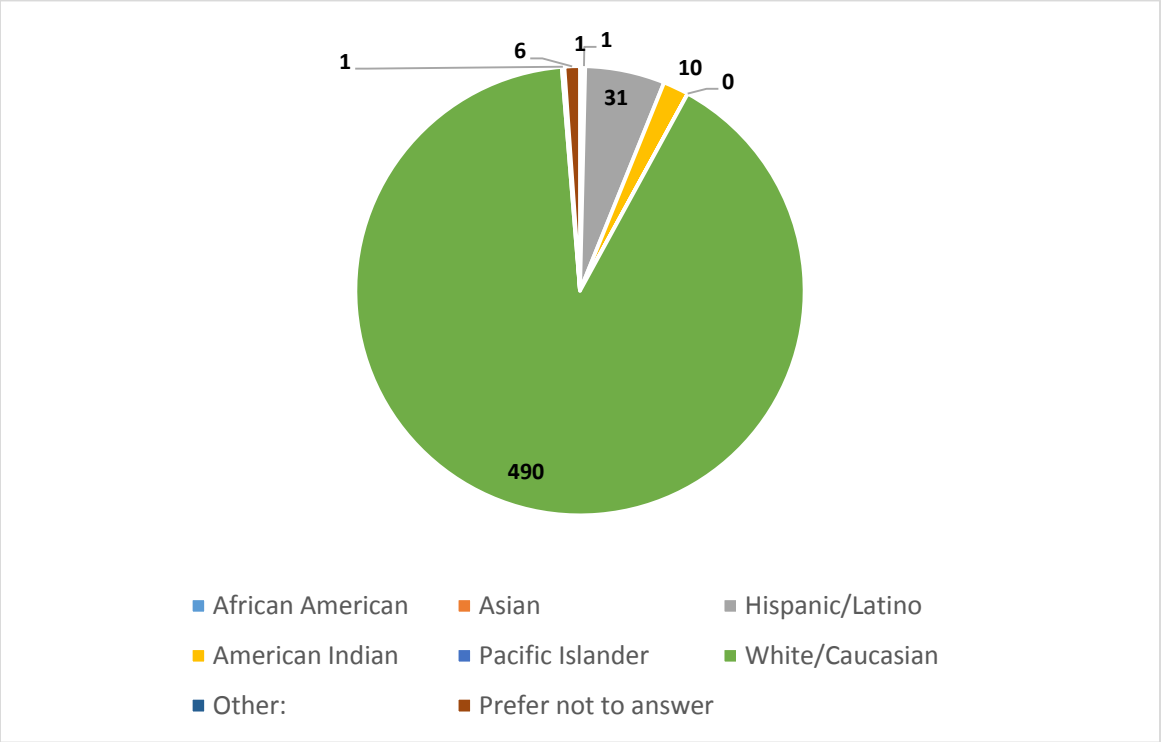


Figure 6: Educational Level Demographics of Survey Respondents

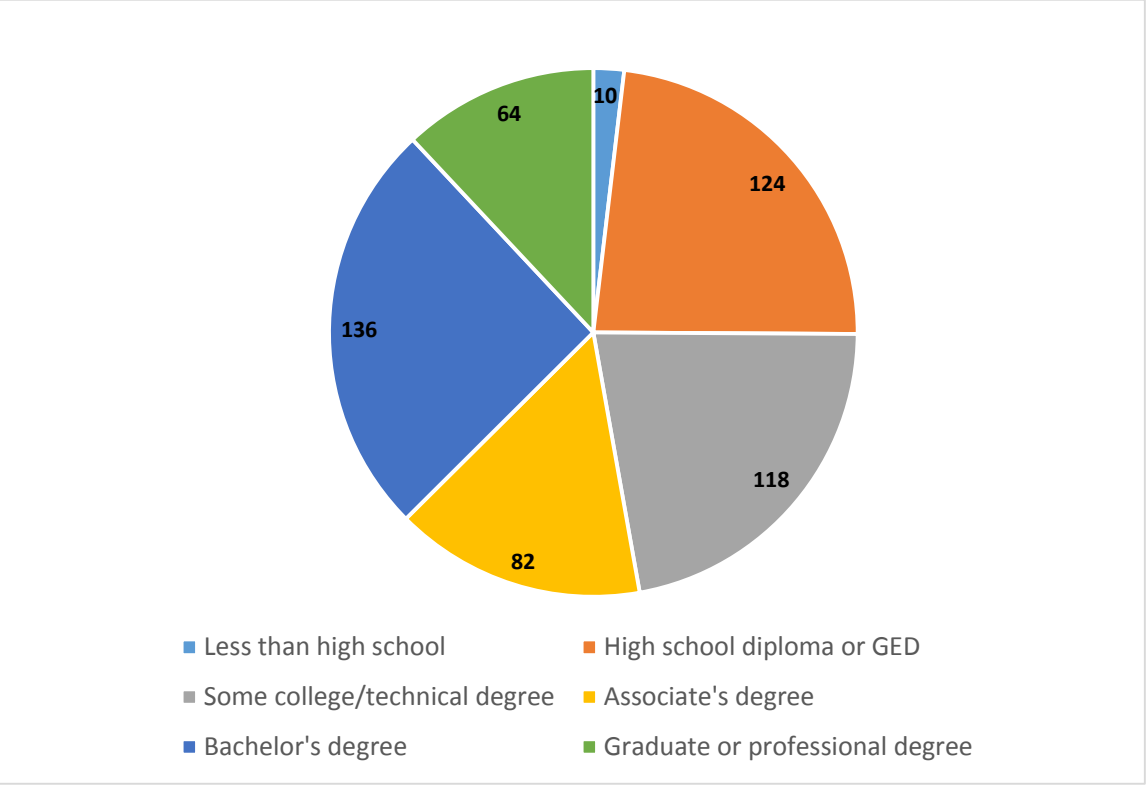


Figure 7: Employment Status Demographics of Survey Respondents

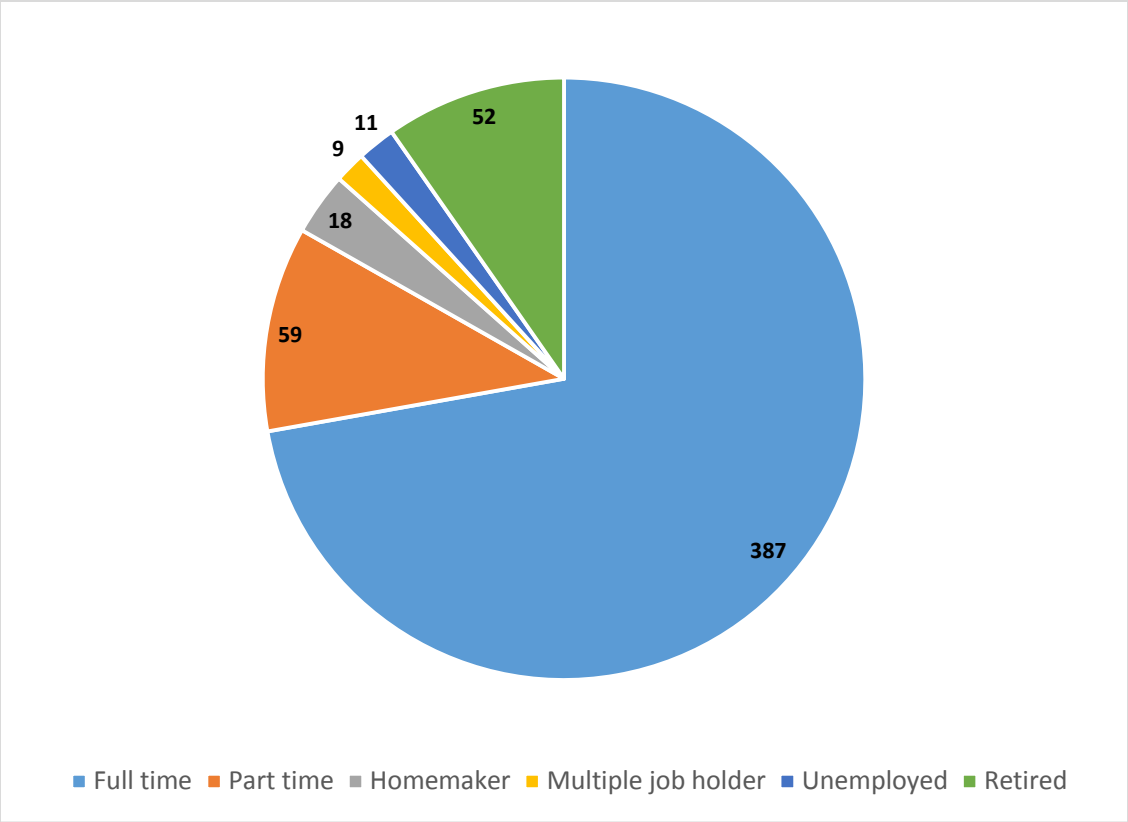
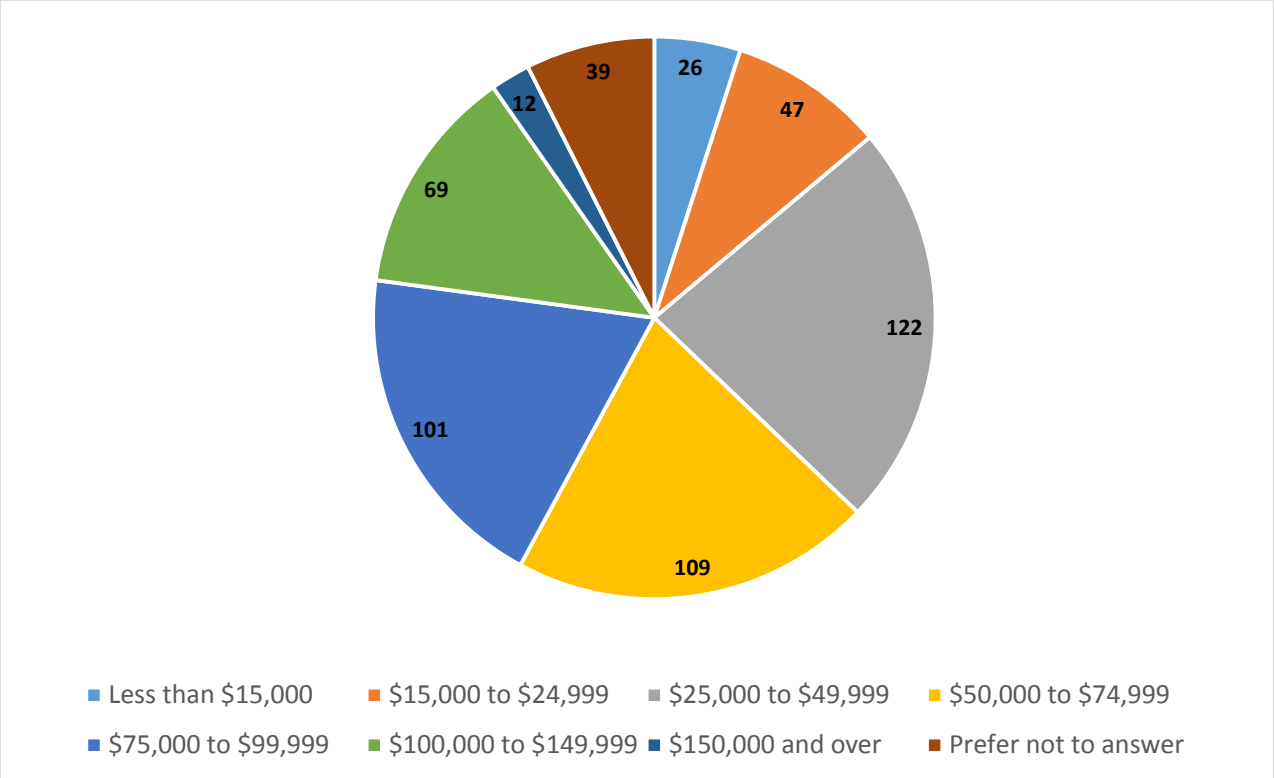


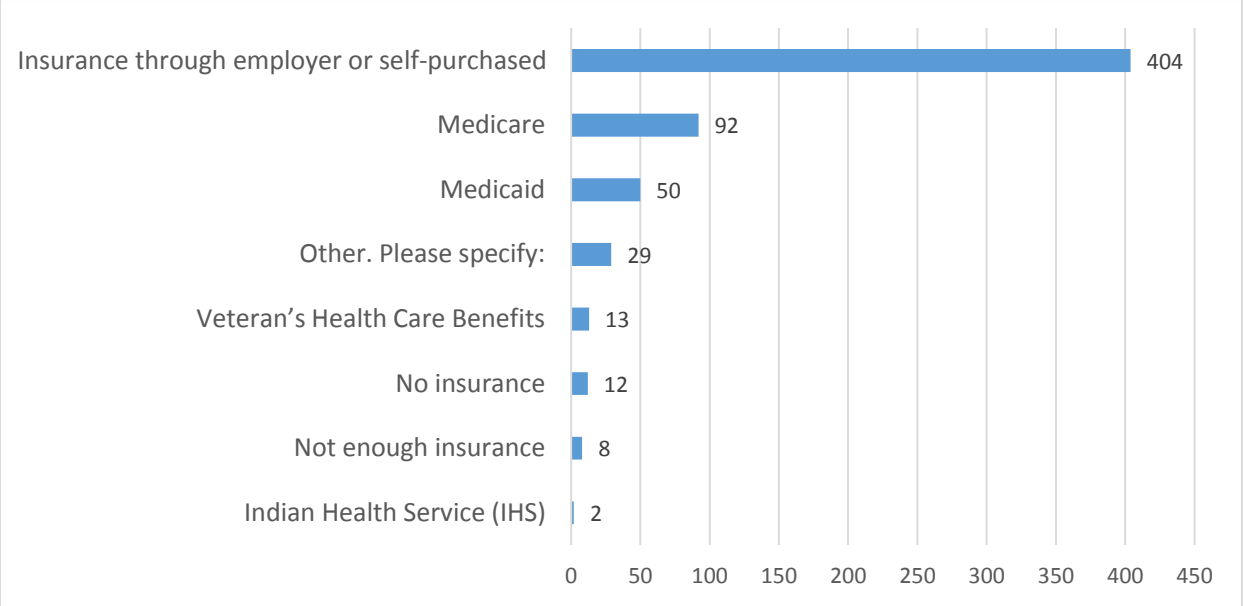
Figure 8: Household Income Demographics of Survey Respondents



Healthcare Access

Community members were asked what their health insurance status is (Figure 9). Health insurance status is often associated with whether people have access to healthcare. Twenty (20) of the respondents reported having no health insurance or being under-insured. The most common insurance types were insurance through one's employer or self-purchased (N=404), Medicare (N=92), and Medicaid (N=50).

Figure 9: Insurance Status



Community Assets, Challenges, and Collaboration

Survey-respondents were asked what they perceived as the best things about living in their community in four categories: people, services and resources, quality of life, and activities. In each category, respondents were given a list of choices and asked to pick the three best things. Respondents occasionally chose less than three or more than three choices within each category. If more than three choices were selected, their responses were not included.
The results indicate the top three community assets include:

- Friendly, helpful, and supportive people (N=473)
- People who live here are involved in their community (N=349)
- Feeling connected to people who live here (N=302)
- Community is socially/culturally diverse or becoming more diverse (N=144)

Figures 10 to 13 illustrate the results of these questions.

Figure 10: Best Things about the PEOPLE in Your Community

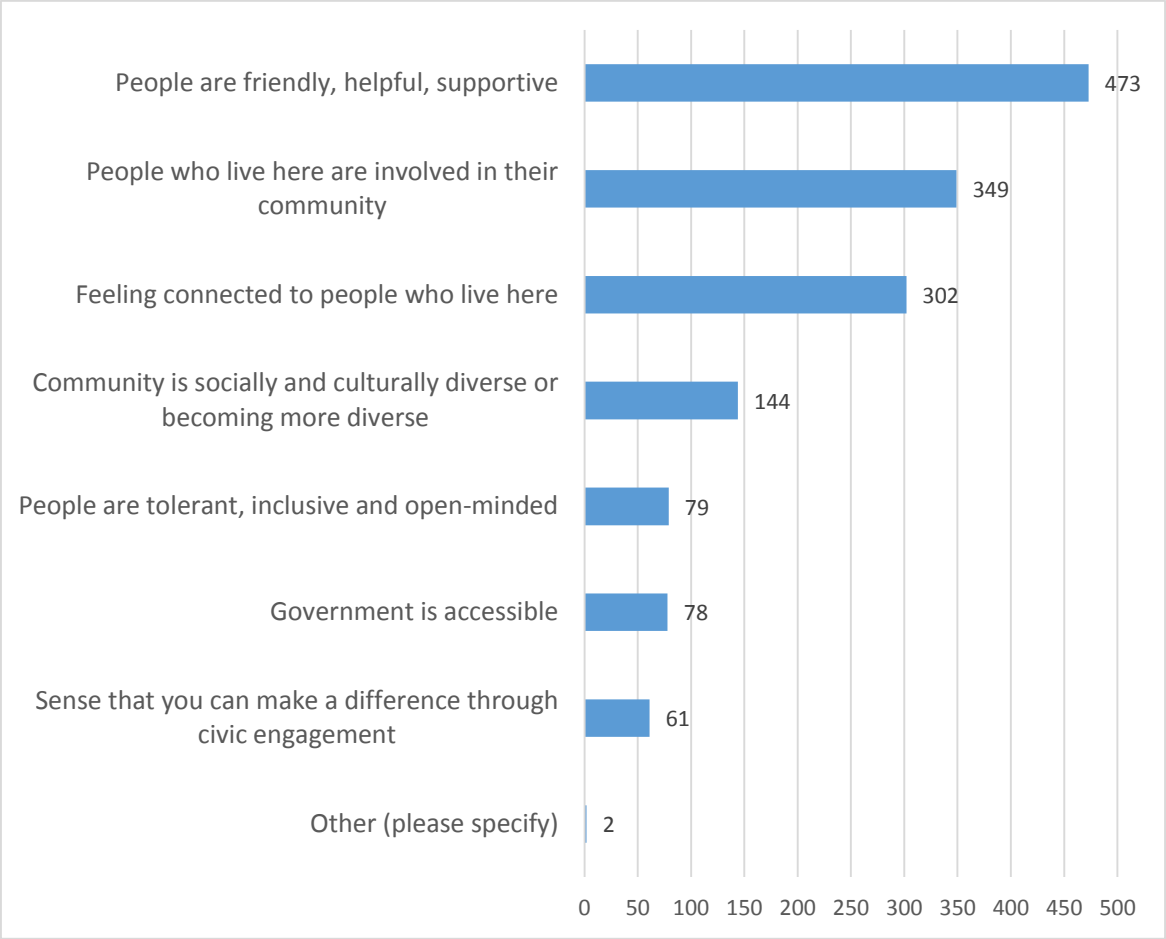


Figure 11: Best Things about the SERVICES AND RESOURCES in Your Community

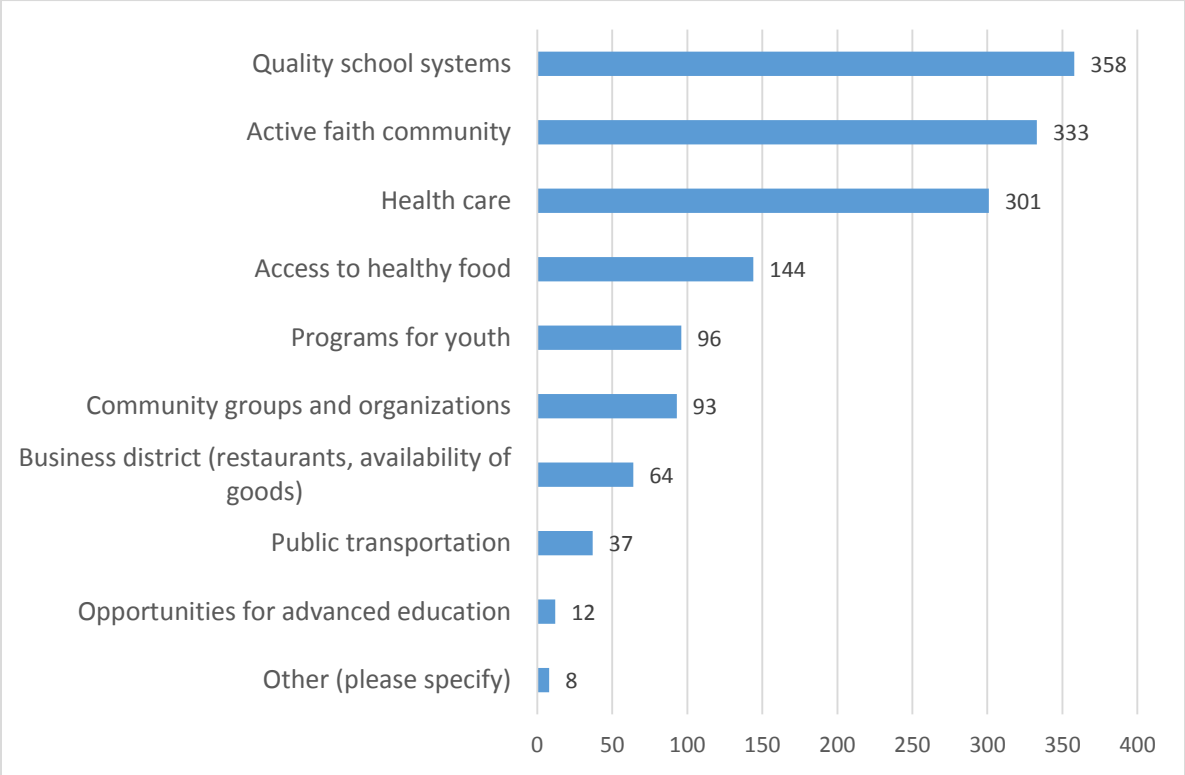


Figure 12: Best Things about the QUALITY OF LIFE in Your Community

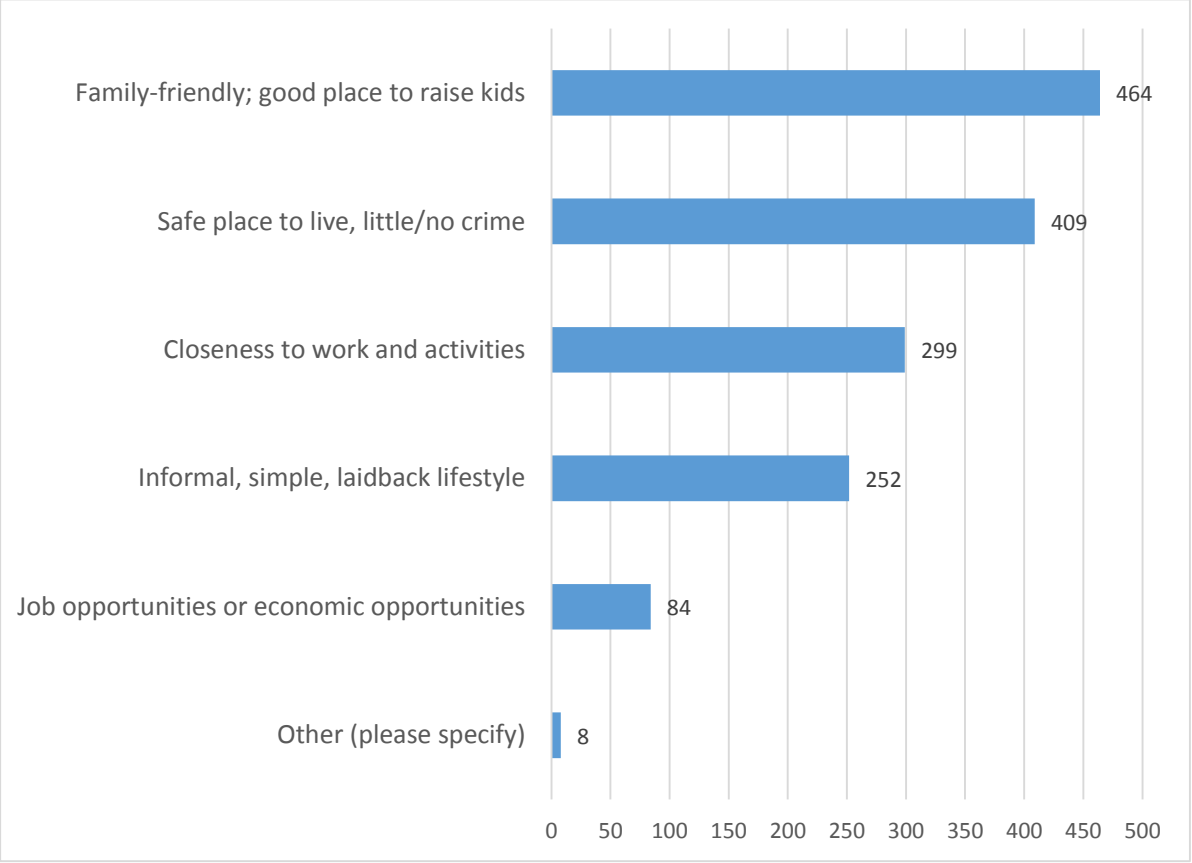
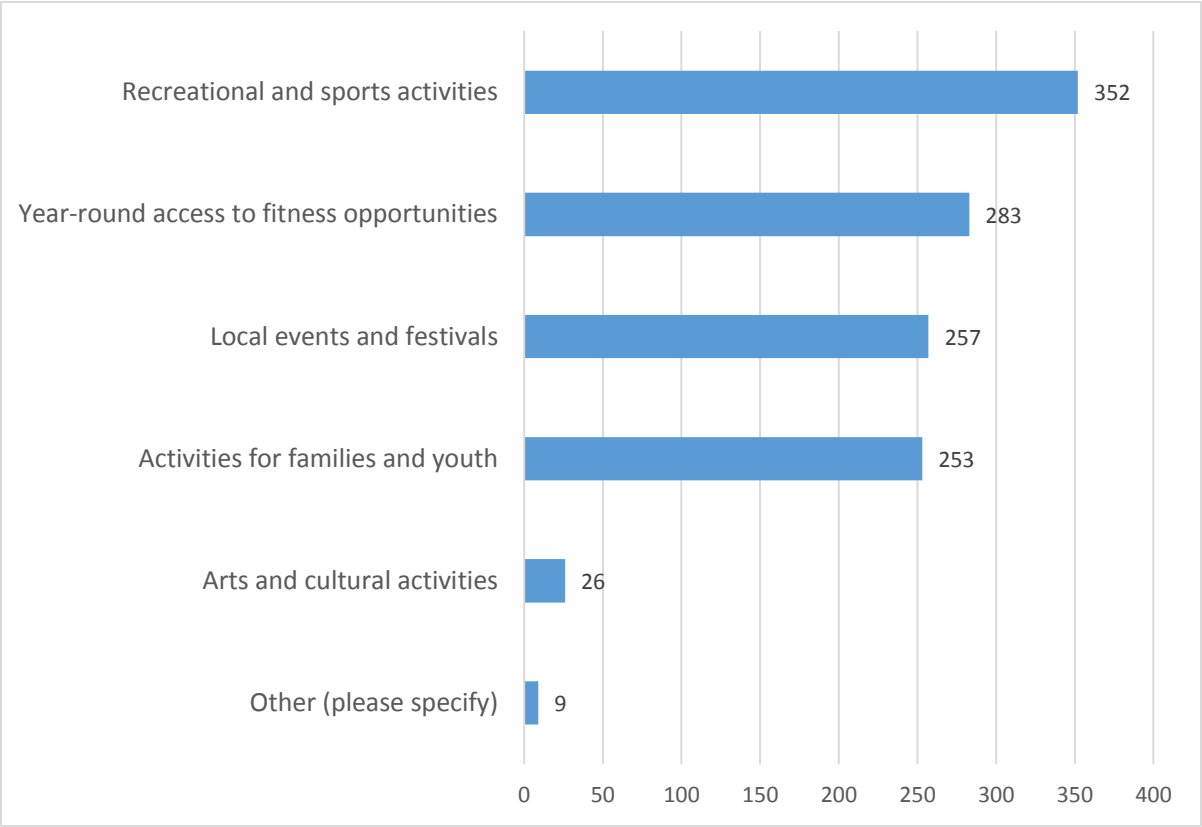


Figure 13: Best Thing about the ACTIVITIES in Your Community



Community Concerns

At the heart of this community health assessment was a section on the survey asking survey-respondents to review a wide array of potential community and health concerns in eight categories and asked to pick the top three concerns. The eight categories of potential concerns were:

- Community health
- Availability of health services
- Safety/environmental health
- Delivery of health services
- Physical health
- Violence
- Mental health and substance abuse
- Senior population

Echoing the weight of respondents' comments in the survey question about community challenges, the three most highly voiced concerns, with 300 or more votes were:

- Bullying/cyber-bullying (N=345, 58%)
- Cost of health insurance (N=303, 51%)
- Cancer (N=300, 50%)

The other issues that had at least 230 votes included:

- Jobs with livable wages (N=273, 46%)
- Obesity/overweight (N=270, 45%)
- Adult alcohol use and abuse (including binge drinking) (N=254, 42%)
- Attracting and retaining young families (N=241, 40%)
- Assisted living options (N=239, 40%)
- Availability of specialists (N=231, 39%)
- Availability of resources to help the elderly stay in their homes (N=231, 39%)

Figures 14 through 21 illustrate these results.

Figure 14: Community Health Concerns

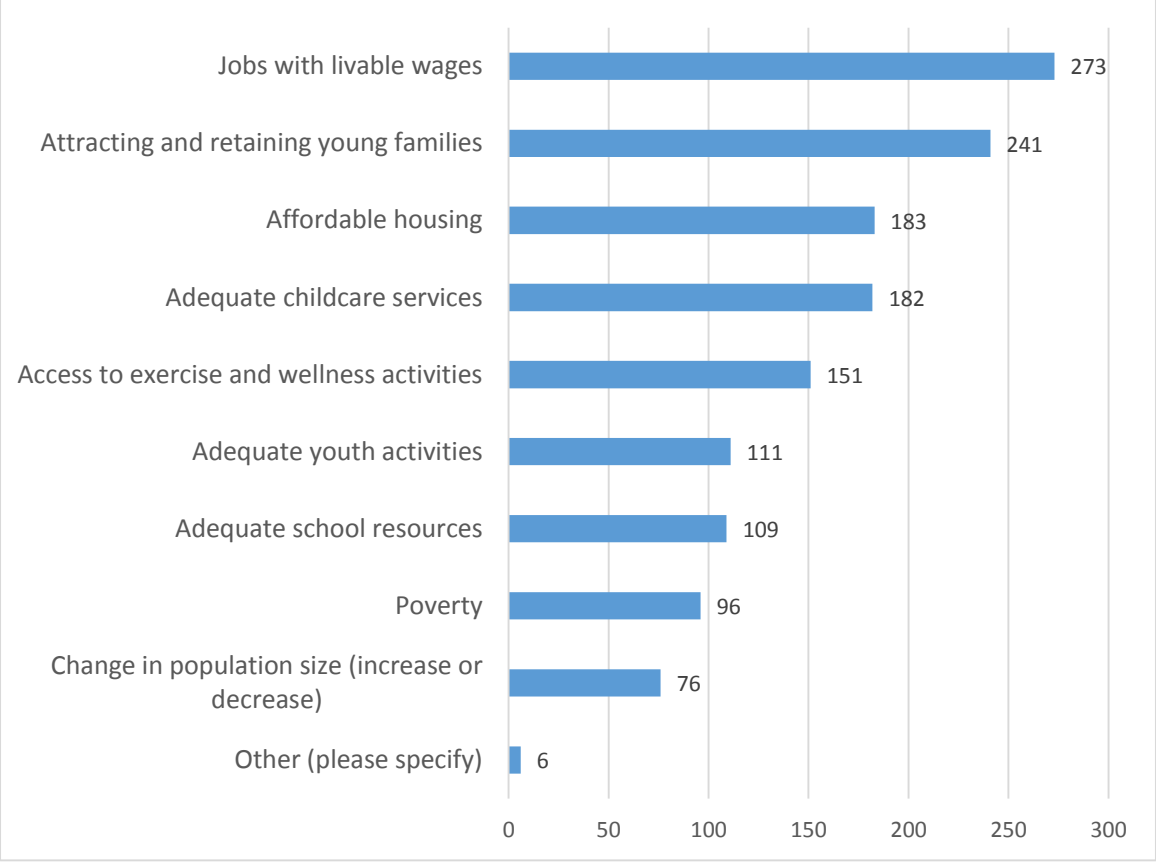


Figure 15: Availability of Health Services Concerns

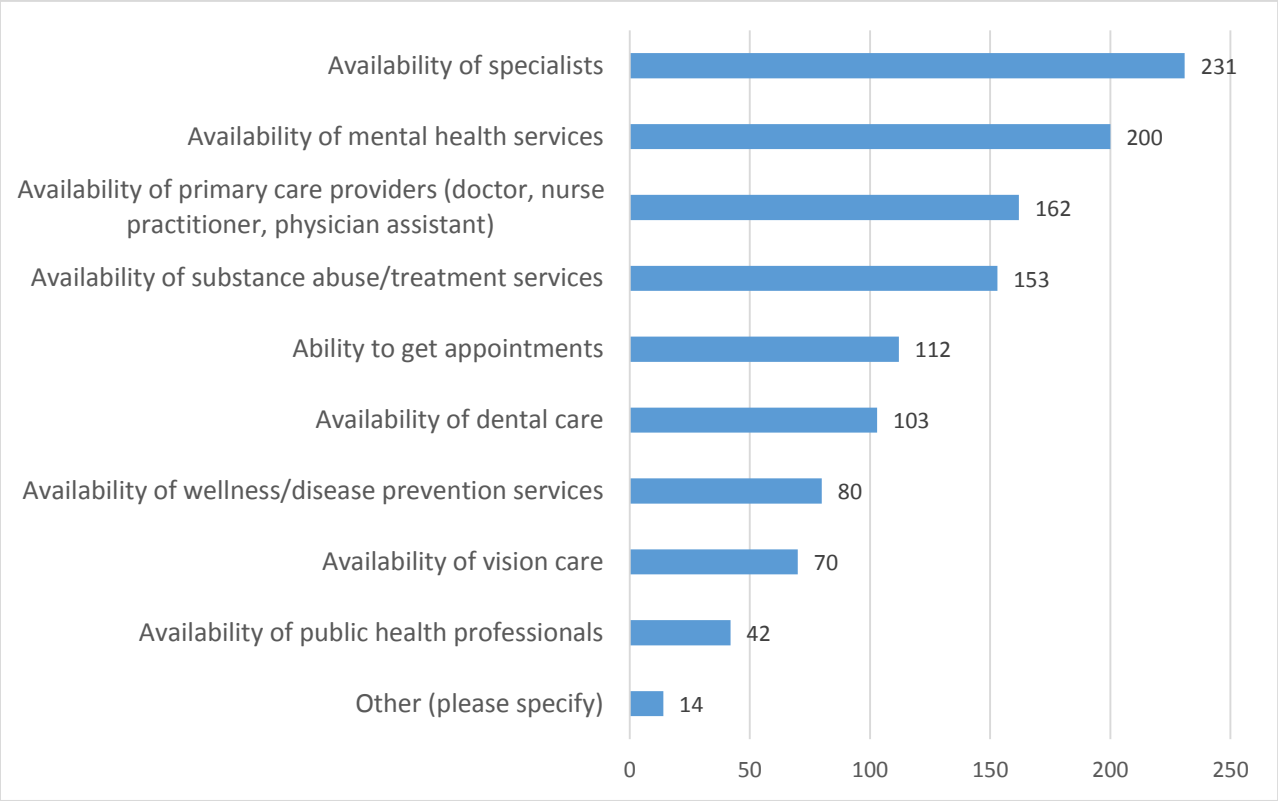


Figure 16: Safety/Environmental Health Concerns

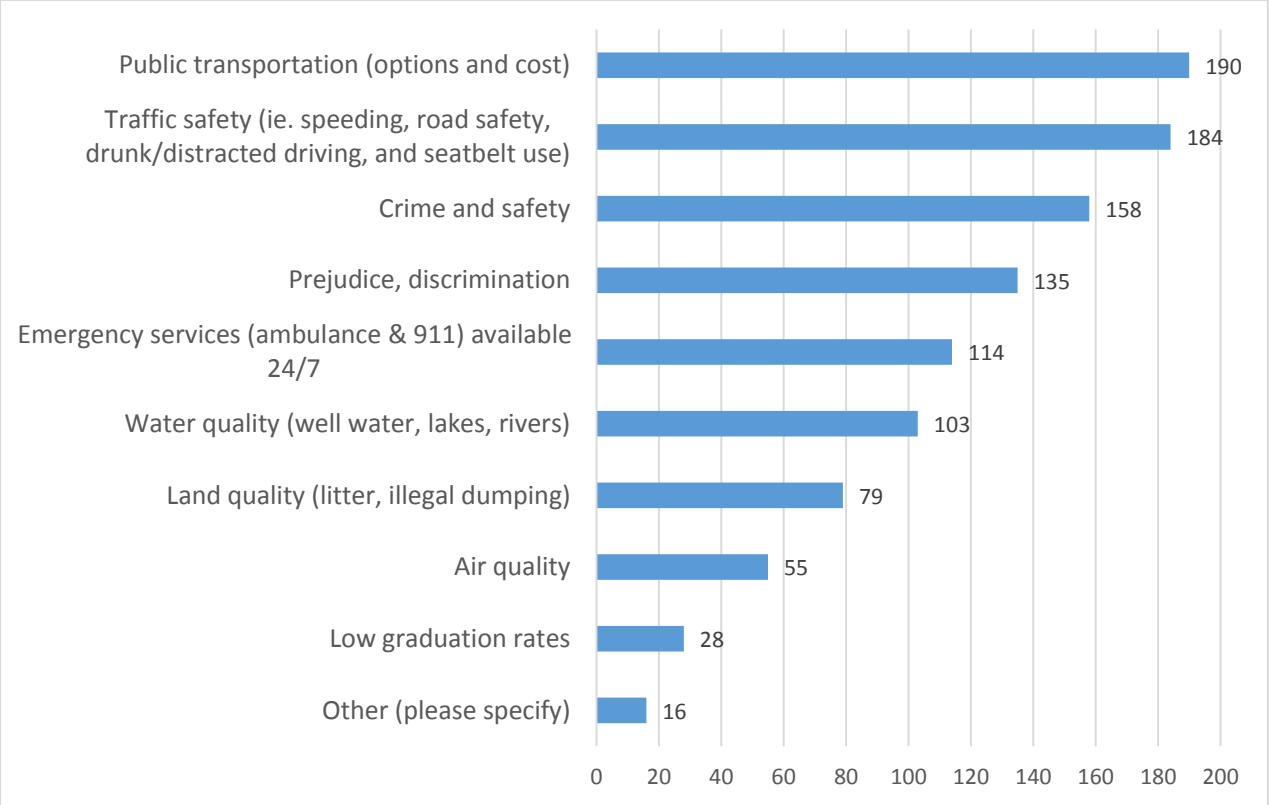


Figure 17: Violence Concerns

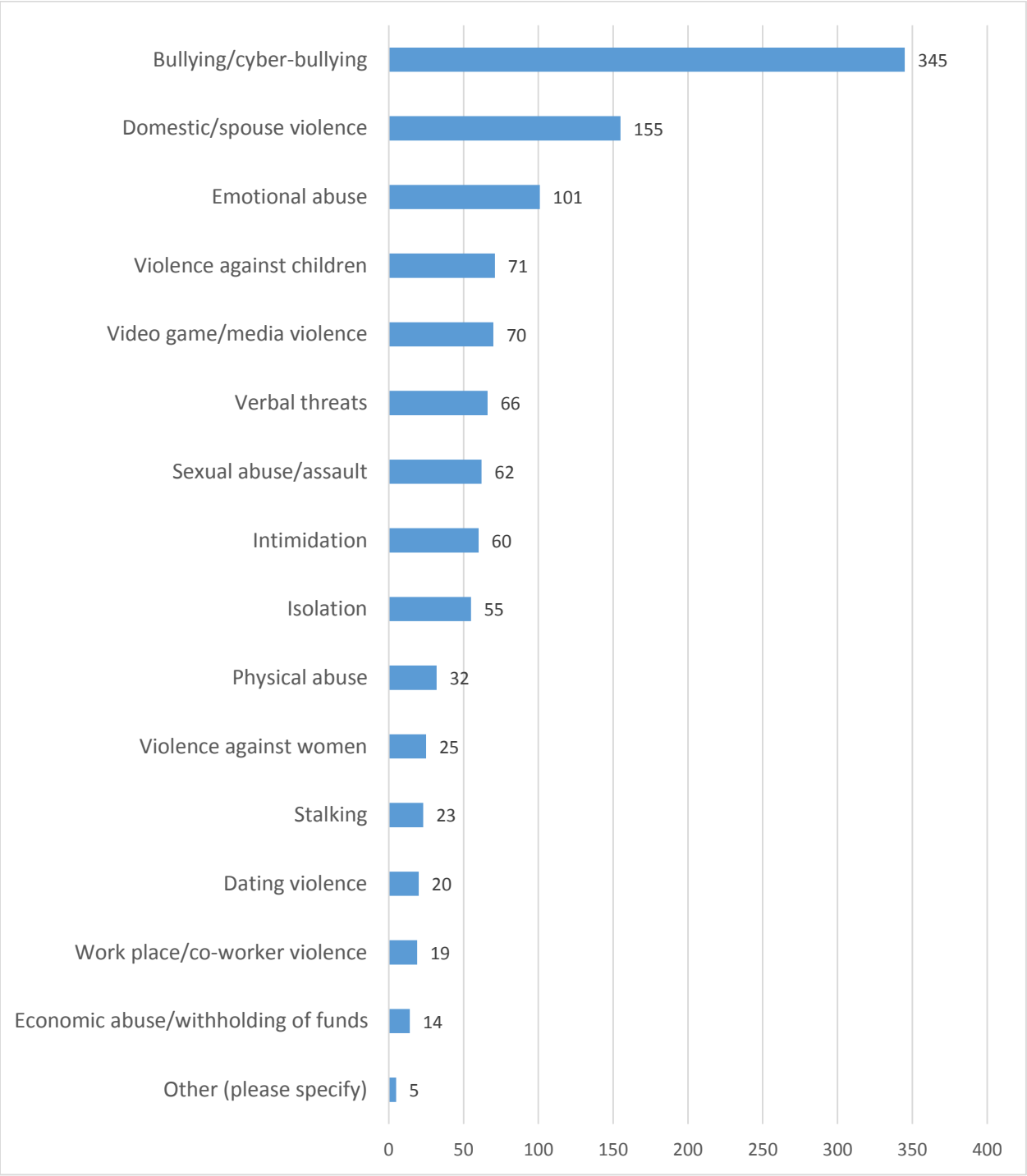


Figure 18: Delivery of Health Services Concerns

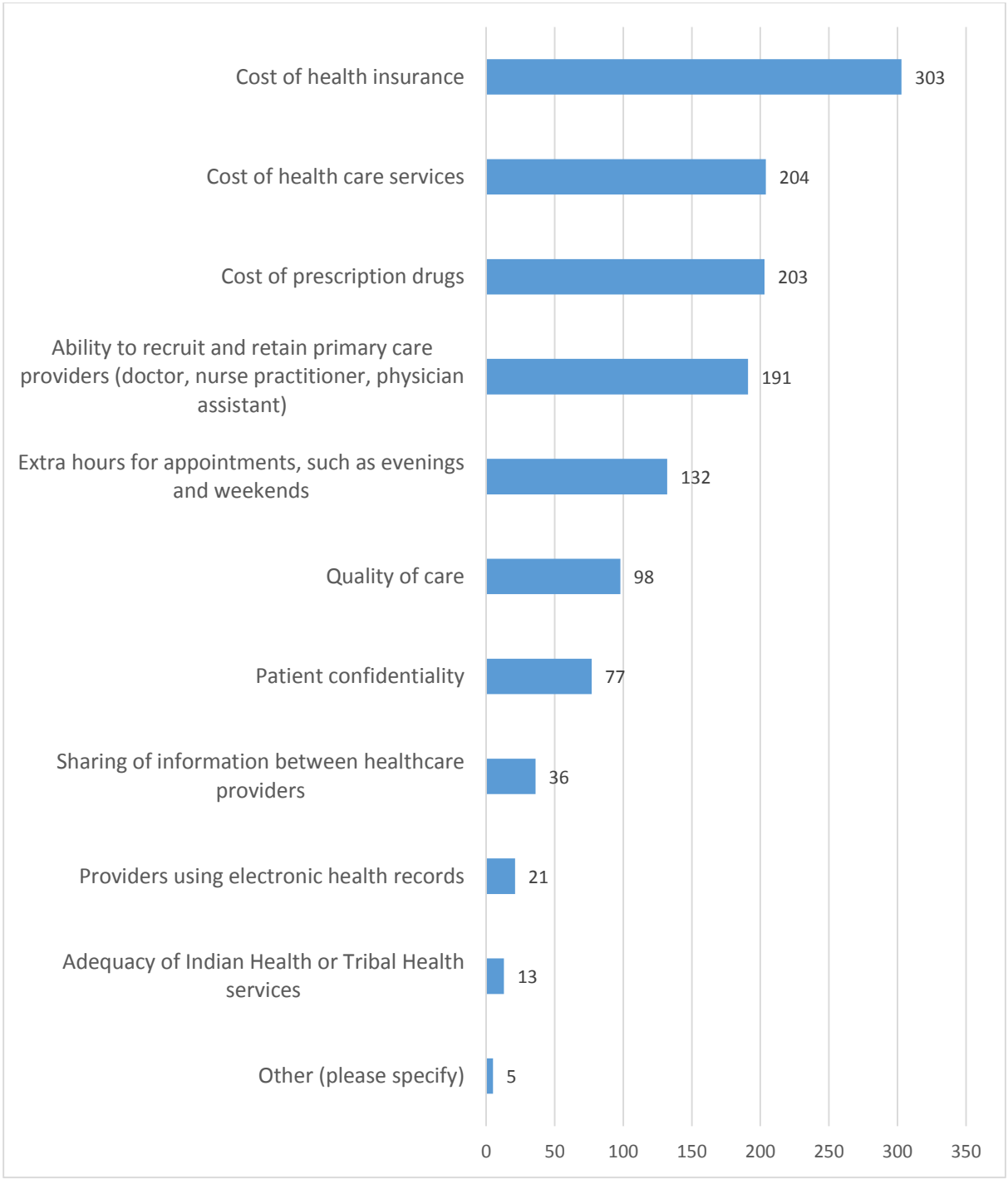


Figure 19: Physical Health Concerns

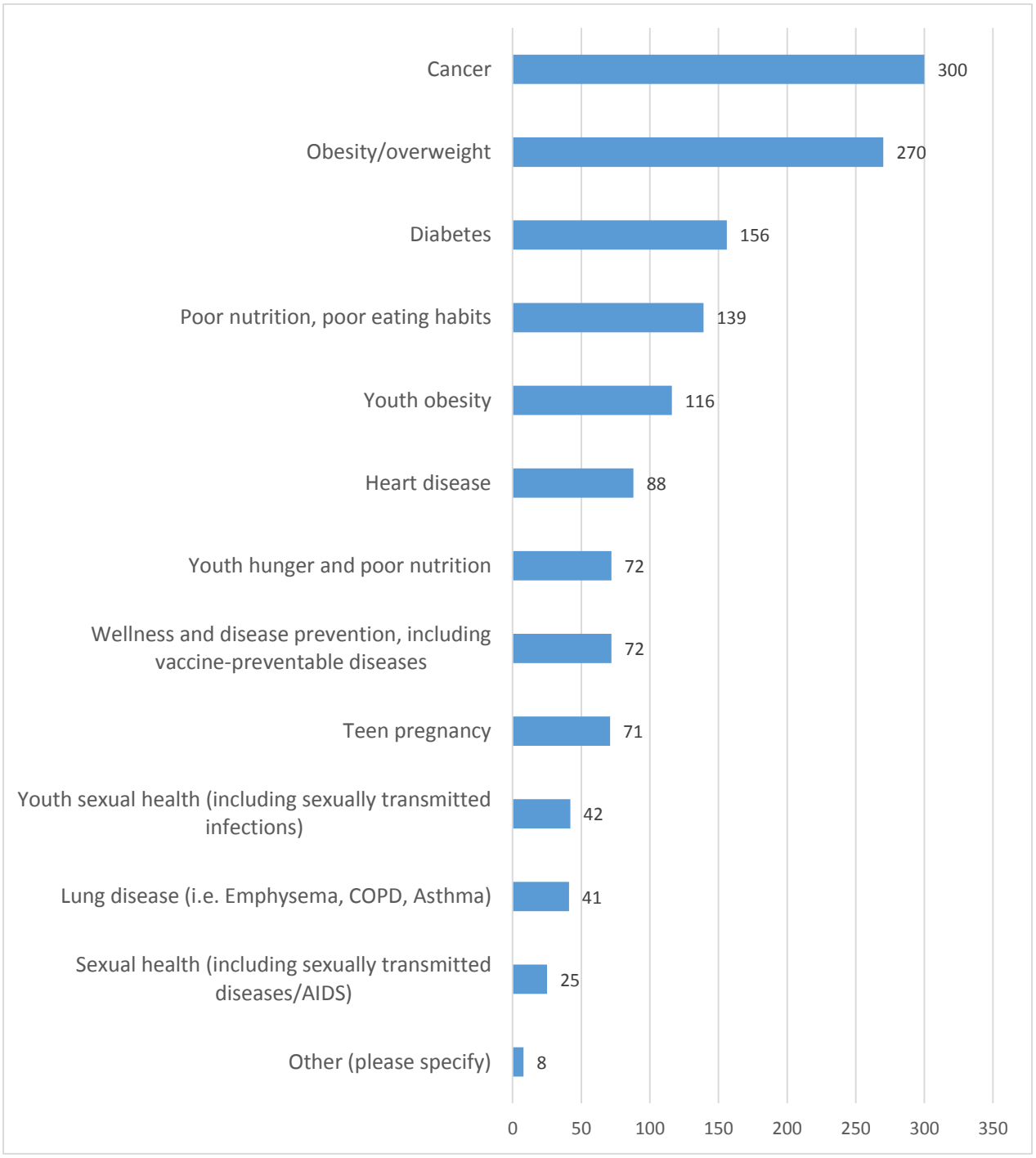


Figure 20: Mental Health and Substance Abuse Concerns

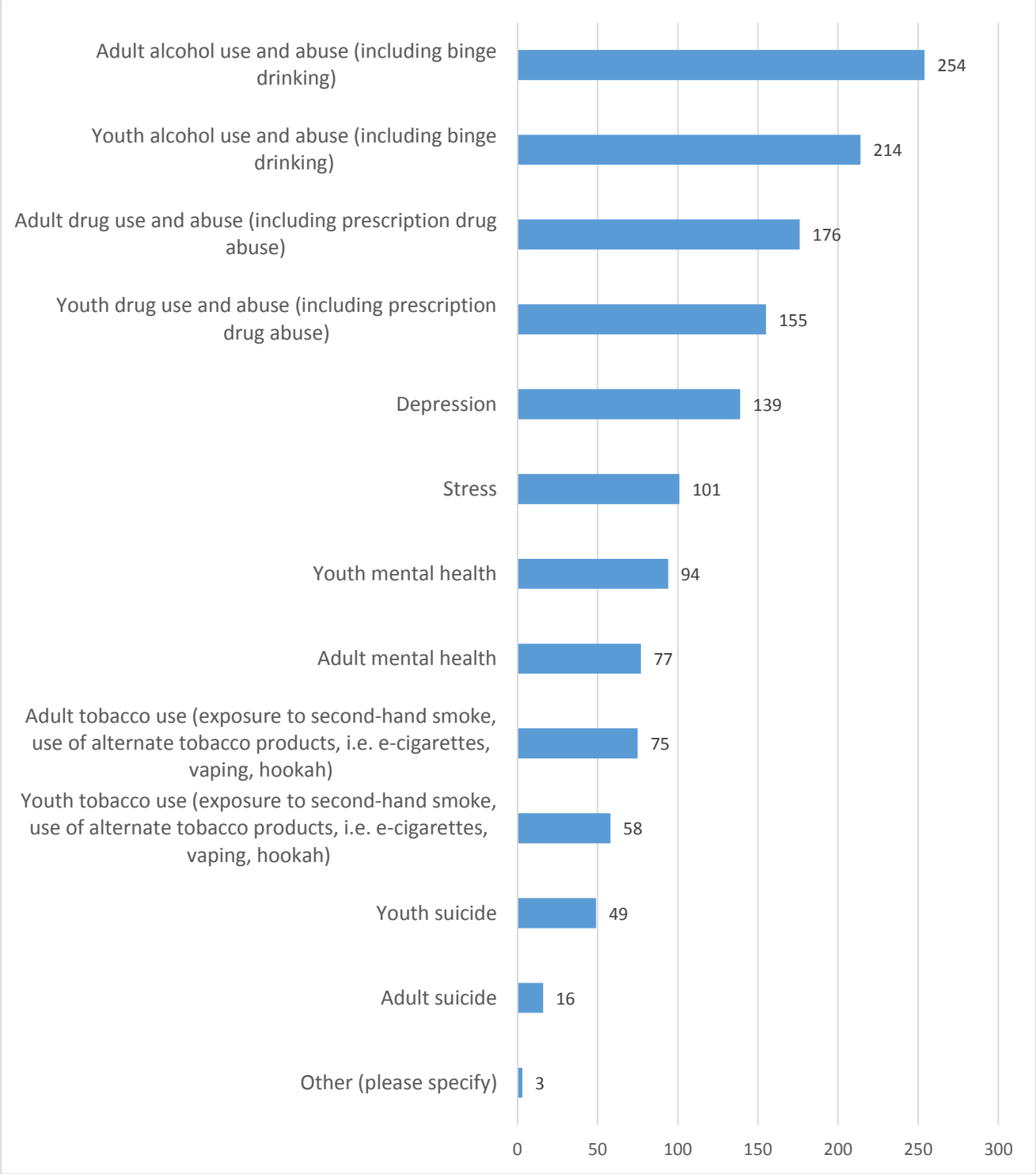
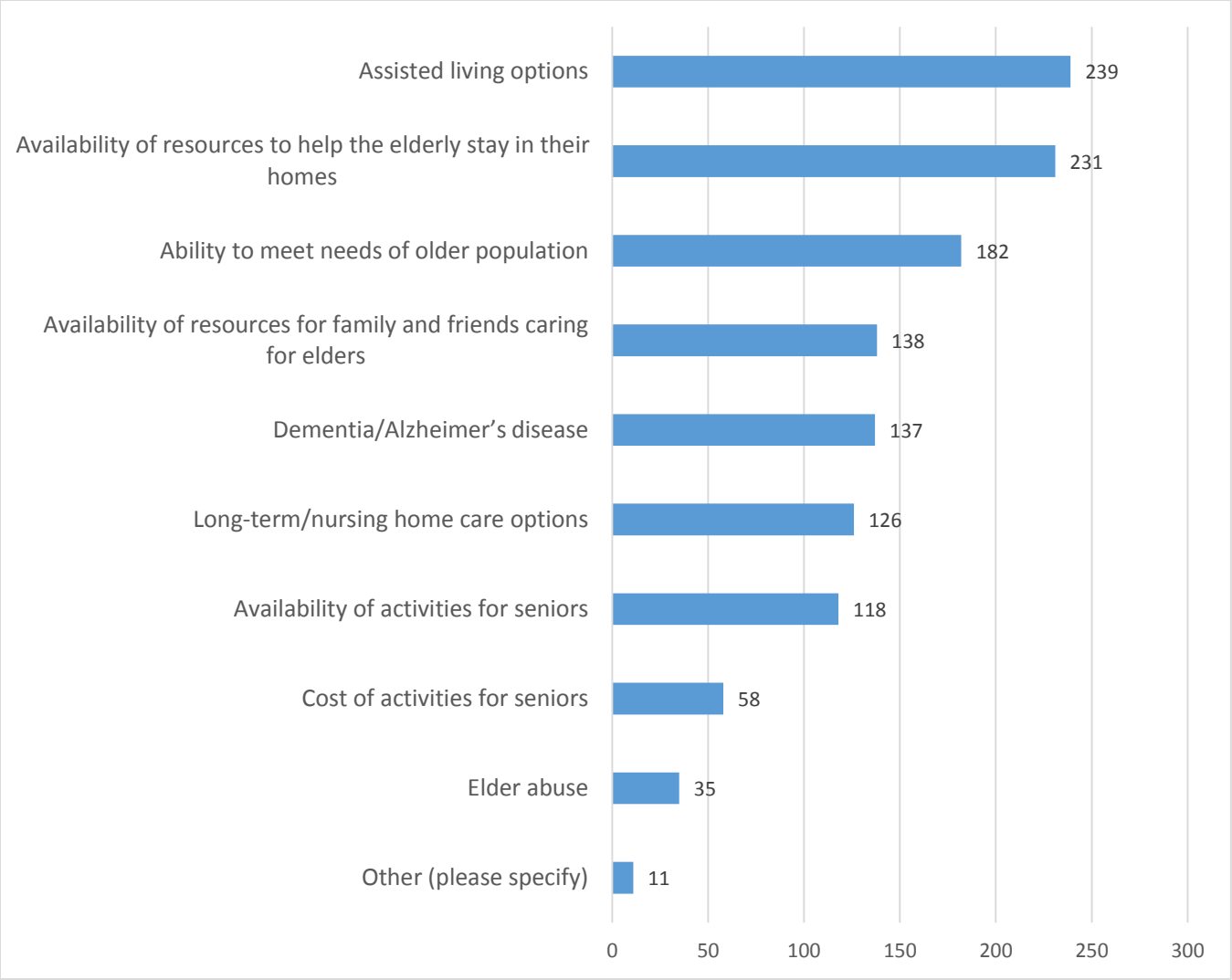


Figure 21: Senior Population Concerns



In another open-ended question, residents were asked, "What are the major challenges facing your community?" The most commonly cited challenges were similar to those identified in the bar graphs, such as: access to affordable and quality housing, jobs that include insurance benefits and livable wages, activities for youth, and quality licensed child care. Additionally, many comments were concerned with the drug and alcohol use and abuse, needing businesses and restaurants that aren't just fast food, and bullying in youth and elders.

Delivery of Healthcare

The survey asked residents what they see as barriers that prevent them or others from receiving healthcare. The most prevalent barrier perceived by residents was no insurance or limited insurance (N=123), followed by not enough specialists (N=117). After not enough specialists, the next most commonly identified barrier was that healthcare was not affordable (N=86); not enough evening or weekend hours (N=80), and concerns about confidentiality (N=75). With regard to confidentiality, comments often reflected a perceived concern with confidentiality or more often discomfort seeing providers or other healthcare personnel that they know and see locally as neighbors, acquaintances, family, or friends.
Figure 22 illustrates these results.

Figure 22: Barriers to Seeking Healthcare Locally

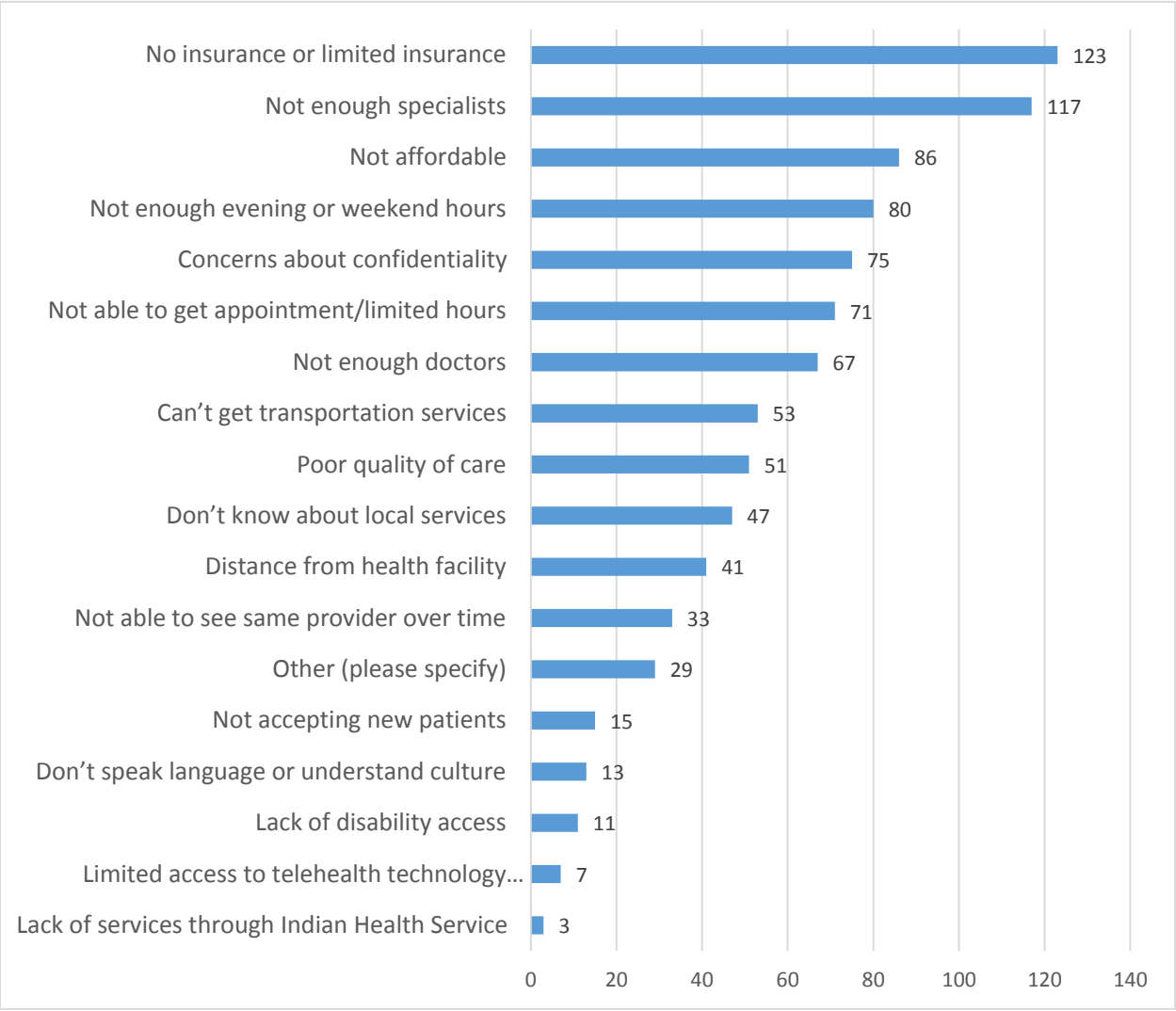


Figure 23: Considering general and acute services offered by the local hospital, which services are you aware of (or have you used in the past year)?

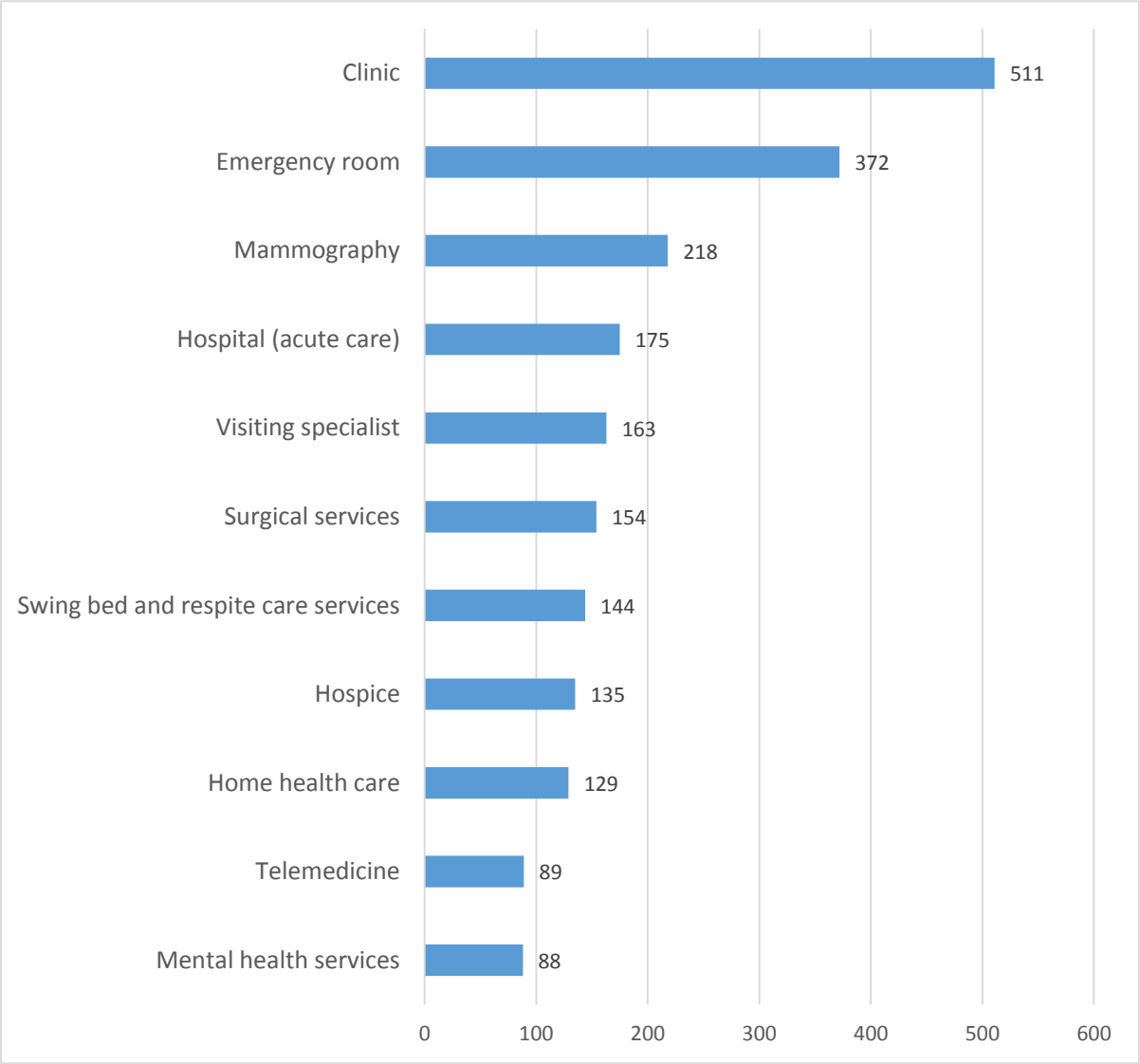
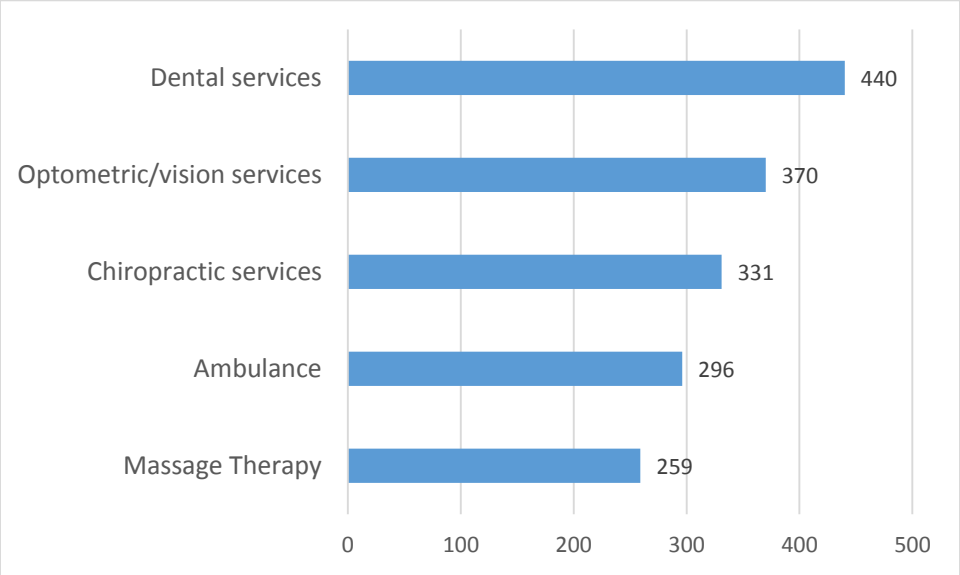


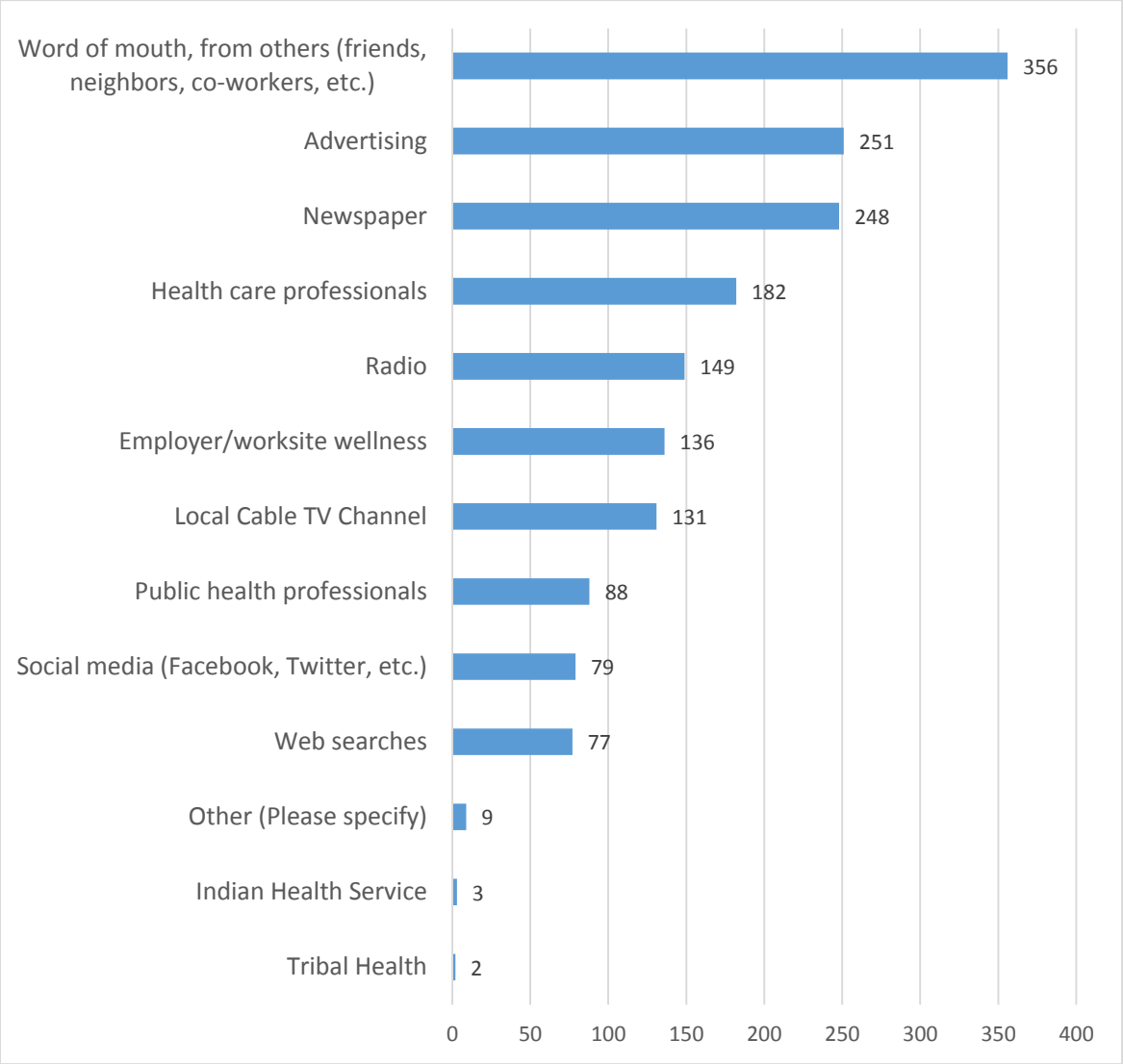
Figure 24: Considering services offered locally, by other providers or organizations, which are you aware of (or have you used in the past year)?



The survey also solicited input about what healthcare services should be added locally. Many of the suggestions were similar to those mentioned previously such as mental health (including addiction treatment/recovery as well as counseling for children). Additionally, there were many comments expressing the need for more availability of local care, and frustration having to travel some distance to seek care. Others suggested a desire to have walk-in and/or extended clinic hours (i.e. weekend evenings) and having more doctors and nurses available to meet the community needs. Additional suggestions were: OB/GYN care, assisted living options for the elderly; diabetes specialists, cancer treatment, and pediatric healthcare. Lastly, some comments were included with regard to the lack a wellness or fitness facility.

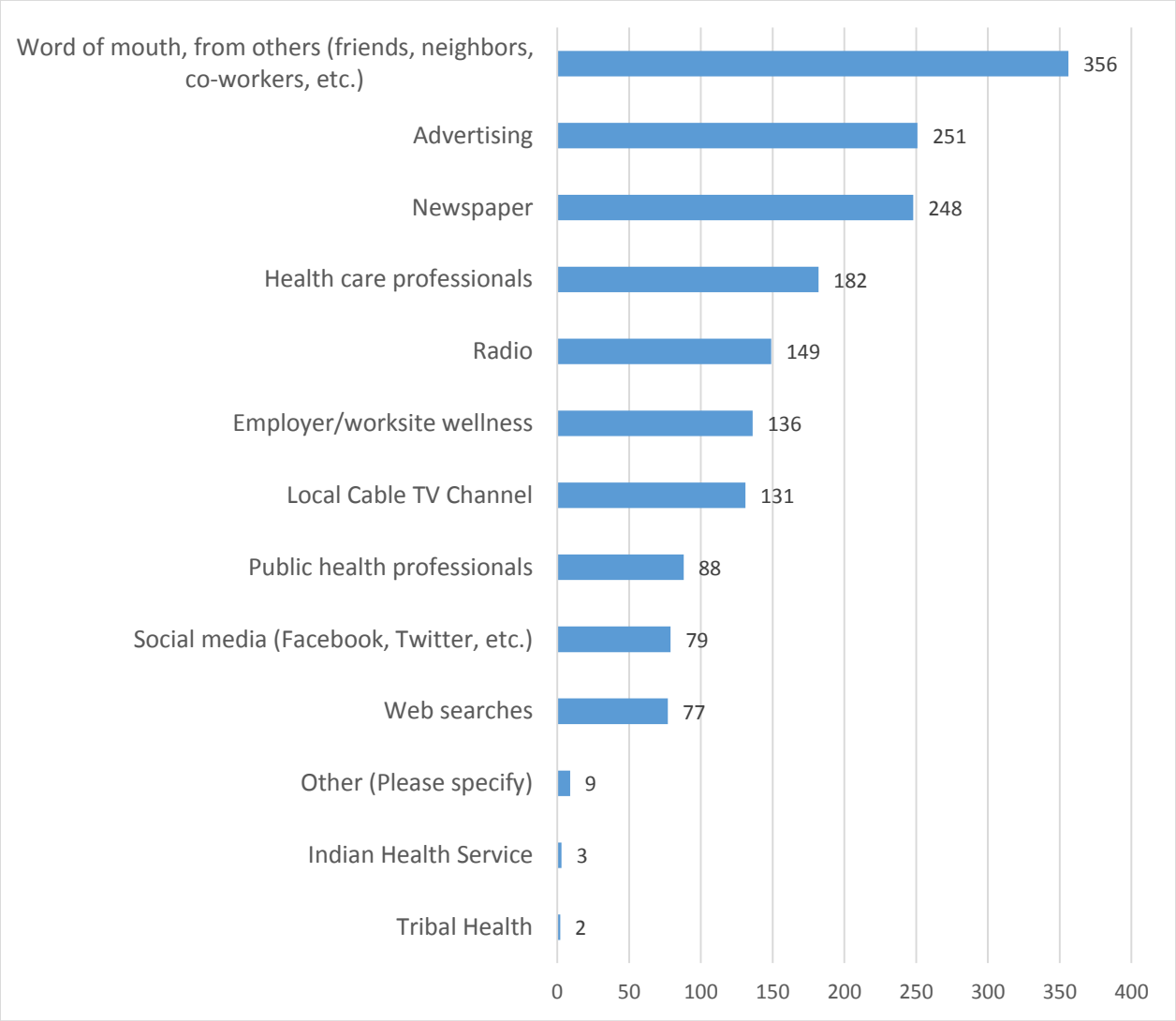
Respondents reported they most often found out about local health services mostly by word of mouth from others, advertising, and newspapers (Figure 25).

Figure 25: Source for learning about local health services.



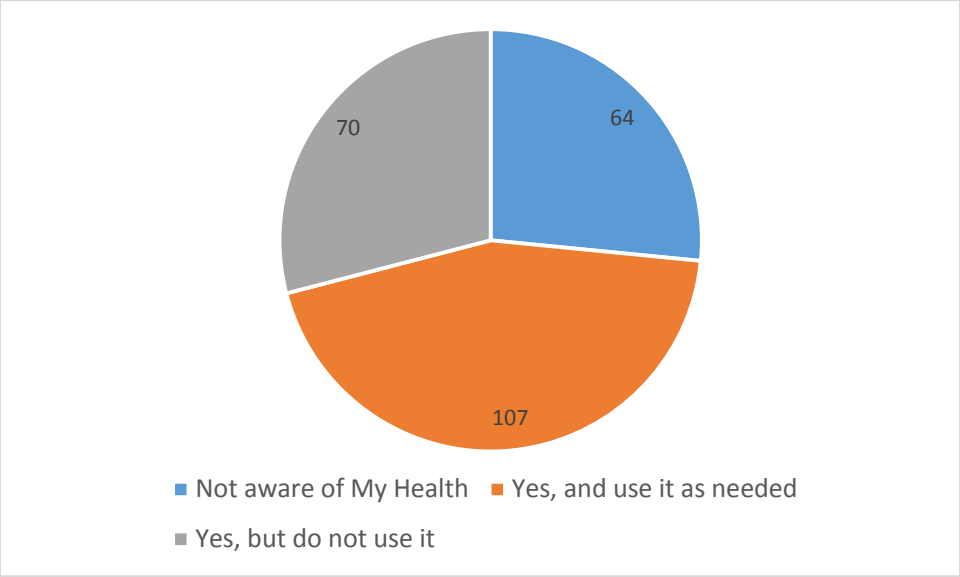
The survey revealed that, by a large margin, residents turned to a primary care provider (doctor, nurse practitioner, physician assistant) for trusted health information (Figure 26). Other common sources of trusted health information were other healthcare professionals (nurses, chiropractors, dentists, etc.), word of mouth, and web searches/internet (WebMD, Mayo Clinic, Healthline, etc.).

Figure 26: Sources of Trusted Health Information



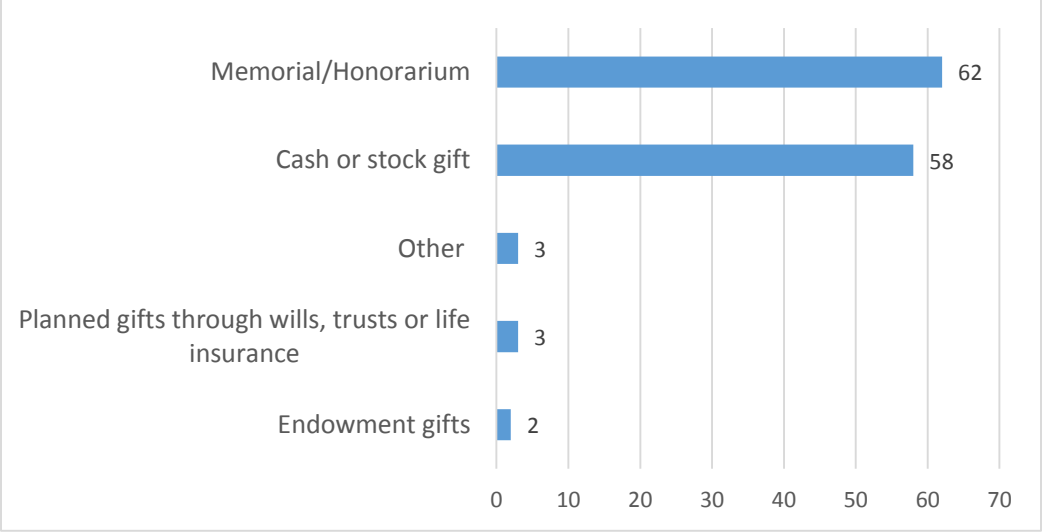
Almost half of respondents were aware of My Health (Figure 27), an online system to access their health records; and 107 respondents were aware, and using it.

Figure 27: My Health



Over half (60%) of respondents were aware that First Care Health Center had a foundation to financially support the hospital. Of those, 128 reported they had supported the foundation, with the majority giving a memorial/honorarium followed closely by a cash or stock gift. See Figure 28.

Figure 28: Foundation Gifts



Findings from Key Informant Interviews & Community Meeting (Focus Group)

Questions about the health and well-being of the community, similar to those posed in the survey, were explored during key informant interviews with community leaders, health professionals, and the first community group meeting. Themes that emerged were wide-ranging, some directly associated with healthcare and others more rooted in broader community matters.

Generally, overarching thematic issues that developed during the interviews and community meeting can be grouped into five categories (listed in alphabetical order):

- Affordable housing
- Attracting and retaining young families
- Costs of healthcare (insurance/out-of-pocket expenses)
- Mental health services
- Substance abuse (alcohol and drugs)

To provide context for these expressed needs, below are some of the comments that interviewees made about these issues:

Affordable housing

- Affordable, and decent housing is needed for moderate income families and seniors.
- Affordable housing is a problem.
- Lacking quality, affordable housing.

Attracting and retaining young families

- In order to keep the community growing we need to bring families in and keep them here.
- Not enough jobs with livable wages – if this improves it will help attract and retain young families.

Costs of healthcare (insurance/out-of-pocket expenses)

- Cost, cost, cost is why people aren't getting care. Some people don't have health insurance.
- Cost of going to the doctor, cost of the prescriptions is too much.
- Healthcare insurance is changing and hard to keep up with out of pocket costs.
- Many may not have health insurance, or the premium or the deductible is very high.

Mental health services

- Doesn't seem like anybody wants to address this. No progress has been made.
- It is harder, instead of easier, to access mental health services – used to be able to do the paperwork themselves and transport people to the state hospital. Major frustration – these people end up in the jails and don't belong there, they need mental health treatment (inpatient and outpatient).
- Health-related organizations should work together to provide mental health services and make it more accessible. People need to feel comfortable getting help with mental health issues early-on. People tend to wait until it is a bigger issue than it needs to be. It takes time to line up the resources. Be proactive, conduct screenings.
- There is a stigma of mental health. Parents and kids don't know the skills for working out the problems. Even little kids have severe anxiety and they don't know how to deal with it and the parents don't know either. Could use parenting classes. Can be a hardship for people to go to Northeast Human Services in Grafton.
- When law enforcement has to get involved, the committal process is a big challenge for the ER docs and staff, who have to do the paperwork; clarification on who does what is needed. Finding them an inpatient bed is a challenge. The small hospitals can do a better job with mental health, they do a great job of taking care of patients.
- Transport takes a lot of time for the sheriff's department.
- Have to travel for mental health services.

Substance abuse (alcohol and drugs)

- Alcohol use. Family, adults, kids. If you are drinking you're more likely to use drugs, engage in sexual behavior, etc.
- Prescription drugs has been abused a lot. Over-prescribing of pain meds is a problem. Law enforcement can access prescription drug monitoring program (PDMP) records – use for active cases. ND Courts have the arrests available on their website that the health providers can access these. How can law enforcement and providers work together?
- Alcohol use is a problem. A coalition has been established.

Community Engagement and Collaboration

Key informants also were asked to weigh in on community engagement and collaboration of various organizations and stakeholders in the community. Specifically, participants were asked, "On a scale of 1 to 5, with 1 being no collaboration/community engagement and 5 being excellent collaboration/community engagement, how would you rate the collaboration/engagement in the community among these various organizations?" They were then presented with a list of 13 organizations or community segments to rank. According to these participants, the hospital, pharmacies, public health, and other local

health providers are the most engaged in the community. The averages of these rankings (with 5 being "excellent" engagement or collaboration) were:

- Business and industry (4.5)
- Emergency services, including ambulance and fire (4.5)
- Faith Based Organizations (4.5)
- Schools (4)
- Public Health (4)
- Hospital (Healthcare system) (4)
- Law enforcement (4)
- Other local health providers, (i.e. dentists and chiropractors) (4)
- Long term care, including nursing homes and assisted living (3.5)
- Economic development organizations (3.5)
- Social Services (3.5)
- Other non-affiliated clinics (3)
- Pharmacies (3)
- Human services agencies (2.5)

Priority of Health Needs

A Community Group met on May 3, 2016. Twelve community 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 survey results (including perceived community assets and concerns, and barriers to care), and findings from the key informant interviews.

Following the presentation of the assessment findings, and after consideration of and discussion about the findings, all members of the group were asked to identify what they perceived as the top four community health needs. All of the potential needs were listed on large poster boards, and each member was given four stickers so they could place a sticker next to each of the four needs they considered the most significant.

The results were totaled, and the concerns most often cited were:

- Alcohol use and abuse (6 votes)
- Traffic safety (4 votes)
- Assisted living options (4 votes)
- Jobs with livable wages (7 votes)
- Obesity/overweight (6 votes)

Then, from those top five priorities, each person put one sticker on the item they felt was the most important. The rankings were:

1. Obesity/overweight (6 votes)
2. Jobs with livable wages (4 votes)
3. Alcohol use and abuse (2 votes)

Following the prioritization process, the second meeting of the Community Group, the number one identified need, was obesity and overweight. A summary of this prioritization may be found in Appendix C.

Comparison of Needs Identified Previously

Top Needs Identified 2013 CHNA Process	Top Needs Identified 2016 CHNA Process
Excessive drinking	Alcohol use and abuse
Healthcare workforce shortage	Traffic safety
Mental health	Assisted living options
Obesity & physical inactivity	Jobs with livable wages
Uninsured adults	Obesity/overweight

Health and Community Projects/Programs Implemented to Address Needs Identified in 2013

In response to the needs identified in the 2013 community health needs assessment process the following actions were taken:

Excessive Alcohol Use: First Care Health Center joined the newly formed Walsh County Alcohol Prevention Coalition coordinated by the Walsh County Health District in 2014. A grant was received from the North Dakota Department of Human Services to complete a needs assessment, develop strategies, and begin implementation of evidence based alcohol prevention programs related to: adult binge drinking, youth drinking, youth binge drinking, and alcohol related crashes. Strategies included work place policy, enhanced enforcement, media campaigns, texting tip lines, and responsible beverage server training.

Mental Health: First Care Health Center and Unity Medical Center CEOs formed a mental health task force, facilitated by Walsh County Health District to address mental health issues related to emergency room care and access to treatment, evaluation, and committal. Agencies involved included North East Human Services, Altru ER, Altru Psychiatry, Valley Ambulance, Park River Ambulance, States Attorney's Office, Grafton Police, Walsh County Sheriff's Office, local legislators, and directors of nursing for both hospitals. As a result of the task force meetings, the processes and paperwork for referral and committal were updated. Legislative action was proposed on Century Code related to mid- level providers and the committal process.. Concerns were shared related to the processes for streamlining procedures, which would assist all agencies and the clients or patients served.

Obesity/Physical Inactivity: The Licensed Registered Dietitian (LRD) of First Care Health Center developed a community and agency "Biggest Loser" contest that has been in place for three years. The agency sponsors a biggest loser challenge annually, with excellent participation from the community and great local media coverage. In addition, the LRD provides educational programs for the staff/community throughout the year.

Worksite Wellness: First Care Health Center developed and implemented a worksite wellness program in 2015.

Uninsured adults: Late fall of 2014, First Care Health Center began participating in the Health Resources and Services Administration(HRSA) 340b drug program that assists people without insurance to get assistance paying for prescription medications.

Next Steps–Strategic Implementation Plan

Although a community health needs assessment and strategic implementation plan are required by hospitals and local public health units considering accreditation, it is important to keep in mind the needs identified at this point will be broad community-wide needs along with healthcare system-specific needs. This process is simply a first step to identify needs and determine areas of priority. The second step will be to convene the steering committee, or other community group, to select an agreed upon prioritized need on which to begin working. The strategic planning process will begin with identifying current initiatives/programs and resources already in place to address the identified community need(s). Additional steps include identifying what is needed and feasible to address given community resources, and what role and responsibility the hospital, clinic, and various community organizations play in developing strategies and implementing specific activities to address the community health need selected. Community engagement is essential for successfully developing a plan and executing the action steps for addressing one or more of the needs identified.

"If you want to go fast, go alone. If you want to go far, go together." Proverb

Community Benefit Report

We strongly encourage hospitals and public health units to review their Community Benefit Report to determine how/if it aligns with the needs identified through the CHNA as well as the Implementation Plan.

The community benefit requirement is a long-standing requirement of non-profit hospitals and is reported in Part I of the hospital's Form 990. The strategic implementation requirement was added as part of the ACA's CHNA requirement. It is reported on Part V of the 990. Not-for-

profit healthcare organizations demonstrate their commitment to community service through organized and sustainable community benefit programs providing:

- Free and discounted care to those unable to afford healthcare.
- Care to low-income beneficiaries of Medicaid and other indigent care programs.
- Services designed to improve community health and increase access to healthcare.

Community benefit is also the basis of the tax-exemption of not-for-profit hospitals. The Internal Revenue Service (IRS), in its Revenue Ruling 69–545, describes the community benefit standard for charitable tax-exempt hospitals. Since 2008, tax-exempt hospitals have been required to report their community benefit and other information related to tax-exemption on the IRS Form 990 Schedule H.

What Are Community Benefits?

Community benefits are programs or activities that provide treatment and/or promote health and healing as a response to identified community needs. They increase access to healthcare and improve community health.

A community benefit must respond to an identified community need and meet at least one of the following criteria:

- Improve access to healthcare services.
- Enhance health of the community.
- Advance medical or health knowledge.
- Relieve or reduce the burden of government or other community efforts.

A program or activity should not be reported as community benefit if it is:

- Provided for marketing purposes.
- Restricted to hospital employees and physicians.
- Required of all healthcare providers by rules or standards.
- Questionable as to whether it should be reported.
- Unrelated to health or the mission of the organization.

Appendix A –Survey Instrument

Walsh County Health Survey

First Care Health Center, Unity Medical Center, and Walsh County Health District are interested in hearing from you about community health concerns. The focus of this effort is to:

- Learn of the good things in your community as well as concerns in the community
- Understand perceptions and attitudes about the health of the community, and hear suggestions for improvement
- Learn more about how local health services are used by you and other residents

If you prefer, you may take the survey online at http://tinyurl.com/walshcounty.

Surveys will be tabulated by the Center for Rural Health at the University of North Dakota School of Medicine and Health Sciences. 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 only in total. If you have questions about the survey, you may contact Kylie Nissen at 701.777.5380. ***Surveys will be accepted through March 16, 2016.***

Your opinion matters – thank you in advance!

Community Assets: Please tell us about your community by **choosing up to three options** you most agree with in each category below.

Q1. Considering the **PEOPLE** in your community, the best things are (choose up to THREE):

- ☐ Community is socially and culturally diverse or becoming more diverse
- ☐ Feeling connected to people who live here
- ☐ Government is accessible
- ☐ People are friendly, helpful, supportive
- ☐ People who live here are involved in their community
- ☐ People are tolerant, inclusive and open-minded
- ☐ Sense that you can make a difference through civic engagement
- ☐ Other (please specify) _____

Q2. Considering the **SERVICES AND RESOURCES** in your community, the best things are (choose up to THREE):

- ☐ Access to healthy food
- ☐ Active faith community
- ☐ Business district (restaurants, availability of goods)
- ☐ Community groups and organizations
- ☐ Health care
- ☐ Opportunities for advanced education
- ☐ Public transportation
- ☐ Programs for youth
- ☐ Quality school systems
- ☐ Other (please specify) _____

Q3. Considering the **QUALITY OF LIFE** in your community, the best things are (choose up to THREE):

- ☐ Closeness to work and activities
- ☐ Family-friendly; good place to raise kids
- ☐ Informal, simple, laidback lifestyle
- ☐ Job opportunities or economic opportunities
- ☐ Safe place to live, little/no crime
- ☐ Other (please specify) _____

Q4. Considering the **ACTIVITIES** in your community, the best things are (choose up to THREE):

- ☐ Activities for families and youth
- ☐ Arts and cultural activities
- ☐ Local events and festivals
- ☐ Recreational and sports activities
- ☐ Year-round access to fitness opportunities
- ☐ Other (please specify) _____

Community Concerns: Please tell us about your community by choosing up to three options you most agree with in each category.

Q5. Considering the **COMMUNITY HEALTH** in your community, concerns are (choose up to THREE):

- ☐ Access to exercise and wellness activities
- ☐ Adequate childcare services
- ☐ Adequate school resources
- ☐ Adequate youth activities
- ☐ Affordable housing
- ☐ Attracting and retaining young families
- ☐ Change in population size (increase or decrease)
- ☐ Jobs with livable wages
- ☐ Poverty
- ☐ Other (please specify) _____

Q6. Considering the **AVAILABILITY OF HEALTH SERVICES** in your community, concerns are (choose up to THREE):

- ☐ Ability to get appointments
- ☐ Availability of primary care providers (doctor, nurse practitioner, physician assistant)
- ☐ Availability of dental care
- ☐ Availability of mental health services
- ☐ Availability of public health professionals
- ☐ Availability of specialists
- ☐ Availability of substance abuse/treatment services
- ☐ Availability of vision care
- ☐ Availability of wellness/disease prevention services
- ☐ Other (please specify) _____

Q7. Considering the **SAFETY/ENVIRONMENTAL HEALTH** in your community, concerns are (choose up to THREE):

- ☐ Air quality
- ☐ Crime and safety
- ☐ Emergency services (ambulance & 911) available 24/7
- ☐ Land quality (litter, illegal dumping)
- ☐ Low graduation rates
- ☐ Prejudice, discrimination
- ☐ Public transportation (options and cost)
- ☐ Traffic safety (i.e. speeding, road safety, drunk/distracted driving, and seatbelt use)
- ☐ Water quality (well water, lakes, rivers)
- ☐ Other (please specify) _____

Q8. Considering the **DELIVERY OF HEALTH SERVICES** in your community, concerns are (choose up to THREE):

- ☐ Ability to recruit and retain primary care providers (doctor, nurse practitioner, physician assistant)
- ☐ Adequacy of Indian Health or Tribal Health services
- ☐ Cost of health care services
- ☐ Cost of health insurance
- ☐ Cost of prescription drugs
- ☐ Extra hours for appointments, such as evenings and weekends
- ☐ Patient confidentiality
- ☐ Providers using electronic health records
- ☐ Quality of care
- ☐ Sharing of information between healthcare providers
- ☐ Other (please specify) _____

Q9. Considering the **PHYSICAL HEALTH** in your community, concerns are (choose up to THREE):

- ☐ Cancer
- ☐ Diabetes
- ☐ Lung disease (i.e. Emphysema, COPD, Asthma)
- ☐ Heart disease
- ☐ Obesity/overweight
- ☐ Poor nutrition, poor eating habits
- ☐ Sexual health (including sexually transmitted diseases/AIDS)
- ☐ Teen pregnancy
- ☐ Youth hunger and poor nutrition
- ☐ Youth obesity
- ☐ Youth sexual health (including sexually transmitted infections)
- ☐ Wellness and disease prevention, including vaccine-preventable diseases
- ☐ Other (please specify) _____

Q10. Considering the **MENTAL HEALTH AND SUBSTANCE ABUSE** in your community, concerns are (choose up to THREE):

- ☐ Adult alcohol use and abuse (including binge drinking)
- ☐ Adult drug use and abuse (including prescription drug abuse)
- ☐ Adult tobacco use (exposure to second-hand smoke, use of alternate tobacco products i.e. e-cigarettes, vaping, hookah)
- ☐ Adult mental health
- ☐ Adult suicide
- ☐ Depression
- ☐ Stress
- ☐ Youth alcohol use and abuse (including binge drinking)
- ☐ Youth drug use and abuse (including prescription drug abuse)
- ☐ Youth mental health
- ☐ Youth suicide
- ☐ Youth tobacco use (exposure to second-hand smoke, use of alternate tobacco products i.e. e-cigarettes, vaping, hookah)
- ☐ Other (please specify) _____

Q11. Regarding various forms of **VIOLENCE** in your community, concerns are (choose up to THREE):

- ☐ Bullying/cyber-bullying
- ☐ Dating violence
- ☐ Domestic/spouse violence
- ☐ Economic abuse/withholding of funds
- ☐ Emotional abuse
- ☐ Intimidation
- ☐ Isolation
- ☐ Physical abuse
- ☐ Stalking
- ☐ Sexual abuse/assault
- ☐ Verbal threats
- ☐ Video game/media violence
- ☐ Violence against children
- ☐ Violence against women
- ☐ Work place/co-worker violence
- ☐ Other (please specify) _____

Q12. Considering the **SENIOR POPULATION** in your community, concerns are (choose up to THREE):

- ☐ Ability to meet needs of older population
- ☐ Assisted living options
- ☐ Availability of activities for seniors
- ☐ Availability of resources for family and friends caring for elders
- ☐ Availability of resources to help the elderly stay in their homes
- ☐ Cost of activities for seniors
- ☐ Dementia/Alzheimer's disease
- ☐ Elder abuse
- ☐ Long-term/nursing home care options
- ☐ Other (please specify) _____

Q13. What are the major challenges facing your community?

_____

_____

_____

Delivery of Health Care

Q14. What specific health care services, if any, do you think should be added locally?

_____

_____

Q15. Where do you go to see your primary care provider (doctor, nurse practitioner, physician assistant)? (Choose One):

- ☐ First Care Health Center - Park River
- ☐ Unity Medical Center - Grafton
- ☐ Veterans Affairs - Grafton
- ☐ Other (please specify): _____

Q16. Considering **GENERAL** and **ACUTE SERVICES** in your hospital, which services are you aware of (or have you used in the past year)? (Choose ALL that apply):

- ☐ Clinic
- ☐ Emergency room
- ☐ Home health care
- ☐ Hospice
- ☐ Hospital (acute care)
- ☐ Mental health services
- ☐ Mammography
- ☐ Surgical services
- ☐ Swing bed and respite care services
- ☐ Visiting specialist
- ☐ Telemedicine

Q17. Considering **COMMUNITY SERVICES** offered locally, which services are you aware of (or have you used in the past year)? (Choose ALL that apply):

- ☐ Ambulance
- ☐ Chiropractic services
- ☐ Dental services
- ☐ Massage Therapy
- ☐ Optometric/vision services

Q18. What **PREVENTS** you or other community residents from receiving health care locally? (Choose ALL that apply):

- ☐ Can't get transportation services
- ☐ Concerns about confidentiality
- ☐ Distance from health facility
- ☐ Don't know about local services
- ☐ Don't speak language or understand culture
- ☐ Lack of disability access
- ☐ Lack of services through Indian Health Services
- ☐ Limited access to telehealth technology (Providers at another facility through a monitor/TV screen)
- ☐ No insurance or limited insurance
- ☐ Not able to get appointment/limited hours
- ☐ Not able to see same provider over time
- ☐ Not accepting new patients
- ☐ Not affordable
- ☐ Not enough doctors
- ☐ Not enough evening or weekend hours
- ☐ Not enough specialists
- ☐ Poor quality of care
- ☐ Other (please specify) _____

Q19. Where do you find out about **LOCAL HEALTH SERVICES** are available in your area? (Choose ALL that apply):

- ☐ Advertising
- ☐ Employer/worksite wellness
- ☐ Health care professionals
- ☐ Indian Health Service
- ☐ Local Cable TV Channel
- ☐ Newspaper
- ☐ Public health professionals
- ☐ Radio
- ☐ Social media (Facebook, Twitter, etc.)
- ☐ Tribal Health
- ☐ Web searches
- ☐ Word of mouth, from others (friends, neighbors, co-workers, etc.)
- ☐ Other (Please specify)_____

Q20. Where do you turn for trusted health information? (Choose ALL that apply):

- ☐ Other health care professionals (nurses, chiropractors, dentists, etc.)
- ☐ Primary care provider (doctor, nurse practitioner, physician assistant)
- ☐ Public health professional
- ☐ Web searches/Internet (WebMD, Mayo Clinic, Healthline, etc.)
- ☐ Word of mouth, from others (friends, neighbors, co-workers, etc.)
- ☐ Other (please specify) _____

Q21. Are you aware of My Health, which is an online system to access your health records? (Choose One):

☐ No ☐ Yes, but do not use it ☐ Yes, and use it as needed

Q22. Are you aware of your hospital's Foundation, which exists to financially support the hospital? (Choose One):

☐ Yes ☐ No

Q23. Have you supported the Foundation in any of the following ways? (Choose ALL that apply):

- ☐ Cash or stock gift
- ☐ Endowment gifts
- ☐ Memorial/Honorarium
- ☐ Planned gifts through wills, trusts or life insurance
- ☐ Other (please specify) _____

Demographic Information: Please tell us about yourself.

Q24. Do you work for a hospital in Walsh County?

- ☐ No
- ☐ Yes, United Medical Center
- ☐ Yes, First Care Health Center

Q25. Health insurance or health coverage status (Choose ALL that apply):

- ☐ Indian Health Service (IHS)
- ☐ Insurance through employer or self-purchased
- ☐ Medicaid
- ☐ Medicare
- ☐ No insurance
- ☐ Not enough insurance
- ☐ Veteran's Health Care Benefits
- ☐ Other (please specify) _____

Q26. Age:

- ☐ Less than 18 years
- ☐ 18 to 24 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

Q27. Highest level of education:

- ☐ Less than high school
- ☐ High school diploma or GED
- ☐ Some college/technical degree
- ☐ Associate's degree
- ☐ Bachelor's degree
- ☐ Graduate or professional degree

Q28. Gender:

- ☐ Female
- ☐ Male
- ☐ Transgender

Q29. Employment status:

- ☐ Full time
- ☐ Part time
- ☐ Homemaker
- ☐ Multiple job holder
- ☐ Unemployed
- ☐ Retired

Q30. Your zip code: _____

Q31. Race/Ethnicity (Choose ALL that apply):

- ☐ American Indian
- ☐ African American
- ☐ Asian
- ☐ Hispanic/Latino
- ☐ Pacific Islander
- ☐ White/Caucasian
- ☐ Other: _____
- ☐ Prefer not to answer

Q32. Annual household income before taxes:

- ☐ Less than $15,000
- ☐ $15,000 to $24,999
- ☐ $25,000 to $49,999
- ☐ $50,000 to $74,999
- ☐ $75,000 to $99,999
- ☐ $100,000 to $149,999
- ☐ $150,000 and over
- ☐ Prefer not to answer

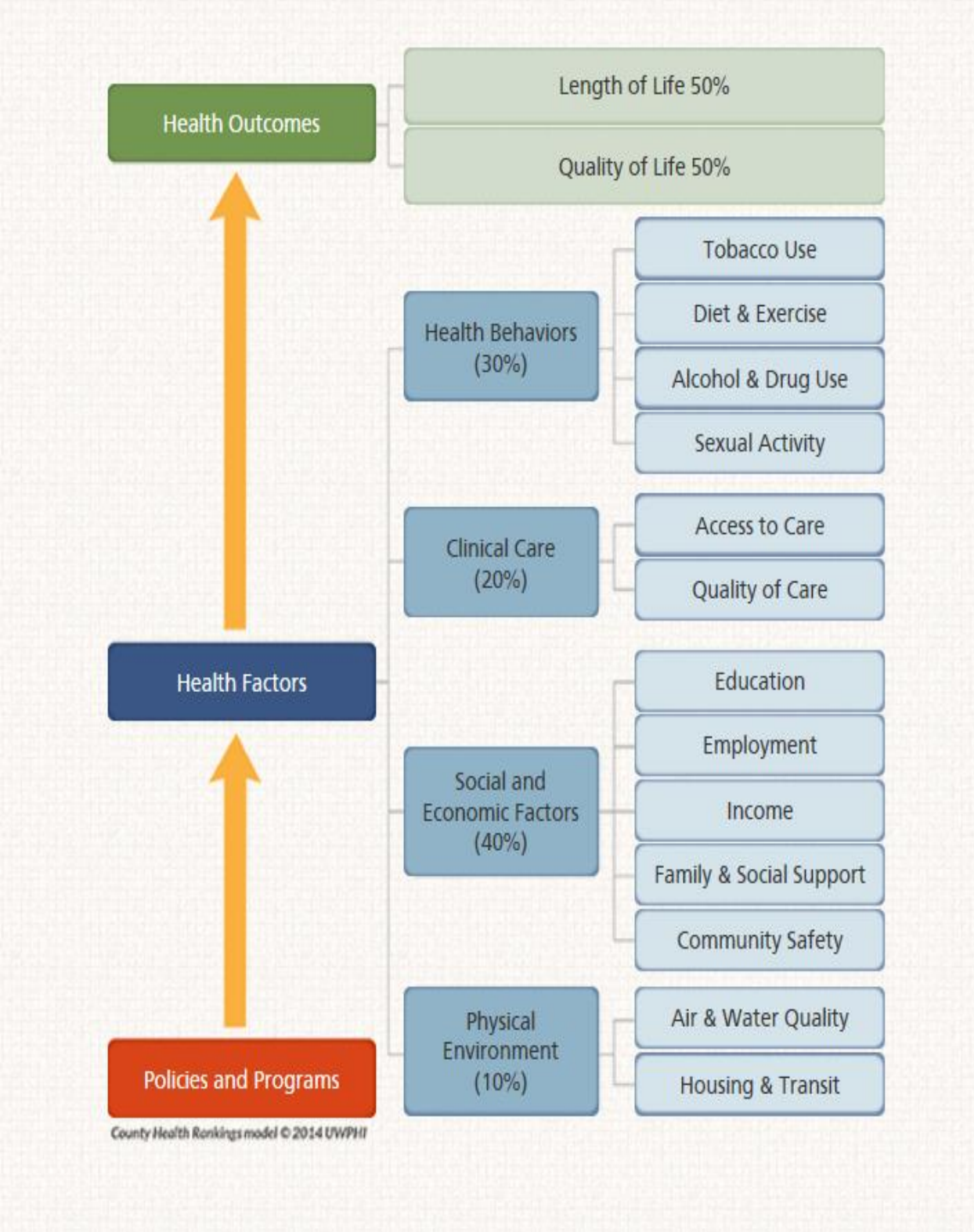
Q33. Overall, please share concerns and suggestions to improve the delivery of local health care.

_____

_____

Thank you for assisting us with this important survey!

Appendix B – County Health Rankings Model



Appendix C – Prioritization of Community's Health Needs

Community Health Needs Assessment ~ Park River, North Dakota
Ranking of Concerns

The top four concerns for each of the seven topic area, based on the community survey results, were listed on flipcharts. The numbers below indicate the total number of votes (dots) by the people in attendance at the second community meeting. The "Priorities" column lists the number of yellow/green/blue dots placed on the concerns indicating which areas are felt to be priorities. Each person was given four dots to place on the items they felt were priorities. The "Most Important" column lists the number of red dots placed on the flipcharts. After the first round of voting, the top five priorities were selected based on the highest number of votes. Each person was given one dot to place on the item they felt was the most important priority of the top five highest ranked priorities.

	Priorities	Most Important
DELIVERY OF HEALTH SERVICES		
Cost of health insurance	0	
Cost of health care services	0	
Cost of prescription drugs	0	
Ability to recruit/retain primary care providers	0	
AVAILABILITY OF HEALTH SERVICES		
Availability of specialists	0	
Availability of mental health services	2	
Availability of primary care providers	0	
Availability of substance abuse/treatment services	1	
MENTAL HEALTH AND SUBSTANCES ABUSE		
Adult alcohol use and abuse	6	2
Youth alcohol use and abuse	5	
Adult drug use and abuse	2	
Youth drug use and abuse	0	
Depression	0	
SAFETY/ENVIRONMENTAL HEALTH		
Public transportation (options/costs)	0	
Traffic safety	4	
Crime and Safety	0	
Prejudice, discrimination	0	
AGING POPULATION		
Assisted living options	4	
Availability of resources to help the elderly stay in their homes	1	
Ability to meet the needs of the older population	1	
Availability of resources for family and friends caring for elders	0	
COMMUNITY HEALTH		
Jobs with livable wages	7	4
Poverty	1	
Attracting and retaining young families	2	
Adequate childcare services	0	
Affordable housing	2	
Adequate youth activities	0	
PHYSICAL HEALTH		
Cancer	2	
Obesity/overweight***	6	6
Diabetes	0	
Poor nutrition, poor eating habits	2	